

**The Hon. Dave Heineman
Governor**

**Carolyn K. Stitt
Executive Director**

The Nebraska Foster Care Review Board 2010 Annual Report

**With additional information on
the Child Welfare System Reform's
Effects on Children and Youth
January-June 2011**

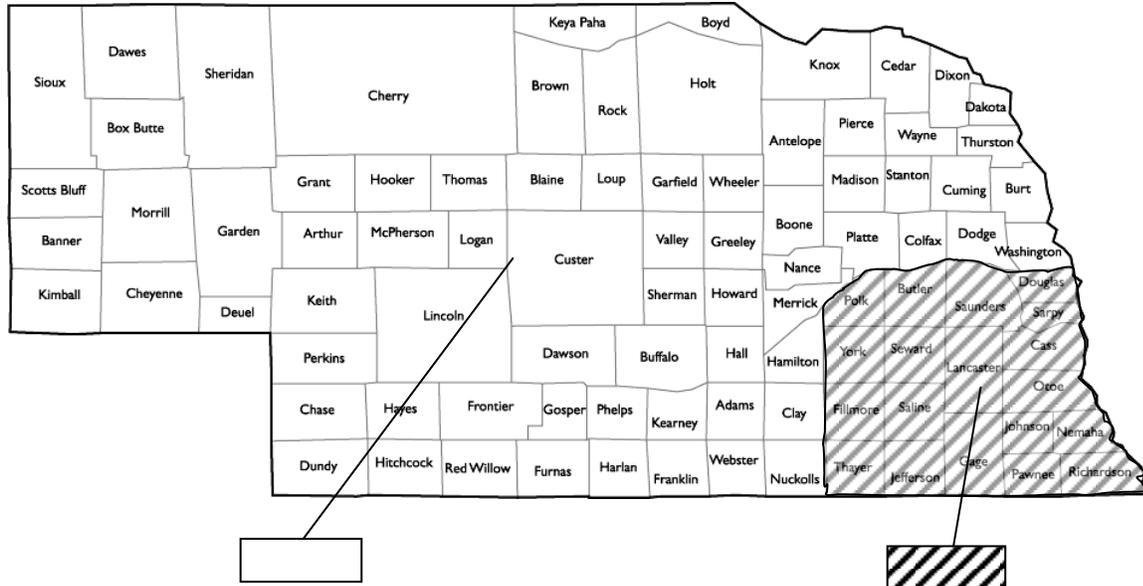


**Statistics from Calendar Year 2010
And interim statistics from the first half of 2011**

Issued December 2011

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

A description of who provides case management in Nebraska As of June 30, 2011



DHHS provides case management for 1,719 children in 74 counties (40% of children in care)

Lead Agencies* provide case management for 2,553 children in 19 counties (60% of children in care)

*Douglas/Sarpy Counties have some children who receive case management from a Lead Agency and some children who receive case management from DHHS workers.

State FCRB Board of Directors, October 1, 2011

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Reform summarized and defined

In 2009, DHHS entered into agreements with five contractors (the “Lead Agencies”), to coordinate services for child welfare cases across the state. Children’s cases began to transfer to the Lead Agencies starting in November 2009, and the FCRB began monitoring Reform.

During 2010 the Lead Agency contracts were changed multiple times, including the scope of services provided and agency responsibilities. In April 2010, two of the agencies terminated their agreements and their responsibilities reverted back to DHHS and then children’s cases were transferred to the other Lead Agencies. In October 2010 a third Lead Agency withdrew, leaving two Lead Agencies which covered the Omaha and Lincoln metro areas and southeast Nebraska. Each of the three agencies cited financial concerns. In October 2010, in the Northern, Central, and Western service areas, DHHS resumed service coordination and case management.

Starting January 1, 2011, the two remaining Lead Agencies also became responsible for all case management duties for the children assigned to them. In the Northern, Central, and Western service areas, DHHS retained those duties.

On August 17, 2011, DHHS announced it would transfer 620 families to a Lead Agency for case management.

Throughout Reform the FCRB has identified issues such as:

- caseworker (both DHHS and Lead Agency) changes increasing;
- non-compliance with the Foster Care Review Act and Lead Agency contract requirements for reporting caseworker and placement changes and critical documentation in children’s files; less accurate and less timely information in case files, or information missing from case files;
- a significant loss of placement options for children due to loss of or closing of foster homes, group homes, and shelters;
- fewer service providers available; and,
- inadequate oversight and accountability for Nebraska’s children in foster care.

Response to recommendations in the FCRB’s December 2010 Report on Reform

In December 2010 the Foster Care Review Board issued a report on Reform. Several of our recommendations have since been acted upon.

1. The Legislature’s Performance Audit Committee studied Reform and issued a report.
2. The Legislature adopted LR 37, and held hearings across the state.
3. The State Auditor conducted a fiscal audit and issued a report.
4. Lead agency management increased their focus on missing documentation.
5. DHHS began development of a structure for oversight and as of this writing is in the process of developing standards, procedures, reporting, and quality control metrics.

Based on the rationale presented in this Report, the FCRB recommends the following to rebuild the child welfare infrastructure:

1. Stabilize the system by reducing workloads for front-line workers, and increasing retention, training and supports.

Examples would include:

- Weigh cases according to demands and complexity (number of siblings; level of need) and consider other duties assigned (transportation, visitation monitoring) when developing reasonable caseload size.
- Training, supervision, and caseload size should reflect the need for timely and accurate record keeping, both for comprehensive clarity in children's files and for entry into the SACWIS system for reporting to the FCRB as required by statute.

2. Increase the number of placements available and increase the appropriateness of those placements.

Examples would include:

- Increase the resources provided to foster parents.
- Ensure that relative placements receive adequate support and oversight.
- Assure that reimbursement rates for relative and non-relative foster parents are adequate to provide room and board.
- Increase the number of foster homes available, especially those willing to take older children, sibling groups, or children with difficult behaviors, and increase the capacity of group homes and shelters to meet current needs.
- Develop a process that will allow someone placing a child in a home to have sufficient information about other children in the home so that a safety assessment can be made.

3. Collaboratively develop a comprehensive, clearly defined, and communicated plan on how the child welfare system will be structured.

Such a plan must include:

- achievable goals, with timelines for goal achievement,
- standards for service delivery, documentation, and court participation,
- plan for responding to safety issues,
- clarity as to how children are counted in the system so that comparisons with other states can be more accurately made, and
- adequate and clear evaluation and oversight processes.

Place a moratorium on additional structural changes until a plan is developed.

4. Improve access for mental health and substance abuse services for children and parents, including services to address children's behavioral issues.

Examine what managed mental health care will and will not fund. Examine the appeals process to ensure it is realistic.

Description of children and families who rely on the child welfare system

On June 30, 2011, there were 4,272 children in out-of-home care, all of whom had experienced a significant level of trauma and abuse prior to their removal from the parental home.

Through reviews of individual children's cases the FCRB is aware that the reasons for children being removed from the home are varied, with many children having multiple reasons.

The following are the top reasons children enter care:

1. Neglect, defined as the failure to provide for a child's basic physical, medical, educational, and/or emotional needs (58%).
2. Parental substance abuse (30%).
3. Substandard housing (25%).
4. Children's behavioral issues, which are often a symptom of the child's mental health issues (24%).
5. Physical abuse (19%).
6. Domestic violence (13%).
7. Parental incarceration (10%).
8. Sexual abuse (7%).
9. Abandonment by the parent (7%).

What these statistics do not adequately communicate is that children enter the system already wounded with increased vulnerability for further injury because of their family's pervasive alcohol and drug issues, a lack of adequate food and shelter (extreme poverty), domestic violence, serious and often untreated mental health issues, parental intellectual limitations, and/or their own serious physical or mental conditions.

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

It is the statutory charge and duty of DHHS and the other key players of the child welfare system to reduce the impact of abuse whenever possible, and to minimize the trauma of the child's removal. This is accomplished by providing appropriate services to the family in a timely manner, obtaining written documentation of their participation and progress (or lack of progress as the case may be), and then providing those reports to the court and legal parties so that informed decisions regarding a child's permanency and future can be timely. The goal is to minimize a child's time in out-of-home care.

Basis for the data and information cited in this report

The Foster Care Review Board's (FCRB) role under the Foster Care Review Act (Neb. Rev. Stat. §43-1301-4318) 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. FCRB reports are to be distributed to the judiciary, public and private agencies, the Department of Health and Human Services (DHHS), and the public.

Per Neb. Rev. Statute §43-1303 DHHS (whether by direct staff or contractors), courts, and child-placing agencies are required to report to the FCRB any child's foster care placement, as well as changes in the child's status (for example, placement changes and worker changes). By comparing information from many sources, the FCRB determines discrepancies.

When case files of children are reviewed, previously received information is verified and updated, and additional information is gathered. Prior to reports being issued, additional quality control steps are taken.

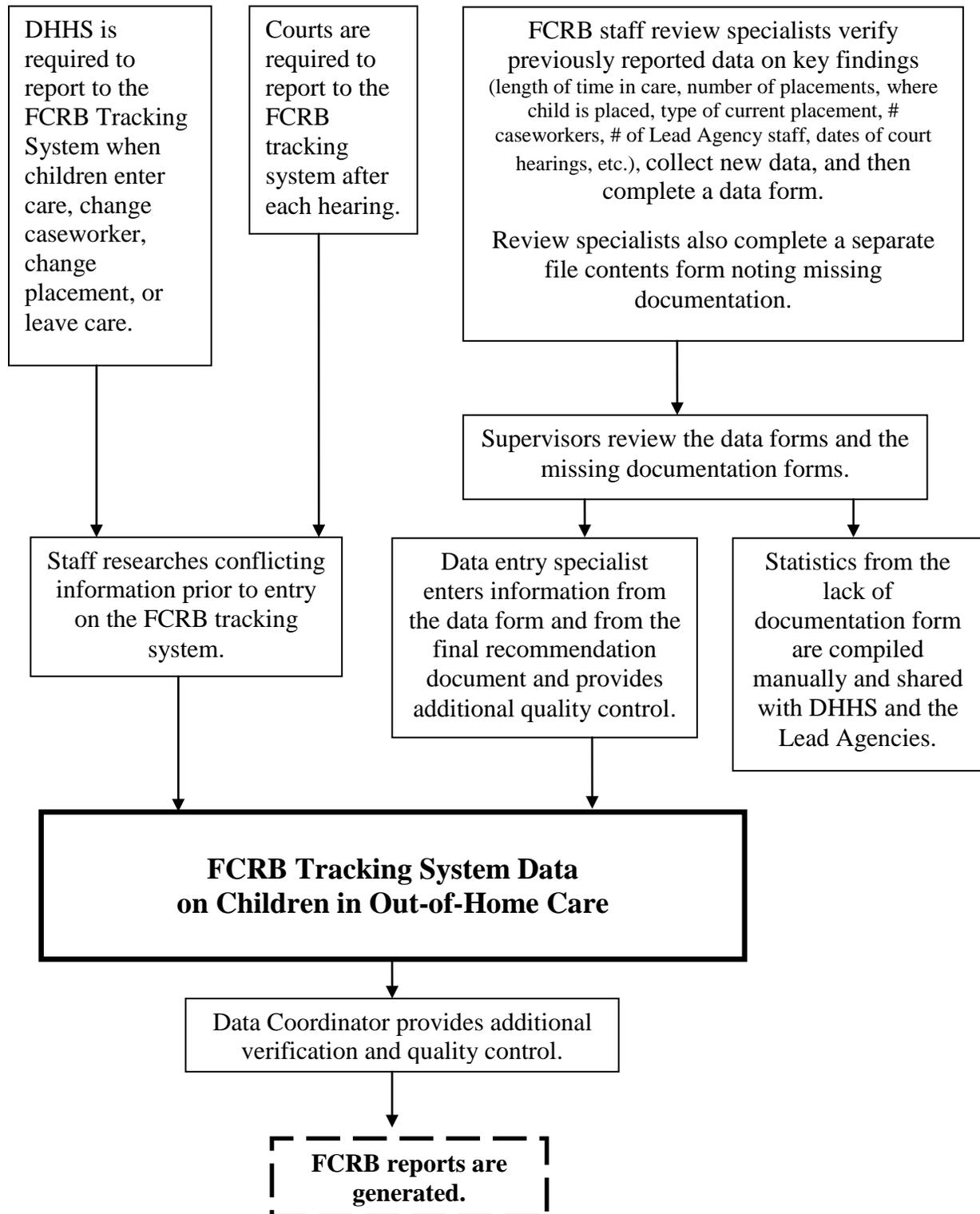
Per the Family Policy Act (Neb. Rev. Stat. §43-533), it is the state's policy that the health and safety of the child are of paramount concern; therefore, children's health and safety are the focus of the FCRB's recommendations and this report.

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

- An analysis of the data for the 8,258 children who were in out-of-home care for some or all of 2010 as input on the FCRB's tracking system, as well as tracking children in out-of-home care in 2011.
- Information staff collected from the 4,730 reviews conducted in 2010, as well as 2,383 reviews conducted January-June 2011.
 - Data collected during the review process, including the local volunteer board's findings on key indicators, are recorded on the FCRB's independent tracking system, along with basic information about each child who enters or leaves foster care.
 - Data is also updated each time there is a change for the child while in foster care, such as if there is a change of placement or caseworker.

DHHS/Lead Agency non-compliance with reporting requirements. Through the above quality control steps the FCRB is aware that there are some worker and placement changes that are not reported as mandated under §43-1303, and the number of such changes is most likely under-reported. This is non-compliance with the FCRB statute and with the Lead Agencies contractual requirements, as DHHS and Lead Agencies are both subject to state law regarding the FCRB. The FCRB continues to report these instances to DHHS for correction.

