

## Chapter 7

### Surveys

*“My research has shown that our closest residential treatment center is in York . . . closest group home for boys is North Platte . . . for girls I think it's Henderson . . . I think our closest therapeutic group home is in Norfolk. So having said that, let's just assume, first of all, that there's a bed for the kids so we can actually get somebody there . . . So we've got a 13- or 14-, 15-year-old . . . take them all the way across the state . . . They've got to develop a new relationship with a new counselor somewhere else. Now they are completely away from their parents. Their parents have five-, six-, seven-hour drives to be able to see their children. The kids can't come home for a weekend. They can't do any of those types of things that if they're closer they are able to have that support mechanism around them. So it really causes problems for that child to have any normalcy, any continuity of services and support when they're being taken so far away from their families.”*

*~ Judge, western Nebraska*

# **Survey of Foster Parents and Biological Parents in Nebraska**

October 4, 2011

Prepared for

**Health and Human Services Committee, Nebraska Legislature**

Submitted by  
**Ombudsman/Public Counsel Office**  
State Capitol  
P.O. Box 94604  
Lincoln, Nebraska 68509-4604  
(402) 471-2035

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## **I. Introduction**

The Ombudsman's Office was asked by Health and Human Services Committee Chair Kathy Campbell to survey foster parents to learn about their experience with the Families Matter Reform. From the last week of July to mid-September, current and former foster parents across the State answered the 21 question survey. We were ultimately successful in securing the completion of the survey by 269 foster parents. Our success in this effort was largely thanks to the help we received from the Federation of Families for Children's Mental Health, the Foster Care Closet, and the Nebraska Foster and Adoptive Parents Association, NFAPA. Particular credit goes to Pam Allen, Candy Kennedy, and Leigh Esau. We must also, of course, acknowledge and thank the many foster parents who took the time to complete the survey.

While foster parents were our main subject of our survey, we also designed and carried out a similar questionnaire for biological parents. We interviewed or received completed surveys from 132 biological parents. This survey was completed with the assistance of the Nebraska Department of Health and Human Services, which provided us with a list of parents recently in the system, as well as the three organizations previously mentioned. We thank all of those who assisted in this survey as well, especially the parents who took the time to participate.

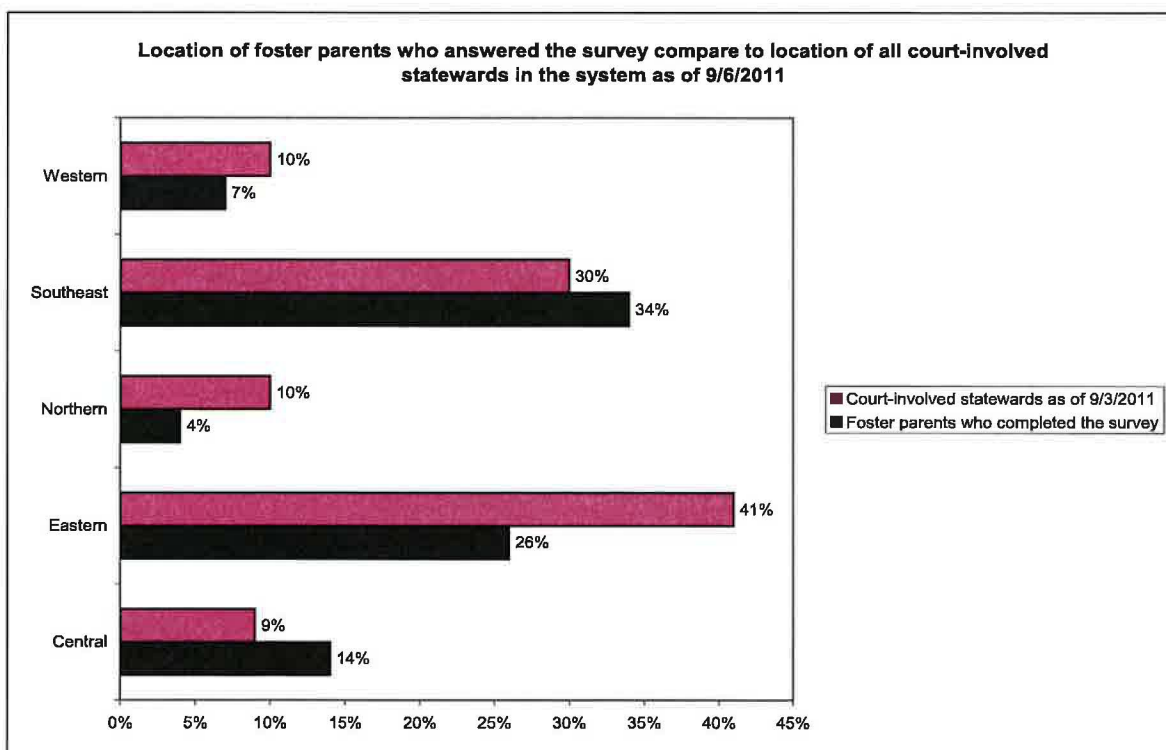
Strictly speaking, these were not "scientific" surveys. However, we do feel that we have received a very good and representative response from the foster and biological parents. While we recognize that each person looking at the results of these surveys might draw slightly different conclusions from our own, we did nevertheless want to highlight some of the patterns that we saw in the answers people gave us.

## **II. What the surveys say about the reform and satisfaction with the foster care system in Nebraska today**

### **A. Foster Parents' Survey**

To get a picture of foster parents' perspectives on the Reform, we asked them to evaluate their experiences and working relationships with three different kinds of organizations. The three are: 1) the State agency, the Department of Health and Human Services (**HHS**); 2) the current and past **Lead Agencies**, that is, the nonprofit corporations, such as KVC and NFC (the Nebraska Families Collaborative), Visinet, and the Boys and Girls Homes, that were retained to provide management services for the system in various geographical segments of the State; and 3) the **Foster Care Agencies**, in particular those nonprofit foster care organizations that have carried out the work of recruiting, training, supporting, and managing payment for foster parents (including agencies such as Lutheran Family Services, Child Savings Institute, and Cedars).

A few details about the foster parents who responded to the survey need to be noted. Of those who indicated the length of time that they had been foster parents, about 36% of them had become foster parents around the same time that the involvement of the Lead Agencies in the child welfare system took effect, while approximately 62% were foster parents before the reform. Some 60% of the foster parents who took the survey were living in the Eastern and Southeast Service Area at the time of the survey. In fact, when we compare the geographic locations of the foster parents who took the survey to the geographic locations of all court-involved children in the system (based upon data from the HHS Division of Children and Family Services, dated September 3, 2011), we see several points of note: (1) there was underrepresentation of foster parents responding to the survey as compared to the total of court-involved children in the Eastern, Northern, and Western HHS Service Areas; (2) there is overrepresentation of foster parents who responded to the survey relative to court-involved children in the Central Service Area; and (3) the Southeast Service Area had a similar representation of foster parents who took the survey (34%), when compared to all the court-involved children living in that Service Area (30%). (Please see Chart below)



In the survey of foster parents, we have specifically tried to test the “level of satisfaction” of parents in a variety of areas. In particular, we asked foster parents about the adequacy of communication, responses to their requests and problems, transportation, medical, and psychological services for the child, visitation schedules, payments, and support services made available to the foster parents, such as respite care. In addition, we asked the foster parents whether they had received adequate information about their foster child before accepting him or her into their home. The attached Charts will reflect the percentages of positive and negative responses that we received from the foster parents who answered

each of these questions. (Please see Chart One thru Chart Thirteen) It should be noted that in compiling the survey results that are reflected in these Charts we did not include the instances where the response was “Not Applicable,” so that the 100% that is recorded in the Charts is all of those who actually answered “Agree,” “Strongly Agree,” etc.

It must also be emphasized that the percentages we will be making reference to here in connection with the results of the survey will be with respect to those respondents who answered that they *had experience with all three components of the foster care system*, HHS, the Lead Agencies, and the Foster Care Agencies. This is important because it means that we are looking at the responses of people who had experienced, and could look, in a roughly equivalent way, at all three components. This does, of course, mean that we are looking at a smaller sampling for each survey question than the total of 269 foster parents who responded to the survey in any way. So, for example, while we had a total of 269 foster parents responding to the survey, only 154 provided answers relating to all three components of the system on the question dealing with communication (seen in Chart Three), and only 137 offered answers relating to all three components of the system on the question dealing with providing information relating to the foster child to the foster family prior to placement (Chart Ten). It is interesting, however, to note that, although we refined the samples in this way (to limit the analysis to those respondents who had experience with all three components), when the results for the refined sample were compared to the results of the responses for all 269 of the foster parents who took the survey, the outcomes for each question were very similar.

Chart One and Chart Two illustrate the basic “level of satisfaction” of foster parents by reflecting the percentage of foster parents who agreed or strongly agreed (in Chart One), or who disagreed or strongly disagreed (in Chart Two), with eleven positive statements relating to their experiences with each of the three kinds of organizations, HHS, Lead Agencies, and Foster Care Agencies. As might well be expected, these two Charts are roughly a mirror image of each other, so that, for instance, when Chart One reflects a peak in basic agreement/satisfaction with the statement that has to do with the availability of medical support services, there will be a corresponding valley in the expression of dissatisfaction with the availability of medical services shown on Chart Two. It must be emphasized that Charts One and Two are, for simplification purposes, a combination of the “agree” and the “strongly agree,” and of the “disagree” and the “strongly disagree,” responses to each question. For an illustration of how the survey responses broke down between, for instance, the “agree” and the “strongly agree,” answers, it will be necessary to review Charts Three through Thirteen.

To a large extent, the results of the survey are self-explanatory. However, there are just a few points in the data that was produced by the foster parent survey that we would like to comment on in this Report. In that regard, we would highlight the following:

- As was previously indicated, we perceive the survey as being a test of the “level of satisfaction” of foster parents with the system as they have been exposed to it. We are not able to offer a standard for what would constitute an acceptable level of “satisfaction” in connection with the responses offered by the foster parents. In

fact, it is probably best for each person reviewing the responses to draw his or her own conclusions about what the “standard of satisfaction” should be. It should be noted, however, that in several of the areas, when evaluating services from HHS and the Lead Agencies, nearly as many of the foster parents who responded to the questions expressed disagreement with the statements, as those who expressed an agreement. This can be seen, for instance, in the answers to the questions dealing with transportation services (Chart Four), the timeliness of responses to requests (Chart Five), problem-solving (Chart Six), and delivery of support services (Chart Thirteen). There were also a couple of significant areas, communication (Chart Three), and the adequacy of payments for foster care services (Chart Eleven), where more respondents expressed disagreement and/or dissatisfaction with the performance of HHS and the Lead Agencies than expressed satisfaction. Much the same could also be said about the responses relating to the performance of HHS and the Lead Agencies concerning the adequacy of the information being provided to foster parents prior to the child’s placement (Chart Ten). Whatever the reasonable standard for an acceptable level of “satisfaction” with the system might be, we would suggest that the results for HHS and the Lead Agencies that are reflected in Chart Three, Chart Ten, and Chart Eleven would not succeed in meeting that standard.

- It is important to note the fact that the responses from foster parents expressing satisfaction (agree and strongly agree) and dissatisfaction (disagree and strongly disagree) are closely aligned for the Lead Agencies and HHS. This conclusion is illustrated by the lines reflecting the responses for the Lead Agencies and HHS on Chart One and on Chart Two, that is, the lines are separated by a relatively small margin, and at some points are basically superimposed over each other. In fact, if we consider the responses that were given to the eleven individual questions in the survey, then we see that the largest differential between the Lead Agencies and HHS is a mere 6% (for example, HHS has a 44% satisfaction rating on the question about providing information to foster parents prior to the child’s being placed - Chart Ten - while the Lead Agencies are given a 50% satisfaction rating on that same issue). On one of the questions, that having to do with the adequacy of payments (Chart Eleven), the percentage of respondents expressing satisfaction with the performance of the Lead Agencies and HHS is identical. As between the Lead Agencies and HHS, the average differential that is seen on the responses to the questions was slightly more than 3.5%, and although the Lead Agencies had a somewhat better score over HHS in all but two of the eleven areas, the differential between HHS and the Lead Agencies was 4% or less in eight of the eleven areas. The correspondence of the responses for the Lead Agencies and HHS as reflected in these numbers is remarkable, and strongly suggest that, from the perspective of the foster parents who have actually worked with the Lead Agencies and HHS, there is only a marginal distinction to be made between the quality of the relative performances of the Lead Agencies and of HHS - they are being ranked nearly the same. If the fundamental purpose of the Families Matter reform initiative is to dramatically improve the foster care system by involving the Lead Agencies in place of HHS, then the reader of this Report must carefully consider whether that



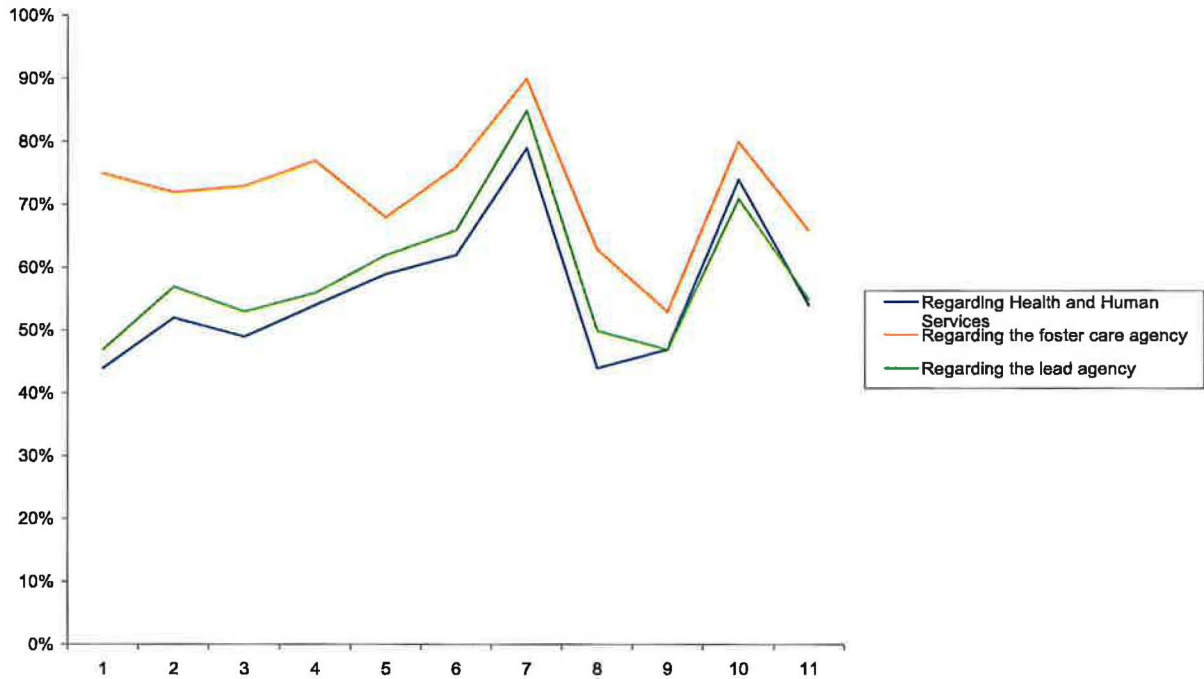
goal has been thus far accomplished, in light of the responses of foster parents to the survey.

- The level of satisfaction expressed by the foster parents responding to the survey was consistently, and often substantially, higher for the Foster Care Agencies (e.g., Lutheran Family Services, Child Savings Institute, Cedars, etc.), that is, the agencies working directly with the families in recruiting, training, supporting, and so forth. For example, while the Lead Agencies and HHS recorded a satisfaction rating on the subject of communication in the upper 40 percent range (47% for the Lead Agencies, and 45% for HHS), the Foster Care Agencies had a satisfaction rating of 75% (Chart Three). Another excellent example of this can be seen in the answers to the question dealing with the timeliness of responses to foster parent requests - the Lead Agencies scored a 53% satisfaction rate, and HHS scored a 49% satisfaction rate, while the Foster Care Agencies scored a 73% satisfaction rating in the answers to that question. Even when the overall responses of foster parents on an issue was very positive, as can be seen in the case of the question dealing with medical services (Chart Nine), the positive response for the Foster Care Agencies (90%) was still higher than the response for the Lead Agencies (85%) and the response for HHS (79%). Therefore, whatever else might be said about the foster parents' satisfaction with the system generally, it would seem that those foster parents who have dealt with all three components of the system are consistently more satisfied in their relationship with the Foster Care Agencies than with the other components of the system.
- Another point that needs to be emphasized with respect to the positive response of the foster parents to the Foster Care Agencies is illustrated in the "strongly agree" answers to the individual questions, as reflected in Charts Three through Thirteen. Perhaps the best examples of this are seen in the answers to the questions dealing with communication (Chart Three), timeliness of the responses to foster parent requests (Chart Five), and problem solving (Chart Six). For instance, in the case of the question concerned with communication, 12% strongly agreed that HHS was performing satisfactorily, and 10% strongly agreed that the Lead Agencies were performing satisfactorily, but 32% said that they strongly agreed with the idea that the Foster Care Agencies were performing satisfactorily. In the case of the question concerned with problem solving, 12% strongly agreed that HHS was performing satisfactorily, and 9% strongly agreed that the Lead Agencies were performing satisfactorily, but 30% said that they strongly agreed with the idea that the Foster Care Agencies were performing satisfactorily. In fact, consistently throughout all eleven of the questions asked, the Foster Care Agencies scored a higher (often a much higher) "strongly agree" response to the issues raised than did either the Lead Agencies or HHS. Because the survey is structured in such a way that the "strongly agree" responses, in effect, represents the highest rating that can be given by the foster parents responding to the survey, the fact that this answer was the one so often chosen in the case of the Foster Care Agencies must be viewed as being significant. The respondents were not only saying that the

Foster Care Agencies were performing at a higher level, but they were also doing so “with emphasis.”

- One area where the responses reflect a relatively low level of satisfaction for the performance of the Lead Agencies, HHS, and the Foster Care Agencies is with regard to the adequacy of the information provided to the foster parents prior to placement of the foster child (Chart Ten). With one very predictable exception (the adequacy of payments for foster care services - Chart Eleven), the responses reflected in Chart Ten are collectively the lowest satisfaction levels recorded for the system generally, including for the Lead Agencies, HHS, and the Foster Care Agencies. Given the overall importance of this subject area for the wellbeing of the foster children, the foster families, and the foster care system generally, the fact that the whole system is ranked rather poorly in this area is, or should be, a source of some concern. It is interesting to compare the rating on this subject with regard to the performance of the Foster Care Agencies (63% satisfactory) with the much higher rating given to the Foster Care Agencies on the somewhat related subject of communication generally (75% satisfactory, as is reflected in Chart Three). What these two responses would seem to be telling us is that, while the Foster Care Agencies are doing a very good job of communicating with the foster families in general terms, they are doing a less satisfactory job, from the perspective of the foster parents, when it comes to the question of communicating information to the foster parents prior to placement of the foster child. As for the Lead Agencies and HHS, they score a low level of satisfaction in both providing information to parents prior to placement, and in communication generally.

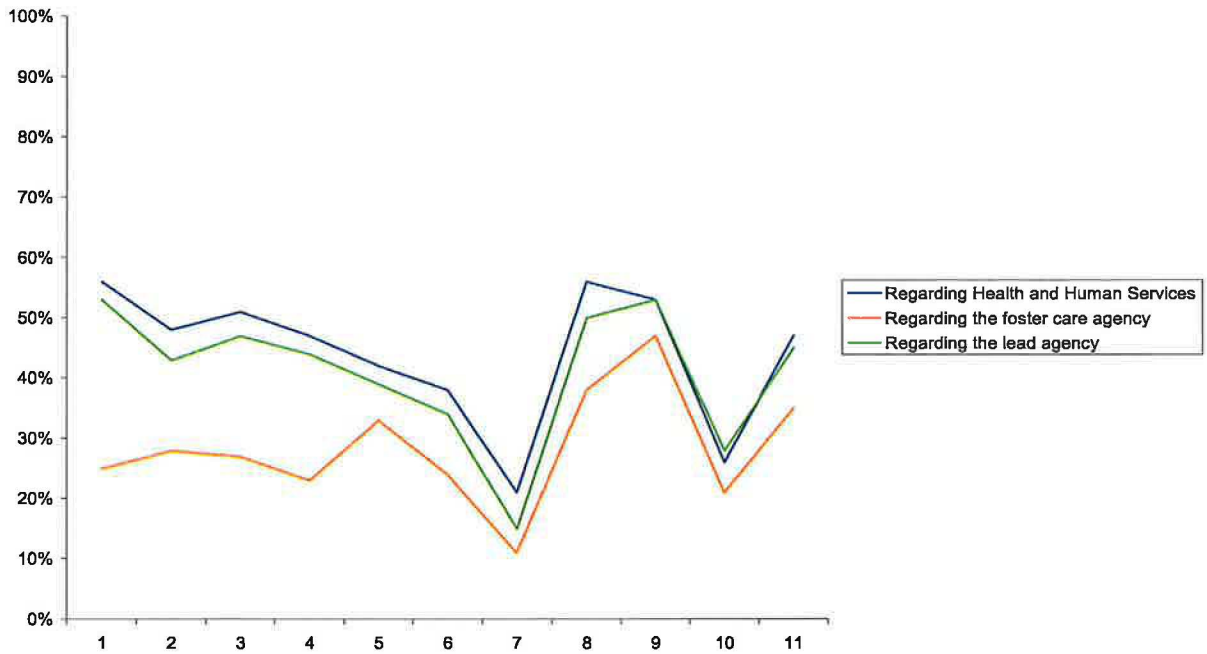
**CHART 1: Percentage of foster parents who agreed or strongly agreed with 11 positive statements**



My experience is that...

1. communication has been adequate.
2. transportation services provided have been adequate.
3. agency responses to my requests are timely.
4. when I have a foster care related problem, the agency was able to address it.
5. my foster child's visitation schedules have been reliable.
6. support services for the psychological needs of the foster child have been satisfactory.
7. support services for the medical needs of the foster child have been satisfactory.
8. I was provided with adequate and necessary information about the needs of the foster child before placement.
9. payments for foster care services have been adequate
10. payments for foster care services have been timely and accurate.
11. delivery of support services for foster parents have been satisfactory.

