

# Survey of Foster Parents and Biological Parents in Nebraska

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Prepared for

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

Submitted by  
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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.

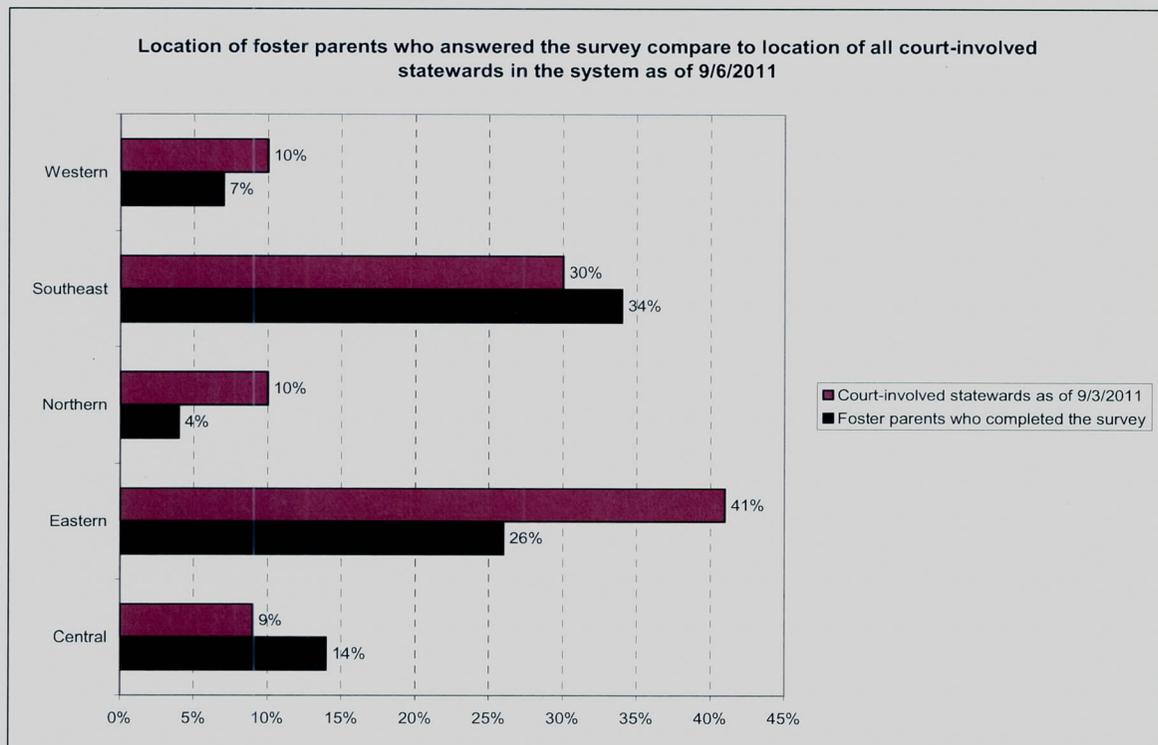
Strictly speaking, these were not "scientific" surveys. However, we do feel that we have received a very good and representative response from the foster and biological parents. While we recognize that each person looking at the results of these surveys might draw slightly different conclusions from 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