The FCRB Tracking Process



Pre- and post child welfare reform data comparison

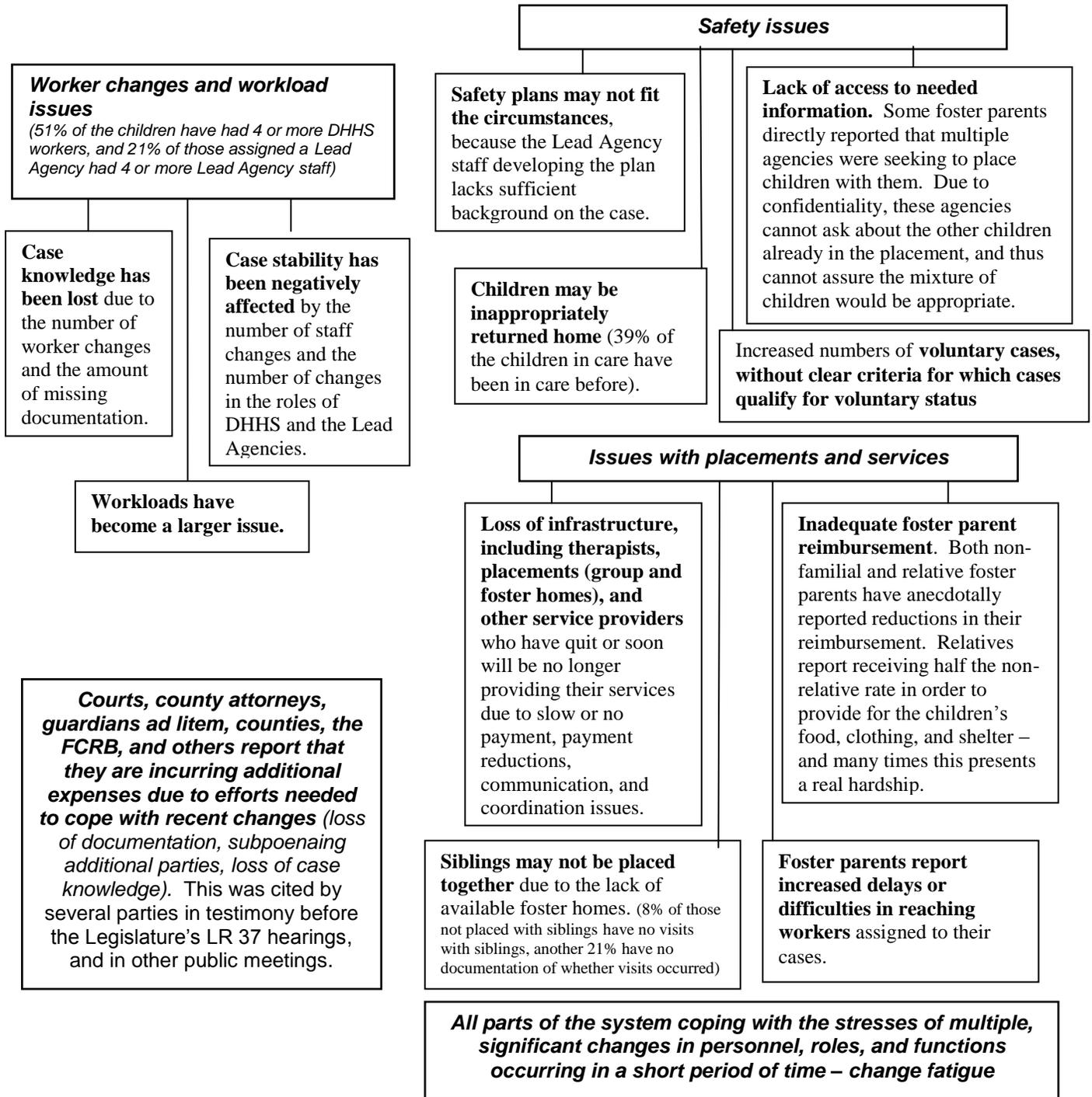
The data below was collected by the FCRB from information provided by the Courts, DHHS, the FCRB staff who complete data forms at the point of review, and from the findings made by the local volunteer FCRB boards.

Board Finding	Children reviewed in 2008 (pre-Reform)	Children reviewed in 2010 (when most had contracted service coordination)	Children reviewed Jan-June 2011 (when some had contracted case management)
No documentation of placement safety or appropriateness	19% (831 of 4,457)	32% (1,496 of 4,730)	37% (871 of 2,383)
Lack of a complete case plan	26% (1,162 of 4,457)	38% (1,816 of 4,730)	43% (1,028 of 2,383)
Lack of progress towards permanency	32% (1,424 of 4,457)	33% (1,537 of 4,730)	33% (797 of 2,383)
Unclear progress towards permanency	22% (961 of 4,457)	20% (931 of 4,730)	24% (579 of 2,383)
Permanency needs to be finalized	11% (471 of 4,457)	11% (504 of 4,730)	14% (342 of 2,383)
	Children in care on December 31, 2008	Children in care on December 31, 2010	Children in care on June 30, 2011
Children in out-of-home care	4,620 children	4,301 children	4,272 children
4 or more DHHS case managers¹	35% (1,659 of 4,630)	49% (2,067 of 4,301)	51% (2,193 of 4,272)
4 or more Lead Agency staff	Not applicable	11% (469 of 4,301)	21% (536) of the 2,553 assigned to a Lead Agency
Children previously in out-of-home care	41% (1,846 of 4,620)	39% (1,676 of 4,301)	39% (1,660 of 4,272)
4 or more placement while in foster care	55% (2,551 of 4,620)	51% (2,181 of 4,301) [may be underreported, see page 12]	49% (2,083 of 4,272) [may be underreported, see page 12]
	Jan-June 2008	Jan-June 2010	Jan-June 2011
Adoptions completed	218	175	155

¹ Research shows an increased probability that a child will be successfully reunified with the parents or otherwise achieve permanency when there are fewer caseworker changes. [*Placement Instability in Child Welfare...* Seattle, WA: Casey Family Programs found children who had only one worker achieved permanency in 74.5% of the cases. As the number of case managers increased the percentage of children achieving permanency substantially dropped, ranging from 17.5% for children who had two case managers to a low of 0.1% for those who had six or seven case managers.] Case worker continuity can affect placement stability. Placement stability is beneficial for children's overall well-being and sense of safety [e.g., American Academy of Pediatrics statement], and research finds it is more cost-effective. Caseworker stability increases children's well-being and decreases costs.

New issues identified since implementing Child Welfare Reform

Since cases began to transfer to Lead Agencies in November 2009, the following issues have been identified through the FCRB's reviews of children's cases and tracking indicators:



Supporting documentation follows...

Reform’s impact on safety, documentation, placements, sibling connections, visitation, service capacity, planning, collaboration, and oversight

LEAD AGENCY FRONT-LINE STAFF AND SAFETY:

(Lead agency staff persons who provide case management are called Family Preservation Specialists or FPS.
Lead agency staff were formerly known as service coordinators)

The FCRB recognizes the dedication and efforts of Lead Agency staff who have and are serving across the state. The following observations in no way minimize their efforts.

Retention of Lead Agency Family Preservation Specialists (FPS) is a significant issue. One of the issues affecting FPS retention is workloads. Worker changes can create situations where workers do not have physical contact with the children on their caseload and cannot ensure safety, where there are gaps in the information transfer and/or documentation, where workers lack knowledge of a case history needed to determine service provision or make recommendations on case direction, and can affect worker’s knowledge on the quality and availability of services. FPS turnover is also costly, creating a need to continuously recruit and train new FPS personnel.

The following shows the FPS changes reported on the 2,553 children whose cases had been assigned to a Lead Agency and who were in out-of-home care on June 30, 2011. None of the children in the chart had been with a Lead Agency over 18 months.

# of FPS while in out-of-home care	Children	Lincoln/SE	Omaha Agency 1	Omaha Agency 2
1 FPS	968	346	321	301
2 FPS	637	283	153	201
3 FPS	412	215	122	75
4 FPS	249	148	69	32
5 FPS	157	107	45	5
6 FPS	76	53	19	4
7 FPS	35	31	4	0
8 FPS	12	11	1	0
9 FPS	5	5	0	0
10 FPS	2	2	0	0
Total	2,553	1,201	734	618

The chart may under represent the number of FPS changes due to data not being reported to the FCRB as required.

These children most likely also experienced changes in the DHHS staff person assigned to provide oversight to their cases, with 1,604 (63%) also experiencing four or more

DHHS persons assigned to their case while they were in out-of-home care over their lifetime.

MISSING DOCUMENTATION

Documentation is vital as it is the evidence needed in order to facilitate prudent decisions by the judiciary and others on case direction and is used to determine that children are safe. It also forms the basis for future decisions. Missing documentation has always been an issue, and since Reform has become an even larger issue. For example, in 2008, 19% of the files reviewed were missing home study information; in 2011 36% of the files were lacking home study information. A home study is documentation which contains critical information about the foster family’s history, parenting practices, social issues (drug/alcohol use), and the physical condition of the home.

FCRB staff identified an increasing issue with DHHS file problems in early 2010, shortly after Reform began. DHHS and Lead Agencies were notified. In a collaborative process led by the FCRB Director, DHHS and the Lead Agencies agreed that FCRB staff would collect data on missing documentation while the FCRB staff prepared for their reviews. In July 2010 FCRB staff began tracking statistics regarding the number of children's files reviewed that did not contain essential case documentation to quantify the issue, report to DHHS and the Lead Agencies and measure improvements. If any file problems exist, they are reported to DHHS and the Lead Agency. Monthly statistics are distributed to DHHS and Lead Agencies.

The FCRB collected data on DHHS/Lead Agency file contents in the following categories for 2,281 children's files statewide reviewed January-June 2011 (this included cases not assigned to a Lead Agency as well as cases assigned to a Lead Agency). Some children’s files lacked more than one type of documentation.

Type of document not found	Total	Casework provided by Lead Agency 1	Casework provided by Lead Agency 2	Casework provided by DHHS
Educational records ²	934 children’s files (41%)	41%	51%	37%
Therapy records	853 children’s files (38%)	35%	40%	33%
Home study/update [caregiver characteristics and strengths, and type of children the placement could best serve]	816 children’s files (38%)	38%	51%	28%
Immunization	728 children’s files (32%)	32%	53%	24%
Health records other than immunization [checkups, dental]	663 children’s files (24%)	28%	41%	26%
Placement reports (safety in placement)*	547 children’s files (24%)	22%	38%	21%
Visitation reports	515 children’s files (23%)	22%	20%	21%
Assessments/evaluations	466 children’s files (20%)	18%	27%	21%

² As required per the federal Fostering Connections to Success and Increasing Adoptions Act of 2008.

Paternity	427 children's files (19%)	20%	27%	18%
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*Lead agencies are to maintain accurate documentation of information from or about placements as it is received. This information has consistently been missing from the case files. Consequently, for 43% of the children reviewed whose case was assigned to a contractor the FCRB cannot determine if they are safe in their placements and if appropriate services are being provided.

In addition, DHHS is required per Neb. Rev. Stat. §43-1303 to report placement changes to the FCRB within three days. It does so via the N-FOCUS computer system. Lead agencies are to put placement information on N-FOCUS; however, through reviews the FCRB continues to find cases where placement information was not current on the N-FOCUS system.³ The FCRB reports these instances to DHHS and the Lead Agency involved for correction.

As a result of missing documentation, there can be evidentiary or reasonable efforts issues when documentation regarding parental compliance and progress is missing or not available, and permanency may be delayed. There may also be difficulty in completing some termination of parental rights trials due to a lack of documentation.

FEWER PLACEMENTS AVAILABLE

Prior to Reform the FCRB reported the need to develop more placements for children with specific needs (see list below). DHHS awarded significant funding (\$7 million⁴) to the Lead Agencies to defray start-up expenditures to build capacity. Some two years later, there are fewer placements available than before Reform started.

Data below is from the DHHS website.⁵ During November 2009 the first cases began to transfer to a Lead Agency for service provision.

Type	November 2009 Statewide Total	January 2011 Statewide Total	% Change
Licensed homes	2,025*	1,690*	-17%
Approved homes	1,895	1,892	none
Child Caring	62	53	-15%
DHHS # children placed out-of-home	4,373	4,118	-6%

*The number of licensed foster homes in the chart above may not reflect the number of foster homes that are still in operation. For example, foster parents who have recently quit or will soon quit foster parenting have reported to the FCRB that they plan to take no additional children and let their license expire rather than renew it when it comes due. Consequently, the number of licensed foster homes may not reflect the number of available foster homes.

³ Lead agency contracts state "The contractor agrees they are subject to and will comply with state law regarding the FCRB."

⁴ Attestation Report of the DHHS Child Welfare Reform Contract Expenditures, State Auditor of Public Accounts, September 2011, page 99.

⁵ Found on http://www.dhhs.ne.gov/Children_Family_Services/.

In January 2011 in Douglas County the number of licensed foster homes was 21% less than in 2009. While there was an increase in approved foster homes (9%) that did not compensate for those that were lost.

In addition to decreased numbers of placements, there remain issues with the number of available homes that are willing to take in children with specific needs, such as severe behavioral and mental health conditions, older children and teens, or large sibling groups. This adds to the impact of fewer homes being available.

Between 2009 and 2011, 19 group homes and 2 shelters closed due to issues with late/non-receipt of payments, Medicaid payment changes, or other reasons.

PLACEMENT SAFETY AND APPROPRIATENESS

Pursuant to Nebraska statute, the FCRB is required to make a finding on the safety and appropriateness of children's placements during each review regardless of how long the child has been in the placement. Most children enter care due to abuse or neglect. **The system has a statutory obligation to place children in a safe placement and provide needed services.**

The FCRB cannot assume safety in the absence of documentation. Many files (37%, or 871 of 2,383 reviews) do not contain essential safety and other information about the child's placement. The mix of children in the placement is often not considered prior to placement, and there is no one point of oversight for children's placements.

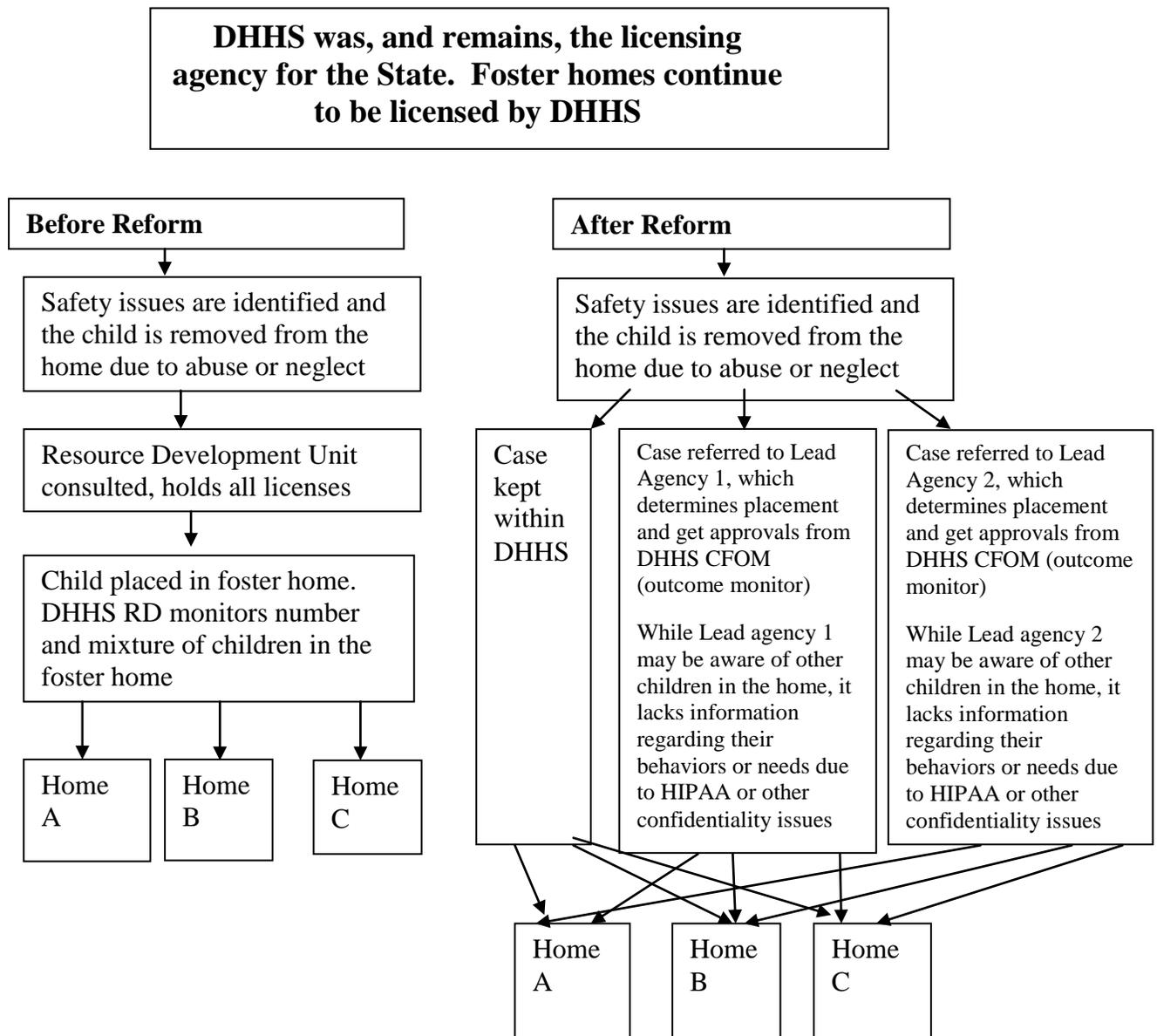
Regarding appropriateness, consideration is given as to whether this is the least restrictive placement possible for the child, and whether there is documentation that the placement is able to meet this particular child's needs.

