

Chapter 8

Foster Care Review Board Report

“Permanency is very important for youth aging out. If they have a lifelong relationship, they can go and call and say, you know, 'How do you change a tire?' or 'How do I bake this?' or just for any reason . . . it's very hard on your own. Positive permanency can occur when there's at least one positive connection between the child and a trusted adult or friend. It doesn't have to be a foster parent. That would be great if it was. It could be a teacher or guidance counselor, a best friend even or a best friend's parents.”

~ Former foster care youth

**The Hon. Dave Heineman
Governor**

**Carolyn K. Stitt
Executive Director**

The Nebraska Foster Care Review Board 2010 Annual Report

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

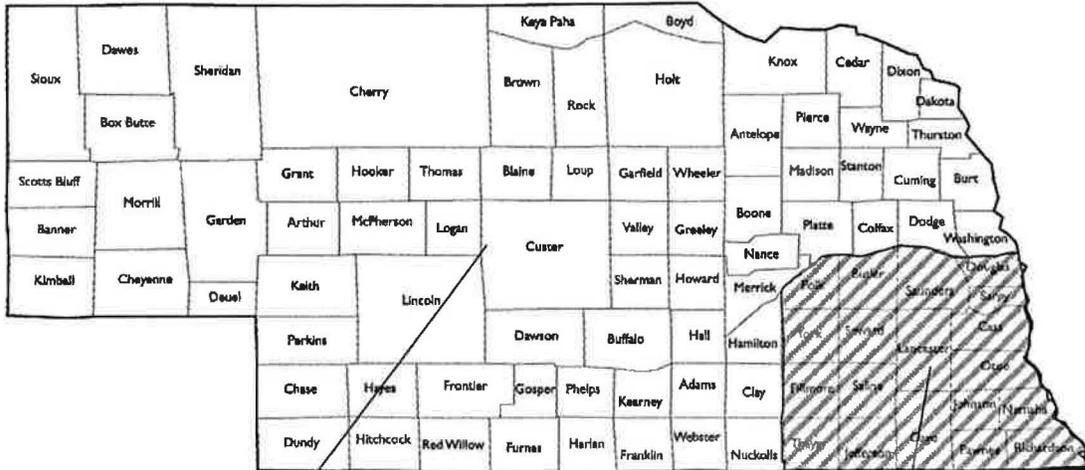


**Statistics from Calendar Year 2010
And interim statistics from the first half of 2011**

Issued December 2011

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

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



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

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

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

State FCRB Board of Directors, October 1, 2011

Georgina Scurfield, Chair, MSW, Director of Sarpy County CASA Program, Papillion;
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Mark Zimmerer, Director, Child Advocacy Center, Norfolk

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Carolyn K. Stitt, Executive Director
Linda M. Cox, Data Coordinator
Heidi Ore, Administrative Coordinator
Mary Furnas, Program Coordinator

Reform summarized and defined

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

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

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

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

Throughout Reform the FCRB has identified issues such as:

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

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

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

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

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

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

Examples would include:

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

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

Examples would include:

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

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

Such a plan must include:

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

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

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

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

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

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

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

The following are the top reasons children enter care:

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

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

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

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

Basis for the data and information cited in this report

The Foster Care Review Board's (FCRB) role under the Foster Care Review Act (Neb. Rev. Stat. §43-1301-4318) is to independently track children in out-of-home care, review children's cases, collect and analyze data related to the children, and make recommendations on conditions and outcomes for Nebraska's children in out-of-home care, including any needed corrective actions. FCRB reports are to be distributed to the judiciary, public and private agencies, the Department of Health and Human Services (DHHS), and the public.