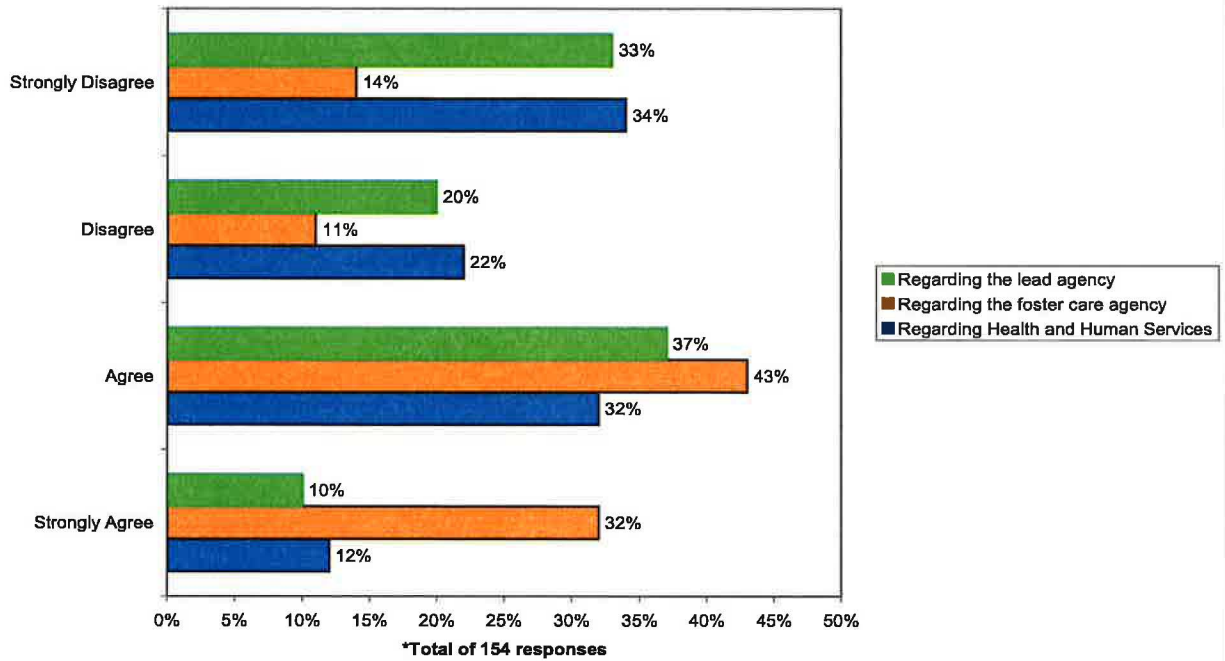
**CHART 2: Percentage of foster parents who disagreed or strongly disagreed with 11 positive statements**



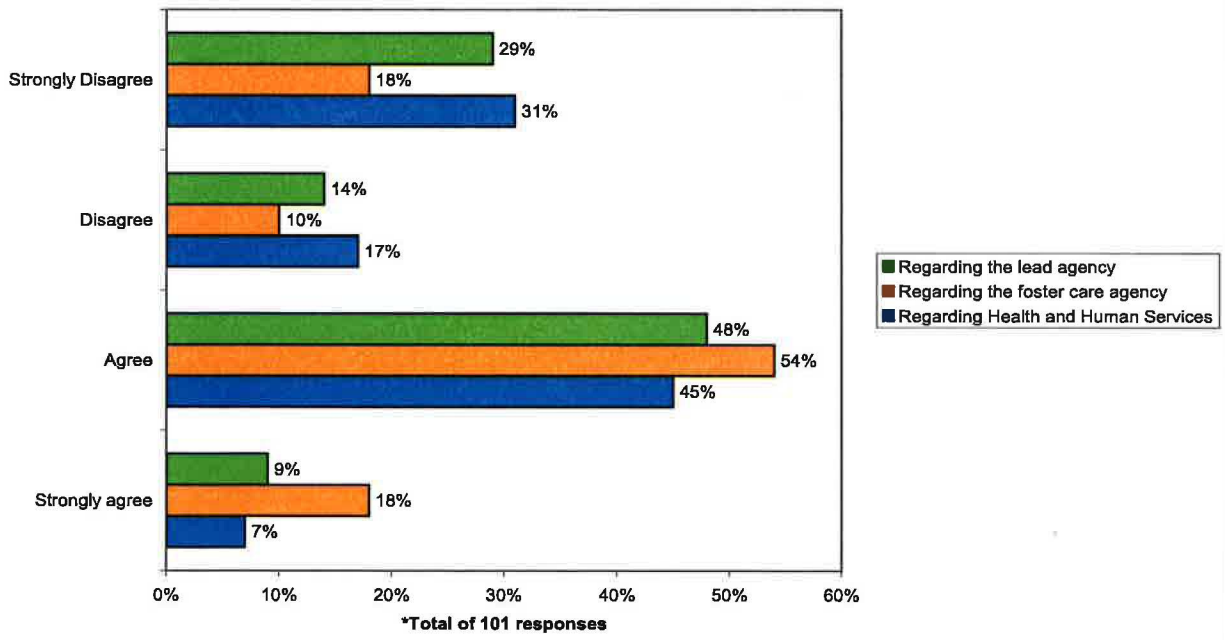
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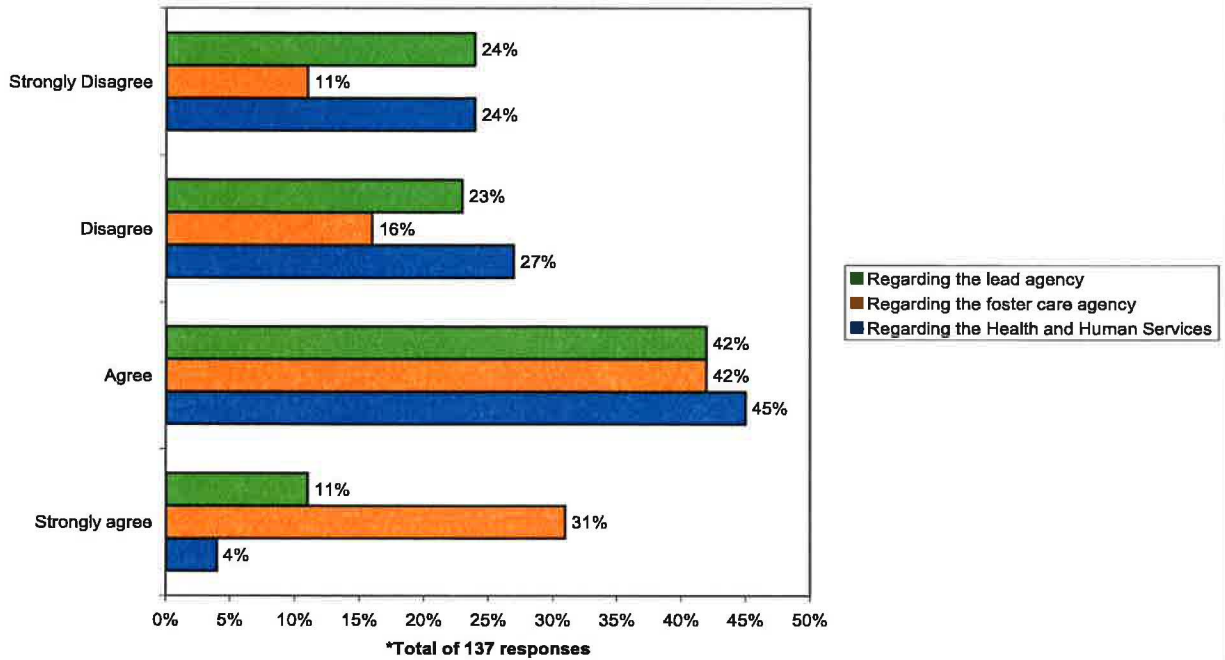
**CHART 3: Percentage of responses from foster parents who answered the question "My experience is that communication has been adequate" for all three organizations.**



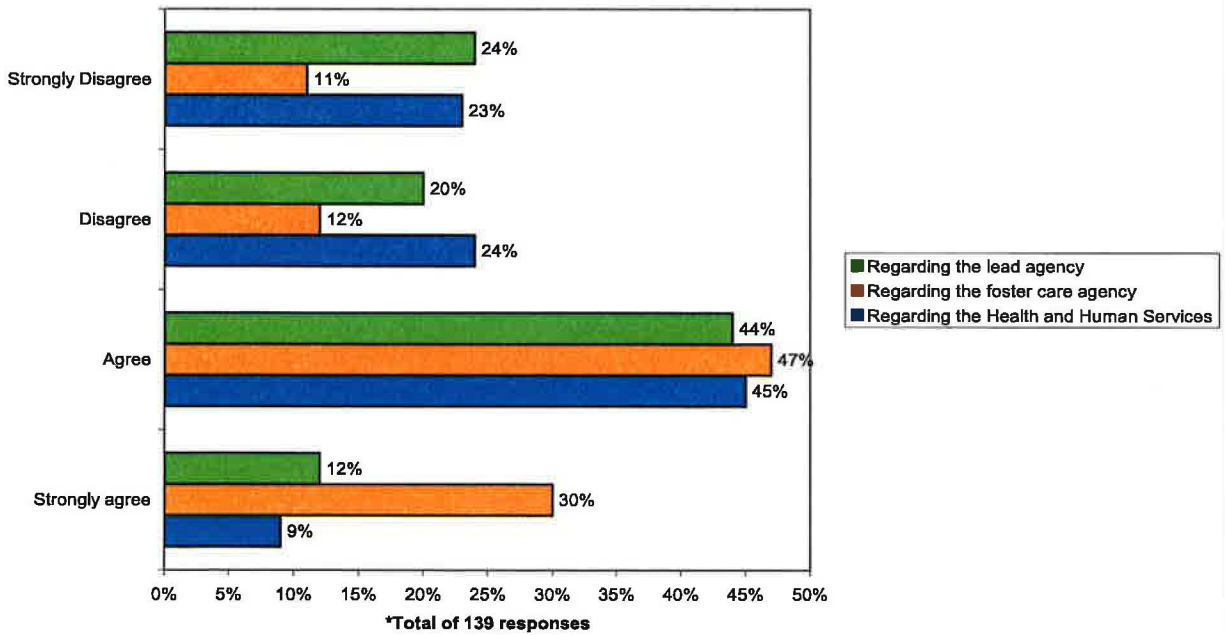
**CHART 4: Percentage of responses from foster parents who answered the question "My experience is that transportation services provided have been adequate" for all three organizations**



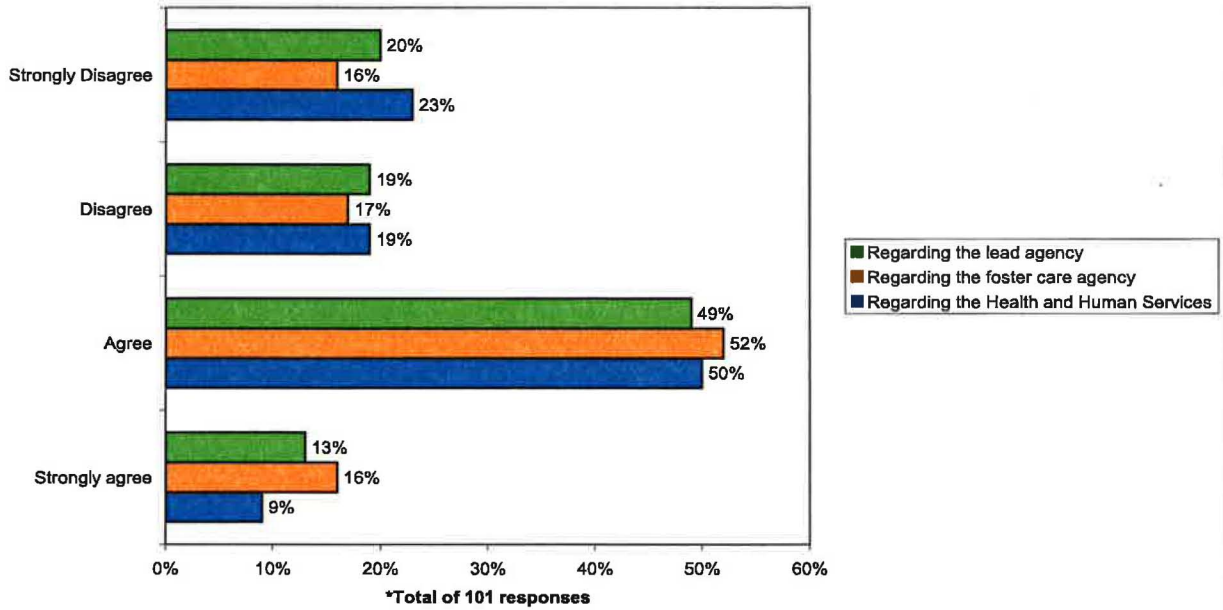
**CHART 5: Percentage of responses from foster parents who answered the question "My experience is that agency responses to my requests are timely" for all three organizations.**



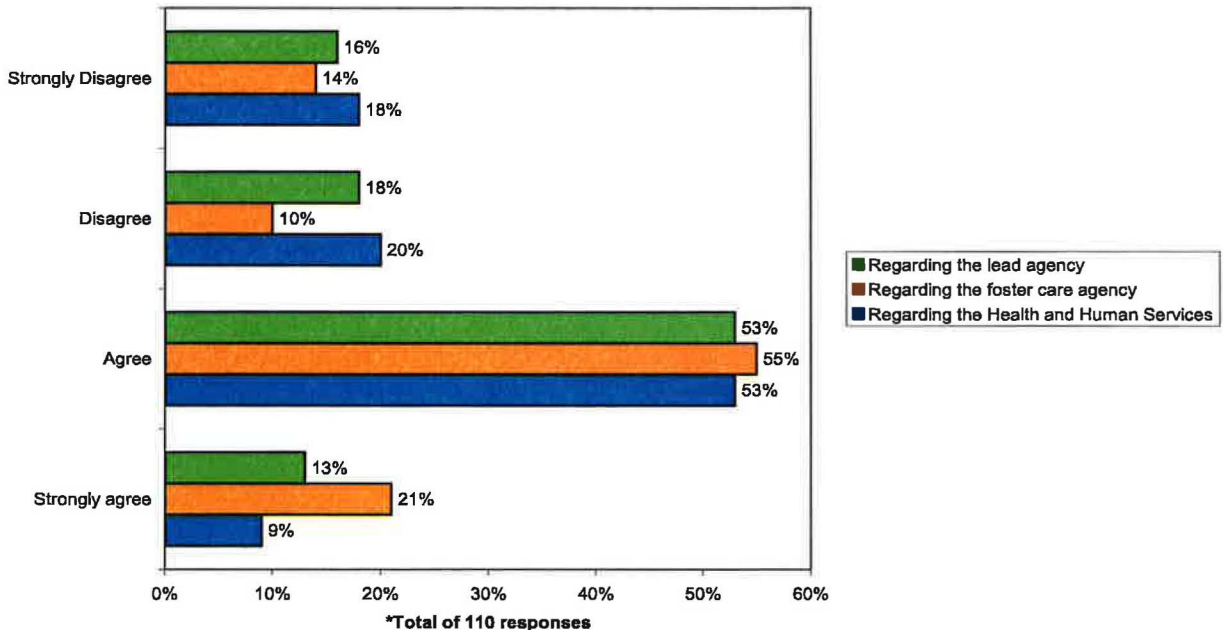
**CHART 6: Percentage of responses from foster parents who answered the question "My experience is that when I have a foster care related problem, the agency was able to address it" for all three organizations.**



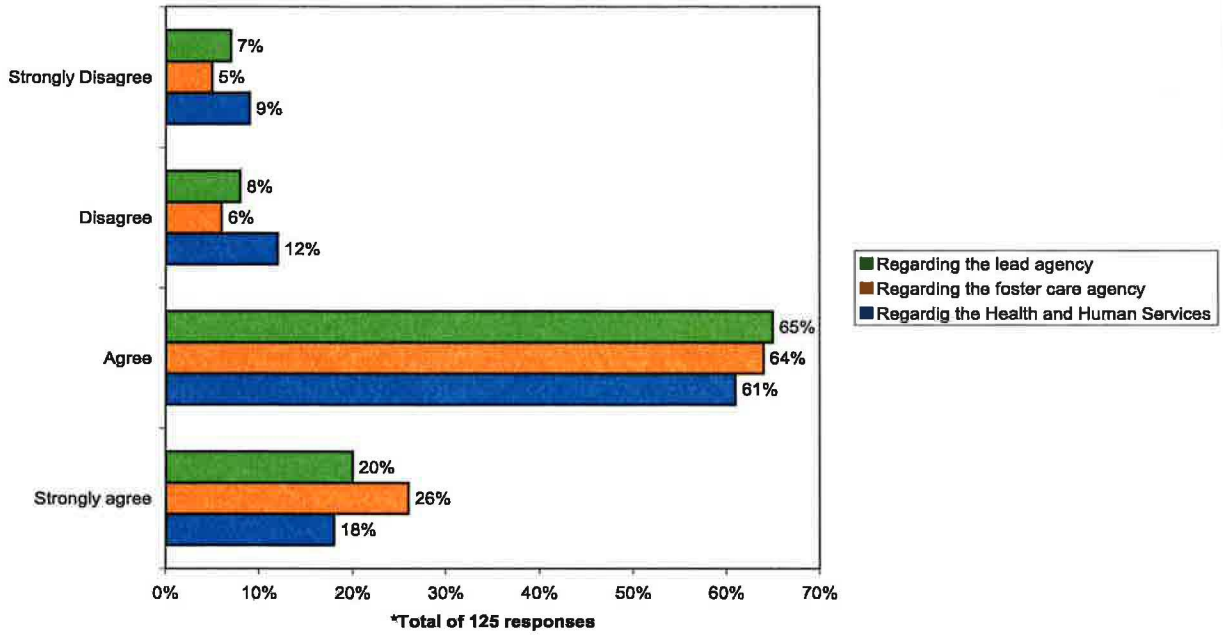
**CHART 7: Percentage of responses from foster parents who answered the question "My experience is that my foster child's visitation schedules have been reliable" for all three organizations.**



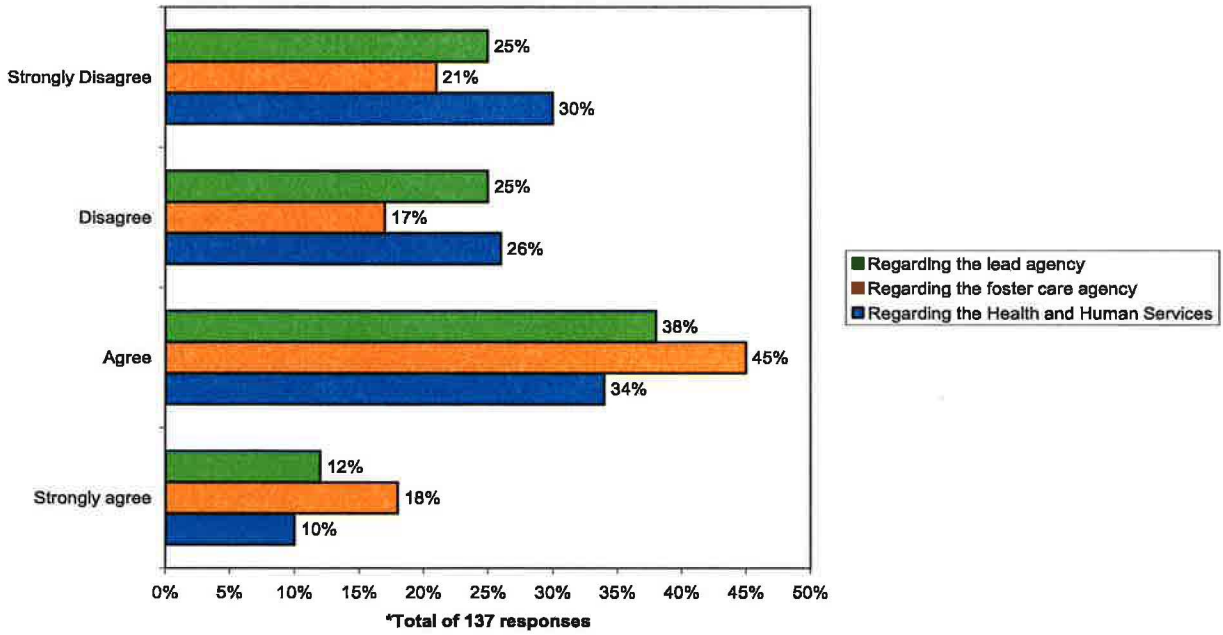
**CHART 8: Percentage of responses from foster parents who answered the question "My experience is that support services for the psychological needs of the foster child have been satisfactory" for all three organizations.**



**CHART 9: Percentage of responses from foster parents who answered the question "My experience is that support services for the medical needs of the foster child have been satisfactory" for all three organizations.**

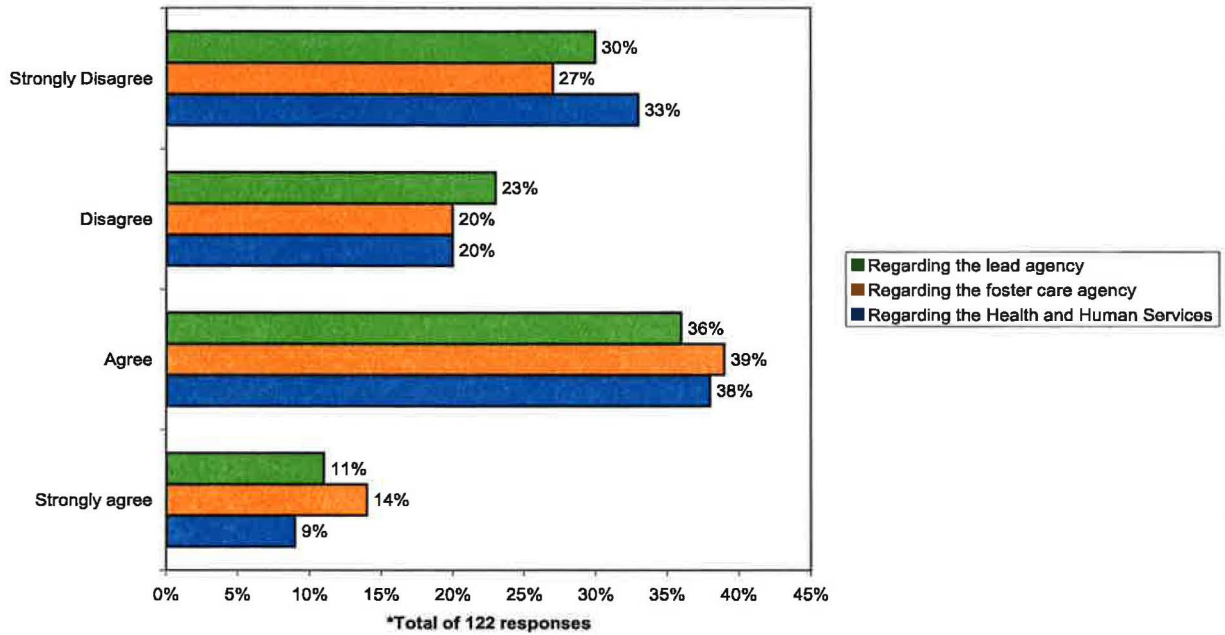


**CHART 10: Percentage of responses from foster parents who answered the question "My experience is that I was provided with adequate and necessary information about the needs of the foster child before placement." for all three organizations.**

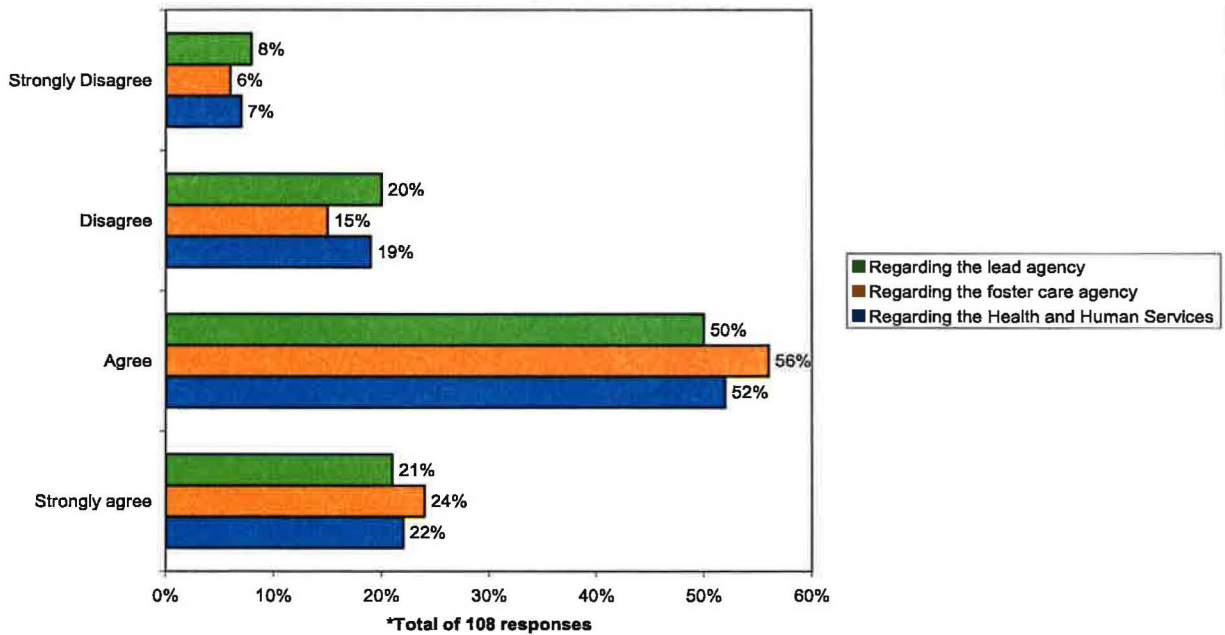




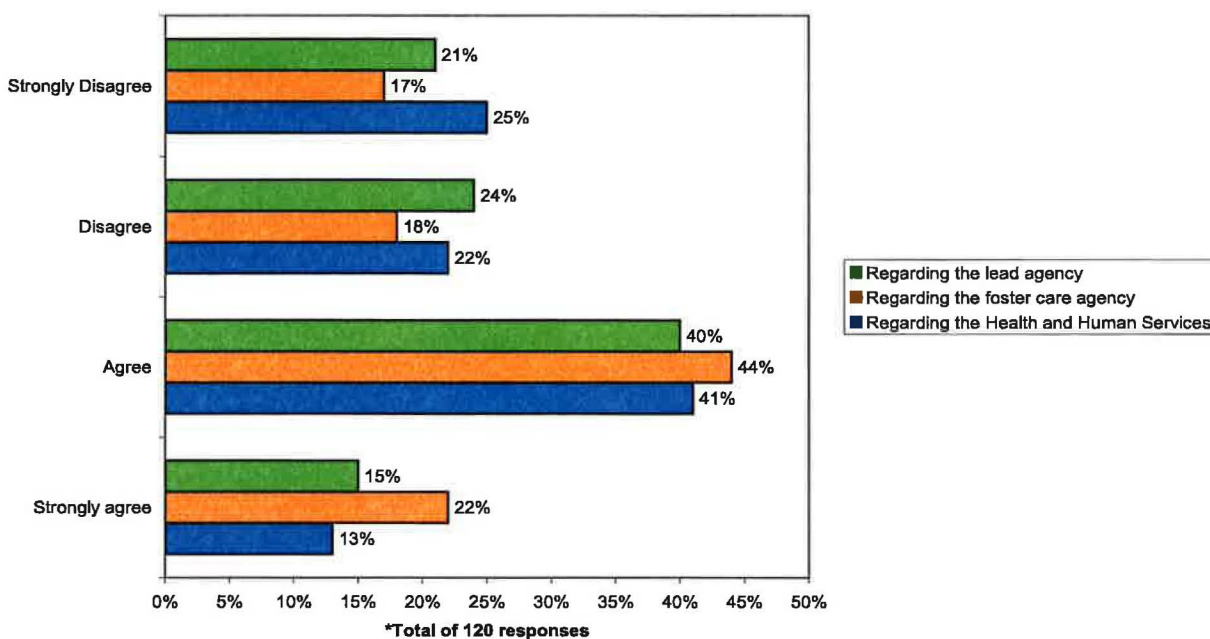
**CHART 11: Percentage of responses from foster parents who answered the question "My experience is that payments for foster care services have been adequate" for all three organizations.**



**CHART 12: Percentage of responses from foster parents who answered the question "My experience is that payments for foster care services have been timely and accurate" for all three organizations.**



**CHART 13: Percentage of responses from foster parents who answered the question "My experience is that delivery of support services for foster parents have been satisfactory" for all three organizations.**



## B. Biological Parents' Survey

Our survey of biological parents involved telephone interview with, or completed survey forms from, a total of 132 biological parents who were recently involved in the system. Of the biological parents who took the survey, 108 (or approximately 82%) indicated that one or more of their children were placed outside of the home during the course of their involvement in the system. As will be discussed in detail later in this Report, nearly half of the biological parents surveyed indicated that they had more than two caseworkers in a twelve month period.