After carefully considering the available information, the FCRB found for 2,383 children reviewed January-June 2011:

- **871 children's files statewide (37%) did not contain the documentation needed to make a determination of the safety and appropriateness.** The percent of files lacking this varied by region. For example 54% of the files in the Omaha area did not contain this documentation, while 25% of the files in Lincoln did not have this documentation.
- 67 children were in inappropriate placements as designated by the FCRB at the time of the review. The placement was found to be safe, but not able to meet the individual child's needs. One common example is where a teen is placed in a placement best suited for young children.
- 3 children were found to be in unsafe placements as designated by the FCRB (in need of immediate removal) at the time of the review. In making this finding the FCRB considers the type of placement, the mixture of children in the placement, the individual needs of the children, and whether or not a safety plan is in place.

Further impacting safety, Lead Agencies and their subcontractors are using the same foster homes without knowing who else is placed there and what the other children's backgrounds are. This is illustrated in the following chart.

How placing children has become more complicated In the Eastern Service Area (Douglas & Sarpy Counties)



MAINTAINING CONNECTIONS WITH SIBLINGS

Children who have experienced abuse or neglect may form their strongest bonds with siblings. If such bonds exist it is important to keep them intact, or children can grow up without essential family.

It can be difficult for the State to find placements willing to take large sibling groups, especially if the children also pose some significant behavioral issues. In the absence of being placed together, sibling bonds can be kept intact through sibling visitation.

Therefore, local volunteer board members are required to make a finding during reviews regarding sibling contacts. In reviewing cases from January-June 2011, the FCRB found that for 1,151 children sibling visitation was not applicable because either the child had no siblings or the siblings were placed together. For the remaining 1,232 children:

- For 806 children (65%) sibling visitation was occurring.
- For 160 children (13%) sibling visitation was not occurring.
- For 256 children (21%) information on sibling visitation was not available.
- For 10 children (1%) sibling visitation was not occurring due to court order (such as in cases where one sibling had sexual contact with another).

SAFETY AND SUPERVISION OF PARENTAL VISITATION

The FCRB collected data on Lead Agency file contents/documentation regarding parental visitation for 1,373 children's files reviewed January-June 2011, and found that 282 (21%) of the files lacked visitation documentation.

Courts order supervision of parental visitation when there is evidence that the child could be at significant risk if the parents were allowed unsupervised contact. The purpose of supervising parent/child contact is to ensure safety as the system:

- Meets the child's developmental and attachment needs;
- Assesses and improves the parent's ability to safely parent their child;
- Assists in determining permanency.

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

Visitation reports also allow an assessment of consistency of the personnel providing supervision, and assist in determining if there are scheduling barriers (i.e., visitation scheduled when the parent is at work, or the child is in school, or no visit occurring

because there was no visitation supervisor or transportation driver available.) Further, visitation reports are evidence needed by the courts to assure reasonable efforts are being made, to determine parental compliance and progress, and to ensure timely permanency.

DECREASED SERVICE CAPACITY

Service capacity includes placements (discussed previously), and other services such as therapy services and transportation. Existing service providers have been lost as a result of the way the changes have been implemented, including issues with receiving payments, late or non-payment, and some services now being done in-house by the Lead Agencies. For example, as this was written there is pending litigation for back payments of services totaling \$1,002,835 with one of the former Lead Agencies.⁶ Across the state there are issues with access to services.

MANAGED CARE CONTRACT ISSUES

The FCRB found that 19% of the children reviewed in 2010 had a DSM IV (psychiatric) Diagnosis, which indicates that a significant number of children are impacted by the managed care system. Through reviews it appears that getting needed services, especially for behavioral issues, has become more difficult.

Nebraska uses a managed care provider, Magellan Behavioral Health, to determine what Medicaid will pay for mental health treatment. Significant to children are Magellan's new policies that change what it will pay for treatment placements, effectively restricting access to treatment placements. Other funding streams are apparently not available to fill this gap. If a child is to receive a needed service for which Magellan denies payment, then either DHHS or the Lead Agency would need to pay for that service.

Behavioral issues can be an anticipated consequence of a child's abuse and neglect, and/or removal from his or her home and family. For example, in 2010, 38% of the children reviewed entered care due to parental substance abuse, 22% entered care due to physical abuse, 12% entered care due to abandonment.⁷ Other children enter the system with behavioral issues.

Much of the treatment for children with mental health needs is paid for through a managed care contractor as a means to control the costs of treatment and psychiatric placements. This system was in place prior to the acquisition of contracts with Lead Agencies, and has been problematic since its inception.⁸

⁶ Attestation Report of the DHHS Child Welfare Reform Contract Expenditures, State Auditor of Public Accounts, September 2011, page 100.

⁷ See FCRB 2010 Annual Report.

⁸ Refer to past FCRB annual reports for yearly descriptions of issues with managed care.

Children in the child welfare system who need mental health services include:

Children who enter foster care because they have existing mental health issues.

24% of the children reviewed in 2010 entered care due to their own behaviors. These children need mental health or therapeutic placements, reliable visitation monitoring, and therapeutic respite care. The contract with managed care should be examined so that behavioral health issues are covered and the appeals process is made more manageable.

Children who experience abuse or neglect in their homes and need help recovering.

54% of the children reviewed in 2010 who were under age thirteen entered care due to parental substance abuse. 7% of the children reviewed in 2010 had been abandoned. Timely access is needed to substance abuse, domestic violence, and mental health treatment for the parents. Continued improvement is needed for the system, with assurance that all children in out-of-home care receive needed treatments and services.

Children who need help coping with the many adjustments experienced in the child welfare system. Children may be further impacted by multiple changes in workers and placement changes.

Caseloads need to be addressed to give caseworkers more time to help these children in out-of-home care cope with the changes in their lives, such as multiple placements, separation from siblings and parents, educational disruptions causing them to fall behind their peers, and disappointments if parents fail to appear for visitation or comply with services.

Children who had been in foster care and were adopted or placed into guardianship.

The majority of children adopted may need mental health services, especially in the years of adolescence. Access to post-adoptive services needs to be made readily available.

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

1. Children's behavioral disorders do not routinely receive needed treatment because they are not deemed by the managed care contractor to meet the Medicaid criteria for "medically necessary" services that it requires before it will pay for services.
2. When found to not be "medically necessary" by the managed care provider, there appears to be little or no alternative source of payment for these much-needed services. The service, if provided, must be paid for by DHHS or the Lead Agencies.
3. Per DHHS Lead Agency contract amendment 5, "*when non-medically necessary treatment is ordered by the court, the parties will work together to identify alternatives for the court's consideration.*"⁹ Consequently, children are denied the appropriate services to meet their behavioral problems based on financial grounds. This appears to be contrary to the September 2011 Nebraska Supreme

⁹ Attestation Report of the DHHS Child Welfare Reform Contract Expenditures, State Auditor of Public Accounts, September 2011, page 19.

Court ruling in *In Re Thomas M.* that finds that DHHS is accountable for complying with court orders and DHHS may be subject to contempt for failure to comply.

4. Children may be prematurely moved from treatment placements based on whether the managed care contractor will continue to approve payments, rather than based on the children's needs. Therapeutic services are frequently limited to a specific number of sessions. Delays to therapy can occur while appealing for additional sessions, if needed.
5. The contracts with Lead Agencies did not cover services paid by Medicaid. If Medicaid denies the service, it then falls on the Lead Agency to provide the needed services. There can be a fiscal incentive for private agencies contracted for children's placements to not treat or to treat children at a lesser level than professionals have determined are needed for the children's treatment to be successful if they are not reimbursed for providing a placement at the level recommended.

Treatment not accessible to some specific populations

Some children have additional issues that make finding treatment for behavioral/mental health needs even more complicated, even when funding was not a factor (some examples: physical conditions, pregnant teens, language barriers, developmental delays).

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

Treatment reports not available

While the Magellan contract states that there are to be therapy or assessment reports from the provider prior to Magellan paying for the therapy or assessments, in practice in 38% of the cases reviewed January-June 2011, therapy reports were not found in the children's files, and during file reviews FCRB staff often find that workers had made multiple requests for these documents, but apparently had not received them.

CHILD's CASE PLANNING and PERMANENCY

CONCERNS:

The FCRB conducted 2,383 reviews statewide between January-June 2011. A required finding made with each review is whether or not there was a written permanency plan with services, timeframes, and tasks specified.

From the reviews the FCRB found that:

- 1,355 children (57%) had a written permanency plan with services, timeframes, and tasks specified.
- 867 children (36%) had an incomplete plan (lacking one or more essential element).
- 50 children (2%) had no written plan.
- 111 children (5%) had an outdated plan (over six months old).

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

- The FCRB agreed with the objective for 1,372 children (58%).
- The FCRB did not agree with the objective for 641 children (27%).
- The FCRB could not make a finding for 370 children (16%) because there was no written plan, or there were conflicting plans, etc.

Paternity identification delays. Paternity was not established for 516 (22%) of the 2,383 children reviewed in the first half of 2011. Lack of paternity identification has been linked to excessive lengths of time in care for children. Often paternity is not addressed until after the mother's rights are relinquished or terminated instead of addressing the suitability of the father as placement earlier in the case. This can cause serious delays in children achieving permanency because the case must start from the beginning with reasonable efforts to reunify with the father.

Adoption requires specialized support services. To successfully complete an adoption of a child from foster care, there needs to be one or more workers who understand all the legal implications to facilitate the completion of adoption paperwork, including subsidies, who can support the on-going worker. Formerly DHHS had a unit that specialized in this complex field, but it was disbanded. This disbandment contributed to the following statistics:

- 218 adoptions were completed in the months of January-June 2008.
 - 76 were from Douglas County
- 155 adoptions were completed in the months of January-June 2011.
 - 48 were from Douglas County

SYSTEM PLANNING AND COLLABORATION ISSUES

The planning process can be invaluable. Therefore the State FCRB is recommending a collaboratively developed, comprehensive, clearly defined and communicated plan on how the child welfare system will be developed and structured. Clarify how DHHS counts children in care in comparison to other states, as this rate has been cited as a reason for implementing Reform.

OVERSIGHT

Oversight is critical in order to stabilize the system. As described earlier, children who had been in care for two years or longer averaged the following significant changes while in out-of-home care:

- 7 DHHS worker changes,
- 3 Lead Agency worker changes, and
- 8 placement changes.

In addition to Judicial and FCRB oversight, there are three types of oversight that need to be developed and strengthened: 1) DHHS must provide vigorous oversight of its own performance and that of its contractors and their subcontractors, 2) the Lead Agencies need to provide oversight of their own and their subcontractors' services and placements, and 3) DHHS must strengthen its fiscal oversight of contracts. And, the Executive, Legislative, and Judicial branch's oversight and leadership needs to continue.

Children and Family Outcome Monitors (CFOMs) are DHHS staff designated to provide case level oversight. This is problematic because:

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

In Douglas and Sarpy Counties there are four CFOM to oversee about 1,755 children in out-of-home care.

Conclusion

Nebraska statute is clear, and the federal Department of Health and Human Services concurs, NDHHS retains responsibility for children's safety, well-being, and permanency regardless of whether or not it chooses to contract for placements, services, service coordination, or case management. Therefore, it is imperative that DHHS stabilize the system overseeing Nebraska's children in out-of-home care and put in place measures to monitor contracted services and correct identified issues.

The Foster Care Review Board will continue to track, analyze, and report on conditions for children in out-of-home care, and as part of its statutory mission will continue to point out deficits in the child welfare system and make recommendations for improvement.

Appendix A – Child Welfare Change Timeline

Governor Heineman Announces Directives

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

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

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

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

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

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

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

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

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

Private Agencies Assume Service Coordination

July 2009: Current child welfare change efforts began.

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

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

Summer 2009: Concerted effort made by DHHS to train case managers and Service Coordinators regarding Roles and Responsibilities; licensed foster parents

contacted by DHHS regarding the impending change and the need to be licensed under a Lead Agency or sub-contractor.

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

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

November 2009: Service contracts are signed by DHHS and the Lead Agencies totaling \$149,515,887 for services through June 30, 2011.

November 2009: FCRB began training staff on the additional data collection.

November 1, 2009: Weekly transfer of child welfare cases began in Douglas and Sarpy County. Individual case staffing occurred and one year's worth (not the entire file) of the families' case file documentation was copied and given to the Contractor.

December 31, 2009: Contracts are amended, increasing payments by \$9,677,246.

December 31, 2009: There were 4,448 children in out-of-home care.

Jan. 1, 2010: FCRB began collecting data on child welfare changes.

April 2010: Transfer of child welfare cases to Lead Agencies complete.

April 2, 2010: CEDARS announced its intention to withdraw from their contract by June. The cases of 300 children reverted to DHHS for case management.

April 16, 2010: Visinet declared bankruptcy. The cases of 1,000 children reverted to DHHS for case management. (The court later overturns this bankruptcy).

April 2010: FCRB began working with DHHS on documentation deficits and how best to report them to DHHS for correction.

May 2010: DHHS and Visinet sign an agreement that DHHS will directly pay Visinet foster parents and subcontracts, and pay Visinet \$627,270 to pay its former employees.

June 2010: The process for recording documentation deficits was in place, and the FCRB began reporting individual cases to DHHS and the Lead Agencies.

July 2010: Change of contracts. Sets monthly amounts. DHHS agrees to make payments for independent living and former wards instead of contracts. KVC contract increased as Cedars and Visinet are no longer providing services. Contract revised to front load July through September payments.

September 2010: DHHS and Boys and Girls announce they have mutually ended the contract. BGH is to be responsible for services prior to October 1.

October 15, 2010: Boys and Girls ceased operations. The cases of 1,400 reverted to DHHS for case management.

October 15, 2010: DHHS issued a press release titled *DHHS Announces Next Steps to Strengthen Child Welfare/Juvenile Services Reform*. In this announcement it

stated that \$9.86 million in emergency federal funding for TANF (formerly aid to dependent children) and \$6 million dollars of state general funds was received. DHHS also announced a reduction of staff and transfer of more responsibilities to the remaining service agencies by January 1, 2011, further accelerating the Reform effort. Contracts changed that when non-medically necessary treatment is ordered by the court, the parties will work together to identify alternatives.

October 2010: Caseworkers reported they are seeking alternative employment in response to the announcement of reductions in staff.

November 8, 2010: There were 4,508 children in out-of-home care.

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

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

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

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

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

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

Private Agencies Assume Case Management

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

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

- LB 80, which would remove section requiring another party to object to the department's plan and prove not in best interests for the court to disapprove the plan, (amended into LB 648 and passed.)
- LB 177, which would require a transition plan for youth age 16 and older, require reasonable efforts to accomplish sibling visitations, and adopt other provisions of the federal Fostering Connections Act, (passed).
- LB 199, which would require DHHS to develop a method to determine reimbursement rates, (hearing held, no further action pending LR 37).