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

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

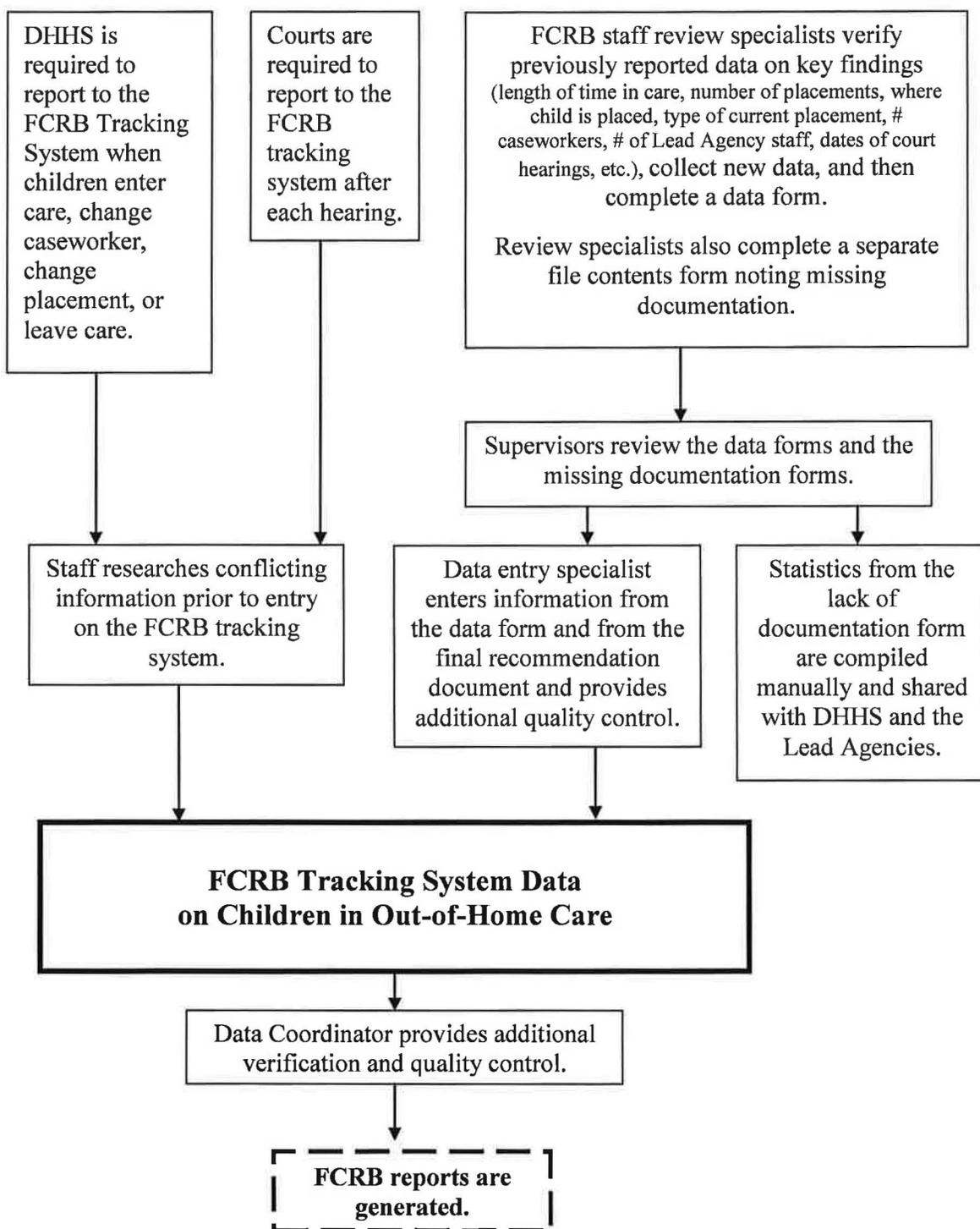
Per the Family Policy Act (Neb. Rev. Stat. §43-533), it is the state's policy that the health and safety of the child are of paramount concern; therefore, children's health and safety are the focus of the FCRB's recommendations and this report.