As with the survey of the foster parents, we were interested to see how the biological parents who were surveyed reacted to the system, and to learn their perspective on how well the system had met their needs in a number of areas of inquiry. However, in the case of the biological parents, the questions were limited to the parents' exposure to the two components of the system that they are involved with, HHS and the Lead Agencies. As we did in the case of the foster parent survey, we have prepared two Charts that are designed to illustrate the "level of satisfaction" of the biological parents by reflecting the percentage of biological parents who agreed or strongly agreed (in Chart Fourteen), or who disagreed or strongly disagreed (in Chart Fifteen), with ten positive statements that related to their experiences with HHS and/or the Lead Agencies. In connection with the data that was produced by the biological parent survey, we would like to highlight the following points:

- The level of satisfaction of the biological parents with the system as measured by the survey was low in several areas, specifically with regard to communication (Chart Sixteen), the timeliness of the caseworkers' responses to requests (Chart Seventeen), problem solving by caseworkers (Chart Eighteen), and the assistance provided by the caseworkers in finding community resources and services (Chart Nineteen). For example, the responses on the issue of communication showed satisfaction (agree or strongly agree) on the part of the biological parents in 48% of the responses for the Lead Agencies, and in only 44% of the cases for HHS. In addition, HHS received a satisfaction rating of less than 50% on problem solving (42%), and on the effectiveness of caseworkers in finding community resources and services (42%). However, by far the lowest rating from the biological parents were presented in the area of the timeliness of the caseworkers' responses to the parents' requests, where satisfaction was expressed by the biological parents in only 39% of the responses relating to the Lead Agencies, and in an anemic 34% of the responses for HHS.
- There were also some relatively positive responses from the biological parents. In that regard the two areas that particularly stood out in the survey results were with respect to the important areas of visits, and whether they were consistent with the court's orders, and were carried out as scheduled (Chart Twenty), and meeting the medical needs of the child (Chart Twenty-two). On the subject of visits, the Lead Agencies scored a satisfaction level of 70%, and HHS scored a satisfaction rating of 73%. On the subject of meeting medical needs, the Lead Agencies received a satisfaction rating of 70%, and HHS scored a satisfaction rating of 76%. While some might suggest that these satisfaction ratings are not necessarily "high," in the context of this survey numbers reflecting satisfaction in the 70% and 76% range for the responses is certainly "relatively high."
- More often than not, the Lead Agencies scored higher than HHS in terms of the satisfaction expressed by the biological parents responding to the survey. There were, however, three notable exceptions to this pattern. HHS scored higher than the Lead Agencies in the areas of visits (HHS 73%, Lead Agencies 70%), meeting the psychological needs of the child (HHS 60%, Lead Agencies 56% - See Chart Twenty-one), and meeting the child's medical needs (HHS 76%, Lead Agencies 70%). In all other areas, the Lead Agencies scored higher than HHS. In those cases where the Lead Agencies scored higher than HHS, the average differential was about 5.3%. In those instances where HHS was rated higher than the Lead Agencies, the average differential was about 4.3%. There was one area, having to do with how faithfully the caseworker invites the biological parents to the family team meetings to set goals, etc., where HHS and the Lead Agencies scored the same level of satisfaction, 64% (Chart Twenty-four).
- There may be reason to be concerned about the response of the biological parents to the last three questions of the survey, which are concerned with the substantive relationship of the parents with the caseworkers. In response to the statement "the

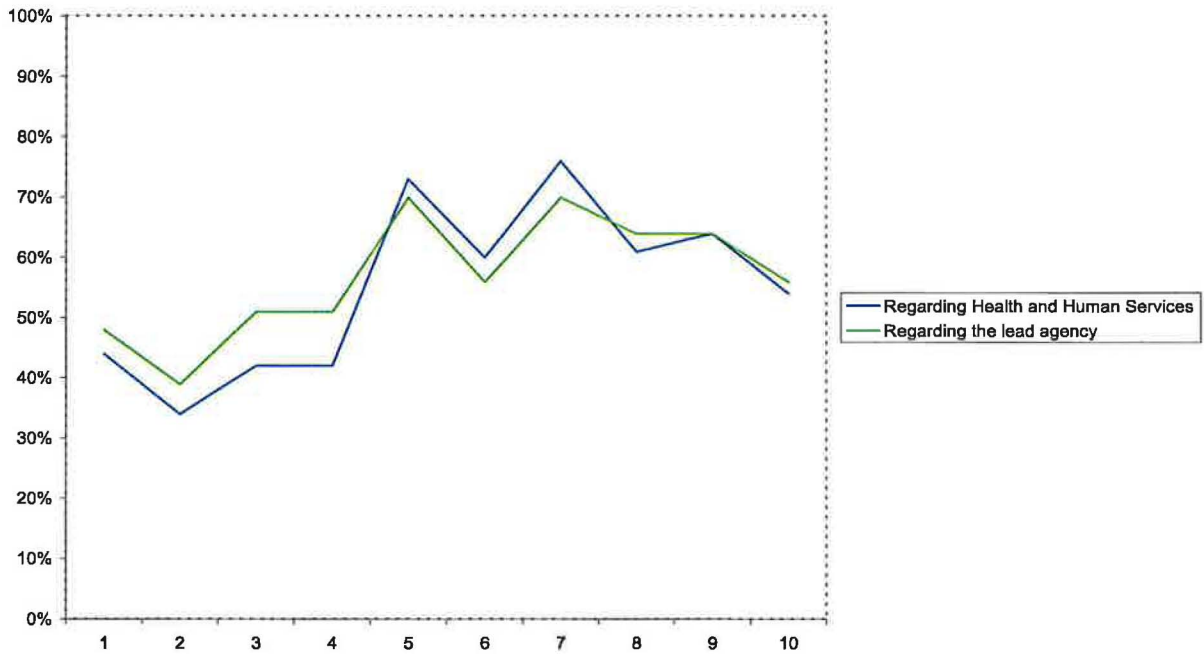
caseworker encourages me to participate in my child’s school activities, etc., 64% of the responses were favorable for the Lead Agencies, and 61% were favorable for HHS (Chart Twenty-three). On the question concerned with how faithfully the caseworker invites the biological parents to the family team meetings to set goals, and create and update plans that “will lead to my child coming home,” the responses were favorable at a rate of 64% for both HHS and the Lead Agencies. In response to the statement “my caseworker wants me to succeed and get my child/children back home,” 56% of the responses were favorable for the Lead Agencies, and 54% were favorable for HHS (Chart Twenty-five). In effect, what we seem to be seeing here is a situation where less than two-thirds of the parents who responded to the survey felt that the caseworker was involving them in their children’s lives, and in the case progress, and where barely more than half felt that the caseworker was truly hoping that the biological parent would succeed.

- One of the preliminary questions that we presented in the survey of the biological parents had to do with the number of caseworkers who had managed/handled their case “within the past twelve months.” There were 130 responses to this question and the responses, expressed in percentage terms, were as follows:

One Caseworker	-	30 %
Two Caseworkers	-	25.4 %
Three Caseworkers	-	23.1 %
Four Caseworkers	-	12.3 %
5 to 7 Caseworkers	-	6.2 %
8 to 10 Caseworkers	-	3 %

Each person reading this Report will need to draw his or her own conclusions on the meaning of these figures (and HHS may also have developed its own statistics that can be compared with these results). However, we would suggest that the idea that as many as 21% of the cases might have four or more caseworkers who are assigned to the case in a year’s time is something to be concerned about, if true.

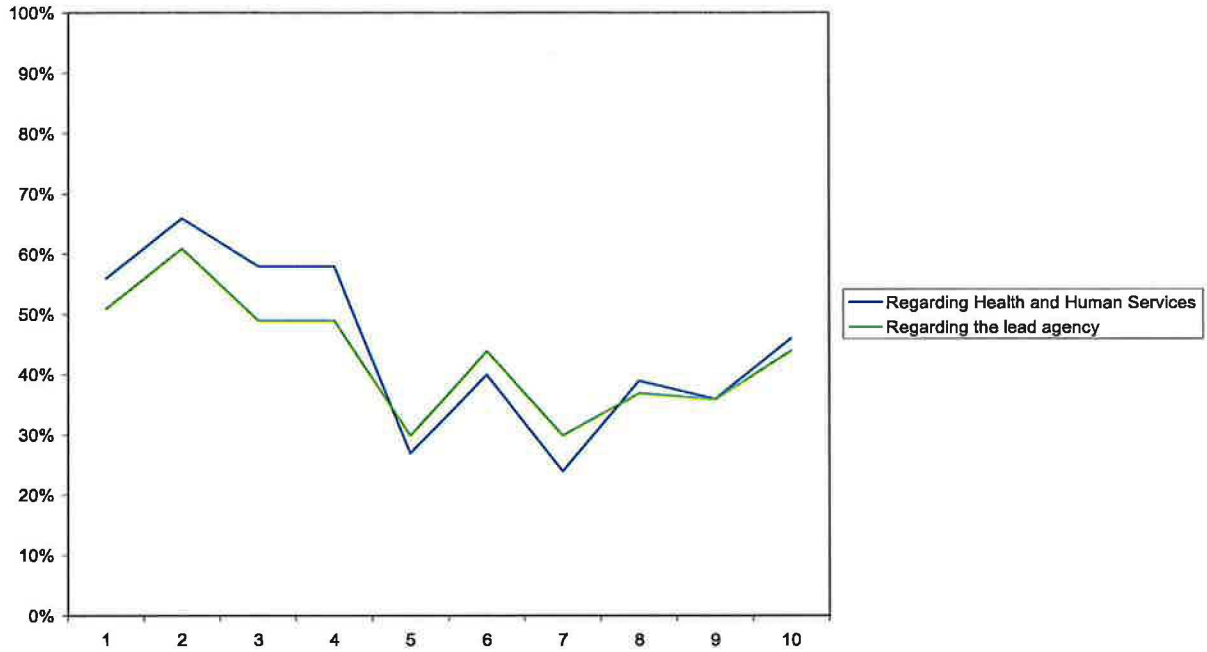
**CHART 14: Percentage of biological parents who agreed or strongly agreed with 10 positive statements**



My experience is that...

1. communication has been adequate.
2. caseworker responses to my requests are timely
3. when I have a problem related to my case, the caseworker was able to address it.
4. my caseworker helped me find community resources and services for my family.
5. my visits with my child are as frequent as is ordered by the court, and are consistently carried out as scheduled.
6. support services for the psychological needs of my child have been satisfactory.
7. support services for the medical needs of my child have been satisfactory.
8. the caseworker encourages me to participate in my child/children's school activities, extracurricular activities and go to their doctor's appointments.
9. the caseworker invites me to family team meetings to set goals and create and update plans that will lead to my child coming home.
10. my caseworker wants me to succeed and get my child/children back home.

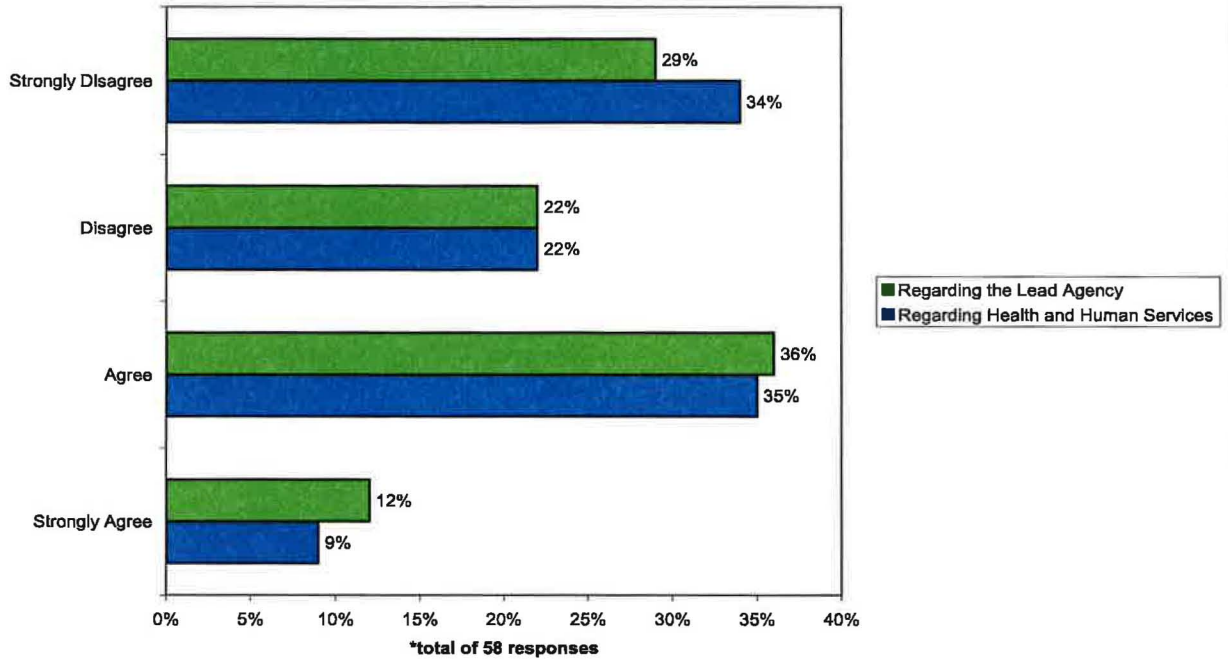
**CHART 15: Percentage of biological parents who disagreed or strongly disagreed with 10 positive statements**



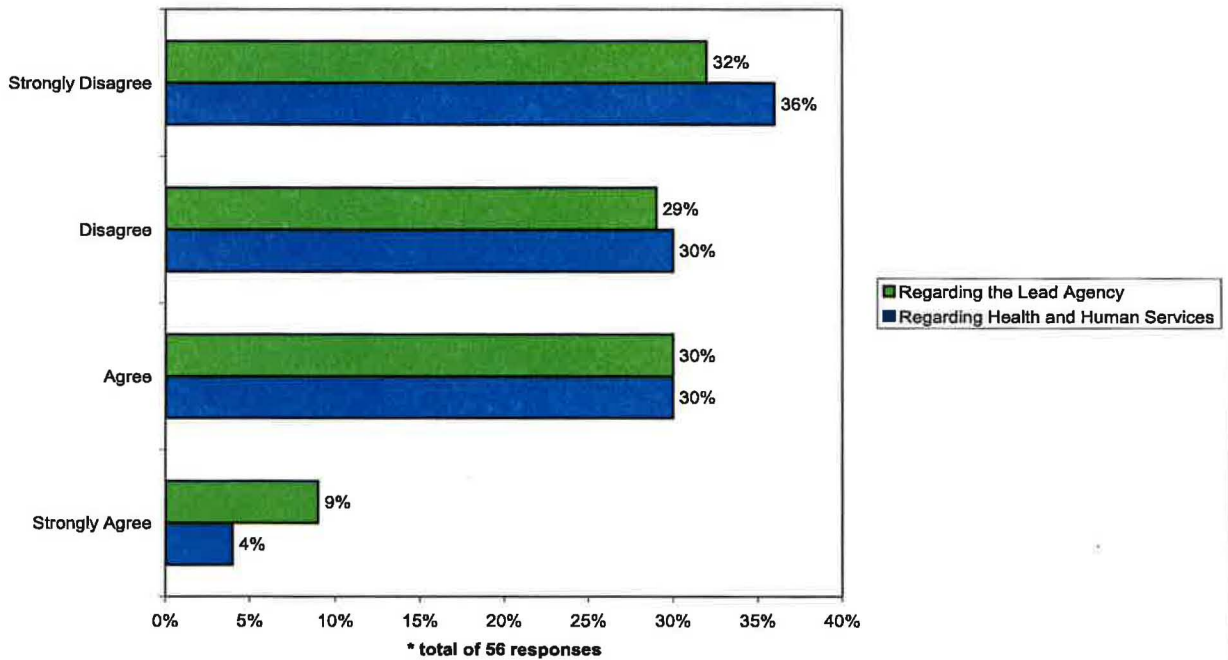
My experience is that...

1. communication has been adequate.
2. caseworker responses to my requests are timely
3. when I have a problem related to my case, the caseworker was able to address it.
4. my caseworker helped me find community resources and services for my family.
5. my visits with my child are as frequent as is ordered by the court, and are consistently carried out as scheduled.
6. support services for the psychological needs of my child have been satisfactory.
7. support services for the medical needs of my child have been satisfactory.
8. the caseworker encourages me to participate in my child/children's school activities, extracurricular activities and go to their doctor's appointments.
9. the caseworker invites me to family team meetings to set goals and create and update plans that will lead to my child coming home.
10. my caseworker wants me to succeed and get my child/children back home.

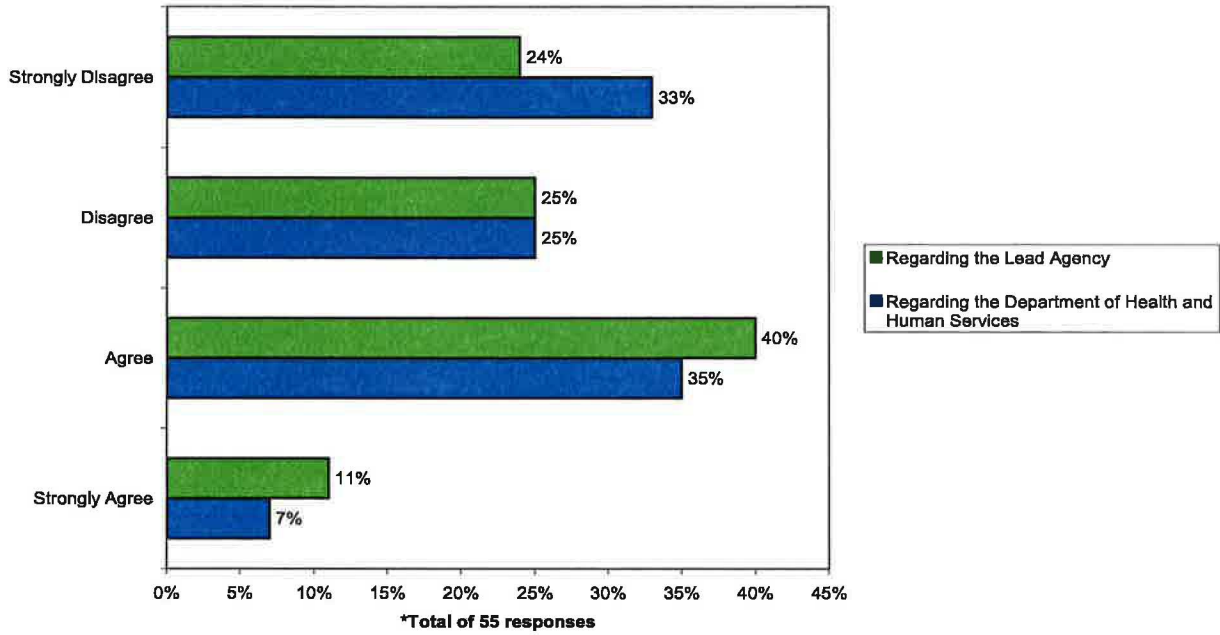
**CHART 16: Percentage of responses from biological parents who answered the question "My experience is that communication has been adequate" for both organizations**



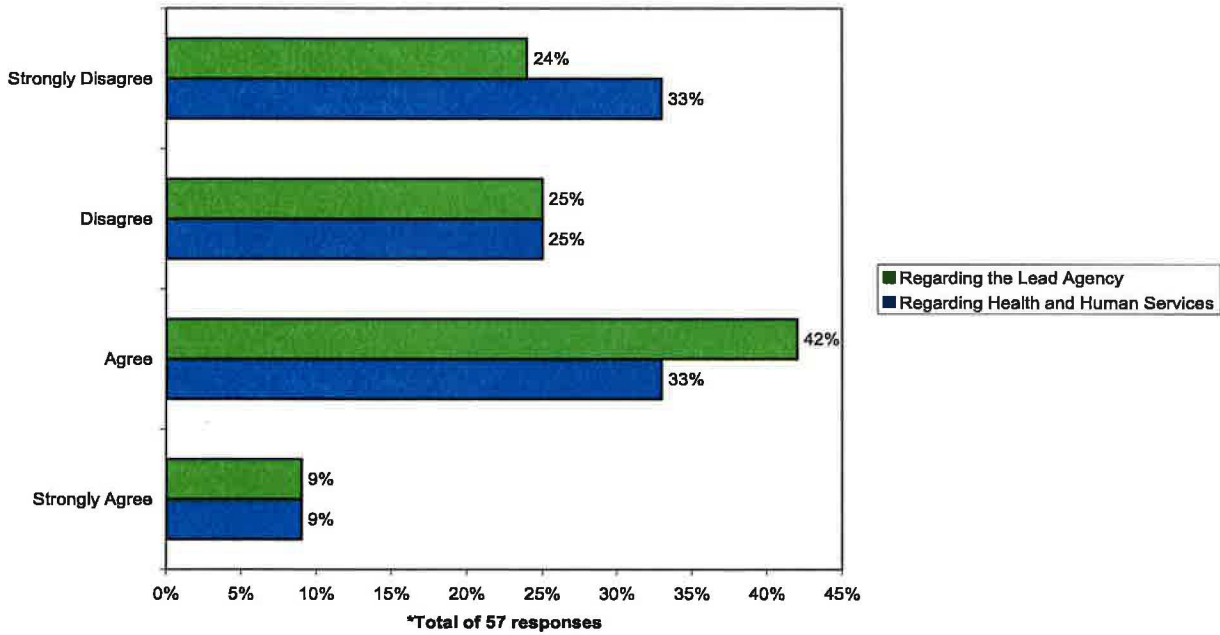
**CHART 17: Percentage of responses from biological parents who answered the question "My experience is that caseworker responses to my requests are timely" for both organizations.**



**CHART 18: Percentage of biological parents who answered the question "My experience is that when I have a problem related to my case, the caseworker was able to address it" for both organizations.**

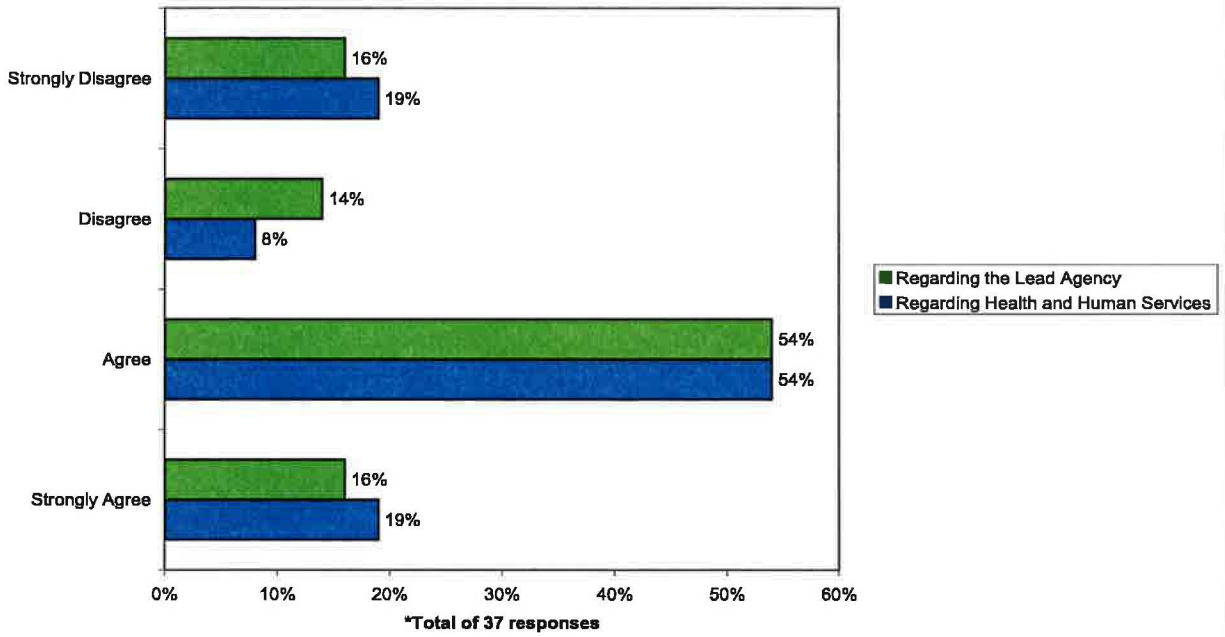


**CHART 19: Percentage of biological parents who answered the question "My experience is that my caseworker helped me find community resources and services for my family" for both organizations.**