- LB 433, which would require oversight of child welfare contracts, (held after the Governor announced a voluntary moratorium on new contracts).
- LB 598, which would reduce the length of time to permanency hearings, (hearing held, no further action).
- LB 651, which would require the FCRB to study foster parents, (hearing held, no further action).
- LR 37, which would require a legislative study of child welfare changes. (passed)

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

June 2011: KVC announces layoffs of 75 workers.

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

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

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

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

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

All children in out-of-home care have been impacted by child welfare changes and related system challenges such as the number of changes in the Lead Agency staff and DHHS workers assigned to individual children's cases, interruptions in services, services not being documented, and professionals in the system needing to interact with more than one Lead Agency each with different safety models.

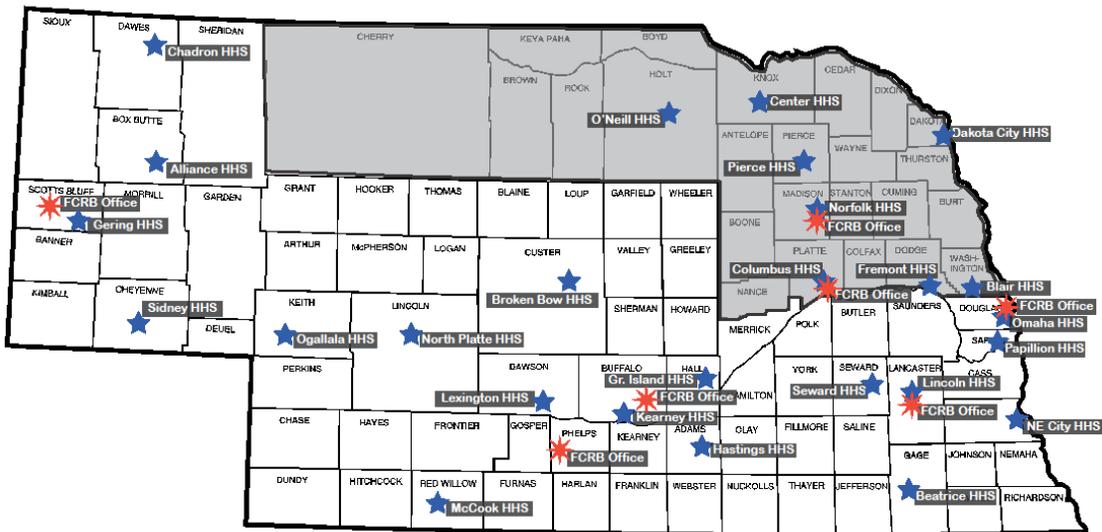
Northeast Service Area: DHHS Provides Case Management

407 Total Children

150 Children in Care More Than One Time

133 Children have had 4 or More DHHS Workers

172 Children have had 4 or More Placements



FCRB Tracking System 6-30-2011

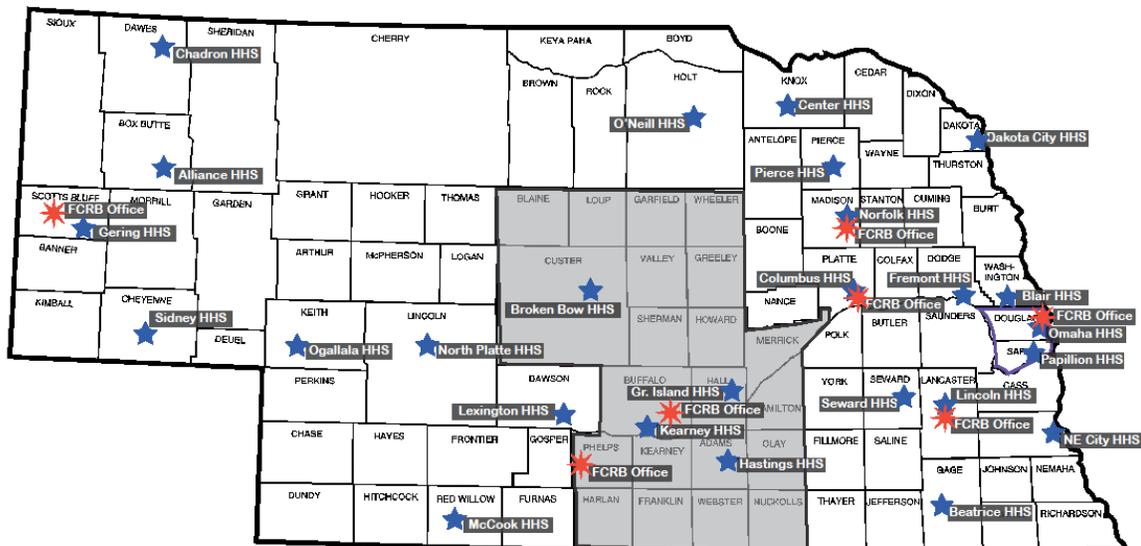
Central Service Area: DHHS Provides Case Management

364 Total Children

172 Children in Care More Than One Time

129 Children have had 4 or More DHHS Workers

192 Children have had 4 or More Placements



FCRB Tracking System 6-30-2011

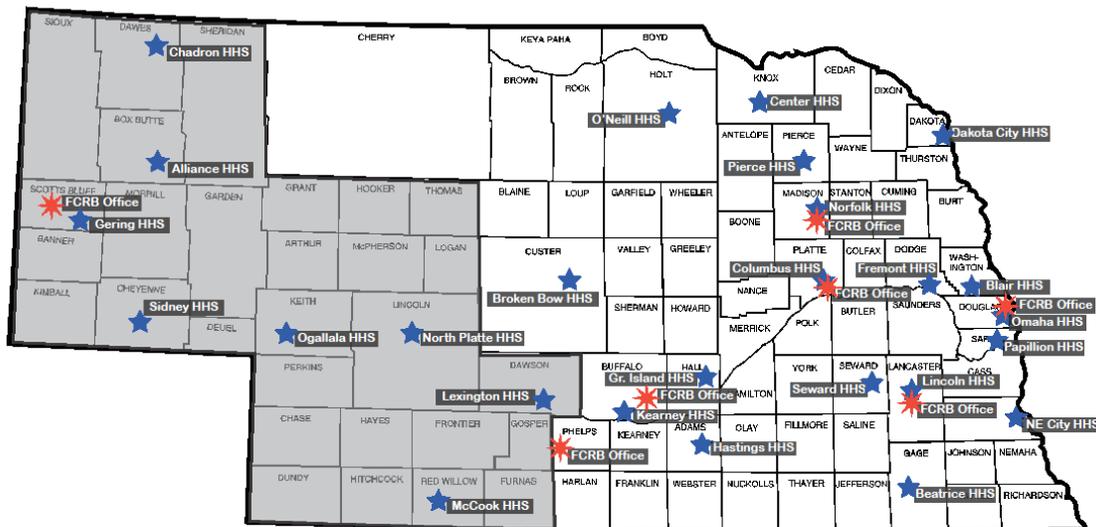
Western Service Area: DHHS Provides Case Management

416 Total Children

124 Children have had 4 or More DHHS Workers

180 Children in Care More Than One Time

192 Children have had 4 or More Placements



FCRB Tracking System 6-30-2011

Appendix C – Pertinent Regional Statistics

Children reviewed Jan-June 2011			
Review Findings	Omaha Metro Children reviewed assigned to Lead Agency	Omaha Metro Children reviewed NOT assigned to Lead Agency ¹⁰	Lincoln/Southeast Neb. assigned to Lead Agency
# of children reviewed	771 children reviewed (100%)	356 children reviewed (100%)	602 children (100%)
No documentation of placement safety or appropriateness	435 children (56%)	176 children (49%)	151 children (25%)
Lack of a complete case plan	478 children (62%)	202 children (57%)	132 children (22%)
No progress towards permanency	243 children (32%)	118 children (33%)	198 children (33%)
Permanency should be finalized	86 children (11%)	49 children (14%)	108 children (18%)
Children in out-of-home care on June 30, 2011			
Review Findings	Omaha Metro assigned to a Lead Agency	Omaha Metro NOT assigned to Lead Agency ¹¹	Lincoln/Southeast Nebr. Assigned to Lead Agency
# of children in out-of-home care	1,352 children (100%)	532 children (100%)	1,201 children (100%)
4 or more HHS staff person assigned to case while in out-of-home care	902 children (67%)	229 children (43%)	676 children (56%)
3 or more Lead Agency staff assigned to the case while in out-of-home care	376 children (28%)	14 children (3%) [this when assigned to a Lead Agency that later closed]	572 children (48%)
4 or more Lead Agency staff assigned to the case while in out-of-home care	179 children (13%)	none	357 children (30%)
Children who had previously been in out-of-home care	512 children (38%)	180 children (34%)	466 children (39%)
4 or more placements over lifetime	701 children (52%)	236 children (44%)	590 children (49%)

¹⁰ This was prior to NFC being named the Lead agency for the remainder of the Omaha area cases that were not assigned to a contractor.

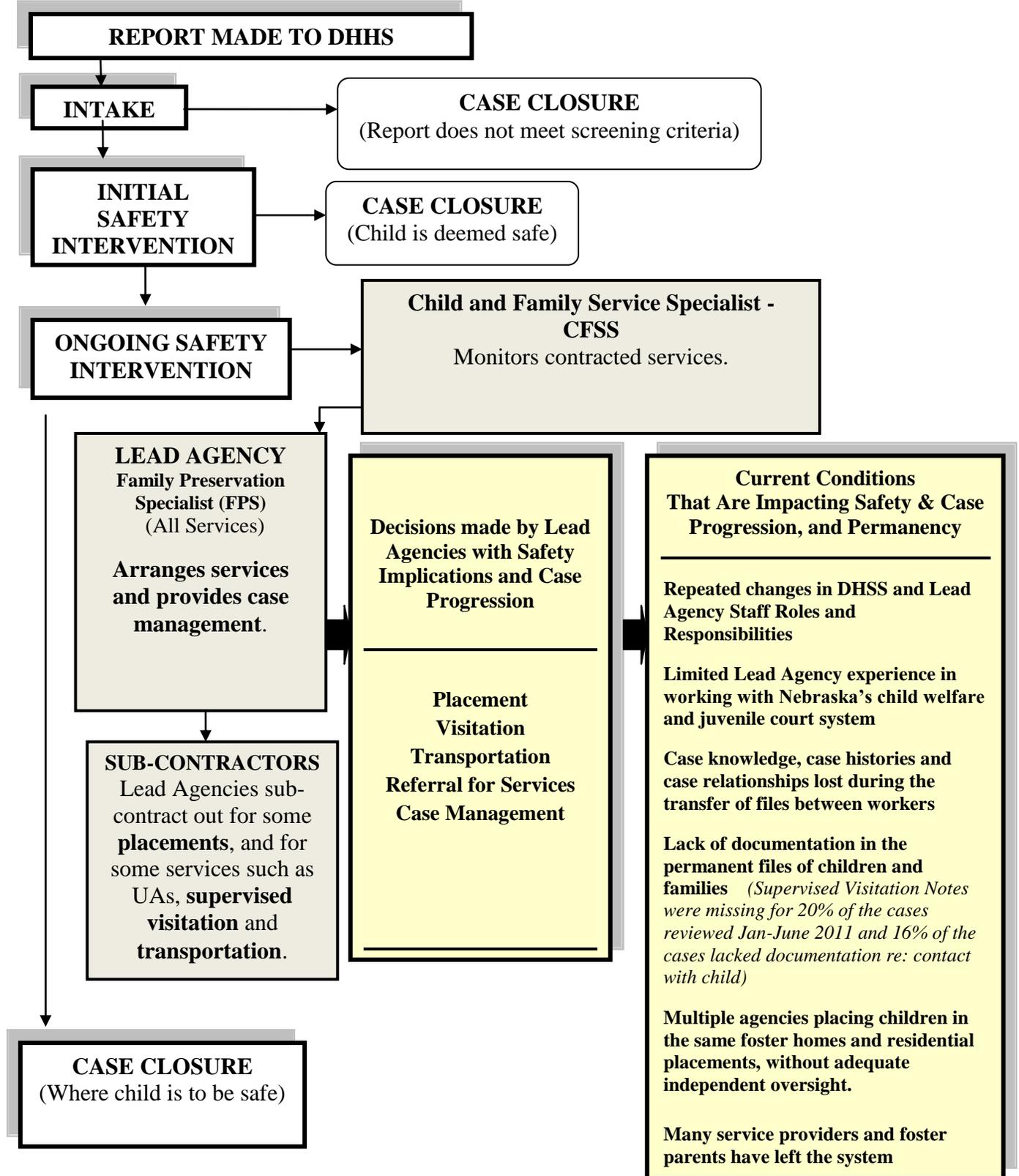
¹¹ Ibid.

Pertinent Regional Statistics continued...

	Children reviewed Jan-June 2011		
	Northeast Area not assigned to Lead Agency	Central Area not assigned to Lead Agency	Western Area not assigned to Lead Agency
# of children reviewed	185 children	230 children	233 children
No documentation of placement safety or appropriateness	44 children (24%)	37 children (16%)	26 children (11%)
Lack of a complete case plan	33 children (18%)	58 children (25%)	27 children (12%)
No progress towards permanency	69 children (37%)	80 children (37%)	90 children (39%)
Permanency should be finalized	5 children (3%)	6 children (3%)	7 children (3%)
	Children in out-of-home care on June 30, 2011		
	Northeast Area not assigned to Lead Agency	Central Area not assigned to Lead Agency	Western Area not assigned to Lead Agency
# of children in out-of- home care	407 children (100%)	364 children (100%)	416 children (100%)
4 or more HHS staff person assigned to case while in out-of- home care	133 children (33%)	129 children (35%)	124 children (30%)
3 or more Lead Agency staff assigned to the case while in out-of- home care	41 children [this when assigned to a Lead Agency that since has closed]	49 children [this when assigned to a Lead Agency that since has closed]	43 children [this when assigned to a Lead Agency that since has closed]
4 or more Lead Agency staff assigned to the case while in out-of- home care	16 children [this when assigned to a Lead Agency that since has closed]	14 children [this when assigned to a Lead Agency that since has closed]	16 children [this when assigned to a Lead Agency that since has closed]
Children who had previously been in out-of-home care	150 children (37%)	172 children (47%)	180 children (43%)
4 or more placements over lifetime	172 children (42%)	192 children (53%)	192 children (46%)

APPENDIX D

DHHS INTERVENTION AND SAFETY SYSTEM



The Lead Agency FPS are responsible for case management including securing placements, monitoring safety, contact with family, child, placement, updating N-FOCUS narratives and placement changes, and developing the case plan and court report.

Lead Agencies sub-contract out for some placements, and for some services such as tracking and monitoring juvenile offenders, drug use testing, visitation and transportation.

COMMUNICATION AND DOCUMENTATION AFFECTS SAFETY DECISIONS MADE BY LEAD AGENCIES

Lead Agency staff training, child welfare and juvenile court experience or expertise: Many Lead Agency staff do not have the necessary skill sets or case work knowledge necessary to understand the needs of the child and their family.

Communication: Bio-parents, foster parents, guardians ad litem, sub-contractor agencies, therapists and other professionals consistently report a lack of communication regarding cases and regarding the roles and responsibilities of DHHS, Lead Agencies and Sub-Contractors. Foster parents get mixed messages from the various service providers.

Documentation and missing evidence: Documentation in both the hard file and on N-FOCUS is chronically lacking. UAs, evaluations, assessments, visitation reports, & contact notes are all examples of documentation and evidence used to provide proof in court that progress is or is not occurring.

Delays / Lack of Progress: (e.g., slow referrals and services, delays in adoptions). Lack of follow through to ensure services are provided.