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

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

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

The FCRB Tracking Process



Pre- and post child welfare reform data comparison

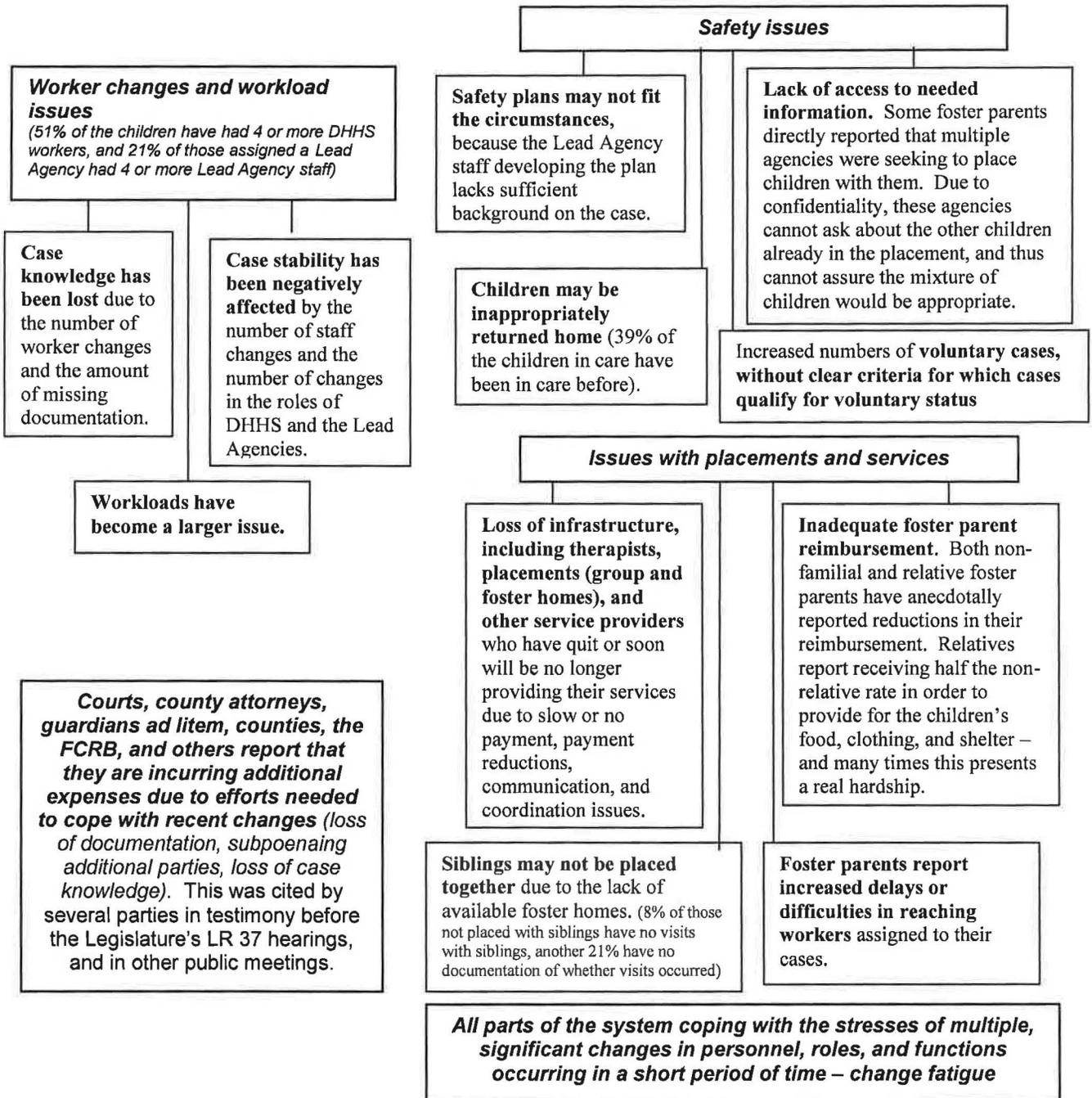
The data below was collected by the FCRB from information provided by the Courts, DHHS, the FCRB staff who complete data forms at the point of review, and from the findings made by the local volunteer FCRB boards.

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

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

New issues identified since implementing Child Welfare Reform

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



Supporting documentation follows...