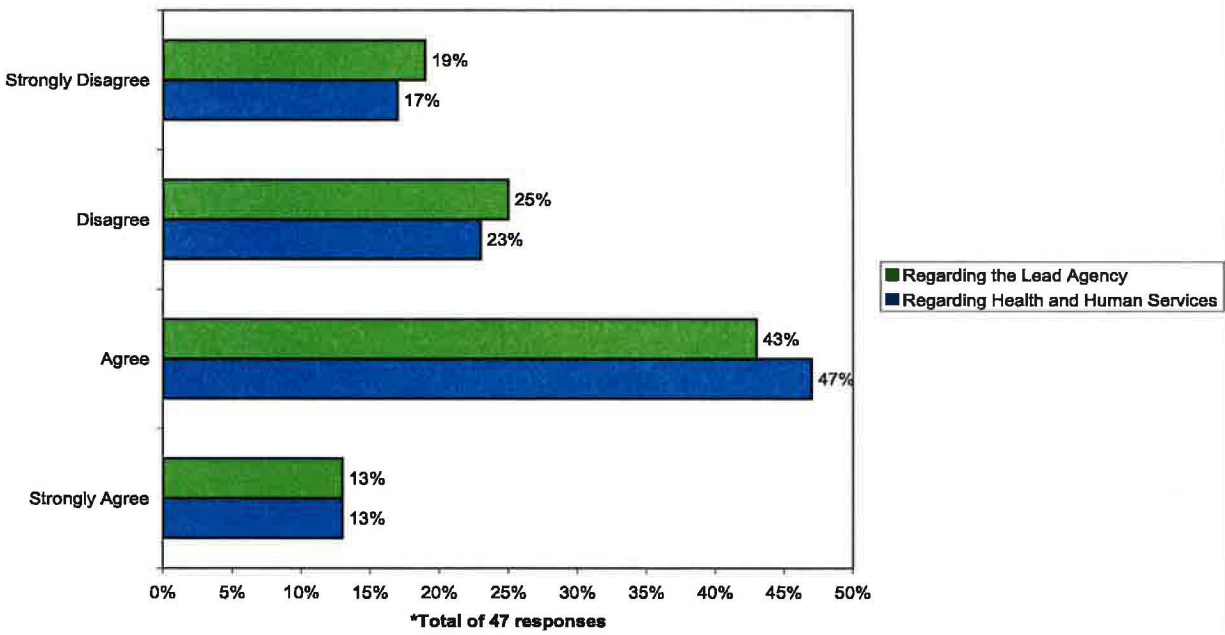




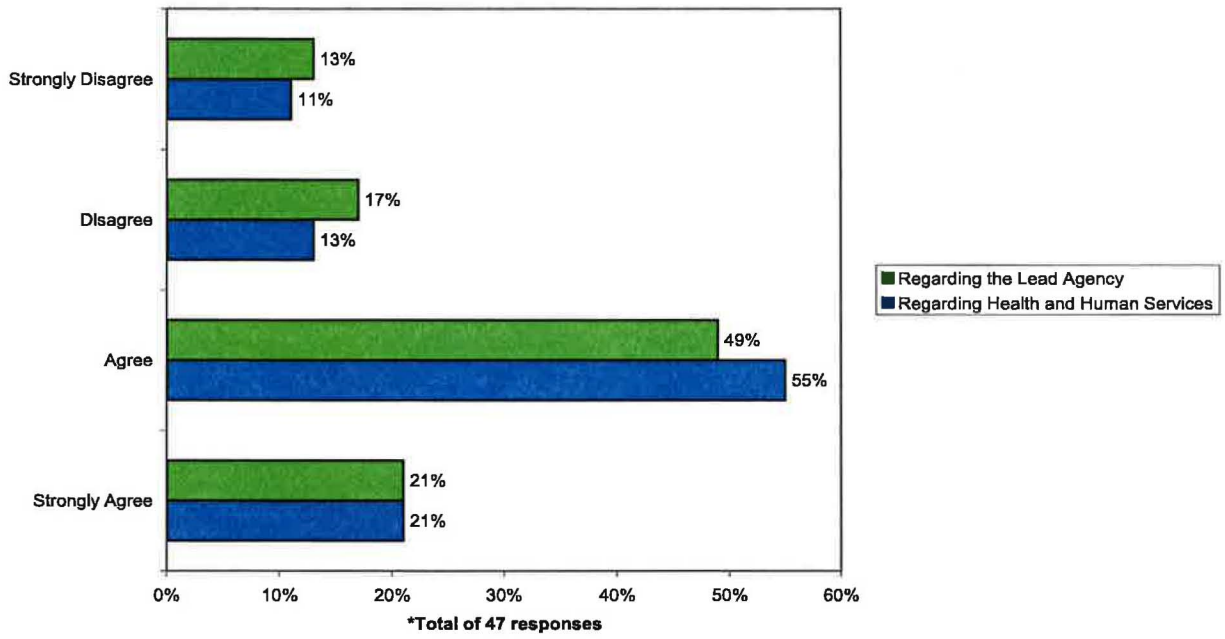
**CHART 20: Percentage of responses from biological parents who answered the question "My experience is that my visits with my child are as frequent as is ordered by the court, and are consistently carried out as scheduled" for both organizations.**



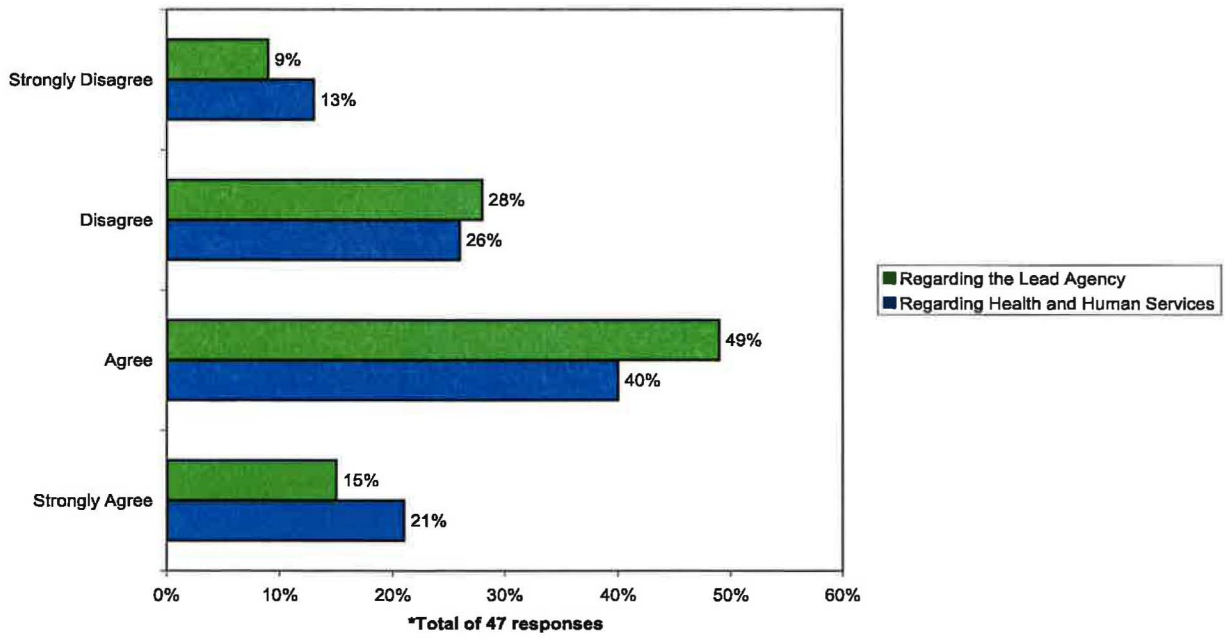
**CHART 21: Percentage of responses from biological parents who answered the question "My experience is that support services for the psychological needs of my child have been satisfactory" for both organizations.**



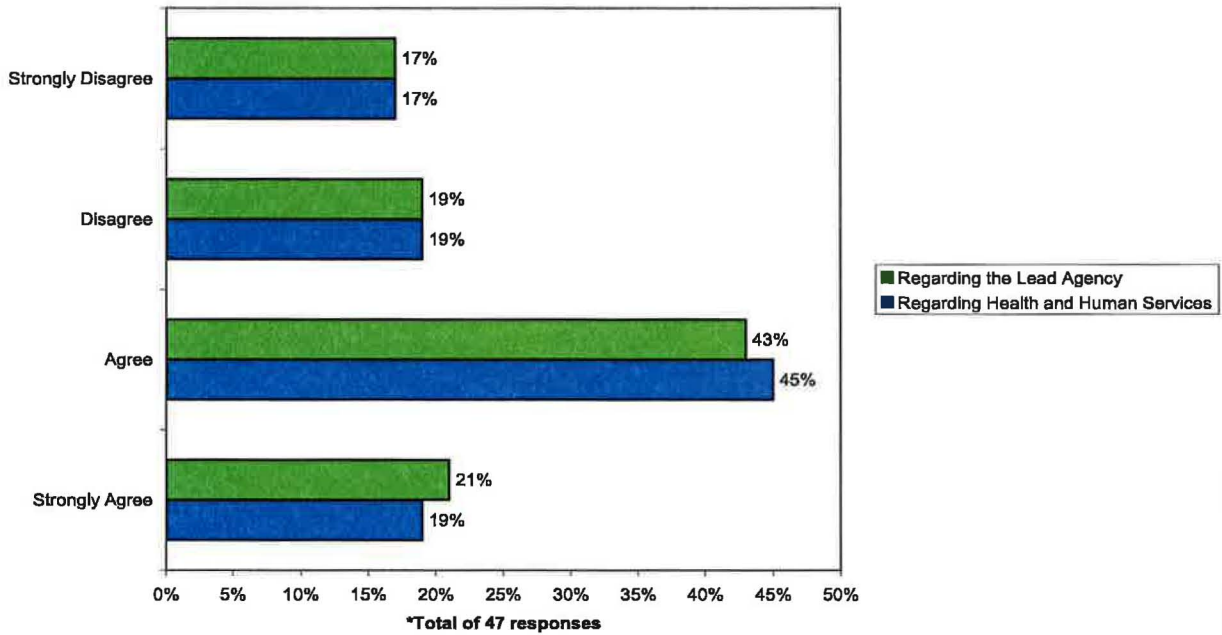
**CHART 22: Percentage of responses from biological parents who answered the question "My experience is that support services for the medical needs of my child have been satisfactory" for both organizations.**



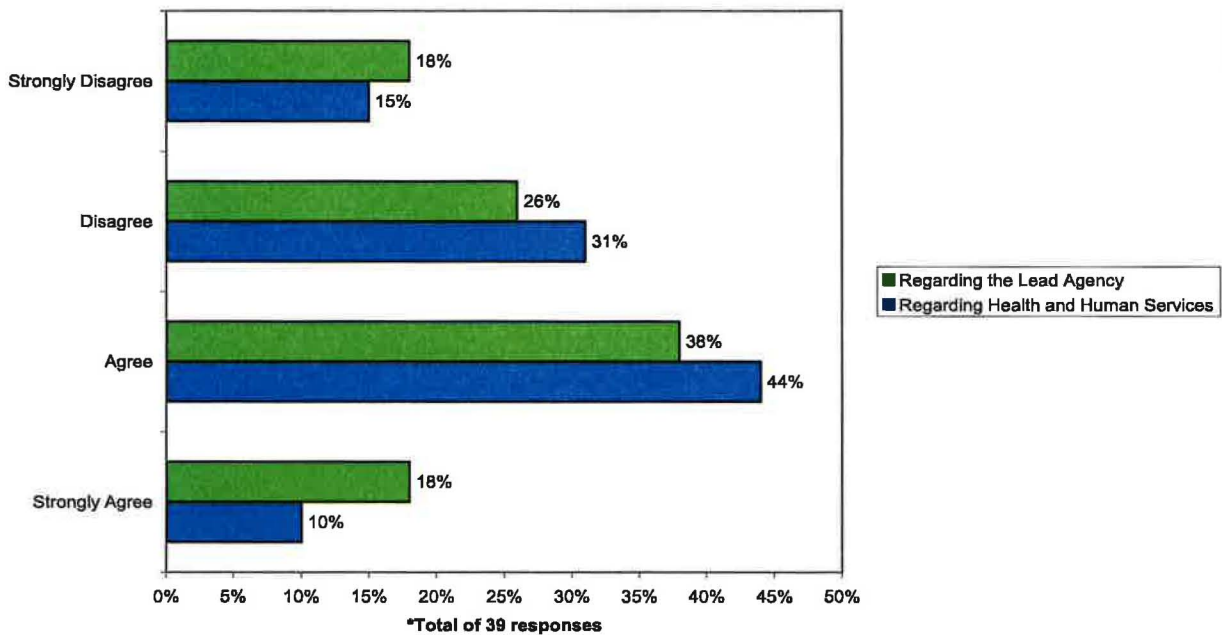
**CHART 23: Percentage of biological parents who answered the question "My experience is the caseworker encourages me to participate in my children's school activities, extracurricular activities & go to their doctor's appointments" for both organizations.**



**CHART 24: Percentage of responses from biological parents who answered the question "My experience is the caseworker invites me to family team meetings to set goals & create & update plans that will lead to my child coming home" for both organizations.**



**CHART 25: Percentage of responses from biological parents who answered the question "My experience is that my caseworker wants me to succeed and get my child/children back home" for both organizations.**



### **III. Making Things Better**

#### **A. Foster Parents' Ideas**

At the end of the survey's questions about HHS, the Lead Agencies, and the Foster Care Agencies, we asked the foster parents some open-ended questions about needed support services, barriers to success, and ideas for improving retention and recruitment of foster parents. The responses were very interesting, and filled seventy pages. (The full range of the responses can be found at <http://goo.gl/sBAQh> (URL address is case sensitive). In general, several interesting themes emerged.

- In answering the question regarding the three top support services available to foster parents, the respondents listed assistance with child care, respite care, and counseling. Roughly half of those answering this question rated these three as their top three. Peer support was a fourth choice, with references to Cedars, the Foster Care Closet, CASA, Lutheran Family Services, the Foster Care Review Board, and NFAPA. Also, 12% of the respondents said they did not know of or use supportive services.
- We also asked foster parents what they believed to be the three greatest barriers that foster parents face in the child welfare system. Failure of communication was at the top of this list, with concerns about low payment received by foster parents coming in second. Next was a conviction that foster parents' judgment is not being given due weight or respect by the system. Turnover in caseworkers, problems in arranging for transportation, and less than full disclosure about the children before placement were also seen as barriers. In addition, KVC (6%), HHS (2%), and "privatization" (2%), were stated to be barriers in a relatively small number of responses. Also about 12% of foster parents who addressed this question responded that the biological parents themselves and their rights were a barrier. Several stated that they believed that the biological parents are "treated better" than foster parents.
- In answer to the questions about how to recruit more foster families, a common response was to point out that "the best thing they can do is to take care of the foster families that they have!" In agreement with this point, one respondent said, "foster parents put a lot on the line emotionally, financially and in every other way...supporting them gets good results for word of mouth, and they help recruit foster parents." The quality that got the most endorsement from foster families was to practice good communication. They wanted the workers to give them all information about the children coming into their homes, to actively solicit their opinions, to return their telephone calls and their emails promptly, to listen to them, to recognize their importance to the team, and, at least occasionally, to express appreciation.

- The need for stability in the system was also emphasized by the foster parents responding to the survey. According to one respondent, turnover of caseworkers “is way too high, having someone new come into your case, sometimes multiple times, hinders the process.” Another respondent to the survey said that, “Lead Agency has provided six workers in sixteen months for one child (three of those six never met us).” Another said, “everyone is overworked so the turnover is crazy.” Yet another offered the opinion that, “although the system wasn’t perfect the way it was before the reform, it worked MUCH more efficiently than it does now.” Several respondents indicated that until the system stabilizes, recruitment of foster families will probably be very difficult. About ten out of 202 answering the question said they would not be willing to recruit foster families until there is greater stability in the system.
- We asked for suggestions as to how HHS, the Lead Agencies and the Foster Care Agencies might encourage existing foster parents to continue. Higher pay for the foster parents was the most popular answer, being offered by about one in five of the responses. Better listening skills and communication practices were a close second. “Be honest up front,” was one way of summarizing advice to give full information about children before placing them with the foster family. Holding worker’s caseloads down to manageable levels was also seen as being important to avoiding foster parent burnout and turnover. There were several proposals for giving awards to, and offering public recognition for, foster parents.
- Eleven of those who responded to the survey specifically raised the question of privatization, with two expressing a favorable view, and nine opposed. Several people said the creation of the Lead Agency concept, “adds another layer to an already over complicated system.” KVC was the subject of nine comments, two positive, and seven negative. One respondent compared KVC negatively to NFC, the Nebraska Family Collaborative, but otherwise the Family Collaborative was not mentioned in answer to any of the questions.
- We asked a last question directed only at former foster parents and asking for the issues/motivations that led to their decision to end their service as foster parents. Of the forty-nine responses that were received, the most common answer, which was offered by seventeen people, was “lack of support from the Nebraska child welfare system.” The second most common response to this question (from 10 respondents) was to cite “unsatisfactory interactions with workers.” One way or another, slightly over half of those no longer providing foster care attributed that fact to issues with the system. Only five respondents said that the reason they had quit was due to difficult behaviors of the foster children.

## **B. Biological Parents' Ideas**

We also welcomed comments from the biological parents regarding their experiences with the system, and concerning their perspective on the ways in which the system had been successful, and perhaps unsuccessful, in assisting their families through difficult times.

- Like the foster parents, biological parents stressed the need for improvement in communication. In response to our question about the top barriers that the parents face, more than one in four of the respondents used the words “communication” and “listen” in their answers. For instance, one biological parent wrote that an important need is to keep “an open dialogue with caseworkers,” so that parents will feel “like our needs and opinions are being listened to by those who work for the system.” Another biological parent complained that there was “little to no contact” with caseworkers, and that questions went unanswered. One biological parent claimed that it was necessary “to call 3 or 4 times before I get a call back,” and others also cited the failure of caseworkers to return telephone calls from the biological parents as a barrier (and, in fact, this inability to get telephone calls returned is a feature which has also been a repeated theme in many complaints received by the Ombudsman’s Office in recent years, indeed, much more so than had been the case in the past). On the subject of communication, there were even references to the failure of caseworkers to communicate with each other, as in a situation where a case was passed from one worker to another.
- As with foster parents, the biological parents also mentioned changes in assigned caseworkers and caseworker-overload as significant barriers to progress on their cases. One parent said that each time that the caseworker changed, “I felt (the new caseworker) did not comprehend the basics of my case...I was told several times. . .they did not read the file or reports on me and that they were NEW to the processes.” One of the biological parents also observed that “privatization has not helped with issues of caseworker’s turnovers.”
- Instances of caseworkers withholding relevant information (the Department “only put negative things about the parent in the court report”), and even of caseworkers giving false information, were alleged by some of the biological parents. Some biological parents also claimed that their caseworkers had ignored court orders. One parent made allegations of a situation where in January the court “ordered me to start having some unsupervised visits,” but the “worker told me...she did not feel I was ready for unsupervised visits and would not be allowing them at that time,” with the result that the parent’s unsupervised visits with the children “did not start until July.” Another parent made a similar claim in connection with a delay by KVC in carrying out a judge’s order to have the children in the case treated by a therapist.
- Transportation was mentioned as a problem, as it had been by foster parents. This seems to have been a concern not only in regard to the transportation needs of the

children for their visits, their medical appointments, etc., but also with regard to the transportation needs of the biological parents themselves. One parent said that due to the lack of transportation “it was hard to meet all their expectations of me they did not assist me with transportation in any way.” Another biological parent said that the caseworker “would provide transportation, but forget (the) dates of appointments.”

- A common theme in the responses of the biological parents was the sense that the caseworkers were “too judgmental” of the parents, and did not respect their views, or consider the parent’s input on the case. One biological parent complained about “caseworkers who prejudge and predetermine their course of action and refuse to remain open minded.” In another response, the parent simply said that the parents were “not being heard or believed,” and that they felt they were seen as “guilty before tried.” One parent said that “the KVC caseworker treated me as though I knew nothing and should be talked to as such,” and another biological parent said that at the team meeting “it didn’t matter what I thought of (the) case or goals,” but it was “only the caseworker’s opinion that counts.”

## **Conclusion**

As we have indicated earlier, it is best if each person reading this Report looks the survey results over, and draws his or her own conclusions on the meaning of the results. Clearly, it is not our place to tell the reader what he or she should conclude, and the purpose of the content of this Report is simply to highlight some of the salient points of the data, and the comments made by the foster parents and the biological parents. However, whatever the reader may conclude about the results of these surveys, we believe that the surveys were valuable because they offered the foster parents and biological parents an opportunity to “have their voices heard” over the background noise of advocates and administrators, and without being filtered by the proponents or opponents of “privatization,” etc., who may have a point of their own that they want to make. Obviously, the biological parents and foster parents are people who are in a position that will allow them to see the foster care system as it truly is, from a perspective that no one else can quite replicate, and although their conclusions may have their own flaws, they definitely need to be heard.

**Note:** In addition to the work that the Ombudsman’s Office has done in attempting to analyze the data from the survey, we have also shared that data with the University of Nebraska Public Policy Center. The Center has produced its own analysis and Report, which we are sharing with the Committee in conjunction with our own. The Center has offered some very useful points, for instance, the observation that the Lead Agencies had rated notably higher than HHS in the area of providing foster parents with information about the needs of the foster child before placement. We urge to Committee members to review the Center’s Report, and we sincerely thank Dr. Mark DeKraai and the Center for their cooperation in this effort.

# Nebraska Judges' Perceptions of Child Welfare Privatization

Nebraska Court Improvement Project  
Vicky Weisz, Ph.D., Director  
August 14, 2011

## Background

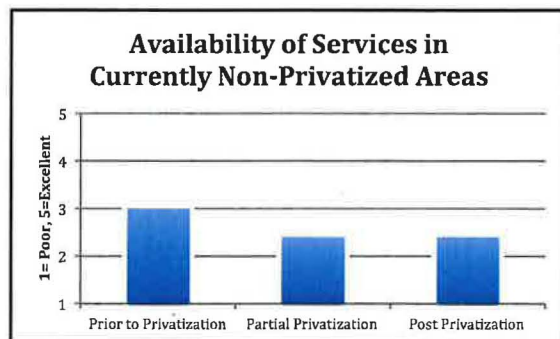
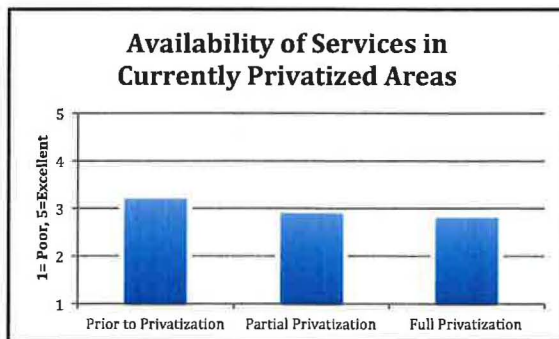
Senator Kathy Campbell requested information regarding judicial perceptions of the impact of Nebraska's recent privatization activities to assist her committee in its work required by LR 37. Senator Campbell and her staff worked with the Court Improvement Project to develop the questions. Judges were surveyed in late July and early August, 2011 through an internet based survey process. All 44 then active judges with juvenile jurisdiction were invited to participate. Thirty-eight judges completed the survey, producing an 85% response rate.

Judges were divided into two groups: those whose jurisdictions were in the Eastern and Southeastern service areas that had fully privatized case management (except for a third of the Douglas County cases) and those in the Central, Northern, and Western service areas that had gone back to HHS case management and service coordination following the failure of the single contractor in that part of the state.

## Services

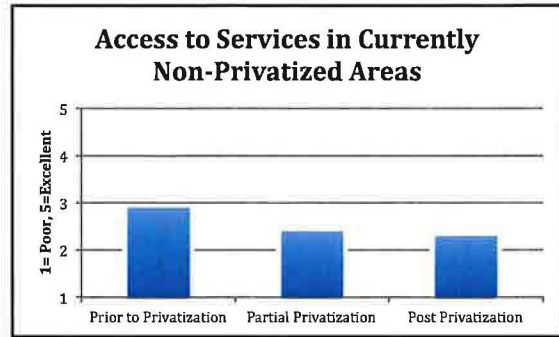
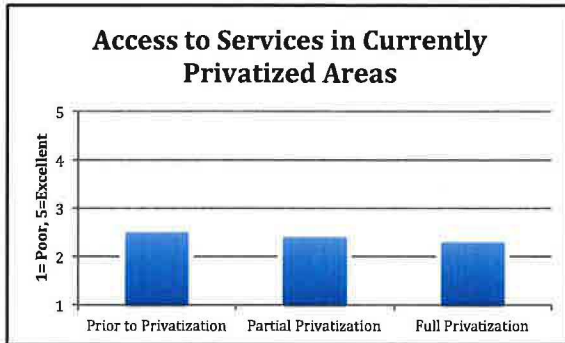
Judges were asked to compare the availability, timeliness, and quality of services at three points in time: prior to the first major privatization effort involving lead agencies, during the first effort of partial privatization, and during the current time with full privatization in the Eastern and Southeastern areas and no privatization in the rest of the state. Judges were asked to rate three factors relating to services using a five-point scale (1=poor, 2= below average, 3=average, 4=good, 5=excellent.) The following tables show the averages (means) of judges' ratings.