Placement issues: 41% of the cases reviewed by the FCRB did not have home study documentation. Foster parents have directly reported their intent to cease foster parenting citing payment, communication and logistical issues.

Visitation: Out of 1,323 reviews 21% of the cases reviewed did not have supervised visitation reports. Visitation workers fail to show up to supervise the visit, or cancel visits due to the visitation worker's personal commitments.

Transportation: Issues continue to be reported regarding transportation including not arriving when scheduled, unprofessional drivers, multiple drivers assigned to a young child, and safety concerns.

Appendix E – Diminished Resources

The following services either ceased or significantly decreased services to parents, youth or families during the time span of the implementation of Reform. The FCRB recognizes that a range of reasons for such decreased services exist. However, given the diverse needs of families within the child welfare system, the loss of such services is still noteworthy.

Diminished Service Capacity 2009-June 2011

A number of foster parents in areas with Lead Agencies report that they will not be taking in new children and will be “done” as foster parents when the children currently in their home reach permanency. Others will not renew their licenses when their current license (3-year) expires.

The following statistics on foster home/placement capacity are from the Department of Health and Human Services:

Douglas County

- Licensed homes (homes that have completed training)
 - 11/2009 there were 793 licensed foster homes in Douglas County
 - 1/2011 there were 628 licensed foster homes in Douglas County – a decrease of 165 homes.
- Approved foster homes (homes that can only accept children from a family they know. Being in these types of homes disqualifies children who meet other criteria from being eligible for federal reimbursement for foster care).
 - 11/2009 there were 746 approved foster homes in Douglas County
 - 1/2011 there were 812 approved foster homes in Douglas County – an increase of 66 homes.
- Child caring bed (treatment and non-treatment)
 - 11/2009 there were 1015 beds.
 - 1/2011 there were 989 beds.

The following is a partial list of closures of other types of facilities with reasons, where known:

Eastern Area (Douglas and Sarpy Counties)

Cooper Village - Omaha^{12*}

Closed an Enhanced Treatment Group Homes for boys in May 2010.

¹² *Notes closures learned through reviews conducted by the Foster Care Review Board.

Douglas Co. CMHC - Omaha^{13**}

Due to Douglas County budget reductions, Douglas Co. CMHC eliminated 2 therapists (of their total of 4) from their staff in June. They also eliminated 12 inpatient beds (they now have a total of 18) in July partly because of Douglas County budget reductions and partly because their average census for the past 2 years has been 14.

Uta Halee – Omaha*

Closed an Enhanced Treatment Group Home in early September due to lack of referrals. They had 24 beds and now have 12 beds for ETGH. Those beds will close on Dec. 16, 2011.

Youth Emergency Services – Omaha*

Shelter stopped accepting state wards in 2010.

Southeast Area

Cedars Turning Point Residential Treatment Center– Lincoln*

Closed in June 2010.

Cedars Youth Services – Lincoln¹⁴

Cedars ended its contract as a Lead Agency with the State of Nebraska and Nebraska Department of Health and Human services on June 30, 2010.

CenterPointe, Inc. – Lincoln**

A 31-year old residential treatment program for youth with substance abuse and mental health issues closed in 2010 due to funding issues.

Lancaster Co. CMHC – Lincoln**

This budget cycle the County of Lancaster cut \$400,000 from CHMC's budget, they lost 2 Community Support positions, 1 Jail Diversion Case Manager, 1 clerical support position plus other cuts in staff development & training, equipment, food and supplies.

St. Monica's – Lincoln**

Due to a continued reduction in referrals to their adolescent treatment group home, St. Monica's closed their 8 bed TGH for girls. They will provide IOP and Day TX services for adolescent girls. They also moved as many staff as possible to open positions within the agency, but still reduced their staff by 4.

¹³ ** Notes closures learned through print and/or broadcast media.

¹⁴ Stated in an April 23, 2010, op-ed by NE Appleseed, an estimated 500 people lost their jobs when Cedars ended their contract and Visinet filed for bankruptcy.

Samaritan Counseling Center – Lincoln**

Samaritan Counseling Center closed on September 30, 2010. This brought to an end the Center's 23 years of service to Lincoln and surrounding communities.

Visinet, Inc. – Lincoln*

Visinet declared bankruptcy, therefore ending its contract with the state and closing its doors in April 2010. This included foster homes and its emergency shelter.

Central Area

Cedars Youth Services – Richard House Emergency Shelter– Broken Bow*

Cedars closed their Shelter/Staff Secure program in Broken Bow September 2009.

I Believe in Me Ranch – Kearney*

I Believe in Me Ranch closed in October 2009.

Richard Young – Kearney*

RY closed a 19 bed RTC on June 30, 2009.

South Central BH Services – Kearney*

SCBS closed a men's halfway house for substance abuse in October 2008 due to the rate not matching the service definition and inability to recruit staff to meet the service definition.

Northeast Area

Behavioral Health Specialists – Norfolk*

Sunrise Place Treatment Group Home closed in December 2009; authorizations/referrals to that program came to an abrupt stop in June 2009.

Boys and Girls Home – Sioux City, IA*

Boys and Girls Home ended its contract as a Lead Agency with the State of Nebraska and Nebraska Department of Health and Human services on October 15, 2010.

Shelter in Columbus*

The shelter in Columbus ceased operations in early 2011.

Western Area

Reach-Out Foster Care*

Reach Out, the last provider of foster homes and foster home support in the Panhandle, has ceased providing its services and working with regional mental health agencies in June 2011. This was a provider that had a good reputation amongst professionals in the area for providing quality services, including

parenting classes, respite care, independent living skills training, foster parent support, supervised visitation, and agency-based foster care. It has been reported that payment issues from the time that Boys and Girls was a Lead Agency was a major factor in their decision to cease operations.

Nebraska Boy's Ranch – Alliance**

NBR temporarily suspended services in July 2009 due to lack of referrals and lack of control between HHS and BGH which left NBR in a position of not knowing which services it would be able to provide for families. The NBR website stated that it is NOT closing, but is taking time to restructure.

Shelter in North Platte*

Date of closure not available.

Wilcox House – North Platte*

Wilcox House, a Salvation Army Group Home, closed early in 2010.

The FCRB thanks Amy Richardson of Lutheran Family Services, Sarah Helvey at the Appleseed Center, and Vicki Weisz at the Court Improvement Project for their assistance in developing the above list.

Appendix F –County Level Data, on June 30, 2011

County	Total No of Children	By age group			Removed from home more than once	4 or more caseworkers	4 or more placements	In Care 2 yrs or more
		Age birth to five	Age six to twelve	Age 13-18				
Adams	62	15	10	37	26	26	34	18
Antelope	8	0	0	8	6	2	6	0
Arthur	1	0	0	1	0	1	1	1
Banner	0	0	0	0	0	0	0	0
Blaine	0	0	0	0	0	0	0	0
Boone	6	2	1	3	0	1	2	0
Box Butte	3	0	0	3	1	0	1	1
Boyd	5	2	0	3	2	2	2	0
Brown	5	2	3	0	1	3	2	0
Buffalo	70	14	18	38	30	28	34	14
Burt	3	1	1	1	1	1	1	0
Butler	27	2	11	14	14	18	13	13
Cass	41	7	10	24	24	28	28	9
Cedar	0	0	0	0	0	0	0	0
Chase	8	4	1	3	2	0	2	0
Cherry	10	1	4	5	1	2	2	1
Cheyenne	12	1	1	10	6	4	7	2
Clay	7	0	1	6	5	4	6	0
Colfax	17	8	4	5	4	4	4	4
Cuming	15	3	5	7	4	8	8	7
Custer	12	4	2	6	1	1	1	0
Dakota	40	9	12	19	4	6	9	3
Dawes	8	2	3	3	5	1	5	1
Dawson	62	13	14	35	29	20	31	1
Deuel	1	0	1	0	1	1	1	0
Dixon	2	1		1	1	1	1	0
Dodge	85	20	17	48	37	40	41	25
Douglas	1689	456	438	795	620	1024	840	447
Dundy	1	0	0	1	1	0	0	0
Fillmore	7	1	1	5	3	3	4	2
Franklin	1	0	0	1	1	1	1	0
Frontier	1	0	0	1	1	0	1	0
Furnas	18	1	10	7	11	8	10	8

County	Total No of Children	By age group			Removed from home more than once	4 or more caseworkers	4 or more placements	In Care 2 yrs or more
		Age birth to five	Age six to twelve	Age 13-18				
Gage	32	9	4	19	13	25	19	4
Garden	0	0	0	0	0	0	0	0
Garfield	2	1	0	1	1	1	1	2
Gosper	3	0	2	1	1	0	1	0
Grant	0	0	0	0	0	0	0	0
Greeley	2	0	0	2	0	0	0	0
Hall	127	33	25	69	70	44	68	27
Hamilton	7	0	0	7	4	2	5	1
Harlan	6	0	0	6	3	1	3	0
Hayes	0	0	0	0	0	0	0	0
Hitchcock	4	0	0	4	1	1	1	1
Holt	9	2	0	7	4	5	5	2
Hooker	0	0	0	0	0	0	0	0
Howard	8	0	1	7	3	3	4	2
Jefferson	7	1	0	6	2	3	3	3
Johnson	4	1	0	3	1	3	3	2
Kearney	13	1	3	9	3	3	7	0
Keith	8	0	1	7	4	3	4	2
Keya Paha	0	0	0	0	0	0	0	0
Kimball	6	2	1	3	2	1	1	0
Knox	3	0	0	3	1	2	2	1
Lancaster	957	277	237	443	359	523	458	195
Lincoln	142	37	32	73	55	41	65	28
Logan	0	0	0	0	0	0	0	0
Loup	0	0	0	0	0	0	0	0
McPherson	0	0	0	0	0	0	0	0
Madison	86	19	23	44	42	22	48	9
Merrick	12	2	1	9	3	3	4	2
Morrill	4	0	0	4	4	2	2	0
Nance	5	1	0	4	2	3	3	3
Nemaha	9	0	4	5	1	6	1	2
Nuckolls	5	2	0	3	2	1	2	0
Otoe	30	8	9	13	17	18	16	8
Pawnee	3	1	1	1	0	2	0	0
Perkins	2	0	0	2	2	2	2	1
Phelps	12	1	1	10	7	3	6	2

County	Total No of Children	By age group			Removed from home more than once	4 or more caseworkers	4 or more placements	In Care 2 yrs or more
		Age birth to five	Age six to twelve	Age 13-18				
Pierce	8	1	4	3	0	0	0	0
Platte	50	8	14	28	22	19	17	2
Polk	5	4	0	1	1	0	1	0
Red Willow	20	0	2	18	9	2	11	1
Richardson	7	1	0	6	3	6	3	0
Rock	0	0	0	0	0	0	0	0
Saline	10	1	1	8	6	8	6	2
Sarpy	195	30	35	130	76	108	102	35
Saunders	16	8	4	4	9	12	8	0
Scotts Bluff	114	40	38	36	45	38	47	20
Seward	21	2	5	14	6	5	9	5
Sheridan	2	0	1	1	1	0	1	0
Sherman	9	2	4	3	4	3	4	0
Sioux	0	0	0	0	0	0	0	0
Stanton	2	0	0	2	0	0	0	0
Thayer	2	0	0	2	1	1	1	0
Thomas	1	0	0	1	1	1	1	0
Thurston	7	2	3	2	4	3	5	3
Valley	6	1	0	5	4	4	5	3
Washington	28	5	8	15	9	9	12	2
Wayne	6	1	1	4	1	1	3	3
Webster	1	0	0	1	1	1	1	0
Wheeler	0	0	0	0	0	0	0	0
York	27	10	6	11	8	11	14	0
	4272	1083	1039	2150	1660	2193	2083	930

Appendix G – Foster Parent Payments

Most states fall short of researchers' recommendations

Minimum monthly foster care payment, by state, for children ages 2, 9 and 16, and what the minimum rate should be to cover actual costs, according to a study released today (recommended rates do not include travel and child care expenses but include extra costs particular to children in foster care):

Age	Current rate			Recommended rate			Age	Current rate			Recommended rate		
	2	9	16	2	9	16		2	9	16	2	9	16
Ala.	\$410	\$434	\$446	\$567	\$650	\$712	Mont.	\$515	\$475	\$572	\$598	\$685	\$751
Alaska*	\$652	\$580	\$688	\$629	\$721	\$790	Neb.	\$226	\$359	\$359	\$636	\$729	\$799
Ariz.	\$793	\$782	\$879	\$606	\$695	\$762	Nev.	\$683	\$683	\$773	\$638	\$731	\$801
Ark.	\$400	\$425	\$475	\$558	\$639	\$701	N.H.	\$403	\$439	\$518	\$724	\$830	\$910
Calif.	\$425	\$494	\$597	\$685	\$785	\$861	N.J.	\$553	\$595	\$667	\$751	\$860	\$943
Colo.	\$348	\$392	\$423	\$659	\$755	\$828	N.M.	\$483	\$516	\$542	\$600	\$688	\$754
Conn.	\$756	\$767	\$834	\$756	\$866	\$950	N.Y.*	\$504	\$594	\$687	\$721	\$826	\$906
Del.	\$517	\$517	\$517	\$625	\$716	\$785	N.C.	\$390	\$440	\$490	\$630	\$722	\$792
D.C.	\$869	\$869	\$940	\$629	\$721	\$790	N.D.	\$370	\$418	\$545	\$584	\$669	\$734
Fla.	\$429	\$440	\$515	\$579	\$664	\$728	Ohio	\$275	\$275	\$275	\$635	\$727	\$797
Ga.	\$416	\$471	\$540	\$588	\$674	\$738	Okla.	\$365	\$430	\$498	\$557	\$639	\$700
Hawaii	\$529	\$529	\$529	\$629	\$721	\$790	Ore.	\$387	\$402	\$497	\$642	\$735	\$806
Idaho	\$274	\$300	\$431	\$602	\$689	\$756	Pa.*	\$640	\$640	\$640	\$671	\$770	\$844
Ill.	\$380	\$422	\$458	\$661	\$757	\$830	R.I.	\$438	\$416	\$480	\$723	\$828	\$908
Ind.	\$760	\$760	\$760	\$630	\$722	\$791	S.C.	\$332	\$359	\$425	\$576	\$660	\$723
Iowa	\$454	\$474	\$525	\$626	\$717	\$786	S.D.	\$451	\$451	\$542	\$633	\$726	\$795
Kan.	\$603	\$603	\$603	\$628	\$720	\$789	Tenn.	\$627	\$627	\$737	\$574	\$658	\$722
Ky.	\$599	\$599	\$660	\$569	\$652	\$715	Texas	\$652	\$652	\$652	\$557	\$638	\$700
La.	\$380	\$365	\$399	\$567	\$649	\$712	Utah	\$426	\$426	\$487	\$634	\$726	\$796
Maine	\$548	\$577	\$614	\$686	\$786	\$862	Vt.	\$475	\$528	\$584	\$705	\$808	\$886
Md.	\$735	\$735	\$750	\$628	\$720	\$789	Va.	\$368	\$431	\$546	\$605	\$694	\$760
Mass.	\$490	\$531	\$616	\$766	\$878	\$962	Wash.	\$374	\$451	\$525	\$657	\$753	\$826
Mich.	\$433	\$433	\$535	\$646	\$740	\$812	W.Va.	\$600	\$600	\$600	\$561	\$643	\$705
Minn.	\$585	\$585	\$699	\$661	\$758	\$830	Wis.	\$317	\$346	\$411	\$648	\$743	\$814
Miss.	\$325	\$355	\$400	\$555	\$636	\$697	Wyo.	\$645	\$664	\$732	\$608	\$696	\$763
Mo.	\$271	\$322	\$358	\$627	\$719	\$788	U.S. avg.	\$488	\$509	\$568	\$629	\$721	\$790

* — Alaska, New York and Pennsylvania do not have state-established minimum rates. For these states, the current rate is for each state's most populous region.