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

LEAD AGENCY FRONT-LINE STAFF AND SAFETY:

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

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

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

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

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

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

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

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

MISSING DOCUMENTATION

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

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

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

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

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

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

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

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

FEWER PLACEMENTS AVAILABLE

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

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

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

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

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

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

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

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

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

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

PLACEMENT SAFETY AND APPROPRIATENESS

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

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

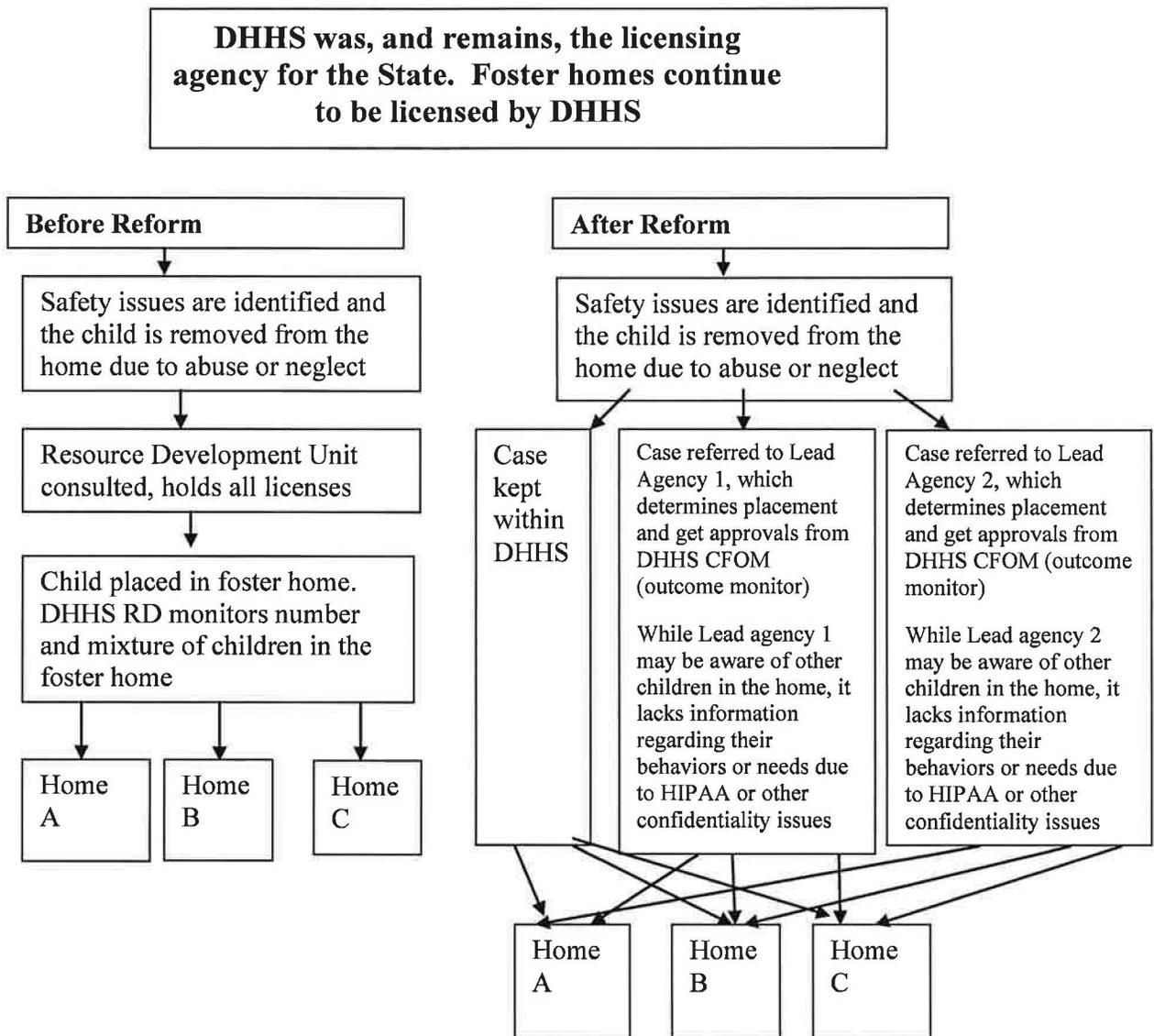
Regarding appropriateness, consideration is given as to whether this is the least restrictive placement possible for the child, and whether there is documentation that the placement is able to meet this particular child's needs.