## Availability of Services

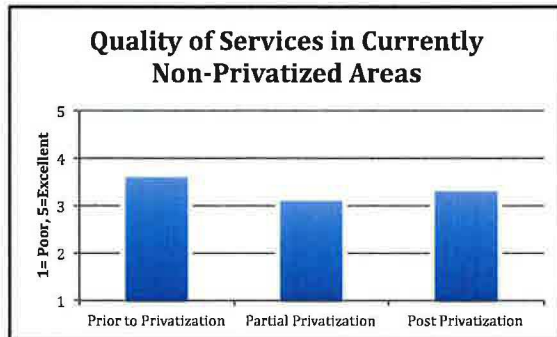
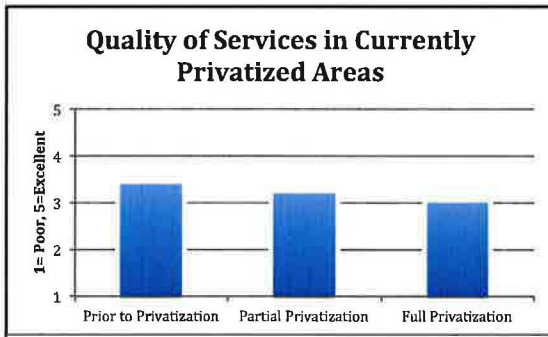




## Timely Access to Services



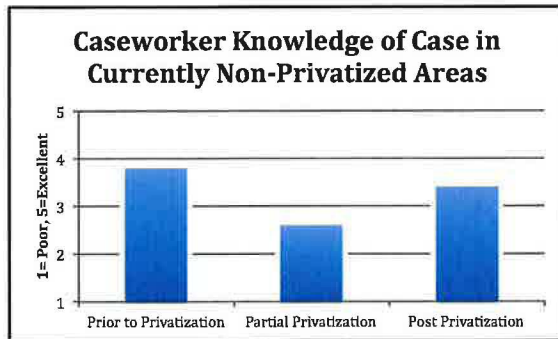
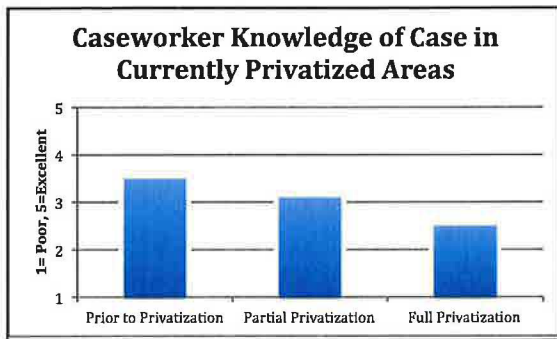
## Quality of Services



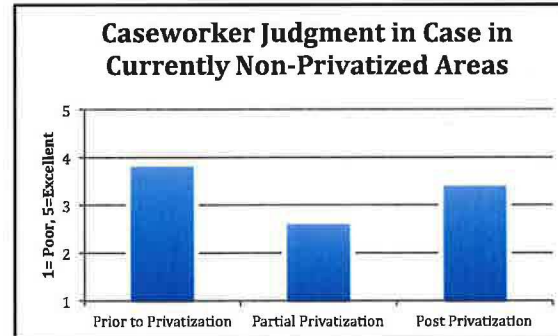
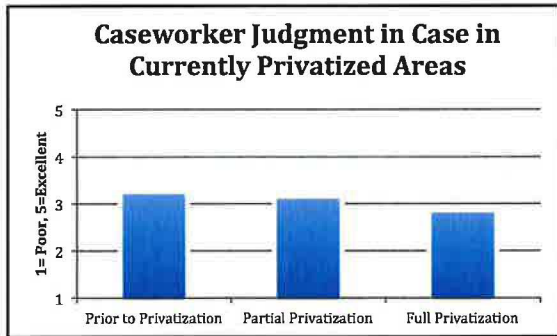
## Casework

Judges were asked to compare factors about casework at the three same time periods as above. Again, judges were asked to rate these factors using a five-point scale (1=poor, 2= below average, 3=average, 4=good, 5=excellent.) The following tables show the averages of judges' ratings.

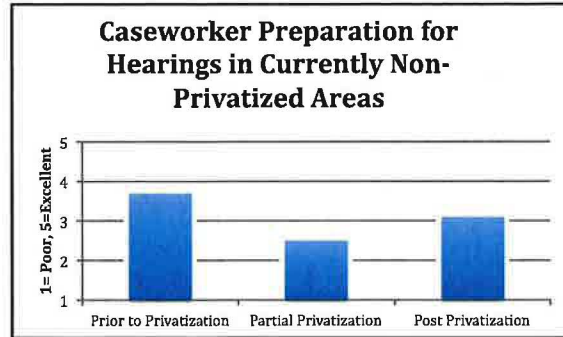
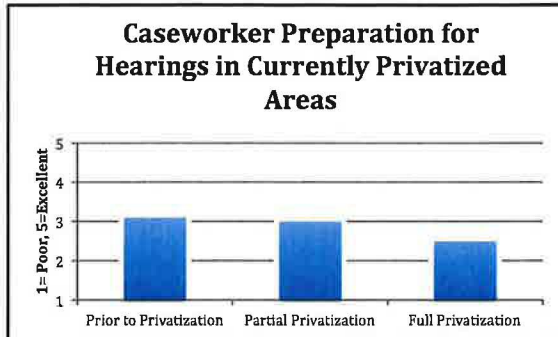
### Caseworker Knowledge



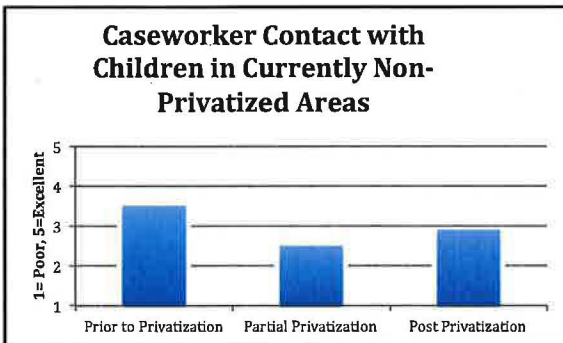
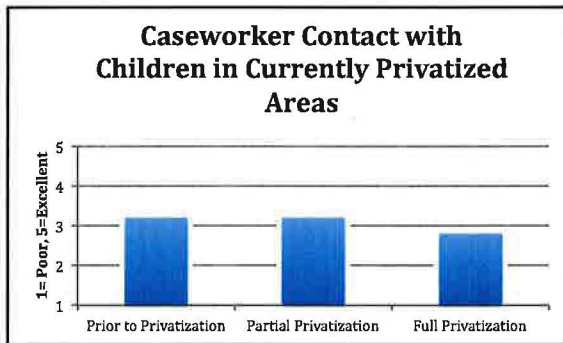
### Caseworker Judgment



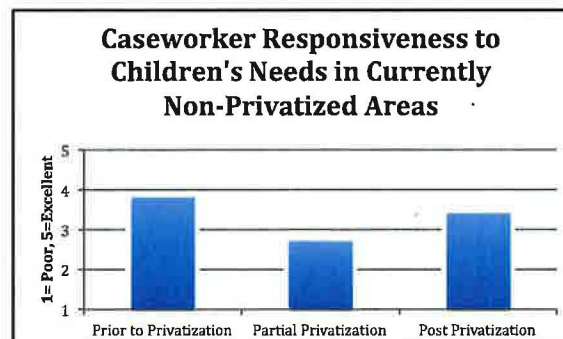
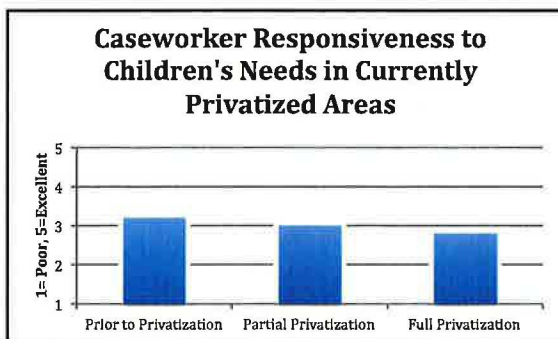
## Caseworker Preparation



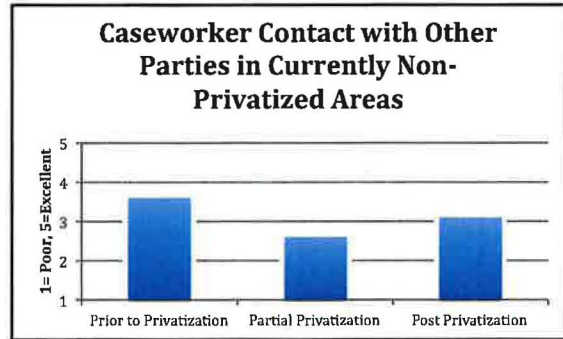
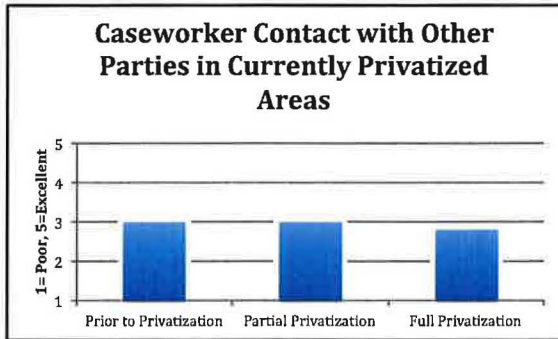
## Contact with Children



## Responsiveness to Children's Needs



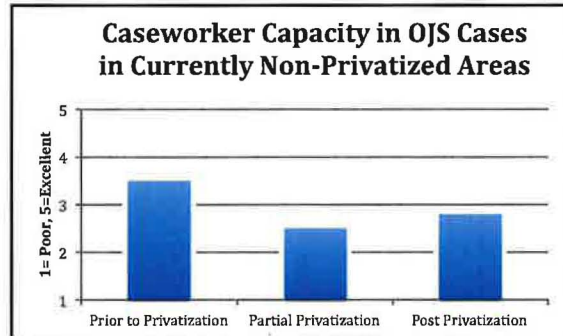
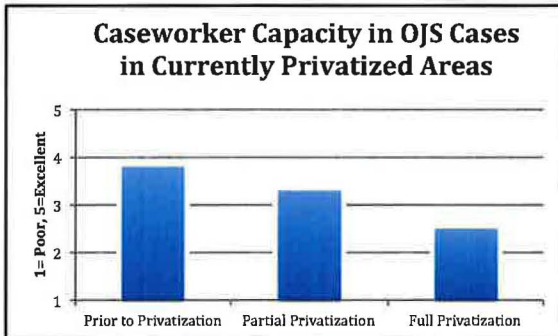
## Contact with Other Parties



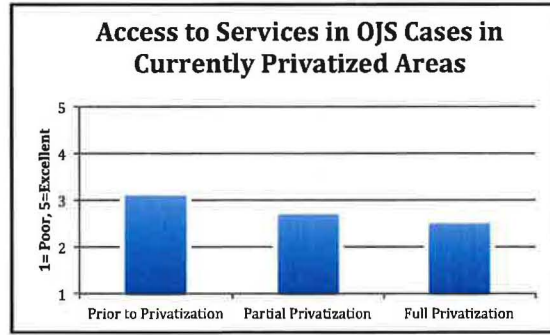
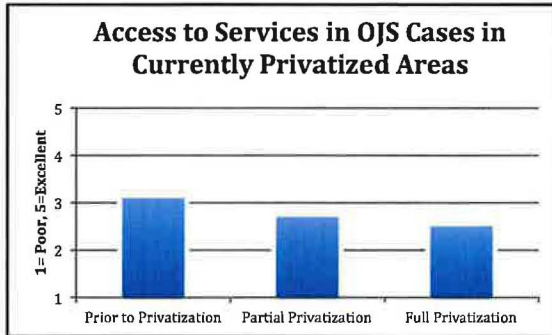
## Office of Juvenile Services Cases

Judges were also asked to rate their perceptions of factors regarding their OJS cases during the same time periods as above and using the same 5-point rating scale.

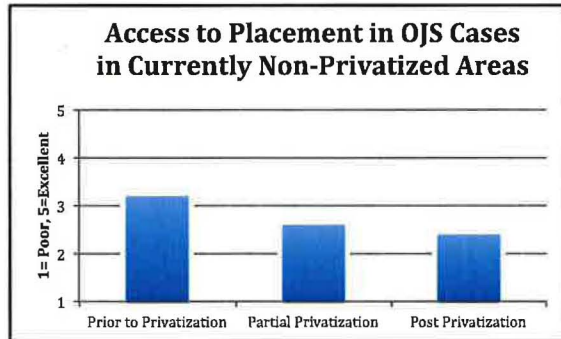
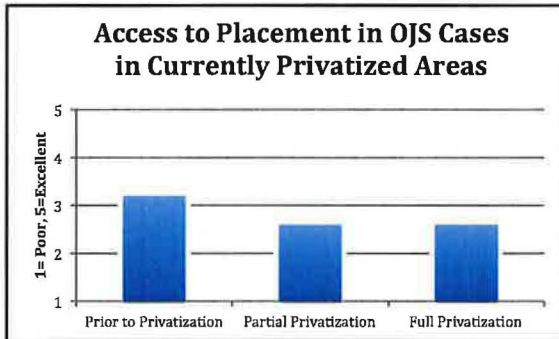
## Caseworker Capacity



## Access to Services

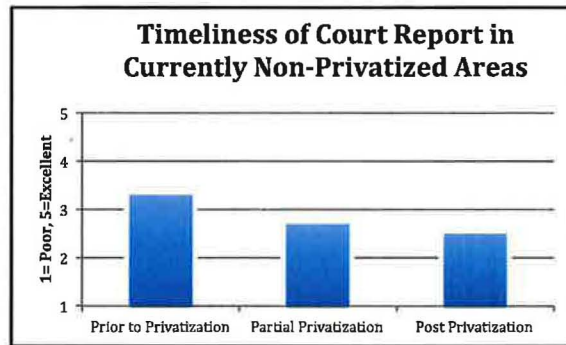
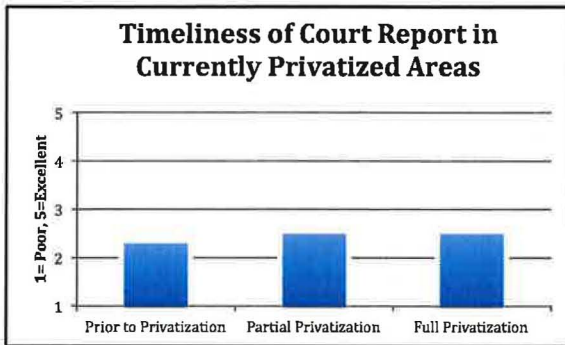


## Access to Placements

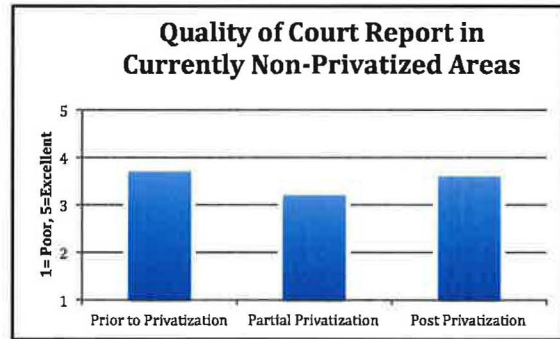
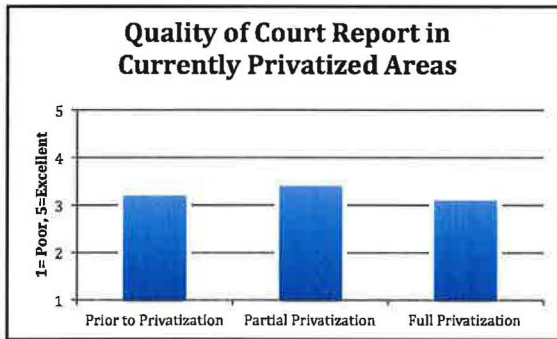


# Case Plan/Court Reports and Placement Stability

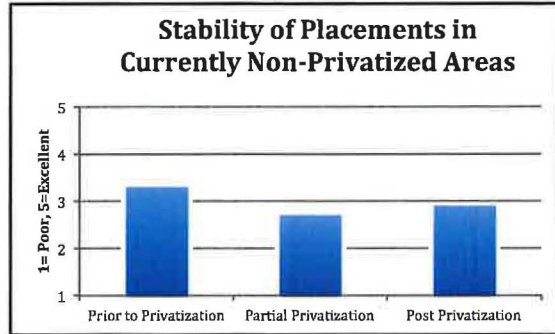
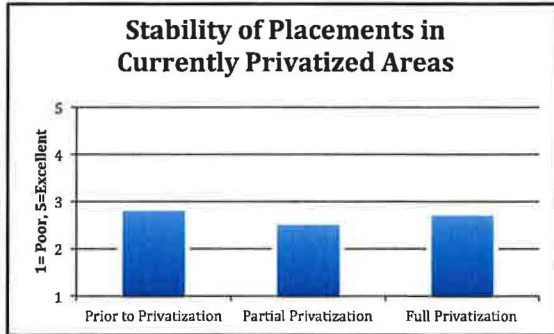
## Timeliness of Court Reports (all cases)



## Quality of Case Plan Court Report

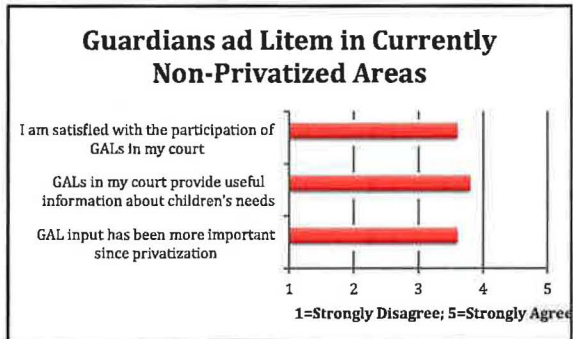
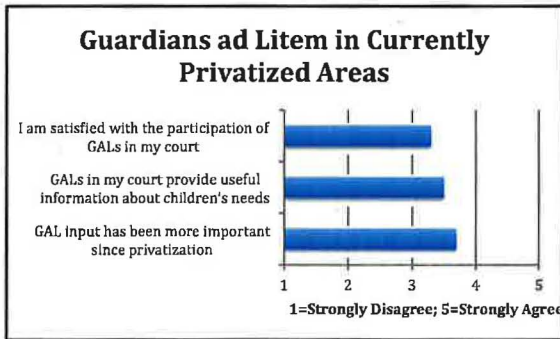


## Stability of Placements



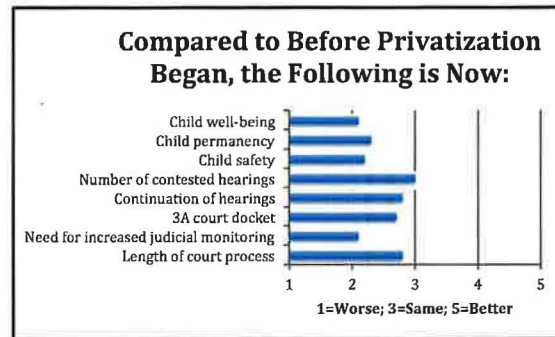
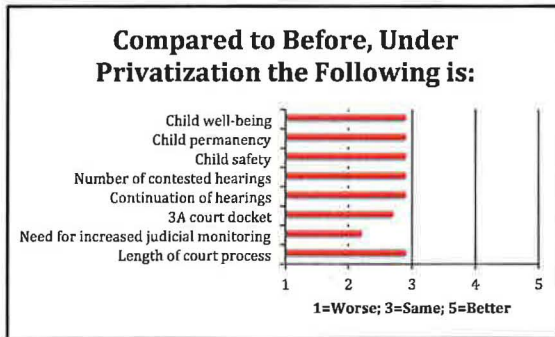
## Guardians ad Litem

The following chart shows judges' perceptions of guardians ad litem who appear in their court rooms. Judges were asked to rate their agreement with the statements in the chart (1=strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree).



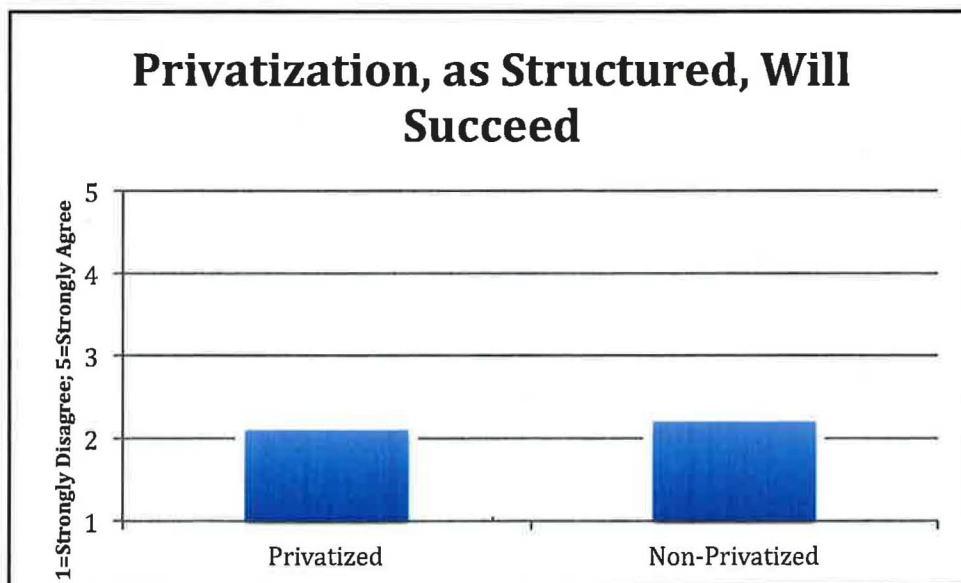
## Impact of Privatization

Judges were also asked for their perceptions as to whether things have gotten better or worse since the beginning of the privatization effort. They were asked to use this sentence as a stem: "Compared to the way it was before, under privatization the following is....." A 5-point rating scale was used (1=worse; 2=somewhat worse; 3=same; 4=somewhat better; 5=better). The left chart below shows the averages (means) of judges' ratings for the currently privatized areas. The right chart shows the ratings for the currently non-privatized areas.



## Judges' Optimism about Nebraska's Privatization

Finally, judges were asked to rate their agreement with the statement, "Privatization, as it is currently structured, will eventually be successful." A 5-point scale was used: 1=strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree.





# **Through the Eyes of the Child Team Member Perceptions of Child Welfare Privatization**

Nebraska Court Improvement Project  
Vicky Weisz, Ph.D., Director  
August 25, 2011

## **Background**

Senator Kathy Campbell requested information regarding perceptions of the impact of Nebraska's recent privatization activities by Through the Eyes of the Child Initiative Team members to assist her committee in its work required by LR 37. Senator Campbell and her staff worked with the Court Improvement Project to develop the questions. Team members, excluding judges, were surveyed in late July and early August, 2011 through an internet based survey process. Judges were surveyed separately. One hundred forty-four individuals responded to the survey. The response rate cannot be calculated because team membership is fluid and the entire number of team members is unknown.

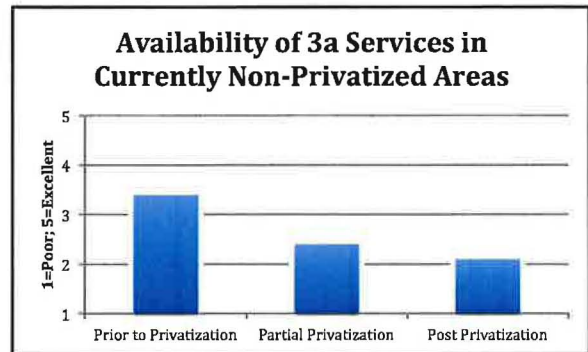
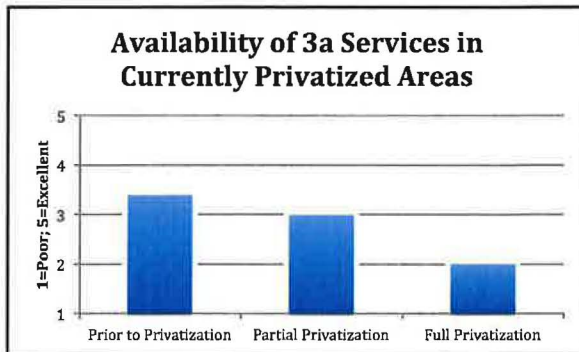
Responses were received from county attorneys, parents' attorneys, guardians ad litem, DHHS employees, private agency employees, Foster Care Review Board staff, CASA, foster parents, service providers, and court personnel.

Respondents were divided into two groups: those whose jurisdictions were in the Eastern and Southeastern service areas that had fully privatized case management (except for a third of the Douglas County cases) and those in the Central, Northern, and Western service areas that had gone back to HHS case management and service coordination following the failure of the single contractor in that part of the state.

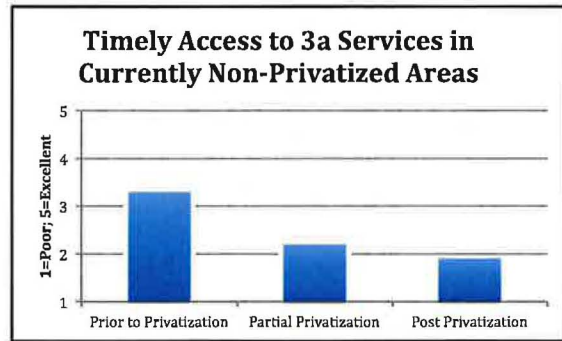
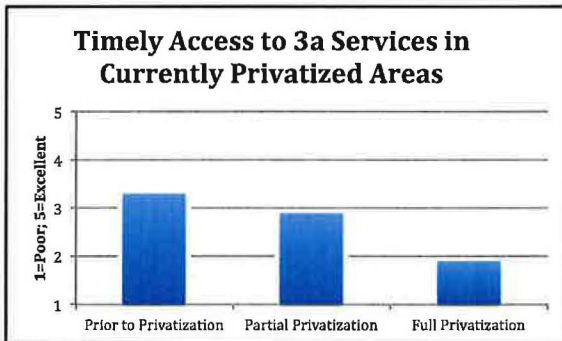
## **Services and Placements**

Respondents were asked to compare a variety of factors related to services and placements at three points in time: prior to the first major privatization effort involving lead agencies, during the first effort of partial privatization, and during the current time with full privatization in the Eastern and Southeastern areas and no privatization in the rest of the state. Respondents were asked to rate factors relating to services using a five-point scale (1=poor, 2= below average, 3=average, 4=good, 5=excellent.) The following tables show the averages (means) of respondents' ratings.