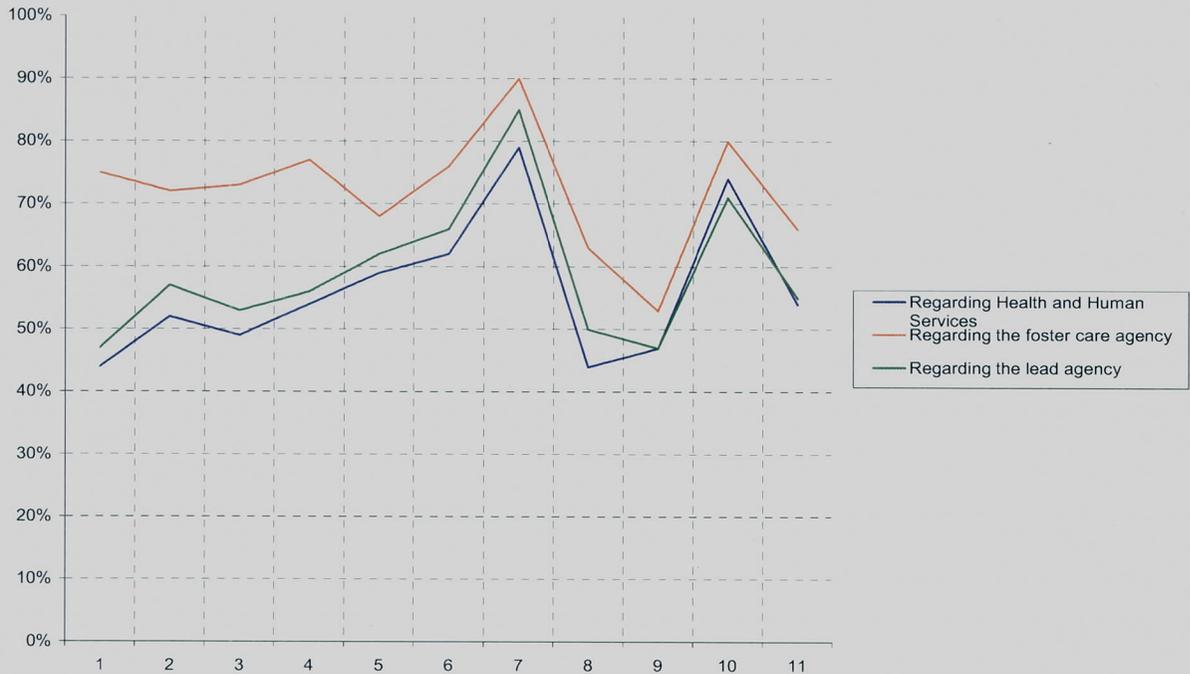
goal has been thus far accomplished, in light of the responses of foster parents to the survey.

- 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, 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.

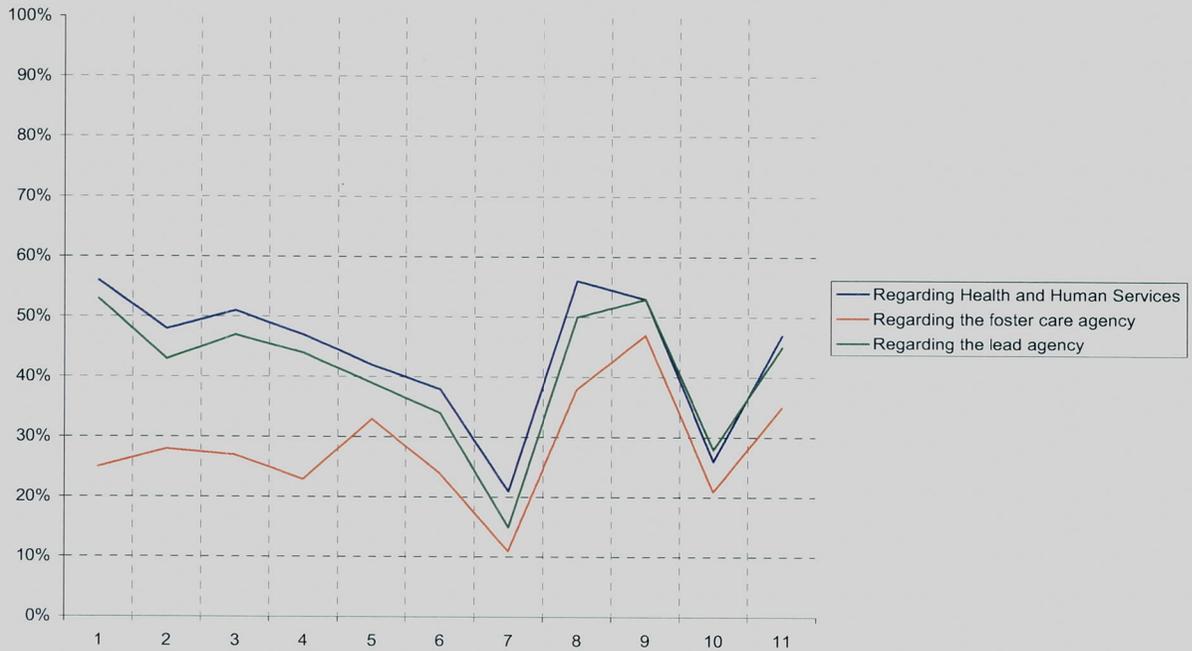
**CHART 1: Percentage of foster parents who agreed or strongly agreed with 11 positive statements**



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.