Source: Foster care study by the University of Maryland School of Social Work, National Foster Parent Association and Children's Rights

Appendix H – CFSR Result Comparison

Federal reviews of individual State’s child welfare systems started in 2001 and continue on an alternating schedule. These reviews measure outcomes for children in a systematic manner. The following States compared with Nebraska’s CFSR review results were chosen because Kansas, Tennessee and Florida have initiated privatization prior to Nebraska’s efforts.

Systemic Factors and Items	Nebraska		Kansas		Tennessee		Florida	
	Percent Achieved/Strength		Percent Achieved/Strength		Percent Achieved/Strength		Percent Achieved/Strength	
	2002	2009	2001	2008	2002	2008	2001	2008
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect	77.4^x	37.5^x	87^x	93.8^x	84.6^x	53.3^x	85.7^x	70.0^x
Item 1: Timeliness of investigations	58 ^x	37 ^x	Not Reported	97 [*]	71 ^x	52 ^x	85.7 ^x	90 [*]
Item 2: Repeat maltreatment	100 [*]	92 [*]	Not Reported	93 [*]	97 [*]	82 ^x	91.8 ^x	64 ^x
Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate	88.6^x	52.3^x	90[*]	75.0^x	68.4^x	50.8^x	78.0^x	61.5^x
Item 3: Services to prevent removal	88 [*]	68 ^x	Not Reported	95 [*]	78 ^x	72 ^x	90 ^x	74 ^x
Item 4: Risk of harm	91 [*]	52 ^x	Not Reported	77 ^x	71 ^x	51 ^x	78 ^x	65 ^x

Federal findings – Area Needing Improvement ^x
Strength^{*}

All numbers are from CFS CFSR reports found at
http://library.childwelfare.gov/swig/ws/cwmd/docs/cb_web/SearchForm

Systemic Factors and Items	Nebraska		Kansas		Tennessee		Florida	
	Percent Achieved/Strength		Percent Achieved/Strength		Percent Achieved/Strength		Percent Achieved/Strength	
	2002	2009	2001	2008	2002	2008	2001	2008
Permanency Outcome 1: Children have permanency and stability in their living situations	45.7^x	25.0^x	68^x	52.5^x	31^x	27.5^x	75.9^x	34.1^x
Item 5: Foster care reentry	85*	100*	Not Reported	91*	75 ^x	85 ^x	96.4*	100*
Item 6: Stability of foster care placements	77 ^x	67 ^x	Not Reported	67 ^x	66 ^x	67.5 ^x	89.7*	59 ^x
Item 7: Permanency goal for child	54 ^x	43 ^x	Not Reported	74 ^x	59 ^x	42.5 ^x	58.6 ^x	59 ^x
Item 8: Reunification, guardianship, and placement with relatives	57 ^x	41 ^x	Not Reported	82 ^x	69 ^x	43 ^x	50 ^x	70 ^x
Item 9: Adoption	0 ^x	23 ^x	Not Reported	47 ^x	10 ^x	37 ^x	70*	44 ^x
Item 10: Other planned living arrangement	50 ^x	17 ^x	Not Reported	80 ^x	44 ^x	N/A	33.3 ^x	64 ^x

Federal findings – Area Needing Improvement ^x
Strength*

All numbers are from CFS CFSR reports found at
http://library.childwelfare.gov/swig/ws/cwmd/docs/cb_web/SearchForm

Systemic Factors and Items	Nebraska		Kansas		Tennessee		Florida	
	Percent Achieved/Strength		Percent Achieved/Strength		Percent Achieved/Strength		Percent Achieved/Strength	
	2002	2009	2001	2008	2002	2008	2001	2008
Permanency Outcome 2: The continuity of family relationships and connections is preserved	65.7^x	67.5^x	80^x	90.0^x	37.9^x	57.5^x	89.7*	47.5^x
Item 11: Proximity of placement	97*	97*	Not Reported	93*	85*	97*	96.6*	93*
Item 12: Placement with siblings	87*	91*	Not Reported	100*	67 ^x	91*	95.5*	87 ^x
Item 13: Visiting with parents and siblings in foster care	71 ^x	73 ^x	Not Reported	97*	70 ^x	68 ^x	80 ^x	53 ^x
Item 14: Preserving connections	71 ^x	80 ^x	Not Reported	84 ^x	64 ^x	85 ^x	96.2*	77 ^x
Item 15: Relative Placement	67 ^x	64 ^x	Not Reported	91*	38 ^x	61 ^x	96.6*	61 ^x
Item 16: Relationship of child in foster care with parents	55 ^x	59 ^x	Not Reported	90*	61 ^x	43 ^x	87 ^x	28 ^x

Federal findings – Area Needing Improvement *
Strength*

All numbers are from CFS CFSR reports found at
http://library.childwelfare.gov/swig/ws/cwmd/docs/cb_web/SearchForm

Systemic Factors and Items	Nebraska		Kansas		Tennessee		Florida	
	Percent Achieved/Strength		Percent Achieved/Strength		Percent Achieved/Strength		Percent Achieved/Strength	
	2002	2009	2001	2008	2002	2008	2001	2008
Well Being Outcome 1: Families have enhanced capacity to provide for children's needs	32.0^x	32.3^x	76.0^x	65.6^x	52^x	35.4^x	62^x	24.6^x
Item 17: Needs/services of child, parents, and foster parents	56 ^x	40 ^x	Not Reported	69 ^x	56 ^x	38.5 ^x	72 ^x	29 ^x
Item 18: Child/family involvement in case planning	26 ^x	39 ^x	Not Reported	75 ^x	65 ^x	39 ^x	53.1 ^x	35 ^x
Item 19: Caseworker visits with child	60 ^x	65 ^x	Not Reported	73 ^x	92 [*]	63 ^x	75.5 ^x	80 ^x
Item 20: Caseworker visits with parents	44 ^x	30 ^x	Not Reported	64 ^x	68 ^x	26 ^x	69 ^x	31 ^x
Well-Being Outcome 2: Children receive services to meet their educational needs	86.1^x	76.5^x	93[*]	91.5^x	82.2^x	83.3^x	78.9^x	82.5^x
Item 21: Educational needs of child	86 ^x	77 ^x	Not Reported	91 ^x	82 ^x	83 ^x	78.9 ^x	83 ^x

Federal findings – Area Needing Improvement ^x
Strength^{*}

All numbers are from CFS CFSR reports found at
http://library.childwelfare.gov/swig/ws/cwmd/docs/cb_web/SearchForm

Systemic Factors and Items	Nebraska	
	Percent Achieved/Strength	
	2002	2009
Well Being Outcome 3: Children receive services to meet their physical and mental health needs	55.3 ^x	62.3 ^x
Item 22: Physical health of child	73 ^x	77 ^x
Item 23: Mental health of child	66 ^x	70 ^x

Kansas	
Percent Achieved/Strength	
2001	2008
78 ^x	85.5 ^x
Not Reported	92 [*]
Not Reported	88 ^x

Tennessee	
Percent Achieved/Strength	
2002	2008
69.4 ^x	66.1 ^x
89 [*]	91 [*]
71 ^x	63 ^x

Florida	
Percent Achieved/Strength	
2001	2008
74 ^x	61.4 ^x
85.1 ^x	79 ^x
76.3 ^x	67 ^x

Estimated Annual Penalty for not meeting Federal Standards	2002	2009
	\$264,696	\$366,580

2001	2008
\$415,056.42	\$134,088

2002	2008
\$1,488,696	\$1,522,580

2001	2008
\$2,951,544	\$3,365,779

Highlights of Findings	2002	2009
# of National Standards met	2 of 6 standards.	1 of 6 standards
# of outcomes substantially achieved	0 of 7 outcomes.	0 of 7 outcomes
#of Systemic factors where substantial conformity was achieved	3 of 7 systemic factors.	5 of 7 systemic factors.

2001	2008
3 of 6 standards.	3 of 6 standards.
2 of 7 outcomes.	0 of 7 outcomes.
6 of 7 systemic factors.	4 of 7 systemic factors.

2002	2008
1 of 6 standards.	2 of 6 standards.
0 of 7 outcomes.	0 of 7 outcomes.
4 of 7 systemic factors.	5 of 7 systemic factors.

2001	2008
2 of 6 standards.	2 of 6 standards
1 of 7 outcomes.	0 of 7 outcomes
5 of 7 systemic factors.	4 of 7 systemic factors.

Federal findings – Area Needing Improvement ^x
Strength*

All numbers are from CFS CFSR reports found at
http://library.childwelfare.gov/swig/ws/cwmd/docs/cb_web/SearchForm

Section II

The Nebraska Foster Care Review Board's 2010 Annual Report Recommendations to the Judiciary

DELAYS TO ADJUDICATION FOR CHILDREN REVIEWED DURING 2010

2,309 of the children who were reviewed in 2010 met the following criteria:

- They were adjudicated “3a” (abuse – neglect – abandonment), and
- FCRB review specialists calculated the time between the child’s date of removal from the home and adjudication date.

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

Number of Months to Adjudication	Children
Adjudicated prior to removal	98
Less than 1 month	150
1 month	514
2 months	521
3 months	447
4 months	237
5 months	145
6 months	75
7 months	47
8 months	33
9 months	6
10 months	7
11 months	11
12 months	7
Over 12 months	11

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

By law (Neb. Rev. Stat. 43-278) this hearing must occur within 90 days of the child entering out-of-home care. As shown above, in practice the 90-day rule is not always followed.

The Foster Care Review Board suggests these steps that judges and members of the legal system can follow to improve case progression

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

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

- **Insist on appropriate case plans** that detail specific and timely improvements that parents need to demonstrate to show that a return of the child(ren) to the parent's care could be safe and successful.
 - 39% of the children who entered care in 2010 had been removed at least once before.
- **Hold DHHS and the Lead Agencies accountable** to ensure that children receive needed treatments and services.
 - As an example, 32% (1,496 of 4,730) of the reviews conducted in 2010 found there was no documentation about the placement's safety and appropriateness.
- **Verify through supporting evidence** that the parents have been provided the services and visitation opportunities needed by either DHHS or one of the private providers with which it contracts.
- **Assure that guardians ad litem are following the Supreme Court's guidelines** by conducting independent determination as to the juvenile's best interests, and consulting with the juvenile at least once in the placement (an important safety provision).
- **Order parenting time** to reinforce the attachments between parent and child, and promote timely reunification by measuring willingness and ability to parent.
- **Specify in court orders that services are to be successfully completed** so that services and treatments are not ended prematurely.
- **Assure timely adjudications** so that parents begin services to correct the reasons why children were placed into out-of-home care.
- **Utilize 12-month hearings** to effectively address permanency objectives.
- **Continue to use FCRB recommendations and reports** which identify the major issues in each case reviewed and offer recommendations alleviating those issues and other major barriers to permanency.
- **Continue to work with the Through the Eyes of the Child teams** to increase understanding and collaboration among entities that make up the child welfare system.

INFORMATION ON SELECTED COURT HEARINGS FOR CHILDREN REVIEWED IN 2010

Permanency hearings

Courts are mandated to conduct a special permanency hearing when children have been in out-of-home care for 12 months, and every 12 months thereafter. There were 2,950 reviews conducted in 2010 that involved children who had been in foster care for 12 consecutive months or longer.

- 1,318 children (45%) had documentation in the DHHS file regarding the children's permanency hearings.
- 363 (12%) of the children's files had documentation that indicated they had not had a permanency hearing.
 - A request for such a hearing was documented for 69 of these children.
- For the remaining 1,269 children (43%) there was no DHHS file documentation of the hearing, or the documentation was unclear.

For the 1,318 children who had documented permanency hearings...

- In 1,171 cases the plan submitted by DHHS was adopted by the court
- In 67 cases the plan submitted by DHHS was modified by the court
- In the remaining cases it either was unclear what the court adopted or the court adopted a different plan.

“15 month”/“Exception” hearings

Courts are to hold an “exception” hearing when children have been in care for 15 months to determine if a termination of parental rights hearing needs to be held.

There were 2,443 reviews of children in care for 15 months or longer conducted in 2010.

- 862 of these cases had a termination of parental rights petition filed and/or completed.
- In 158 of the remaining 1,581 cases there was documentation of an exception hearing being held.
- Where the exception found was documented:
 - 31 cases lacked evidence of being in best interests
 - 13 cases the only grounds was parental incarceration
 - 53 cases had an exception due to being placed with a relative
 - 21 cases the parents had not been given opportunity to correct conditions

Section III

Examples from The Nebraska Foster Care Review Board's 2010 Annual Report

The following are examples of the additional analysis and recommendations available online on the FCRB website, www.fcrb.nebraska.gov, under the heading of 2010 annual report.

Major Issues Identified by Local Boards For the 2010 Annual Report

Local board member citizen volunteers, who conducted 4,730 reviews of 3,387 children's cases in 2010,¹⁵ prioritized the following to improve conditions for children in foster care based on those reviews and pertinent data.

1. Ensure front-line workers obtain needed documentation.
2. Ensure all guardians ad litem provide quality representation of the children.
3. Reduce the length of time children spend in care.
4. Make services to address chronic familial issues such as substance abuse, mental health, and domestic violence available statewide.
5. Create an adequate infrastructure of placements and treatment placements, and provide the support needed to be successful.
6. Ensure children have realistic case plans that reflect current circumstances and parental willingness and ability to safely parent.
7. Reduce the number of children returned to parents too soon or to uncorrected situations.
8. Stabilize children's cases by addressing case management issues.
9. Build a system of rigorous oversight and accountability measures within DHHS.
10. Improve access to treatment for children with mental health and behavioral issues, and ensure older youth are prepared for adulthood.

¹⁵ Children's cases are typically reviewed once every six months for as long as the children remain in out-of-home (foster) care. Thus, some children receive two reviews during a calendar year.

TABLE 1

SOME CHARACTERISTICS OF CHILDREN IN FOSTER CARE

(A Ten-Year and One-Year Comparison)

Who are the children?

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

Dec. 31, 2000	Dec. 31, 2009	Dec. 31, 2010
6,286 children ¹⁶	4,448 children	4,301 children

Age of children in foster care on December 31st

2000		2009		2010		Age group
1,366	22%	1,233	28%*	1,247	29%*	Infants & preschoolers (0-5)
1,561	25%	994	22%	954	22%	Elementary school (6-12)
1,432	24%	802	18%	773	18%	Young teens (13-15)
1,862	30%	1,419	32%	1,327	31%	Older teens (16+)
<u>65</u>	<u>1%</u>	<u>0</u>	<u>0%</u>	<u>0</u>	<u>0%</u>	Age not reported
6,286 ¹⁷	100%	4,448	100%	4,301	100%	Total

* The percentage of young children (age 0-5) in out-of-home care has increased significantly in the last decade, with 29% of the children in out-of-home care being in this age group in 2010, compared to 22% in 2000.

Gender of children in foster care on December 31st

2000		2009		2010		Gender
3,448	55%	2,507	56%	2,408	56%	Male
2,771	44%	1,941	44%	1,893	44%	Female
<u>67</u>	<u>>1%</u>	<u>0</u>	<u>0%</u>	<u>0</u>	<u>0%</u>	Gender not reported
6,286 ¹⁸	100.0%	4,448	100%	4,301	100%	Total

continued...