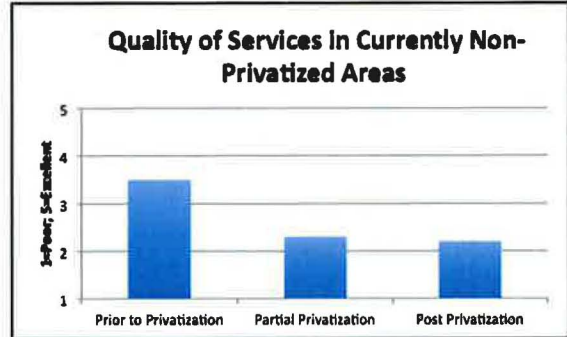
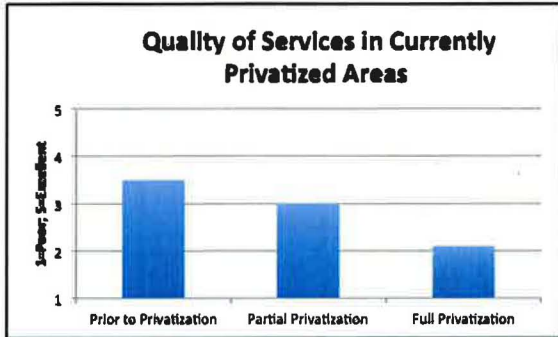
## Availability of Services in 3a (Child Welfare) Cases



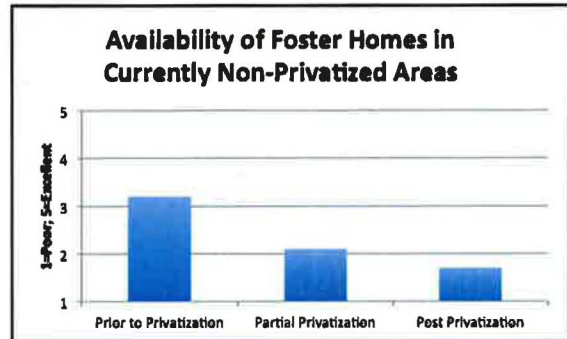
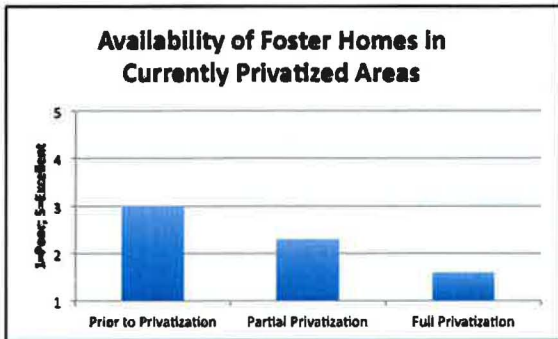
## Timely Access to Services in 3a Cases



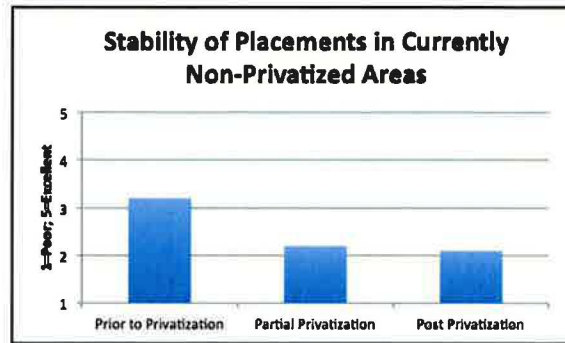
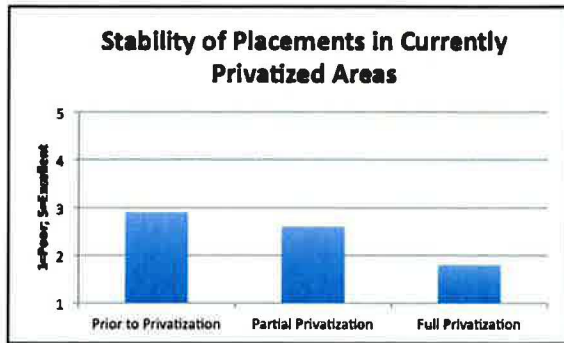
## Quality of Services



## Availability of Foster Homes



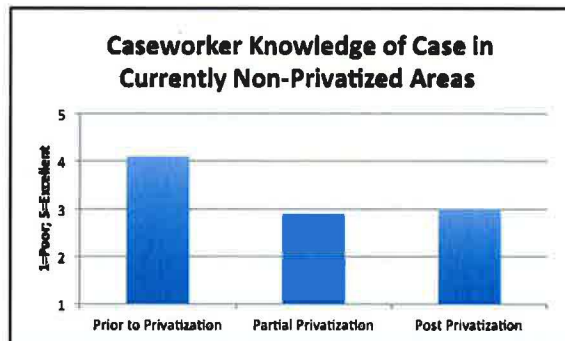
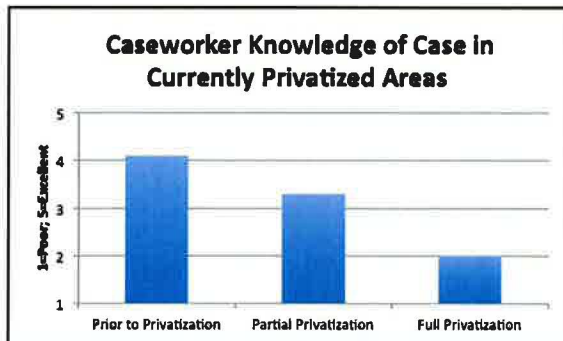
## Stability of Placements



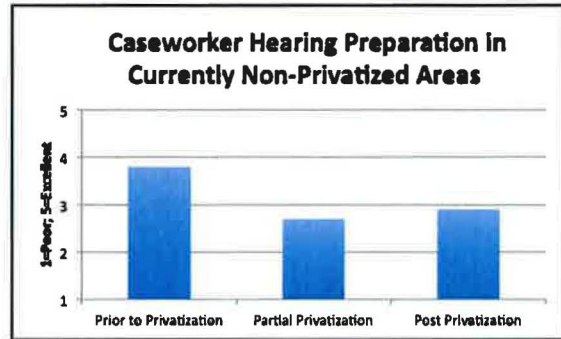
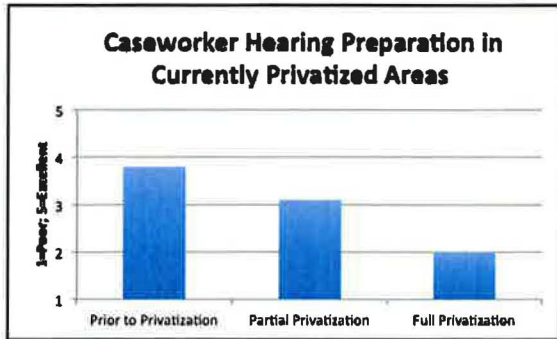
## Casework

Respondents were asked to compare factors about casework at the three same time periods as above. Again, they were asked to rate these factors using a five-point scale (1=poor, 2= below average, 3=average, 4=good, 5=excellent.) The following tables show the averages of their ratings.

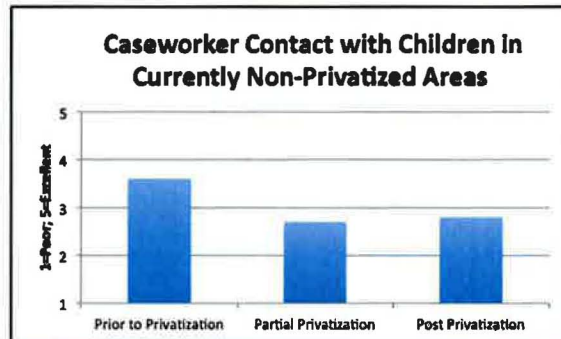
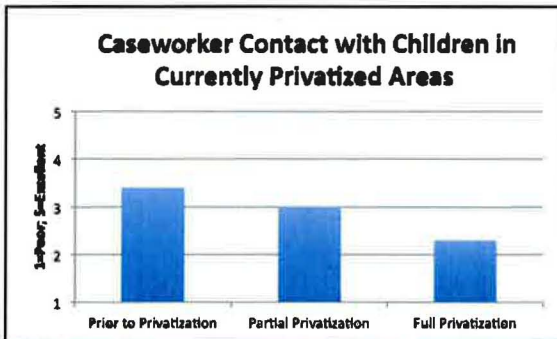
## Caseworker Knowledge



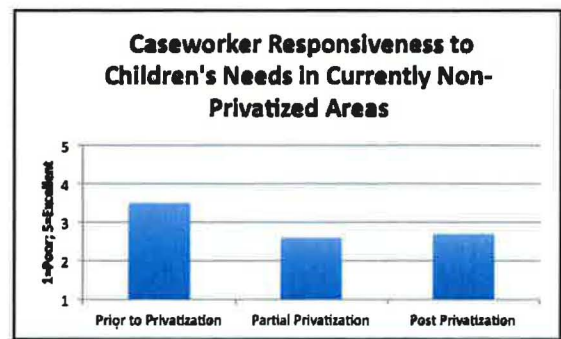
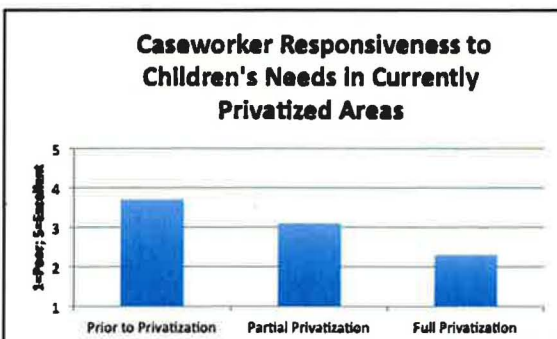
## Caseworker Preparation



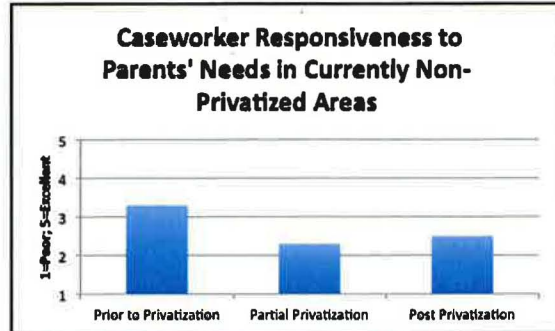
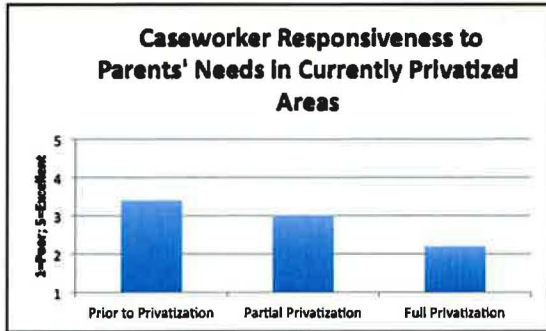
## Contact with Children



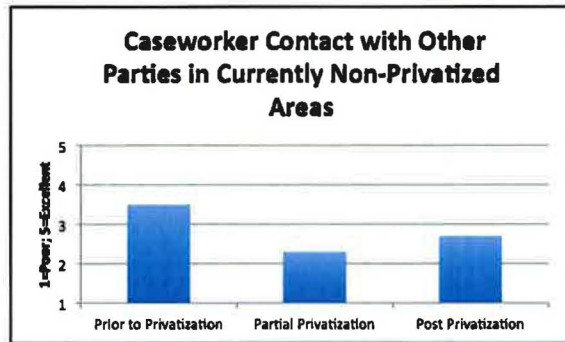
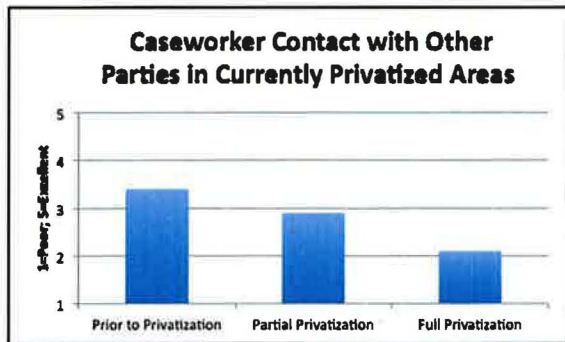
## Responsiveness to Children's Needs



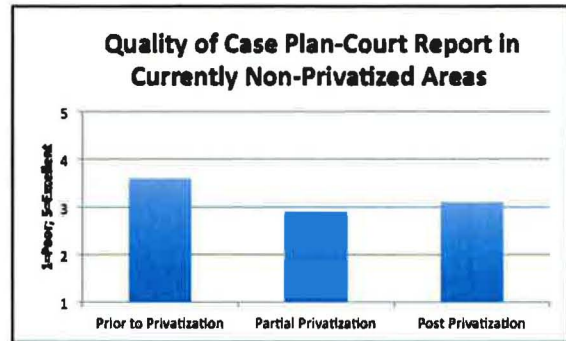
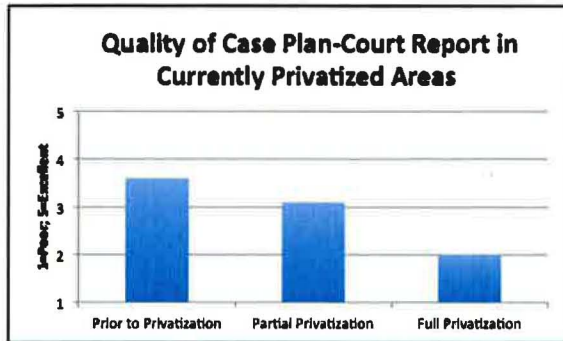
## Responsiveness to Parents' Needs



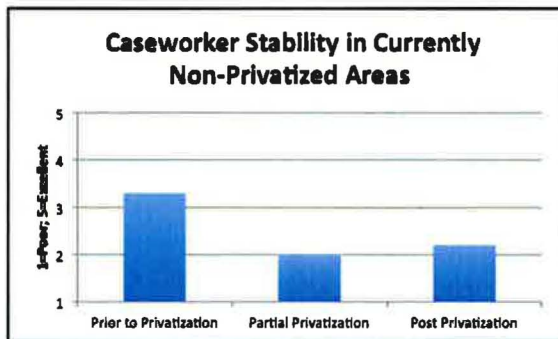
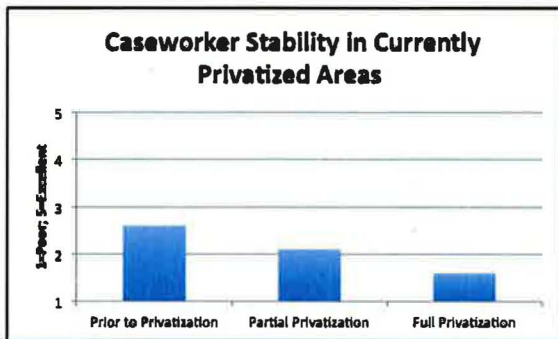
## Contact with Other Parties



## Quality of Case Plan Court Report



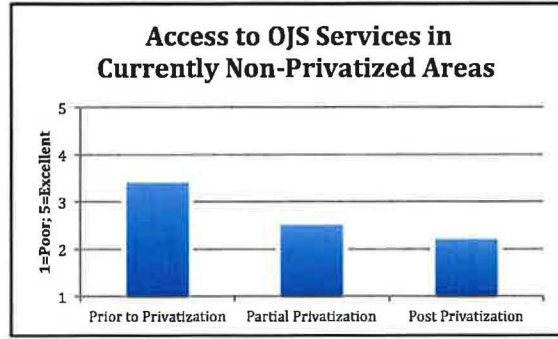
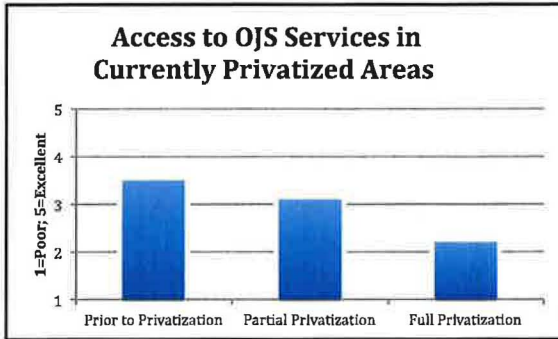
## Stability of Caseworkers (low turnover)



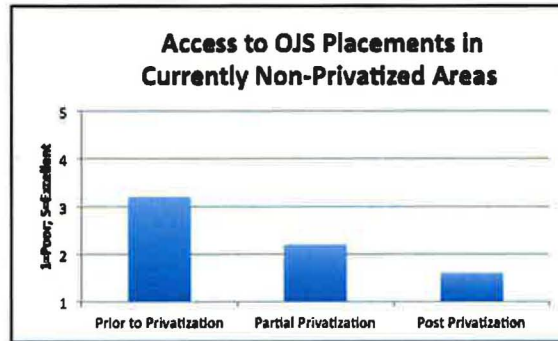
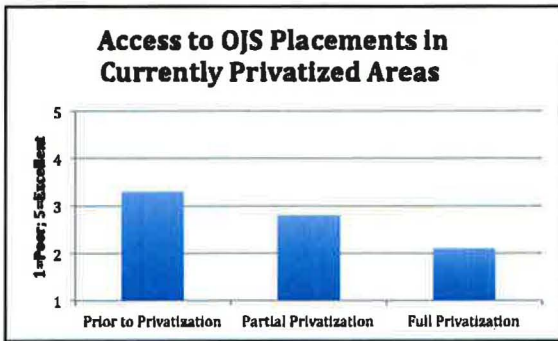
# Office of Juvenile Services Cases

Respondents were also asked to rate their perceptions of factors regarding OJS cases during the same time periods as above and using the same 5-point rating scale.

## Access to OJS Services



## Access to OJS Placements





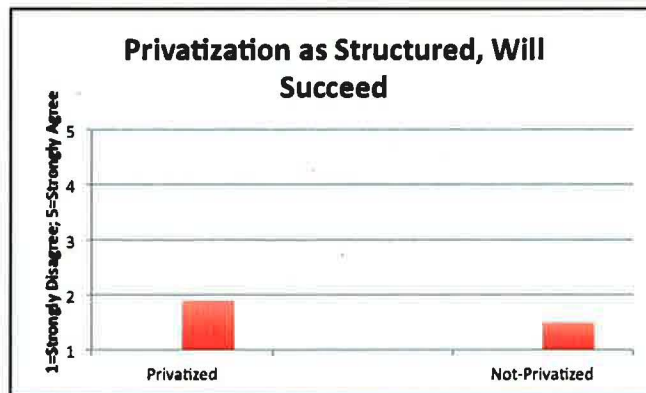
## Impact of Privatization

Team members were also asked for their perceptions as to whether things have gotten better or worse since the beginning of the privatization effort. They were asked to use this sentence as a stem: "Compared to the way it was before, under privatization the following is....." A 5-point rating scale was used (1=worse; 2=somewhat worse; 3=same; 4=somewhat better; 5=better). The left chart below shows the averages (means) of respondents' ratings for the currently privatized areas. The right chart shows the ratings for the currently non-privatized areas.



## Team Member Optimism about Nebraska's Privatization

Finally, team members were asked to rate their agreement with the statement, "Privatization, as it is currently structured, will eventually be successful." A 5-point scale was used: 1=strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree.





NEBRASKA  
Appleseed

*Fifteen years sowing  
the seeds of justice.*

October 18, 2011

Senator Kathy Campbell  
Chair, Health and Human Services Committee  
Room 1402, State Capitol  
Lincoln, NE 68509

**RE: Survey of attorneys' perceptions of child welfare privatization**

Chairwoman Campbell and members of the Health and Human Services Committee:

On behalf of the Nebraska Appleseed Center for Law in the Public Interest, thank you for the opportunity to testify today.

This fall, Appleseed developed a 24-question online survey designed to gather the perceptions of child welfare attorneys on the recent privatization of child welfare services in Nebraska. The survey was sent by email to Appleseed's listserv of approximately 275 child welfare attorneys across the state. Ninety (90) attorneys completed the survey.

- These attorneys practice as guardians ad litem, attorneys for juveniles, attorneys for birth/biological parents, attorneys for foster parents, and attorneys for grandparents/other relatives.
  - In many cases, attorneys' practices include a variety of these roles in different cases.
- One (1) county attorney and eight (8) public defenders also completed the survey.

I want to thank the Public Policy Center at the University of Nebraska-Lincoln and, in particular, Dr. Mark DeKraai, Senior Research Director, and Deadric Williams, a doctoral student in sociology, for their assistance with the data analysis. The Public Policy Center compiled a report on the data analysis, which has been provided to the Committee. The Committee has also been provided a copy of the survey.

**Background**

To get a sense of the respondents' experience with child welfare issues, we asked several background questions and found that:

- The majority of the respondents (29%) have practiced juvenile law for 10-20 years.
- For most of the respondents (33%), juvenile court work makes up 25-50% of their practice.

Privatized vs. Non-Privatized

In order to separately examine as well as compare attorneys who practice in areas of the state not currently privatized (the Central, Northern, and Western Service Areas) and those who practice in areas of the state that are current privatized (the Eastern and

Southeastern Service Areas), we asked respondents, as a threshold question, to indicate whether they primarily practice in a privatized or non-privatized area. Based on their response, attorneys were directed to answer a parallel set of questions.

## Results

Attorneys were first asked questions about the extent to which they agree with statements that caseworker communication and adequacy of services were satisfactory on a 5-point scale from strongly disagree to strongly agree as they relate to various agencies.

### Caseworker Communication

As to perceptions about caseworker communication, attorneys practicing in non-privatized areas tended to agree or be neutral in response to the statement: *“In the past year, my experience is that **communication with caseworkers** has been adequate.”* The average response for attorneys in privatized areas was between disagree and neutral. Attorneys in privatized areas also tended to believe communication with lead agency caseworkers was not adequate.

As to **timeliness of agency responses to attorneys’ requests or inquiries** (responding to the statement: *“In the past year, my experience is that agency responses to my requests or inquiries have been timely”*), attorneys in privatized areas were somewhat inclined to believe that responses from DHHS caseworkers in the past year had not been timely, while attorneys in non-privatized areas were somewhat inclined to believe responses had been timely in the past year. Attorneys in privatized areas also tended to believe responses from lead agency caseworkers had not been timely over the same period.

### Adequacy of Services

As to attorneys’ perceptions of **behavioral health services for children**, attorneys were asked the extent to which they agree with the following statement: *“In the past year, my experience is that services for the psychological or behavioral health needs of the child (e.g., counseling) have been satisfactory”* **as to DHHS, lead agencies, Medicaid/Magellan, and when court ordered**. Attorneys tended to believe that such services were not satisfactory as arranged by DHHS and as provided by Medicaid/Magellan. Attorneys were somewhat inclined to believe that court ordered behavioral health care was satisfactory. Attorneys in privatized areas tended to believe such services arranged by lead agencies were not satisfactory. This trend was similar for attorneys’ perceptions about **supportive services for parents**, such as substance abuse and mental health services (responding to the statement: *“In the past year, my experience has been that supportive services and treatment for parent/s (e.g., substance abuse, mental health) have been satisfactory”*).

Similarly, as to **support services for foster parents**, attorneys were asked the extent to which they agree with the following statement: *“In the past year, my experience has been that supportive services for foster parents (e.g., child care, respite) and payments for foster care services (i.e., maintenance payments, monthly stipend) have been satisfactory.”* Attorneys tended to believe supportive services for foster parents were not satisfactory as arranged by either DHHS or subcontracting agencies. Attorneys in privatized areas tended to believe such services arranged by the lead agencies were not satisfactory. The trend was similar for attorneys’

perceptions about **reliability of parenting time or visitation schedules** (responding to the statement: “*In the past year, my experience has been that parenting time or visitation schedules have been reliable*”).

To summarize, attorneys in both privatized and non-privatized areas indicated that, in the past year, caseworker communication and adequacy of services were generally not satisfactory when working with DHHS, lead agencies (for privatized attorneys only), subcontracting agencies and as provided by Medicaid/Magellan. Attorneys were somewhat inclined to believe services were satisfactory when court-ordered.

#### Differences Across Agencies

Analyses were conducted as to any significant differences across agencies (DHHS, lead agencies, subcontracting agencies, Medicaid/Magellan, and court-ordered services) for behavioral health services, services for parents and foster parents, and visitation/parenting time.

- There was a significant difference for supportive services for foster parents with DHHS rated significantly higher than lead agencies (in privatized areas) or subcontracting agencies (in both privatized and non-privatized areas).
- However, as noted above, attorneys generally rated supportive services for foster parents across all agencies as unsatisfactory.

#### Stages of Privatization

Attorneys were then asked to rate **14 elements** of the child welfare system including aspects of services and case management, and stability of placements on a 5-point scale ranging from poor to excellent across **three phases of privatization**.

In the privatized areas of the state, the three phases included: 1) pre-privatization (pre-2010), 2) partial privatization (2010), and 3) full privatization (2011).