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

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

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

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



MAINTAINING CONNECTIONS WITH SIBLINGS

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

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

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

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

SAFETY AND SUPERVISION OF PARENTAL VISITATION

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

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

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

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

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

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

DECREASED SERVICE CAPACITY

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

MANAGED CARE CONTRACT ISSUES

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

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

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

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

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

⁷ See FCRB 2010 Annual Report.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Treatment not accessible to some specific populations

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

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

Treatment reports not available

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

CHILD'S CASE PLANNING and PERMANENCY

CONCERNS:

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

From the reviews the FCRB found that:

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

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

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

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

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

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

SYSTEM PLANNING AND COLLABORATION ISSUES

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

OVERSIGHT

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

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

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

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

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

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

Conclusion

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

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

Appendix A – Child Welfare Change Timeline

Governor Heineman Announces Directives

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

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

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

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

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

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

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

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

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

Private Agencies Assume Service Coordination

July 2009: Current child welfare change efforts began.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Private Agencies Assume Case Management

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

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

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

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

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

June 2011: KVC announces layoffs of 75 workers.

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

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

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

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

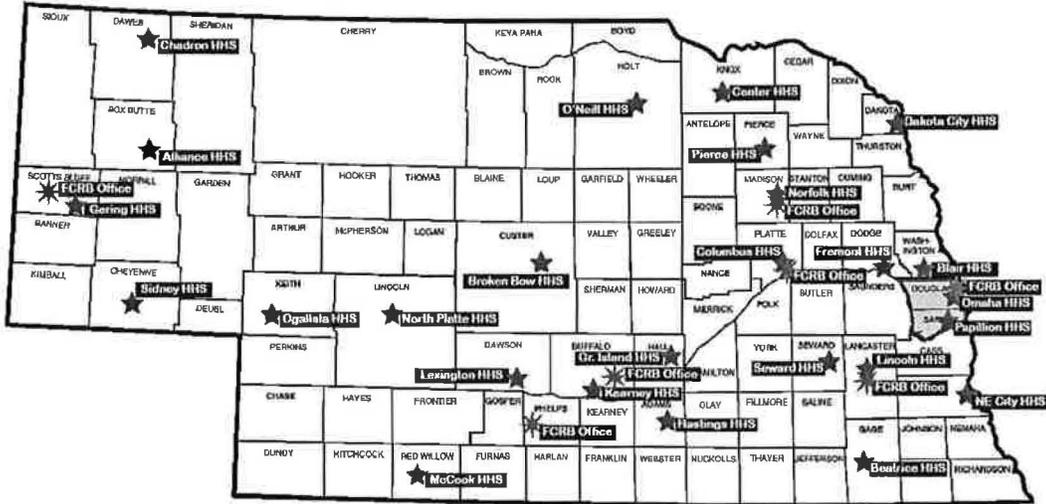
August 17, 2011: DHHS issued a news release that case management for an additional 620 families would be assigned to NFC by October 15, 2011. The contract increases by \$53,366,735.