Explanation of Table—this table compares some characteristics of children in foster care from 2000, 2009, and 2010. Some percent columns in this table may not equal 100% due to rounding. All statistics in this table are from the Foster Care Review Board Tracking System.

¹⁶ The number of children in out-of-home care on Dec. 31, 2000, was overstated due to problems with DHHS not reporting when many children achieved permanency. FCRB verification efforts in 2001 found that approximately 5,800 children were actually in out-of-home care on this date.

¹⁷ Ibid.

¹⁸ Ibid.

TABLE 1 (continued)

SOME CHARACTERISTICS OF CHILDREN IN FOSTER CARE
(A Ten-Year and One-Year Comparison)

Race of children in foster care on December 31st
With Hispanic as an ethnicity

2000	2009		2010		Racial Designation
	2,567	58%	2,390	56%	White
	971	22%	961	22%	Black
	232	5%	236	6%	American Indian
Not available	36	1%	29	>1%	Asian/Native Hawaiian
[See chart below]	145	3%	195	4%	Multiple designations ¹⁹
	<u>497</u>	<u>11%</u>	<u>490</u>	<u>12%</u>	Other or race not reported
	4,448	100%	4,301	100%	Total
	572	13%	570	13%	Hispanic as ethnicity

Race of children in foster care on December 31st
With Hispanic as a race

2000	2009		2010		Racial Designation	
3,727	55%	2,399	54%	2,238	52%	White, Non-Hispanic
1,090	17%	960	22%	950	22%	Black, Non-Hispanic
478	8%	572	13%	570	13%	Hispanic as race
427	7%	212	5%	212	5%	American Indian, Non-Hispanic
81	1%	35	1%	29	>1%	Asian, Non-Hispanic
Not available		145	3%	182	4%	Multiple, Non-Hispanic
						Other/not reported, Non-Hispanic
<u>483</u>	<u>8%</u>	<u>125</u>	<u>3%</u>	<u>120</u>	<u>3%</u>	Hispanic
6,286 ²⁰	100%	4,448	100%	4,301	100%	Total

continued...

¹⁹ Beginning in 2006 there is a separate category for multiple racial designations.

²⁰ The number of children in out-of-home care on Dec. 31, 2000, was overstated due to problems with DHHS not reporting when many children achieved permanency. FCRB verification efforts in 2001 found that approximately 5,800 children were actually in out-of-home care on this date.

TABLE 1 (continued)

Lifetime number of placements of children in foster care on December 31st

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

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

2000		2009		2010		Number of Lifetime Placements ²¹
3,260	52%	2,241	50%	2,120	49%	1-3 foster homes/placements
955	15%	706	16%	728	17%	4-5 foster homes/placements
1,174	19%	844	19%	859	20%	6-10 foster home/placements
676	11%	523	12%	458	11%	11-20 foster home/placements
221	4%	134	3%	136	3%	21 or more foster home/placements
6,286 ²²	100%	4,448	100%	4,301	100%	Total

Where are the children?

Children in foster care on December 31st by proximity to home²³

2000		2009		2010		Closeness to Home
3,196	51%	2,456	55%	2,353	55%	In same county
893	14%	660	15%	786	18%	In neighboring county
1,201	19%	1,009	23%	869	20%	In non-neighboring county
242	4%	166	4%	164	4%	Child in other state
754	12%	157	4%	129	3%	Proximity not available, including runaways
6,286 ²⁴	100%	4,448	100%	4,301	100%	Total

continued...

²¹ Additional details on the number of placements can be found in Table 9.

²² The number of children in out-of-home care on Dec. 31, 2000, was overstated due to problems with DHHS not reporting when many children achieved permanency. FCRB verification efforts in 2001 found that approximately 5,800 children were actually in out-of-home care on this date.

²³ Closeness to home is measured by the relationship between the child's county of placement and the county of the court of jurisdiction.

²⁴ The number of children in out-of-home care on Dec. 31, 2000, was overstated due to problems with DHHS not reporting when many children achieved permanency. FCRB verification efforts in 2001 found that approximately 5,800 children were actually in out-of-home care on this date.

TABLE 1 (continued)

Children in foster care on December 31st by type of placement

2000		2009		2010		Placement Type
2,524	40%	1,931	43%	1,879	44%	Foster home & fos/adopt homes
884	14%	1,000	23%	1,016	24%	Relatives
1,390	22%	845	19%	752	18%	Group homes, residential treatment facilities, or center for developmentally disabled
583	9%	340	8%	370	9%	Jail/youth development center
267	4%	227	5%	125	3%	Emergency shelter
118	2%	106	2%	73	2%	Runaway, whereabouts unknown
62	1%	35	1%	47	1%	Independent living
107	2%	16	>1%	14	>1%	Psychiatric treatment or inpatient substance abuse facility
17	>1%	15	>1%	6	>1%	Medical facility
334	5%	3	>1%	19	>1%	Other or type not reported
6,286 ²⁵	100%	4,448	100%	4,301	100%	Children in care December 31st

Some regional variances for children in care Dec. 31, 2010:

County of origin	% of the total children in care statewide	% of those on runaway status
Douglas County	40%	60%
Lancaster County	20%	25%

County of origin	% of the total children in care statewide	% of those in a shelter placement
Douglas County	40%	45%
Lancaster County	20%	10%
Lincoln County	4%	8%
Madison County	2%	4%
Red Willow	>1%	2%
Sarpy County	6%	11%

County of origin	% of the total children in care statewide	% of those in a relative placement
Douglas County	40%	42%
Lancaster County	20%	18%
Lincoln County	4%	4%
Madison County	2%	2%
Sarpy County	6%	6%
Scottsbluff County	3%	4%

continued...

²⁵ Ibid.

TABLE 1 (continued)

Have the children been in foster care before?

Children in foster care on December 31st

2000		2009		2010		
3,693	59%	2,744	62%	2,625	61%	Initial removal
<u>2,593</u>	<u>41%</u>	<u>1,704</u>	<u>38%</u>	<u>1,676</u>	<u>39%</u>	<u>Had prior removal</u>
6,286 ²⁶	100%	4,448	100%	4,301	100%	Total entered care

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

2000		2009		2010		
2,876	55%	2,452	62%	2,321	61%	Initial removal
<u>2,405</u>	<u>46%</u>	<u>1,518</u>	<u>38%</u>	<u>1,488</u>	<u>39%</u>	<u>Had prior removal</u>
6,286 ²⁷	100%	3,970	100%	3,809	100%	Total entered care

*This is an unduplicated number. Some children entered care more than once in a year. Their cases would be in the "had prior removal" category.

How long have the children been in foster care?

Excluding previous times in care for the 1,676 children who had been in care before, the average length of time in out-of-home care since the date of the most recent removal from the home for the 4,301 children in out-of-home care on Dec. 31, 2010, was 485 days.

- 1,464 of the children had been in out-of-home care for less than 180 days,
- 2,837 of the children had been in care for 180 days or more.

The following are some regional variances for children in care Dec. 31, 2010 from the most populous counties:

County of origin	Average days since most recent removal from the home	County of origin	Average days since most recent removal from the home
Adams County	672 days	Hall County	400 days
Buffalo County	386 days	Lancaster County	480 days
Dakota County	383 days	Lincoln County	384 days
Dawson County	209 days	Madison County	361 days
Dodge County	443 days	Sarpy County	378 days
Douglas County	561 days	Scottsbluff County	406 days

continued...

²⁶ The number of children in out-of-home care on Dec. 31, 2000, was overstated due to problems with DHHS not reporting when many children achieved permanency. FCRB verification efforts in 2001 found that approximately 5,800 children were actually in out-of-home care on this date.

²⁷ Ibid.

TABLE 1 (continued)

What happened to the children?

Reason for leaving out-of-home care

Some children exit out-of-home care more than once in a year. For those children, each reason for leaving care is counted in the table. 4,004 children left out-of-home care one time during 2010, 238 children left twice, 27 children left three times and 2 children left four times.

2000		2009		2010		Reason for Leaving Care
2,212	51%	3,154	71%	3,200	74%	Returned to parents
844	20%	66	2%	32	1%	Released from corrections (presumably to parents)
261	6%	487	11%	395	9%	Adopted
383	9%	319	7%	275	6%	Reached age of majority (19 th birthday or date of judicial emancipation)
96	2%	293	7%	258	6%	Guardianship
268	6%	44	1%	37	1%	Court terminated (no specific reason given)
6	>1%	97	2%	100	2%	Custody transferred
0	0%	4	>1%	2	0%	Marriage or military
<u>263</u>	<u>6%</u>	<u>4</u>	<u>>1%</u>	<u>3</u>	<u>>1%</u>	Other/reason not reported
4,333 ²⁸	100%	4,468	100%	4,302	100.0%	Total left care

continued...

²⁸ The number of children leaving out-of-home care in 2000 was understated due to problems with DHHS not reporting when many children returned home or otherwise achieved permanency. FCRB verification efforts in 2001 indicated that approximately 4,820 children left care during 2000.

TABLE 1 (continued)**Reviewed Children****Number of Local Foster Care Review Boards on December 31st**

2000	2009	2010
56 local boards ²⁹	43 local boards	43 local boards

Children reviewed by the FCRB and total reviews conducted³⁰

2000	2009	2010
3,648 children reviewed	3,430 children reviewed	3,387 children reviewed
5,122 reviews conducted ³¹	4,754 reviews conducted	4,730 reviews conducted

Reviewed children by lifetime length of time in foster care

2000		2009		2010		Length of Time in Care
1,755	48%	1,958	57%	2,157	64%	In care less than 2 years
1,278	35%	1,138	33%	777	23%	In care from 2-4 years
<u>615</u>	<u>17%</u>	<u>334</u>	<u>10%</u>	<u>453</u>	<u>13%</u>	In care at least 5 years in lifetime
3,648	100%	3,430	100%	3,387	100%	Individual children reviewed

Number of individual children in foster care for one or more days during the calendar year

2000	2009	2010
10,838	8,590 children	8,258 children

²⁹ During the period of economic downturn in the early 2000's, the Board's budget was cut by over 16%. This necessitated staffing cuts, which required eliminating support for some local boards. Therefore, there were more local boards in 2000.

³⁰ Children are typically re-reviewed every six months for as long as in out-of-home care, therefore some children will be reviewed more than once during a calendar year.

³¹ During the period of economic downturn in the early 2000's, the Board's budget was cut by over 16%.; therefore, there were fewer reviews conducted in 2009 and 2010 than in 2000.

Foster Care Review Board Major Activities During 2010

Like other parts of the child welfare system, the Foster Care Review Board had to rapidly adapt in order to stay relevant in an ever-changing child welfare environment. The new Reform significantly impacted how the FCRB did its work and impacted FCRB staff member's workloads.

The following outlines the planning and work required of the management team to position the FCRB to meet its mandate in the Reform environment:

1. Prepared for the changes to the child welfare system by educating ourselves regarding the roles and responsibilities of the Lead Agencies and identifying key leaders in reform.
2. Learned the internal systems of three Lead Agencies that served throughout a substantial portion of 2010 and the changes to the DHHS system.
3. Developed and implemented an internal process to track the impact on children under the Reform at the State, County, and child level.
4. Developed memorandums of understanding with the Lead Agencies to ensure they were clear on the FCRB's mandates and role.
5. Added data collection elements to the FCRB tracking system to track Lead Agencies and the Lead Agency workers assigned to children's cases.
6. Provided educational programs to share information with staff and local board members regarding changes to the child welfare system due to Reform.
7. Adapted to the significant increase in reports to the tracking system as a result of Reform.

In addition, to document and report on the impact of Reform, the FCRB:

1. Implemented the revised data collection system in January 2010 in order to track children placed with Lead Agencies and changes to service coordinators (Lead Agency staff).
2. Increased data entry by 50% due to the number of data system updates needed to track DHHS and Lead Agency staff changes.
3. Increased by 33% the number of data elements obtained and verified during the review process in order to track the outcomes for children under Reform.
4. Identified that significant amounts of vital documentation was missing from the case file/computer file at the time of review. Worked with DHHS and the Lead Agencies to report on this information and seek remedies. Distributed monthly reports to DHHS and the Lead Agencies as part of this process.
5. Instituted frequent review of the data being collected on Reform and modified it as necessary to adapt to the continuous changes that occurred in 2010.
6. Documented the increase in requests for data.

7. Documented the increased number of calls regarding case-specific concerns due to reform, and responded by reviewing cases and taking appropriate steps to ensure that the child involved was safe and moving towards permanency.
8. Documented the number of foster parents and service providers who contacted the FCRB regarding issues with their reimbursement rates being cut and/or regarding not receiving timely reimbursement.
9. Wrote and distributed two interim statistical reports to the FCRB governing board.
10. Wrote letters to DHHS describing issues identified and the subsequent December 2010 Reform Report.

Regular Activities

Through the process of tracking children and reviewing their cases, agency staff and volunteers work to ensure that:

- Children’s placements are safe and appropriate (i.e., number of children in the placement; children in the placement are appropriately matched in terms of ages, and behavioral issues);
- Children’s case plans are current and appropriate;
- Services are appropriate and provided for the child and their family in a timely manner as laid out in the case plan and/or court ordered;
- Transportation services are provided on a consistent basis to support the child and family’s plan for visitation and services;
- Children are not returning home prematurely, yet ensuring that children are not lingering in the foster care system beyond the time necessary;
- Paternity is established and family connections are made in a timely manner;
- Relative placements are appropriate, provided the same level of support and meeting the goals and expectations;
- Children’s cases are being reviewed in court at six-month intervals,
- Children and family’s services are not disrupted by this transition, and,
- Termination of parental rights is advocated for where appropriate.

Key statistics for 2010

- Tracked 8,258 children who were in care at some point during the year.
- Conducted 4,730 reviews on 3,387 children’s cases.
- Appeared in court 533times during the year on behalf of 962 children.

The following describes some of the major activities undertaken during 2010 in order to accomplish the above goals.

I. Tracking children in out-of-home care

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

- A. Tracked 8,258 children who were in foster care during 2010 as reported to the FCRB by DHHS, the Courts, and private agencies.
- B. Adapted to accommodate the 50% increase in reports from DHHS and the Lead Agencies.

- C. Modified the tracking system to add the tracking of the Lead Agency staff person assigned to children's case.
- D. Assigned 5,667 children for review by citizen review boards across the state, including alternates.
- E. Provided statistical and other information to researchers, grant seekers, governmental officials, the judiciary as specified by the Chief Justice, the Through the Eyes of the Child teams, Lead Agencies, the Kids Count Report, United Way, CASA officials, and child advocates, and also provided the statistical information used throughout this Report.

II. Reviewing children's cases

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

- A. Completed 4,730 reviews on 3,387 children.
 - 1. Reviewing a child's case includes:
 - FCRB staff reviews DHHS and Lead Agency case files, gathers additional pertinent information regarding the child's welfare, provides information to local board members prior to local board meetings, and provides the means for pertinent parties to participate in the local board meetings. As part of this process over 20,000 collateral contacts were made.
 - Local board members make recommendations and findings on the placement, services and plan, and identify barriers to achieving the permanency objective. A comprehensive recommendation report is issued to all legal parties to the child's case.
 - FCRB staff conduct follow-up, such as:
 - Contacting DHHS case managers, supervisors, legal staff, adoption workers, or administration as well as guardians ad litem, investigators, or prosecutors on behalf of an individual child's case,
 - Arranging case status meetings between the legal parties to the case on behalf of a child or children to address critical issues,
 - Arranging and participating in the Governor Case Reviews,
 - Notifying County Attorneys, or requesting the filing of termination of parental rights,
 - Working with guardians ad litem on case concerns,
 - Bringing cases to "1184" meetings to facilitate meeting the child's needs through discussion of the case with the legal parties,
 - Working to monitor, ensure safety and appropriateness, and address placement issues through citizen review, tours of child caring facilities, and/or child specific facility visits.
 - 2. For each of the 4,730 reviews conducted, a report with case-specific recommendations was issued to the legal parties in the case, such as the courts, agencies (e.g., DHHS), parental attorneys, guardians ad litem, county attorneys, and other legal parties. This resulted in a total of approximately 33,110 reports being issued.