In the non-privatized areas of the state, the three phases included: 1) pre-privatization (pre-2010), 2) partial privatization (2010)(i.e., during Boys & Girls Home’s contract) and 3) post-privatization (2011)(i.e., since termination of Boys & Girls Home’s contract).

- **Attorneys in privatized areas rated each of the 14 elements significantly lower under full privatization than under pre-privatization.**
- **Attorneys in non-privatized areas rated each element significantly lower under privatization than pre-privatization except for stability of placement.**

In addition, you can see a trend in Table 1 that privatized attorneys rated the 14 elements highest before privatization, lower under partial privatization, and even lower under full privatization. (The only exception to this trend was for availability of services for which attorney’s perceptions of quality increased slightly under partial privatization as compared to before privatization and then decreased significantly under full privatization.) By comparison, as seen in Table 2, non-privatized attorneys rated the 14 elements highest before privatization, lower during partial privatization, and then post-

privatization, when the state resumed control of cases, attorneys' perceptions of the quality of the 14 elements increased slightly, though not back up to pre-privatization levels.

#### Differences Between Attorneys in Privatized and Non-Privatized Areas

In comparing attorneys' ratings of **DHHS case management "in the past year" on caseworker communication and adequacy of services** in privatized versus non-privatized areas, there were significant differences for three (3) of the six (6) questions. Attorneys in non-privatized areas rated DHHS significantly more favorably on **communication, timely responses, and reliable visitation** than did attorneys from privatized areas.

In comparing attorneys in privatized and non-privatized areas on **14 dimensions** of the child welfare system **under full privatization**, attorneys in non-privatized areas rated **caseworker judgment, responsiveness and contact** significantly higher than did attorneys in privatized areas.

#### Perceptions of the Future Success of Privatization & Child Safety, Permanency, and Well-being

Attorneys were asked to rate the extent to which they agree with the statement: **"Privatization, as it is currently structured will eventually be successful"** on a 5-point scale from strongly agree to strongly disagree. Mean responses for both groups of attorneys (i.e., those in privatized and non-privatized areas) fell between strongly disagree and disagree.

Attorneys were also asked to rate **child safety, permanency, and well-being since privatization** "compared to the way it was before" on a 5-point scale of "better/somewhat better/same/somewhat worse/worse." Mean responses for both groups of attorneys fell between somewhat worse and the same on all three dimensions.

#### Open-Ended Questions

Attorneys were also asked two (2) open-ended questions about whether they had any other concerns about privatization not covered in the survey and to list three (3) things they feel would make the biggest impact and improve the system as it currently exists. Some trends that emerged were concerns about services, funding, and caseworker turnover, training, and caseloads. Attorneys also suggested reducing caseloads, improving communication, and addressing funding issues and service gaps as ways to improve the system.

#### **Conclusion**

Attorneys representing children and families in juvenile court have a frontline view of the needs and challenges in the system. Thank you for the opportunity to share their feedback with the Committee today as you work to find solutions to improve the system as part of the LR 37 process.

Sincerely,

A handwritten signature in black ink, appearing to read 'SH' with a large flourish extending to the right.


Sarah Helvey  
Program Director/Attorney  
Child Welfare System Accountability Program

Encls: Attorney Survey  
Analysis of Survey Data

**Child Welfare Attorney Survey**  
Presented to the HHS Committee of the Legislature  
LR 37

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OCTOBER 18, 2011  
NEBRASKA APPLESEED  
CENTER FOR LAW IN THE PUBLIC INTEREST



Core Values | Common Ground | Equal Justice

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**Survey Background**

- 24 question online survey
- Sent to 275 attorneys on Appleseed's child welfare listserv (includes GALs and attorneys representing biological parents and foster parents)
- N=90 respondents
- The majority of the respondents (29%) have practiced juvenile law for 10-20 years.
- For most of the respondents (33%), juvenile court work makes up 25-50% of their practice.

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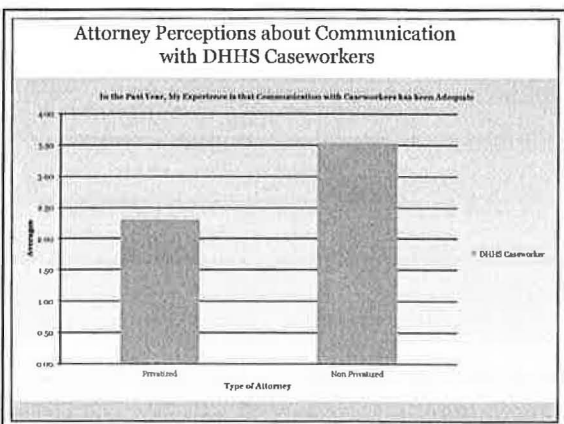
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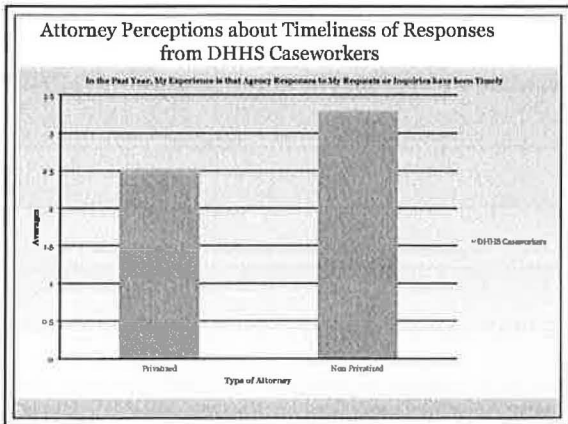
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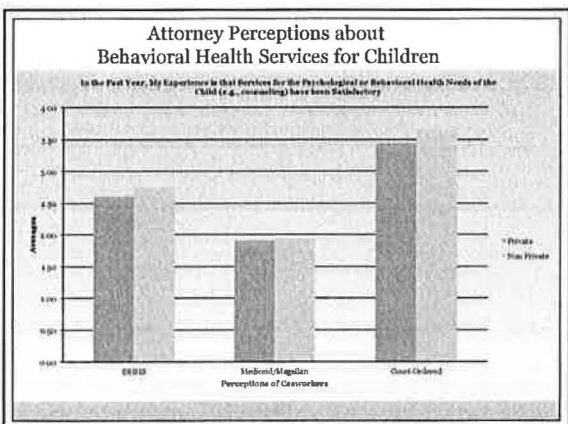
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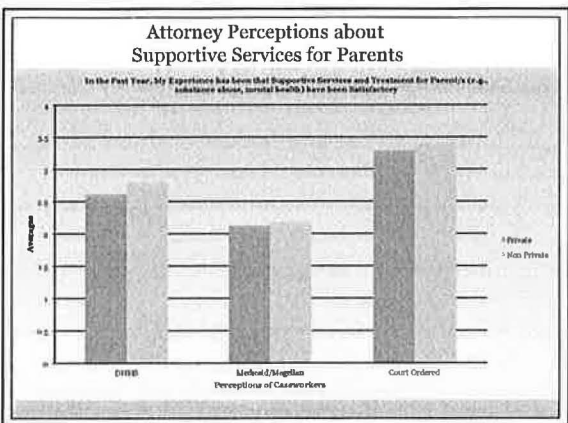
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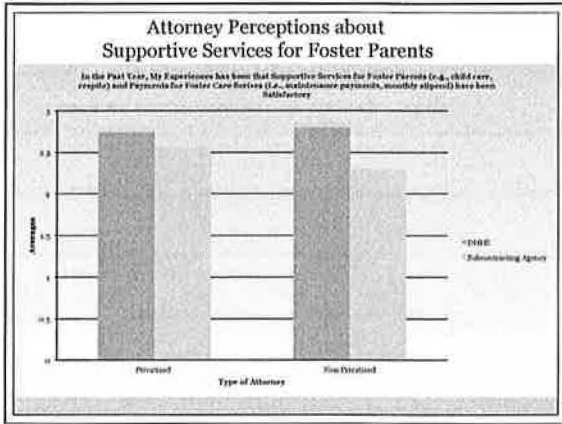
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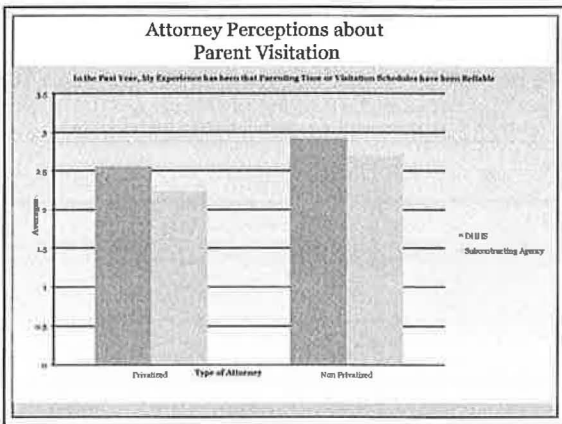
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**Table 1: Quality of the Elements of the Child Welfare System among Privatized Attorneys Over the Three Stages of the Reform Process**

	Pre-Privatization	Partial Privatization	Full Privatization	P-Value
Availability of Services	3.13 <sup>ab</sup>	3.16 <sup>ab</sup>	3.97 <sup>c</sup>	0.000
Timely Access to Services	2.90 <sup>ab</sup>	3.18 <sup>ab</sup>	3.80 <sup>c</sup>	0.000
Quality of Services	3.33 <sup>ab</sup>	2.54 <sup>ab</sup>	2.11 <sup>ab</sup>	0.000
Stability of Services	3.08 <sup>ab</sup>	2.68 <sup>ab</sup>	3.50 <sup>c</sup>	0.000
Caseworker Knowledge of Case	3.53 <sup>ab</sup>	2.40 <sup>ab</sup>	2.13 <sup>ab</sup>	0.000
Caseworker Judgment Concerning Care	3.18 <sup>ab</sup>	3.45 <sup>ab</sup>	2.10 <sup>ab</sup>	0.000
Caseworker Contact With Children and Families	3.15 <sup>ab</sup>	2.58 <sup>ab</sup>	2.33 <sup>ab</sup>	0.000
Caseworker Responsiveness to the Needs of Children and Families	3.03 <sup>ab</sup>	2.38 <sup>ab</sup>	2.05 <sup>ab</sup>	0.000
Caseworker Contact with you as Attorney	2.78 <sup>ab</sup>	2.53 <sup>ab</sup>	2.20 <sup>ab</sup>	0.000
Caseworker Contact with Other Parties	3.13 <sup>ab</sup>	2.61 <sup>ab</sup>	2.32 <sup>ab</sup>	0.000
Caseworker Turnover	2.28 <sup>ab</sup>	1.65 <sup>ab</sup>	1.28 <sup>ab</sup>	0.000
Timeliness of Case Plan Court Report	2.58 <sup>ab</sup>	2.13 <sup>ab</sup>	2.00 <sup>ab</sup>	0.026
Quality of Case Plan Court Report	3.18 <sup>ab</sup>	2.45 <sup>ab</sup>	1.95 <sup>ab</sup>	0.000
Stability of Placement	3.08 <sup>ab</sup>	2.65 <sup>ab</sup>	2.64 <sup>ab</sup>	0.000

Metric with Subscript of 'a', 'b', 'c' - Represents significant differences between metrics (ANOVA)

Source: Center for Children, Youth, & Families, University of Maryland System

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**Table 2: Quality of the Elements of the Child Welfare System among Non-Privatized Attorneys Over the Three Stages of the Reform Process**

	Pre-Privatization	Partial Privatization	Post Privatization	P-Value
Availability of Services	3.00 <sup>ab</sup>	1.96 <sup>a</sup>	2.04 <sup>a</sup>	0.000
Timely Access to Services	2.76 <sup>ab</sup>	2.04 <sup>a</sup>	2.12 <sup>a</sup>	0.009
Quality of Services	3.08 <sup>ab</sup>	2.29 <sup>a</sup>	2.54 <sup>a</sup>	0.007
Stability of Services	3.00 <sup>ab</sup>	1.70 <sup>a</sup>	2.00 <sup>a</sup>	0.000
Caseworker Knowledge of Case	3.67 <sup>bc</sup>	2.33 <sup>a</sup>	2.54 <sup>a</sup>	0.000
Caseworker Judgment Concerning Case	3.57 <sup>bc</sup>	2.13 <sup>a</sup>	2.70 <sup>b</sup>	0.000
Caseworker Contact With Children and Families	4.57 <sup>cd</sup>	2.26 <sup>a</sup>	2.65 <sup>a</sup>	0.000
Caseworker Responsiveness to the Needs of Children and Families	3.44 <sup>bc</sup>	1.56 <sup>a</sup>	2.57 <sup>a</sup>	0.000
Caseworker Contact with you as Attorney	3.83 <sup>bc</sup>	2.42 <sup>a</sup>	2.75 <sup>a</sup>	0.000
Caseworker Contact with Other Parties	3.33 <sup>ab</sup>	2.13 <sup>a</sup>	2.54 <sup>a</sup>	0.000
Caseworker Turnover	2.67 <sup>a</sup>	1.75 <sup>a</sup>	1.63 <sup>a</sup>	0.000
Timeliness of Case Plan Court Report	2.74 <sup>ab</sup>	2.09 <sup>a</sup>	2.13 <sup>a</sup>	0.010
Quality of Case Plan Court Report	3.06 <sup>bc</sup>	2.13 <sup>a</sup>	2.38 <sup>a</sup>	0.002
Stability of Placement	2.83 <sup>ab</sup>	2.13 <sup>a</sup>	2.57	0.021

Attorneys with identical subscripts are not significantly different from each other. P-values in italics. DMOVA. Means range from 1.00 (Poor) to 5.00 (Excellent).

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**Table 8: Mean Differences between Private Attorneys and Non-Private Attorneys on Perceptions of DHS Caseworkers**

Question	Private	Non-Private
	Mean	Mean
In the past year, My Experience is that Communication with Caseworkers has been Adequate	2.31	3.53 <sup>*</sup>
In the past year, my experience is that Agency Responses to my Requests or Inquiries have been Timely	2.52	3.30 <sup>*</sup>
In the past year, my experience is that services for the Psychological or Behavioral Health needs of the child (e.g., counseling) have been satisfactory	2.60	2.76
In the past year, my experience has been that supportive services and treatment for parents (e.g., substance abuse, mental health) have been satisfactory	2.61	2.8
In the Past Year, My Experience has been that Supportive Services for Foster Parents (e.g., child care, respite) and Payments for Foster Care Services (i.e., maintenance payments/monthly stipend) have been Satisfactory	2.74	2.80
In the Past Year, My Experience has been that Parenting Time or Visitation Schedules have been Reliable	2.56	3.13 <sup>*</sup>

\* indicates significant difference (p < .05). For all items range from 1.00 (Strongly Disagree) to 5.00 (Strongly Agree).

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**Table 11: Mean Differences Between Private and Non-Private Attorneys on Quality of the Child Welfare System (the Privatization, Partial Privatization, and Post Privatization)**

	Private	Non-Private
	Mean	Mean
Availability of services (from privatization)	1.96	2.04
Timely access to services (from privatization)	2.04	2.12
Quality of services (from privatization)	2.29	2.54
Stability of services (from privatization)	1.70	2.00
Caseworker knowledge of case (from privatization)	2.33	2.54
Caseworker judgment concerning case (from privatization)	2.13	2.70
Caseworker contact with children and families (from privatization)	2.26	2.65
Caseworker responsiveness to the needs of children and families (from privatization)	1.56	2.57
Caseworker contact with you as attorney (from privatization)	2.42	2.75
Caseworker contact with other parties (from privatization)	2.13	2.54
Caseworker turnover (from privatization)	1.75	1.63
Timeliness of case plan court report (from privatization)	2.09	2.13
Quality of case plan court report (from privatization)	2.13	2.38
Stability of placement (from privatization)	2.13	2.57

Attorneys with identical subscripts are not significantly different from each other. P-values in italics. DMOVA. Means range from 1.00 (Poor) to 5.00 (Excellent).

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**Mean Difference between Attorney in Private vs. Non-Private Areas**

*"Compared to the way it was before, since privatization, the following is..."* (1) Worse, (2) Somewhat worse, (3) Same, (4) Somewhat better, and (5) Better

Child Safety

**Private Mean = 2.20**

**Non-Private Mean = 2.23**

Child Permanency

**Private Mean = 2.19**

**Non-Private Mean = 2.11**

Child Well-being

**Private Mean = 2.16**

**Non-Private Mean = 2.22**

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**Mean Difference between Attorney in Private vs. Non-Private Areas**

*"Privatization, as it is currently structured, will eventually be successful"* (1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree, and (5) Strongly Agree

**Private Mean = 1.87**

**Non-Private Mean = 1.89**

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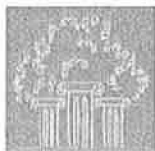
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**NEBRASKA APPLESEED CENTER  
FOR LAW IN THE PUBLIC INTEREST**



Sarah Helvey, J.D., M.S.  
941 "O" Street, Suite 920  
Lincoln, NE 68508  
(402) 438-8853, ext. 106  
shelvey@neappleseed.org  
www.neappleseed.org/lrc

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**ANALYSIS OF ATTORNEY SURVEY DATA  
FOR THE APPLESEED CENTER**

**October 7, 2011**

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215 Centennial Mall South, Suite 401, Lincoln, NE 68588-0228

Ph: 402-472-5678 | Fax: 402-472-5679

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## **ANALYSIS OF ATTORNEY SURVEY DATA FOR THE APPLESEED CENTER**

The following analyses were conducted on data that were obtained through on-line and paper surveys of attorneys in Nebraska. The surveys were conducted in the autumn of 2011 in conjunction with Legislative Resolution 37 (2011). The surveys focused on respondent perceptions about Nebraska's child welfare/juvenile justice system. The survey included a series of questions about the attorney's practice in relation to the child welfare/juvenile justice system (e.g., the percent of their practice consisting of work in juvenile court, type of practice, length of practice, area where practice). Attorneys who worked in areas that are privatized were asked their perceptions about a variety of factors (e.g., communication with caseworkers, responses to requests, services for behavioral health needs, services for parents and foster parents, visitation schedules) in relation to the Department of Health and Human Services, lead agencies, Medicaid/Magellan, and when something was court ordered. Attorneys not in a privatized area were asked these questions; however, were not asked to rate lead agencies. The survey also included a series of questions related to whether the child welfare system was better or worse as the state moved toward privatization. Finally, the survey included open ended questions related to concerns about privatization and thing that would improve the system.

There were 90 respondents for the attorney survey.

The Appleseed Center requested the Public Policy Center assist with statistical analysis of some of the survey results. The questions to be answered included the following:

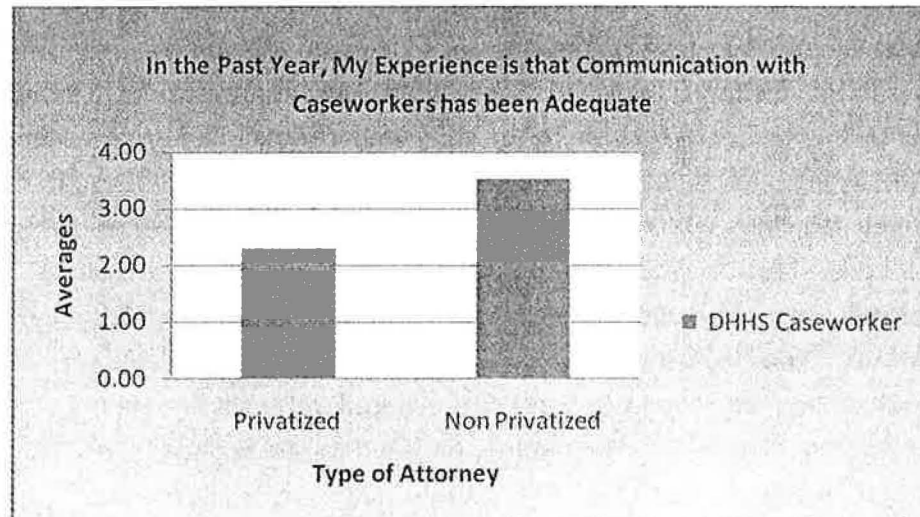
1. What are perceptions of attorneys about the child welfare system?
2. Were there significant differences in ratings for DHHS caseworkers, lead agencies, Medicaid/Magellan, and court ordered for each relevant question?
3. Are there significant differences between attorneys working in privatized versus non-privatized areas?

### **Attorney Perceptions**

Figure 1 shows the perceptions of attorneys about communication with DHHS caseworkers. Responses ranged from 1 – strongly disagree to 5 – strongly agree. The average response for attorneys practicing in privatized areas was between disagree and neutral, while the average response for attorneys practicing in non-privatized areas was between neutral and agree. Overall, attorneys in privatized areas were somewhat inclined to believe communication with

DHHS caseworkers were not adequate, while attorneys in non-privatized areas were somewhat inclined to believe communications were adequate. Attorneys in privatized areas also tended to believe communications with lead agency caseworkers were not adequate (mean = 2.37)

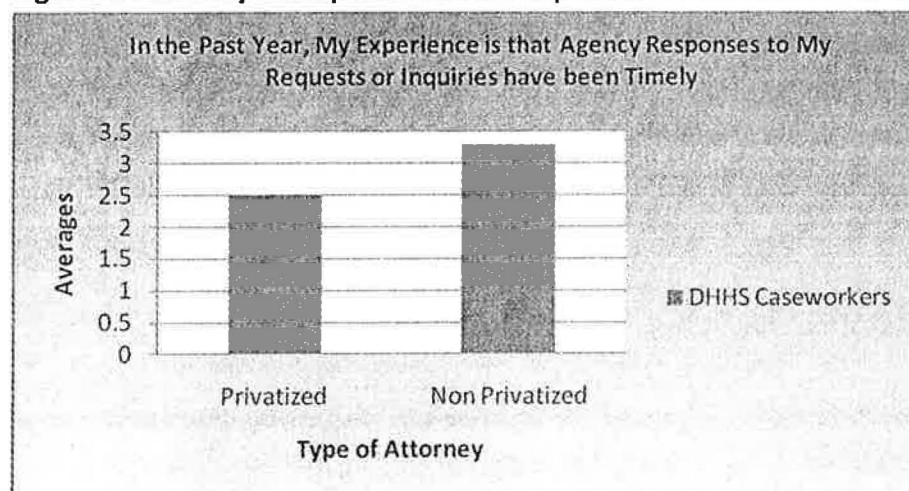
**Figure 1: Attorney Perceptions about Communication with DHHS Caseworkers**



1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree

Figure 2 shows the perceptions of attorneys regarding responses to requests by DHHS caseworkers. Overall, attorneys in privatized areas were somewhat inclined to believe responses from DHHS caseworkers had not been timely, while attorneys in non-privatized areas were somewhat inclined to believe responses had been timely. Attorneys in privatized areas also tended to believe responses from lead agency caseworkers had not been timely (mean = 2.25).

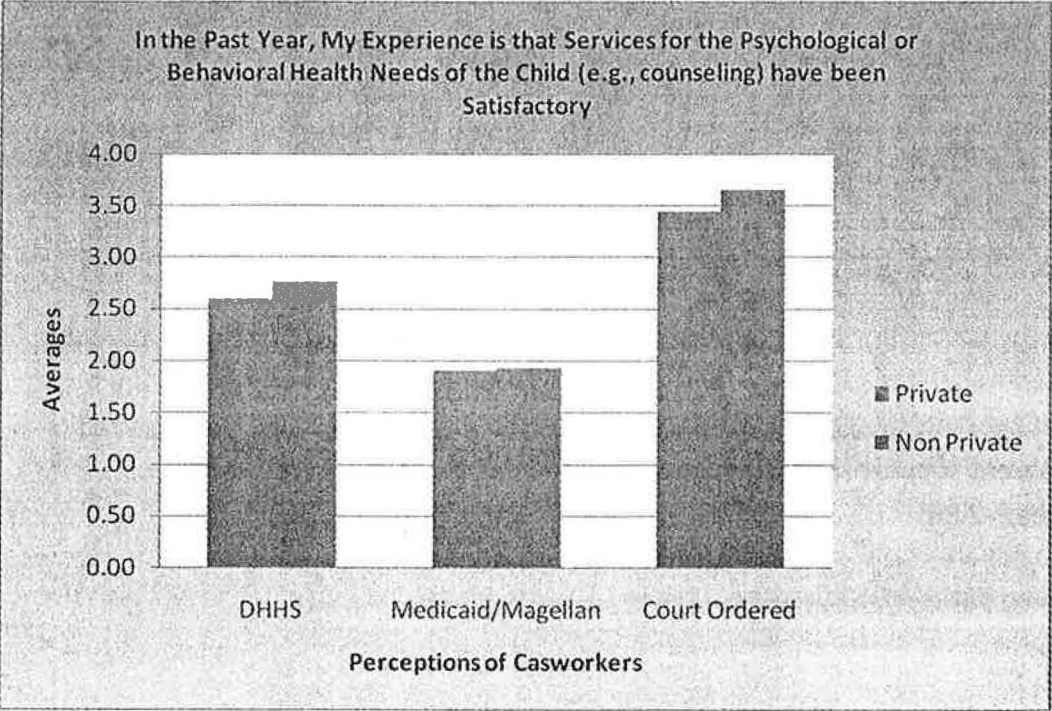
**Figure 2: Attorney Perceptions about Responses from DHHS Caseworkers**



1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree

Figure 3 shows the perceptions of attorneys related to services for behavioral health needs of children. Attorneys tended to believe behavioral health services were not satisfactory as arranged by DHHS caseworkers and as provided by Medicaid/Magellan. Attorneys were somewhat inclined to believe that court ordered behavioral health care was satisfactory. Attorneys in privatized areas tended to believe behavioral health services arranged by lead agency caseworkers were not satisfactory (mean=2.52).