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

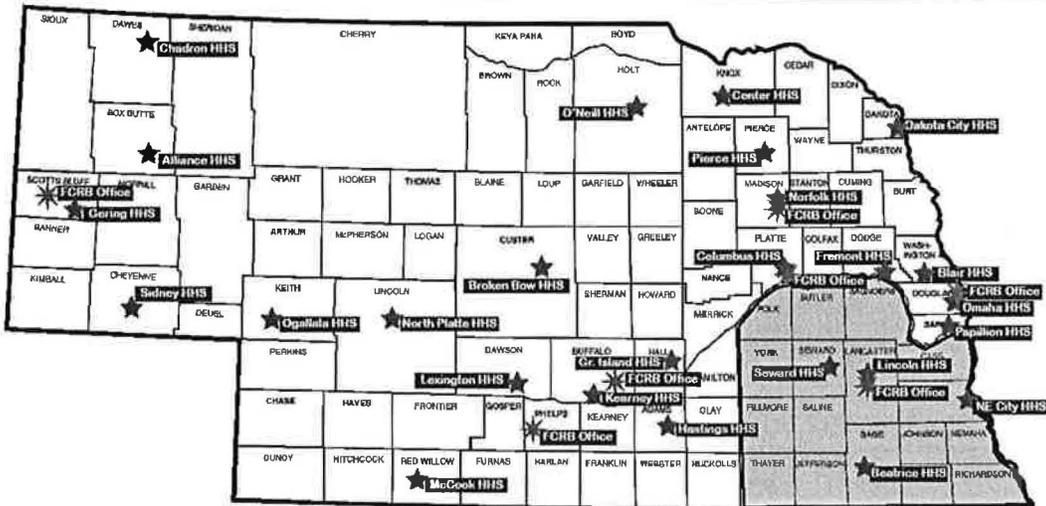
Appendix B - Area Maps

OMAHA/SARPY: Lead Agency Provides Case Management - 1,352 Total Children
 701 Children have had 4 or More Placements 902 Children have had 4 or More DHHS Workers
 812 Children in Care More Than One Time 179 Children have had 4 or More Lead Agency Workers

OMAHA/SARPY: DHHS Provides Case Management - 532 Total Children
 236 Children have had 4 or More Placements 229 Children have had 4 or More DHHS Workers
 180 Children in Care More Than One Time 0 Children have had 4 or More Lead Agency Workers



Southeast Service Area: Lead Agency Provides Case Management
 1,201 Total Children 676 Children have had 4 or More DHHS Workers
 466 Children in Care More Than One Time 357 Children have had 4 or more Lead Agency Workers
 590 Children have had 4 or more Placements *All assigned to a Lead Agency



FCRB Tracking System 6-30-2011

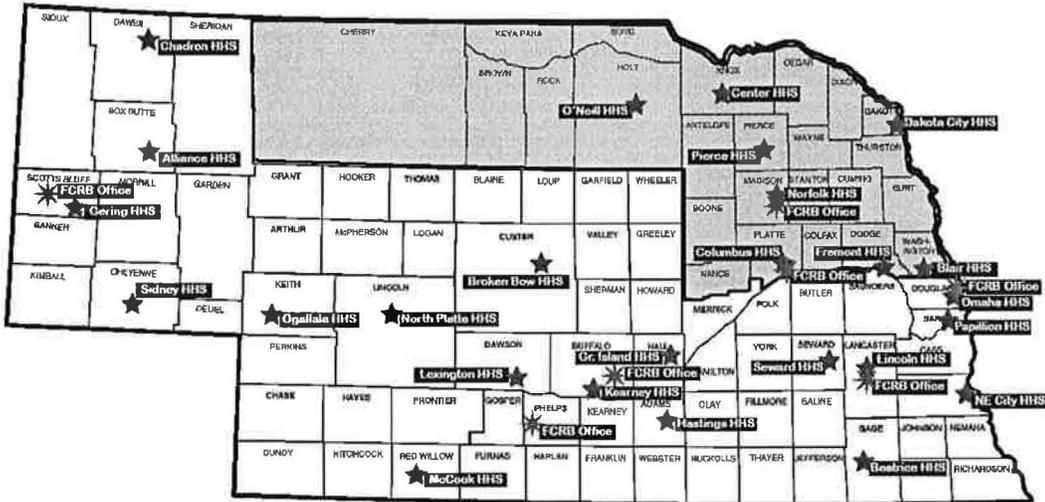
Northeast Service Area: DHHS Provides Case Management