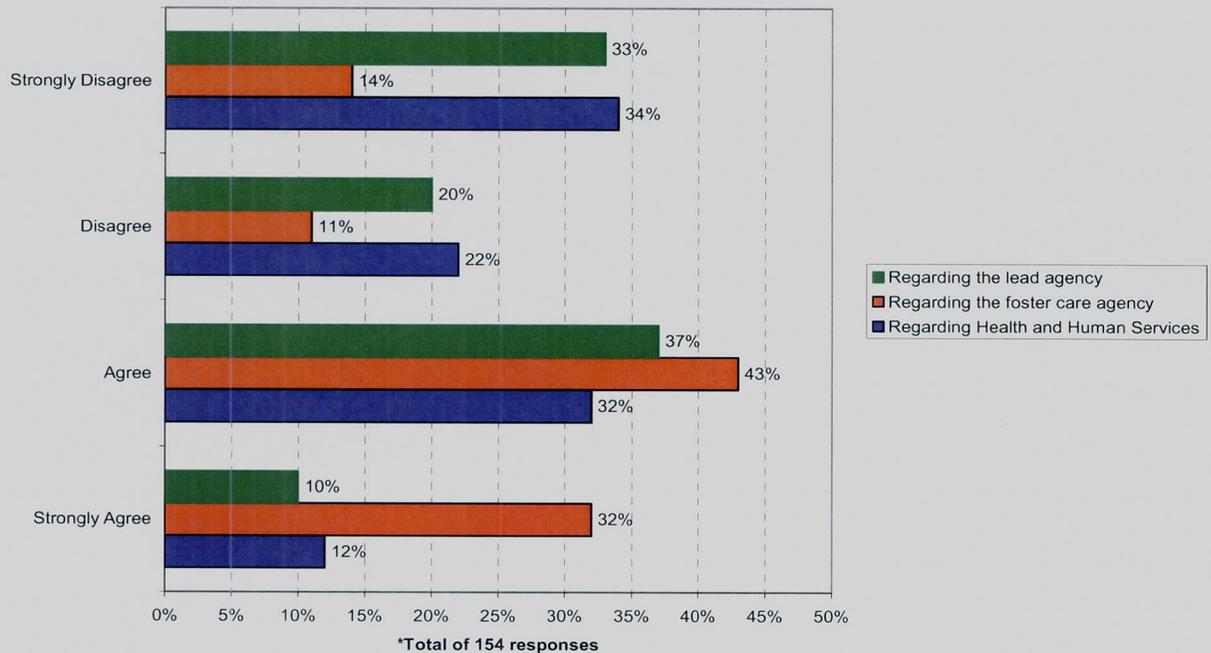
**CHART 2: Percentage of foster parents who disagreed or strongly disagreed with 11 positive statements**