**Figure 3: Attorney Perception about Behavioral Health Services**

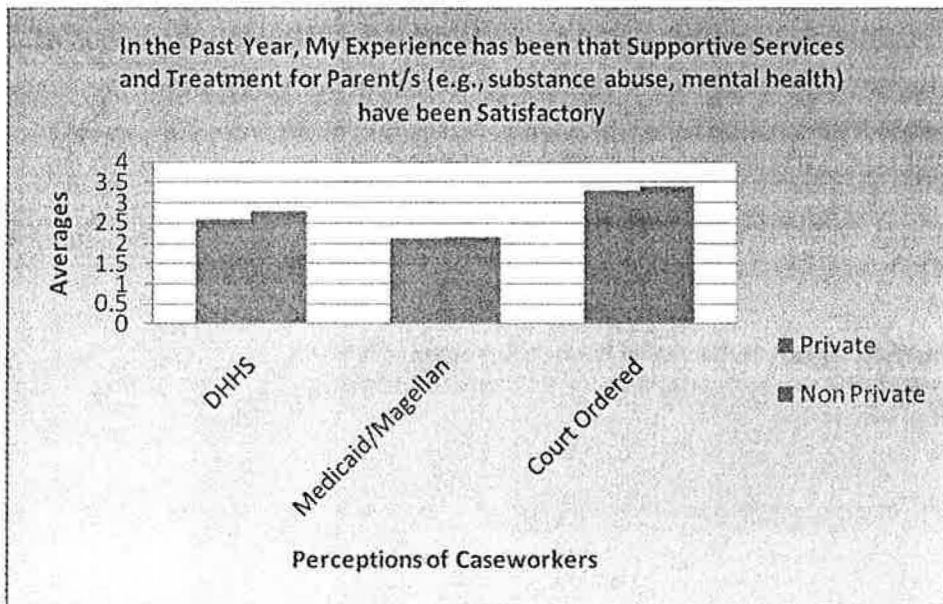


1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree

Figure 4 shows the perceptions of attorneys related to supportive services for parents. Attorneys tended to believe supportive parent services were not satisfactory as arranged by DHHS caseworkers and as provided by Medicaid/Magellan. Attorneys were somewhat inclined to believe that court ordered support services for parents were satisfactory. Attorneys in privatized areas tended to believe parent support services arranged by lead agency caseworkers were not satisfactory (mean=2.38).

**Figure 4: Attorney Perceptions about Support Services for Parents**

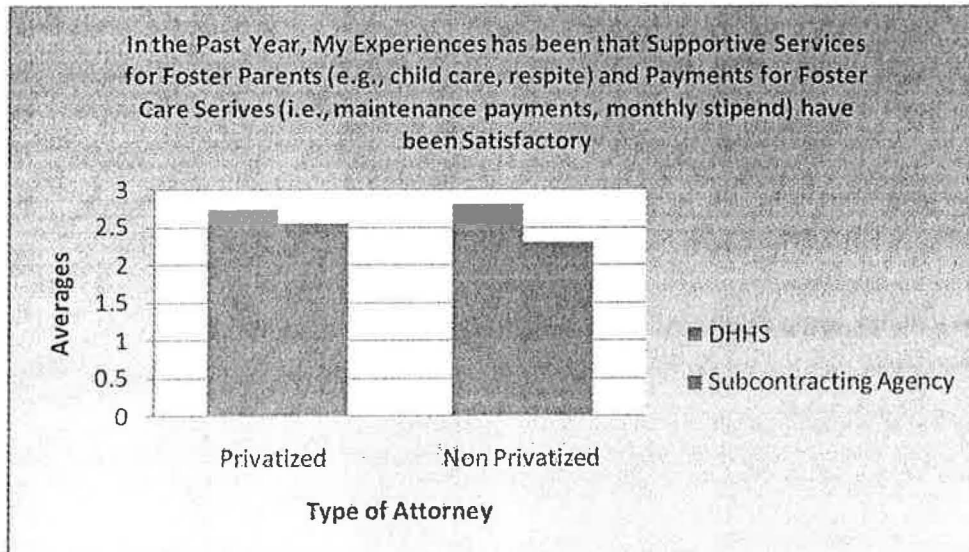




1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree

Figure 5 shows the perceptions of attorneys related to supportive services for foster parents. Attorneys tended to believe supportive parent services were not satisfactory as arranged by either DHHS caseworkers or subcontracting agencies. Attorneys in privatized areas tended to believe foster parent support services arranged by lead agency caseworkers were not satisfactory (mean=2.38).

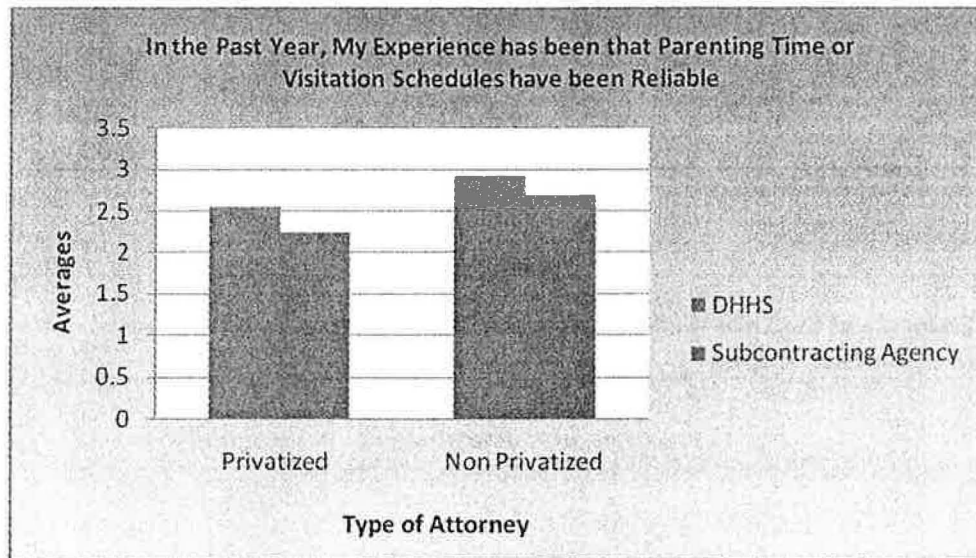
**Figure 5: Attorney Perceptions about Support Services for Foster Parents**



1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree

Figure 6 shows the perceptions of attorneys related to parent visitation. Attorneys tended to believe visitation schedules had not been reliable working with either DHHS caseworkers or subcontracting agencies. Attorneys in privatized areas tended to believe visitation schedules had not been reliable working with lead agency caseworkers (mean=2.29).

**Figure 6: Attorney Perceptions about Parent Visitation**



1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree

Table 1 shows the perceptions of attorneys working in privatized areas related to the quality of the child welfare system during three phases of the privatization process. Attorneys rated each element significantly lower under full privatization than under pre-privatization. Table 2 shows perceptions of attorneys working in non-privatized areas. These attorneys rated each element significantly lower under privatization than for pre-privatization except for stability of placement.

**Table 1: Quality of the Elements of the Child Welfare System among Privatized Attorneys Over the Three Stages of the Reform Process**

	Pre-Privatization	Partial Privatization	Full Privatization	P-Value
Availability of Services	3.13 <sup>ab</sup>	3.36 <sup>ac</sup>	1.92 <sup>bc</sup>	0.000
Timely Access to Services	2.90 <sup>ab</sup>	2.18 <sup>ac</sup>	1.80 <sup>bc</sup>	0.000
Quality of Services	3.33 <sup>ab</sup>	2.56 <sup>ac</sup>	2.33 <sup>bc</sup>	0.000
Stability of Services	3.08 <sup>ab</sup>	2.08 <sup>a</sup>	1.92 <sup>b</sup>	0.000
Caseworker Knowledge of Case	3.53 <sup>ab</sup>	2.40 <sup>a</sup>	2.13 <sup>b</sup>	0.000
Caseworker Judgment Concerning Case	3.18 <sup>ab</sup>	2.45 <sup>ac</sup>	2.10 <sup>bc</sup>	0.000

Caseworker Contact With Children and Families	3.15 <sup>ab</sup>	2.58 <sup>ac</sup>	2.33 <sup>bc</sup>	0.000
Caseworker Responsiveness to the Needs of Children and Families	3.03 <sup>ab</sup>	2.38 <sup>a</sup>	2.05 <sup>b</sup>	0.000
Caseworker Contact with you as Attorney	3.28 <sup>ab</sup>	2.53 <sup>a</sup>	2.20 <sup>b</sup>	0.000
Caseworker Contact with Other Parties	3.13 <sup>ab</sup>	2.61 <sup>a</sup>	2.32 <sup>b</sup>	0.000
Caseworker Turnover	2.28 <sup>ab</sup>	1.65 <sup>ac</sup>	1.28 <sup>bc</sup>	0.000
Timeliness of Case Plan Court Report	2.58 <sup>ab</sup>	2.23 <sup>a</sup>	2.00 <sup>b</sup>	0.026
Quality of Case Plan Court Report	3.18 <sup>ab</sup>	2.45 <sup>ac</sup>	1.95 <sup>bc</sup>	0.000
Stability of Placement	3.08 <sup>ab</sup>	2.69 <sup>a</sup>	2.64 <sup>b</sup>	0.000

Means with identical subscripts represents significant difference between means (ANOVA)

Items range from (1) Poor to (5) Excellent

**Table 2: Quality of the Elements of the Child Welfare System among Non-Privatized Attorneys Over the Three Stages of the Reform Process**

	Pre-Privatization	Partial Privatization	Full Privatization	P-Value
Availability of Services	3.00 <sup>ab</sup>	1.96 <sup>a</sup>	2.04 <sup>b</sup>	0.000
Timely Access to Services	2.76 <sup>ab</sup>	2.04 <sup>a</sup>	2.12 <sup>b</sup>	0.009
Quality of Services	3.08 <sup>ab</sup>	2.29 <sup>a</sup>	2.54 <sup>b</sup>	0.007
Stability of Services	3.00 <sup>ab</sup>	1.70 <sup>a</sup>	2.00 <sup>b</sup>	0.000
Caseworker Knowledge of Case	3.67 <sup>ab</sup>	2.33 <sup>a</sup>	2.54 <sup>b</sup>	0.000
Caseworker Judgment Concerning Case	3.57 <sup>ab</sup>	2.13 <sup>ac</sup>	2.70 <sup>bc</sup>	0.000
Caseworker Contact With Children and Families	3.57 <sup>ab</sup>	2.26 <sup>a</sup>	2.65 <sup>b</sup>	0.000
Caseworker Responsiveness to the Needs of Children and Families	3.44 <sup>ab</sup>	1.96 <sup>a</sup>	2.52 <sup>b</sup>	0.000
Caseworker Contact with you as Attorney	3.83 <sup>ab</sup>	2.42 <sup>a</sup>	2.75 <sup>b</sup>	0.000
Caseworker Contact with Other Parties	3.33 <sup>ab</sup>	2.13 <sup>a</sup>	2.54 <sup>b</sup>	0.000
Caseworker Turnover	2.67 <sup>ab</sup>	1.75 <sup>a</sup>	1.63 <sup>b</sup>	0.000
Timeliness of Case Plan Court Report	2.74 <sup>ab</sup>	2.09 <sup>a</sup>	2.13 <sup>b</sup>	0.010
Quality of Case Plan Court Report	3.00 <sup>ab</sup>	2.13 <sup>a</sup>	2.38 <sup>b</sup>	0.002
Stability of Placement	2.83 <sup>a</sup>	2.13 <sup>a</sup>	2.52	0.021

Means with identical subscripts represents significant difference between means (ANOVA);

Items range from (1) Poor to (5) Excellent

## Differences Across Agencies

Table 3 shows responses for attorneys working in privatized areas. There were no significant differences in perceptions between DHHS caseworkers and Lead Agency caseworkers for communications or timely responses.

**Table 3: Mean Differences on Perceptions of Agencies among Private Attorneys**

		DHHS Mean	Lead Agency Mean
Q5	In the past year, My Experience is that Communication with Caseworkers has been Adequate	2.30	2.37
Q6	In the past year, my experience is that agency responses to my requests or inquiries have been timely	2.55	2.25

\*p<.05 (t-tests))

Table 4 shows the responses for attorneys working in privatized areas for behavioral health needs and services for parents. There were no significant differences between DHHS and Lead Agency caseworkers; however there were differences in relation to Medicaid/Magellan and Court-Ordered care. Court ordered care received significantly higher ratings while Medicaid/Magellan received significantly lower ratings for both behavioral health services for children and services/treatment for parents.

**Table 4: Mean Differences on Perceptions of Agencies among Private Attorneys**

	DHHS Mean	Lead Agency Mean	Medicaid/ Magellan Mean	Court Ordered Mean	p-value
In the past year, my experience is that services for the Psychological or Behavioral Health needs of the child (e.g., counseling) have been satisfactory	2.56 <sup>ab</sup>	2.49 <sup>cd</sup>	1.93 <sup>ace</sup>	3.46 <sup>bde</sup>	0.000
In the past year, my experience has been that supportive services and treatment for parent/s (e.g., substance abuse, mental health) have been satisfactory	2.59 <sup>ab</sup>	2.39 <sup>c</sup>	2.13 <sup>ad</sup>	3.26 <sup>bcd</sup>	0.000

Means with identical subscripts represents significant difference between means (ANOVA)

Table 5 shows the responses for attorneys working in non-privatized areas for behavioral health needs and services for parents. There were significant differences for both questions; respondents rated court ordered the highest and Magellan/Medicaid the lowest.

**Table 5: Mean Differences on Perceptions of Agencies among Non-Private Attorneys**

	DHHS	Medicaid/ Magellan	Court Ordered	
	Mean	Mean	Mean	p-value
In the past year, my experience is that services for the Psychological or Behavioral Health needs of the child (e.g., counseling) have been satisfactory	2.74ab	1.96ac	3.56bc	0.000
In the past year, my experience has been that supportive services and treatment for parent/s (e.g., substance abuse, mental health) have been satisfactory	2.71ab	2.21ac	3.39bc	0.000

Means with identical subscripts represents significant difference between means (ANOVA)

Table 6 shows the responses for attorneys working in privatized areas for perceptions about supportive services for foster parents and reliable visitation schedules. There was a significant difference for supportive services for foster parents. DHHS caseworkers were rated significantly higher than lead agencies or subcontracting agencies. There were no significant differences across DHHS, Lead Agencies, and Subcontracting Agencies for reliable visitation schedules.

**Table 6: Mean Differences on Perceptions of Agencies among Private Attorneys**

	DHHS	Lead Agency	Sub Contracting Agency	
	Mean	Mean	Mean	p-value
In the Past Year, My Experience has been that Supportive Services for Foster Parents (e.g., child care, respite) and Payments for Foster Care Services (i.e., maintenance payments/monthly stipend) have been Satisfactory	2.81ab	2.39a	2.56b	0.001
In the Past Year, My Experience has been that Parenting Time or Visitation Schedules have been Reliable	2.58	2.33	2.33	0.113

Means with identical subscripts represents significant difference between means (ANOVA)

Table 7 shows the responses for attorneys working in non-privatized areas for perceptions about supportive services for foster parents and reliable visitation schedules. DHHS caseworkers were rated significantly higher than subcontracting agencies for supportive services for foster parents. There were no significant differences between perceptions about DHHS and Subcontracting Agencies for reliable visitation schedules.

**Table 7: Mean Differences on Perceptions of Agencies among Non-Private Attorneys**

	DHHS	Lead Agency	Sub Contracting Agency	
	Mean	Mean	Mean	p-value
In the Past Year, My Experience has been that Supportive Services for Foster Parents (e.g., child care, respite) and Payments for Foster Care Services (i.e., maintenance payments/monthly stipend) have been Satisfactory	2.78	2.30	.48*	2.78
In the Past Year, My Experience has been that Parenting Time or Visitation Schedules have been Reliable	3.10	2.69	0.41	3.10

\*P < .05 (t-test)

### Differences between Attorneys Working in Privatized and Non-Privatized Areas

Table 8 shows differences between attorneys in privatized areas versus those in non-privatized areas in terms of rating DHHS caseworkers on different dimensions. There were significant differences for three of the six questions. Attorneys in non-privatized areas rated DHHS caseworkers significantly more favorably on communication, timely responses, and reliable visitation than did attorneys from privatized areas.

**Table 8: Mean Differences between Private Attorneys and NonPrivate Attorneys on Perceptions of DHHS Caseworkers**

Question	Private	NonPrivate
	Mean	Mean
In the past year, My Experience is that Communication with Caseworkers has been Adequate	2.31	3.53*
In the past year, my experience is that Agency Responses to my Requests or Inquiries have been Timely	2.52	3.30*
In the past year, my experience is that services for the Psychological or Behavioral Health needs of the child (e.g., counseling) have been satisfactory	2.60	2.76
In the past year, my experience has been that supportive services and treatment for parent/s (e.g., substance abuse, mental health) have been satisfactory	2.61	2.8
In the Past Year, My Experience has been that Supportive Services for Foster Parents (e.g., child care, respite) and Payments for Foster Care Services (i.e., maintenance payments/monthly stipend) have been Satisfactory	2.74	2.80
In the Past Year, My Experience has been that Parenting Time or Visitation Schedules have been Reliable	2.56	3.13*

\* indicates significant difference p < .05 (t-test); Items range from (1) Strongly Disagree to (5) Strongly Agree

Table 9 shows differences between the perceptions of attorneys working in privatized areas versus those in non-privatized areas in terms of rating Medicaid/Magellan on different dimensions. Table 10 shows the same comparison for when treatment was court ordered. There were no significant differences between the two groups for any dimension.

**Table 9: Mean Differences between Private Attorneys and NonPrivate Attorneys on Perceptions of Magellan/Medicaid**

Question	Private	NonPrivate
	Mean	Mean
In the past year, my experience is that services for the Psychological or Behavioral Health needs of the child (e.g., counseling) have been satisfactory	1.91	1.93
In the past year, my experience has been that supportive services and treatment for parent/s (e.g., substance abuse, mental health) have been satisfactory	2.12	2.17

\* indicates significant difference  $p < .05$  (t-test); Items range from (1) Strongly Disagree to (5) Strongly Agree

**Table 10: Mean Differences between Private Attorneys and NonPrivate Attorneys on Perceptions when treatment was court ordered**

Question	Private	NonPrivate
	Mean	Mean
In the past year, my experience is that services for the Psychological or Behavioral Health needs of the child (e.g., counseling) have been satisfactory	3.44	3.56
In the past year, my experience has been that supportive services and treatment for parent/s (e.g., substance abuse, mental health) have been satisfactory	3.29	3.39

\* indicates significant difference  $p < .05$  (t-test); Items range from (1) Strongly Disagree to (5) Strongly Agree

Table 11 shows the differences between the perceptions of attorneys working in privatized areas versus those in non-privatized areas in terms of rating various dimensions of the child welfare system under full privatization. There were significant differences on three dimensions. Attorneys in non-privatized areas rated case worker judgment, caseworker responsiveness, and caseworker contact significantly higher than did attorneys in privatized areas.

**Table 11: Mean Differences Between Private and Non-Private Attorney on Quality of the Child Welfare System Pre-Privatization, Partial Privatization, and Post Privatization**

	Private Mean	NonPrivate Mean
Availability of services - Post-Privatization (i.e., since termination of B&GH's contract)	1.93	2.04
Access to services - Post-Privatization (i.e., since termination of B&GH's contract)	1.81	2.12
Quality of services - Post-Privatization (i.e., since termination of B&GH's contract)	2.32	2.54
Stability of services - Post-Privatization (i.e., since termination of B&GH's contract)	1.93	2.00
Caseworker knowledge of case - Post-Privatization (i.e., since termination of B&GH's contract)	2.10	2.54
Caseworker judgment concerning case - Post-Privatization (i.e., since termination of B&GH's contract)	2.07	2.70*
Caseworker contact with children and families - Post-Privatization (i.e., since termination of B&GH's contract)	2.29	2.65
Caseworker responsiveness to the needs of children and families - Post-Privatization (i.e., since termination of B&GH's contract)	2.02	2.52*
Caseworker contact with you as attorney - Post-Privatization (i.e., since termination of B&GH's contract)	2.17	2.75*
Caseworker contact with other parties - Post-Privatization (i.e., since termination of B&GH's contract)	2.28	2.54
Caseworker turnover - Post-Privatization (i.e., since termination of B&GH's contract)	1.31	1.63
Timeliness of case plan court report - Post-Privatization (i.e., since termination of B&GH's contract)	1.98	2.13
Quality of case plan court report - Post-Privatization (i.e., since termination of B&GH's contract)	1.95	2.38
Stability of placement - Post-Privatization (i.e., since termination of B&GH's contract)	2.61	2.52

\* P < .05

Tables 12 and 13 show differences between the perceptions of attorneys working in privatized areas versus those in non-privatized areas in regarding whether privatization would eventually be successful and whether child safety, permanency, and wellbeing are better since



privatization. There were no significant differences between the two groups for either question. Mean responses for each group of attorneys fell between strongly disagree and disagree that privatization, as it is currently structured, will eventually be successful. Mean responses for each group of attorneys fell between somewhat worse and the same regarding the status of child safety, child permanency, and child wellbeing since privatization.

**Table 12: Mean Difference between Attorney in Private vs. Non-Private Areas**

	Private	NonPrivate
	Mean	Mean
Privatization, as it is currently structured, will eventually be successful	1.87	1.89

\*p<.05 (t-test); 1 Strongly Disagree, 2 Disagree, 3 Neutral, 4 Agree, and 5 Strongly Agree

**Table 13: Mean Difference between Attorney in Private vs. Non-Private Areas**

	Private	NonPrivate
	Mean	Mean
Child Safety	2.20	2.23
Child Permanency	2.19	2.11
Child Well-being	2.16	2.22

\*p<.05 (t-test); 1 Worse, 2 Somewhat worse, 3 Same, 4 Somewhat better, and 5 Better

Attachments 1 and 2 include the comments by attorneys to the questions, “Do you have specific concerns about privatization that have not been covered by this survey? And “What are the three things that you feel would make the biggest impact and improve the system as it currently exists?”

## Attachment 1: Responses to the question:

**Do you have specific concerns about the privatization that have not been covered by this survey?**

**Please elaborate in the space provided below**

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- Actual coordination of services, not simply referrals
- Adequate funding to fund sufficient HHS personnel
- Appropriate training of workers
- Availability of services
- Better access to mental health and substance abuse treatment
- better qualified caseworkers
- Coordination with private, community service providers
- Decrease caseworker turnover
- DHHS contact with families
- Flexibility
- focus back on the children
- freedom of choice of providers
- Funding
  
- HHS needs to work collaboratively with the parties and communicate more.
  
- If you are going to have contractors, then they have to be reliably paid
- Improve caseworker retention
- improve services, especially counseling etc.
- increase caseworkers
- Increased availability of services
- Increased timeliness of services
- Less worry about cost of services
- Limit the number of cases per caseworker
- Lower caseloads
- Lowering caseloads so that families get the attention they need
  
- More adequate training of caseworkers especially regarding court system
- more direct professional involvement in case plan
- more direct, sustainable help- employment, housing
  
- More group homes and treatment facilities outside of metro areas.
- More money to keep our good workers (too bad they all left)
- More services (psychological, family support, medical)
- More time spent on finding family placements
- more timely court hearings
- more workers
- One central person to communicate to parties
- oversight
- personnel stability, same service providers, they change too much

- Privatization simply adds more bureaucrats to deal with.
- Provide Medicaid funded substance abuse treatment for parents.
- Providing low functioning clients with better and more appropriate services
- Reliability.
- Return case management to HHS & hire more workers
- Revamp Magellan's procedures to make it easier for the caseworker.
- Scrap Magellan; it provides ineffective service delivery.
- Smaller ratio of workers to families
- stop allowing Magellan to decide what services will be provided and paid for
- training for CFPS
- worker knowledge

## Attachment 2: Responses to the question:

What are three things that you feel would make the biggest impact and improve the system as it currently is?

- Adequate Finances
- Better access to appropriate level of care
- better communication with caseworker and attorney
- Broader service availability
  
- Caseworker take responsibility instead of blaming someone else
- communication and timely provision of services
- Creativity
- DHHS listening to us!
- DHHS participating in case planning
- fewer layers of supervision
- focus on placement (better options; increase numbers)
- Funding
- Get more service providers
  
- Greater willingness by KVC as an entity to work with bio parents
  
- Have a separate Ombudsman to address problems with HHS and juvenile court issues.
- Have the proper facilities for all levels of care needed
  
- Hire a couple more caseworkers instead of spending more money on outsourcing services.
- Honesty from the very top of DHHS
  
- Improve mental health and substance abuse resources outside of metro areas
- Lead agency following court orders re services
- Less supervisors and more front line workers.
- Lower case load.
- More family support workers
  
- More local services generally, especially for independent living preparation.
  
- More providers/workers involved in the case - more eyes on the situations
- more services designed/provided that permit kids to stay in home
- More services in the home to maintain placement
- new subcontractors
- Providing sufficient monetary resources to the contract agencies.
- Reduce caseloads; fire the "deadwood;" intensify training
- Reduce length of reports and improve their quality.
- remove privatization
- Shorter time to permanency
- stability
- stability in the child welfare system

- stability in visitations for the children; frequent changes and poor planning impact the children
- Stop nickel and diming foster families and the children.
- Stop the micro-management
- Streamlining of financial payment for services
- uniform training for all contractors