3. Unfortunately due to on-going staffing shortages caused by previous budget cuts, which forced the FCRB to lay off staff and permanently lose staff positions, approximately 500 Nebraska children did not receive the benefits of oversight and about another 325 children's reviews were delayed. The budget cuts amounted to about 21% and included:
 - 2002 Special Session – 4% (\$48,544)
 - 2003 – 5%, 3%, 2.62% (a total of \$128,005)
 - 2004 – 6.3% (\$71,581)
 - 2009 – 2.5% (\$35,698)
 - 2010 – 5% (\$73,216)
- B. Revised the format for reviews to include Lead Agencies.
 - C. Revised the data collection instrument to include additional information related to Reform.
 - D. Adapted to the 33% increase as a result of Reform in the number of parties to contact during the review process.
 - E. Adapted to the 20% increase as a result of Reform in the number of parties to receive notification of review and copies of the final recommendation and findings report after reviews.
 - F. Identified a substantial increase in the time it took staff to obtain and verify current child-specific case information.
 - G. Developed, in collaboration with DHHS and the Lead Agencies, a means to gather and share statistics on documentation deficits.
 - H. Facilitated local board members volunteering over 38,350 hours of service.
 - I. Improved documentation on case staffings and made them more effective.
 - J. Jointly staffed (met to find solutions to serious issues) with DHHS/Lead agencies the cases of 503 children.
 - K. Surveyed local board members statewide to gain insight on training needs.

III. Visiting foster care facilities

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

- A. Visited 43 group homes, shelters, and detention facilities to ensure that the individual physical, psychological, and sociological needs of the children are being met.
- B. Conducted 43 visits under Project Permanency during 2010, where trained local board members visit the foster homes of children, primarily birth to age five, to ensure safety and to provide additional information to the foster parents on behaviors common to young children in foster care.
- C. Secured funding for Project Permanency from a number of corporate and public donations. Used this funding for the informational books given to foster parents, for a

gesture of appreciation for the foster parents, and for the backpacks, blankets, and toys given to the children.

IV. Appearing in Court, using legal standing

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

- A. Appeared in court 533 times during 2010, on behalf of 962 children.
- B. Issued 33,110 case specific reports with recommendations to the courts, DHHS, attorneys, guardians ad litem, county attorneys, and other legal parties.
- C. Participated in the Through the Eyes of a Child initiative, working in cooperation with courts and other legal parties.
- D. Participated in a number of “1184” team meetings.

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

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

- A. Met with Senators to brief them on child welfare issues.
- B. Worked with the Chief Justice, and judges with juvenile court jurisdiction.
- C. Conducted visits to foster care facilities (see item III).
- D. Staff participated in Adoption Day and Reunification Day plans and events.

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

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

A. The Governor, DHHS, and/or Lead Agencies

- 1. Participated in meetings between the FCRB’s Executive Director, the DHHS Director of Children and Family Services, and the DHHS Administrator for Protection and Safety.
- 2. Participated in regular meetings with the DHHS Director of Children and Family Services.
- 3. Participated in monthly staffings (problem-solving meetings) on a total of 503 individual children's cases with significant barriers to permanency or problems identified regarding the child’s care. This included the Executive Director, the Program Coordinator, Supervisors, and Staff, as well as administrators and staff from DHHS.
- 4. Discussed problems identified with private contracts for transportation of children and supervision of parenting time (visitation) between parents and children.
- 5. Flagged cases of significant concern for the DHHS Director’s attention.
- 6. Worked to address systemic issues that affect permanency and safety for children.

7. Encouraged increased DHHS participation in reviews.
8. The Director and staff participated in the Partner's Council, a collaborative group organized by DHHS.
9. The Director is a member of the Governor's Commission on the Protection of Children.
10. The FCRB's Data Coordinator participated in a stakeholders group discussing changes needed to group home statutes.

B. Members of the Legislature

1. Provided information on Nebraska's foster care system to Senators, including a special report on Reform issued in December 2010.
2. Responded to requests for data and other information.
3. Responded to individual case issues brought forward by State Senators.

C. The Attorney General

1. Two serious cases were sent to the Attorney General for review in 2010.
2. Provided information on child protection issues to the Attorney General.

D. Members of the Judiciary

1. Met with Chief Justice Heavican to discuss court-related issues.
2. Identified cases where it appeared that guardians ad litem were not following the Supreme Court guidelines for representation for the appropriate judge's attention.
3. Participated in the Through the Eyes of a Child Initiative, with representatives on every team. In some areas, per judicial request, staff served on pre-hearing conferences.
4. Provided statistics on request to Juvenile Court.
5. Worked with the JUSTICE computer system (the court's record keeping system) to continue to receive additional information on dates of court reviews.
6. The Director served on the Supreme Court Commission on Children and subcommittee on GAL performance.

E. Other efforts to promote best interests

1. Advocated for children through team meetings, meetings with legal parties, special correspondence, and similar efforts.
2. Responded to special requests for assistance with cases involving 146 children.
3. Several review specialists and supervisors met regularly with their individual area's "1184 teams" (child abuse treatment teams), which was previously discussed in section IV.
4. The FCRB's Data Coordinator serves as a member of the Department of Education's Subcommittee on Education of Children in Out-of-Home Care.

5. Sponsored 15 educational events on bonding and attachment, termination of parental rights, aggravated circumstances, and legal issues for local board members and members of the child welfare system.
6. Staff and local board members made over 50 presentations about the FCRB and about the status of children in foster care, to focus groups, community organizations, service clubs, college classes, and foster parent training classes and helped recruit potential foster parents.
7. The Director and Data Coordinator participate in the monthly conference calls of the National Foster Care Review Coalition.

IX. Maximizing agency resources

- A. Facilitated, recruited, trained and supported local board members volunteering over 38,350 hours reviewing cases on community-based multi-disciplinary boards. This is an in-kind contribution of \$639,295.³²
- B. Facilitated local board members donation of their mileage. It is estimated that local board members annually donate about \$17,675 in mileage.³³
- C. Facilitated libraries and churches donating the use of their facilities for over 400 local board meetings plus at least 10 educational programs. At a modest rate of \$50 per meeting, this is an annual donation of \$22,650.
- D. Secured donations for Project Permanency. Used this for the informational books given to foster parents, for a gesture of appreciation for the foster parents, and for the backpacks, blankets, and toys given to the children.

X. Other activities

- A. Completed steps necessary to promulgate new rules and regulations. As of September 15, 2011, these were awaiting the Governor's signature, the final stage in the process.
- B. Worked on a strategic plan for the agency.
- C. Prepared the budget request documents and determined how the FCRB would implement the proposed 10 percent cut in funding.
- D. Assured day-to-day accounting and other functions continued, and that internal and external protocols were followed.

³² According to The Independent Sector website, the estimated dollar value of volunteer time for Nebraska in 2009 (last year available) was \$16.67 per hour (nationally it was \$21.36 per hour). This is the base amount that the Financial Accounting Standards Board allows for use on financial statements. A higher rate per hour is allowed for persons serving in their professional capacities. For example, when Pharmacist Joellen McGinn used her professional expertise to determine which children had been prescribed psychotropic medications, the value of that time should be calculated at her professional rate.

³³ Based on the 2010 state employee mileage reimbursement rate, which was 50 cents per mile.

2010 Commendations

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

Foster Parents and Placements are commended for their understanding, empathy, and dedication as shown by providing children the nurturing care and attention they need to overcome their past traumas.

Foster Care Review Board Volunteers who serve on local boards are commended for their time, care, and commitment to Nebraska's children in foster care. These 371 volunteers from across the state donated over 38,350 hours reviewing children's cases in 2010.

Local Foster Care Review Board Members who Conduct Facility Visits are commended for their contributions, including bringing educational materials to foster parents, providing them with a small "thank-you" for their service, and/or providing toys, blankets, and backpacks for the children.

Project Permanency Monetary and In-Kind Contributors are commended – particularly Project Linus, and Center for People in Need – for making it possible to provide the backpacks, blankets, and other materials.

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



2010 LOCAL FOSTER CARE REVIEW BOARD MEMBERS

The State Foster Care Review Board gratefully acknowledges the perseverance and dedication of each local board member citizen reviewer

The list includes all persons who served on a particular local board at any time during calendar year 2010, including those who have resigned, served on multiple boards, or changed board during the year. Names in **bold** are persons who served as Local Board Chairperson for some or all of the year.

<p>IA1 SARPY CO. BOARD</p> <p>MaryLou Hegarty Pam Root Minnie Sasser Tani Spacher Joyce Stranglen Betty Vaught</p>	<p>IA3 SARPY CO. BOARD</p> <p>Ron Dupell Peg Eledge (also IB6) Rosemary Kracht Bev Kruger Karen Shramek Shannon Sorensen Jan Wagner</p>	<p>IB1 OMAHA BOARD</p> <p>Kay Lynn Goldner Amy Harrington Robert Kruger, M.D. Carolyn McDonald Christine Ott Elaine Pugel Cathy Schweitzer Jennifer Shuman</p>
<p>IB2 OMAHA BOARD</p> <p>Lynette Dvorak Pam Nogel Harriet Ostler Terese Pekelder Kirsten Schenck Craig Timm Dee Valenti</p>	<p>IB3 OMAHA BOARD</p> <p>Nancy Brune Vicki Cass Paula Hazelrigg Jim Pauly Mark Howard Schulze Tara Stafford Martine Stewart Kelly Young</p>	<p>IB4 OMAHA BOARD</p> <p>Lara Barnett Kim Bates Kathleen Kaiser Cathy Lindmier Mary Mollner Wilma Richard Debbie Solomon Beth Wilson</p>
<p>IB5 OMAHA BOARD</p> <p>Jacqueline Baker Katherine Dyche Shavon Erb Jaci Monaghan Jennifer Thielen</p>	<p>IB6 OMAHA BOARD</p> <p>Linda Sims Judy Combs Peg Eledge (also IA3) Gloria Leiferman Patti Magni Sharon Mendlick Charlotte Schenken</p>	<p>IB7 OMAHA BOARD</p> <p>Judith Bencker Patricia Cookie Katskee Kara Legrow Elizabeth Rupp</p>

2010 LOCAL FOSTER CARE REVIEW BOARD MEMBERS (continued)

<p>IB9 OMAHA BOARD</p> <p>Dr. William Collamore Mary Beth Gust Sarah Ann Kotchian Mary Newman Dr. Tina Scott Nancy Wilson</p>	<p>IB10 OMAHA BOARD</p> <p>Tony Deeb Angela Holdren Pamela Johnson Nicole Koubek Jennifer Peterson Julie Rannells Mark Suing</p>	<p>IB12 OMAHA BOARD</p> <p>Bridget Bergman Mayce Bergman Jane Crudup Chantalle Galbraith Tara Harper Sherry Moore Mary Stiverson</p>
<p>IB13 OMAHA BOARD</p> <p>Misty Gasa Mary Finley Kay McMeen Martha Nielsen Sarah Williams</p>	<p>IB14 OMAHA BOARD</p> <p>Judy Anderson Diane Lausterer Loey Minske Iola Mullins John Seyfarth Cathy Schraeder</p>	<p>IB15 OMAHA BOARD</p> <p>Jeff Haunton Samantha Cosgrove Curt Harrington Traci Hawk Kay McMeen Deb Wesselmann</p>
<p>IB16 OMAHA BOARD</p> <p>Kourtney Brodin Joanne Boyer Karla Dubisar Meg Fricke JoAnn Graham Deb Hopkins Ruth Kruse Jeannie Pluhacek</p>	<p>IB17 OMAHA BOARD</p> <p>Maureen Fitzgerald Joy Higgins Janet Rogers Sue Trigg Lisa Walker Roberta Wilhelm</p>	<p>IB19 OMAHA BOARD</p> <p>Marcia Anderson Mary Bozak Linda Farho Polly Goecke Tracy Kovar Denise LeClair Mary Ellen Lynch Sallie Schnieders</p>
<p>IB20 OMAHA BOARD</p> <p>Gretchen Anderson Tony Deeb Pamela Johnson Nicole Koubek Julie Rannells</p>	<p>IB23 OMAHA BOARD</p> <p>Jeff Foote Lois Hipschman Marissa Marx Rev. Ernest Medina Nancy Peterson Cathy Ruprecht Wauneta Warwick</p>	<p>SBO1 OMAHA BOARD</p> <p>Phyllis Brown Mickey Dodson Kay Lynn Goldner (also IB1) Marylou Hegarty (also IA1) Sally Lusk Charlotte Schenken (also IB6)</p>

2010 LOCAL FOSTER CARE REVIEW BOARD MEMBERS (continued)

<p>SBL1 LINCOLN BOARD</p> <p>Sara Bharwani (also IIB10) Kathy Bratt (also IIB3) Aldo Campbell Candace Campbell (also IIB7) Jeanne Dryburgh (also IIB5) Doug Koebernick Scott Sherer</p>	<p>SBL2 LINCOLN BOARD</p> <p>Dave Forsythe Kathy Hunter (also IIB5) *Diane Lydick (also IIB4) Joellen McGinn (also IIB7) Susan Staab (also IIB5)</p>	
<p>IIB2 LINCOLN BOARD</p> <p>Sarah Ashley Joanna Davis-Yoakum Barb DeRiese Tina Dykes? Leon Hill Jennifer Irvine Tracey McChargue Myrna Schmid Dina VonRenzell Barbara Burr</p>	<p>IIB3 LINCOLN BOARD</p> <p>Dawn Anderson Marilyn Bernthal Kathy Bratt Stacey Dieckman Brandy Johnson Diseree Mauch Ashley Olson Deb Owens</p>	<p>IIB4 LINCOLN BOARD</p> <p>Julie Burton Rachel Dinsdale Elaine Kersten Whitney Kuhn Diane Lydick Brynn Mahnke Angela Meza Tom Nider Molly Parde Candace Tombs Laramie Werner</p>
<p>IIB5 LINCOLN BOARD</p> <p>Rebecca Barnes Sharon Cirone Jeanne Dryburgh Cheryl Dubas Kathy Hunter Barbara Lockhart Jareldine Mays Shelisa Minnifield Susan Staab</p>	<p>IIB6 LINCOLN BOARD</p> <p>Linda Eley Teresa Jacobs Ruth Lake Kim Moore Amy O'Brien Erin Duggan Pemberton Sandra Quathammer Patricia Ruth Sonja Smith</p>	<p>IIB7 LINCOLN BOARD</p> <p>Diane Brown Candace Campbell Vera Engdahl Barbara Keating Carrie Lamphere Jan Lau Paul Lepard Joellen McGinn Nicole Sherer</p>

2010 LOCAL FOSTER CARE REVIEW BOARD MEMBERS (continued)

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2010 LOCAL FOSTER CARE REVIEW BOARD MEMBERS (continued)

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