407 Total Children

133 Children have had 4 or More DHHS Workers

150 Children in Care More Than One Time

172 Children have had 4 or More Placements



FCRB Tracking System 6-30-2011

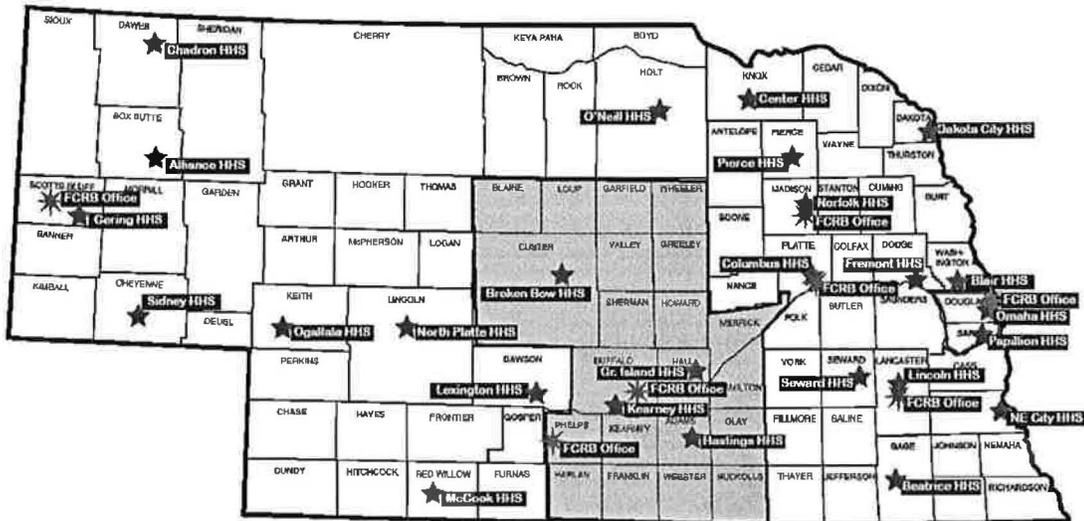
Central Service Area: DHHS Provides Case Management

364 Total Children

129 Children have had 4 or More DHHS Workers

172 Children in Care More Than One Time

192 Children have had 4 or More Placements



FCRB Tracking System 6-30-2011

Appendix C – Pertinent Regional Statistics

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

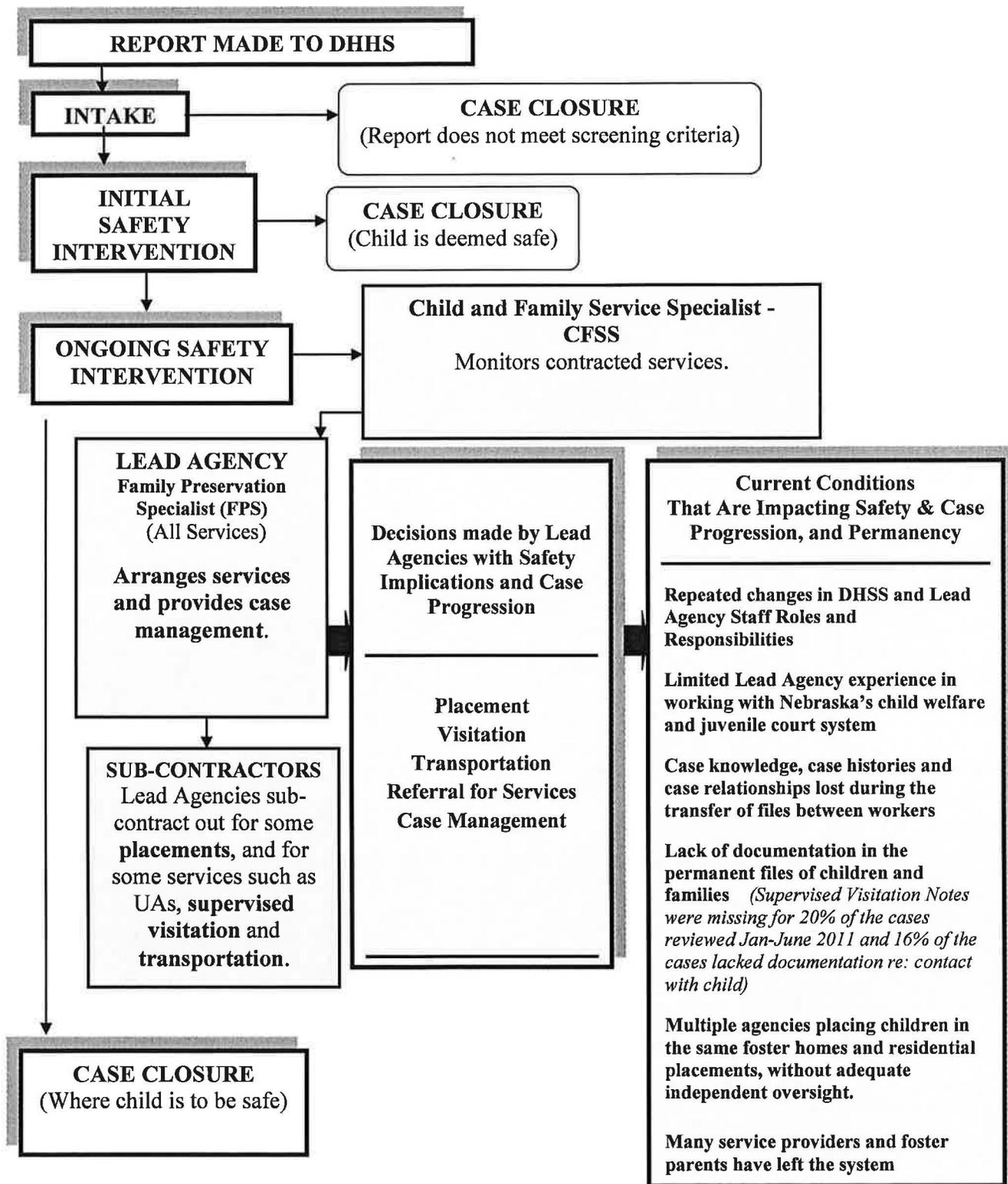
¹⁰ This was prior to NFC being named the Lead agency for the remainder of the Omaha area cases that were not assigned to a contractor.

¹¹ Ibid.

Pertinent Regional Statistics continued...

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

**APPENDIX D
DHHS INTERVENTION AND SAFETY SYSTEM**



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

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

COMMUNICATION AND DOCUMENTATION AFFECTS SAFETY DECISIONS MADE BY LEAD AGENCIES

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

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

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

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

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

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

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

Appendix E – Diminished Resources

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

Diminished Service Capacity 2009-June 2011

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

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

Douglas County

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

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

Eastern Area (Douglas and Sarpy Counties)

Cooper Village - Omaha^{12*}

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

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

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

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

Uta Halee – Omaha*

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

Youth Emergency Services – Omaha*

Shelter stopped accepting state wards in 2010.

Southeast Area

Cedars Turning Point Residential Treatment Center– Lincoln*

Closed in June 2010.

Cedars Youth Services – Lincoln¹⁴

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

CenterPointe, Inc. – Lincoln**

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

Lancaster Co. CMHC – Lincoln**

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

St. Monica's – Lincoln**

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

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

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

Samaritan Counseling Center – Lincoln**

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

Visinet, Inc. – Lincoln*

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

Central Area

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

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

I Believe in Me Ranch – Kearney*

I Believe in Me Ranch closed in October 2009.

Richard Young – Kearney*

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

South Central BH Services – Kearney*

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

Northeast Area

Behavioral Health Specialists – Norfolk*

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

Boys and Girls Home – Sioux City, IA*

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

Shelter in Columbus*

The shelter in Columbus ceased operations in early 2011.

Western Area

Reach-Out Foster Care*

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

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

Nebraska Boy's Ranch – Alliance**

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

Shelter in North Platte*

Date of closure not available.

Wilcox House – North Platte*

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

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

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

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

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

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

Appendix G – Foster Parent Payments

Most states fall short of researchers' recommendations

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

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

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

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

Appendix H – CFSR Result Comparison

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

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

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

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

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

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

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

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

Federal findings – Area Needing Improvement ^x
Strength*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Federal findings – Area Needing Improvement ^x
Strength*

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