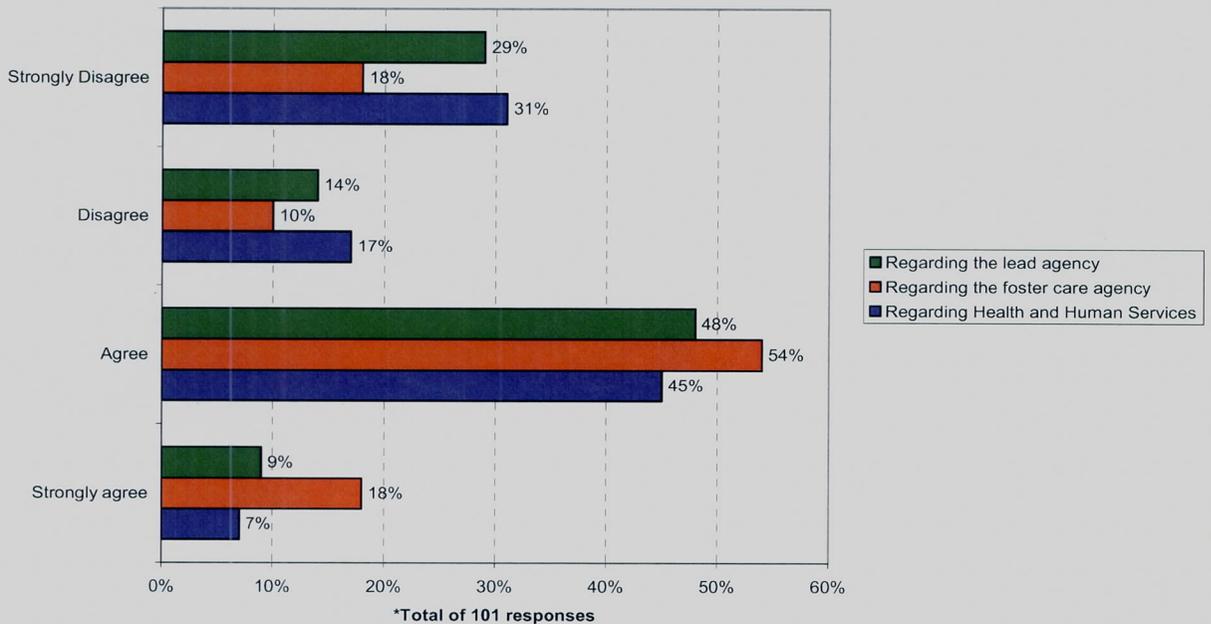
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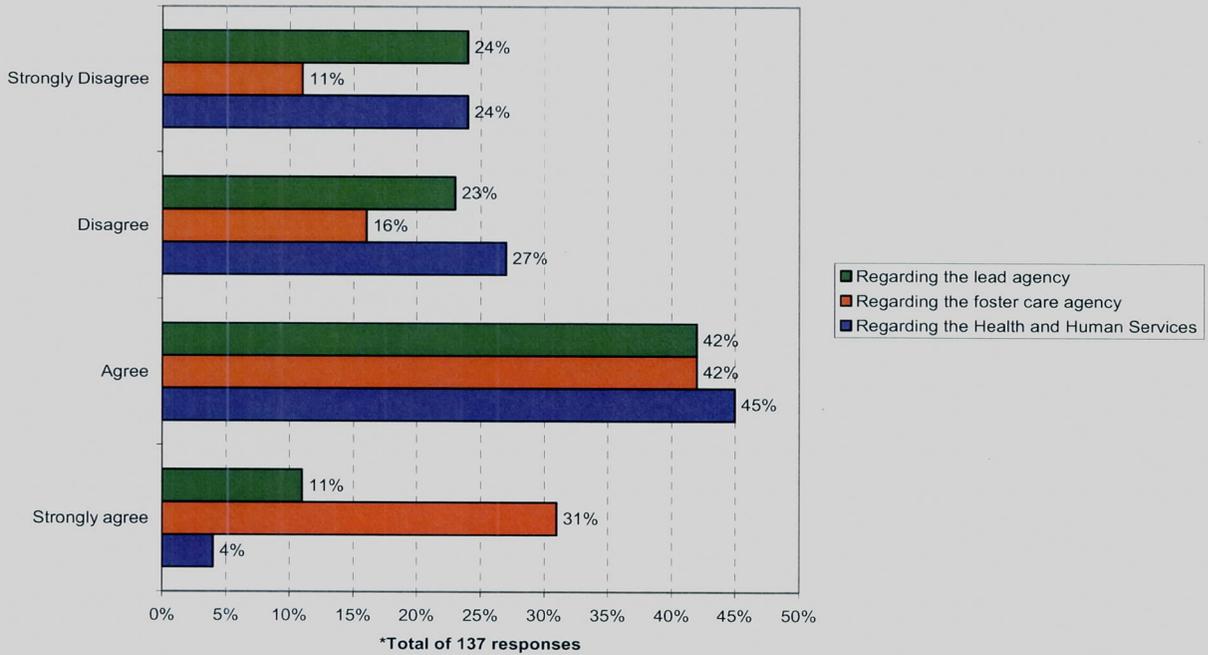
**CHART 3: Percentage of responses from foster parents who answered the question "My experience is that communication has been adequate" for all three organizations.**



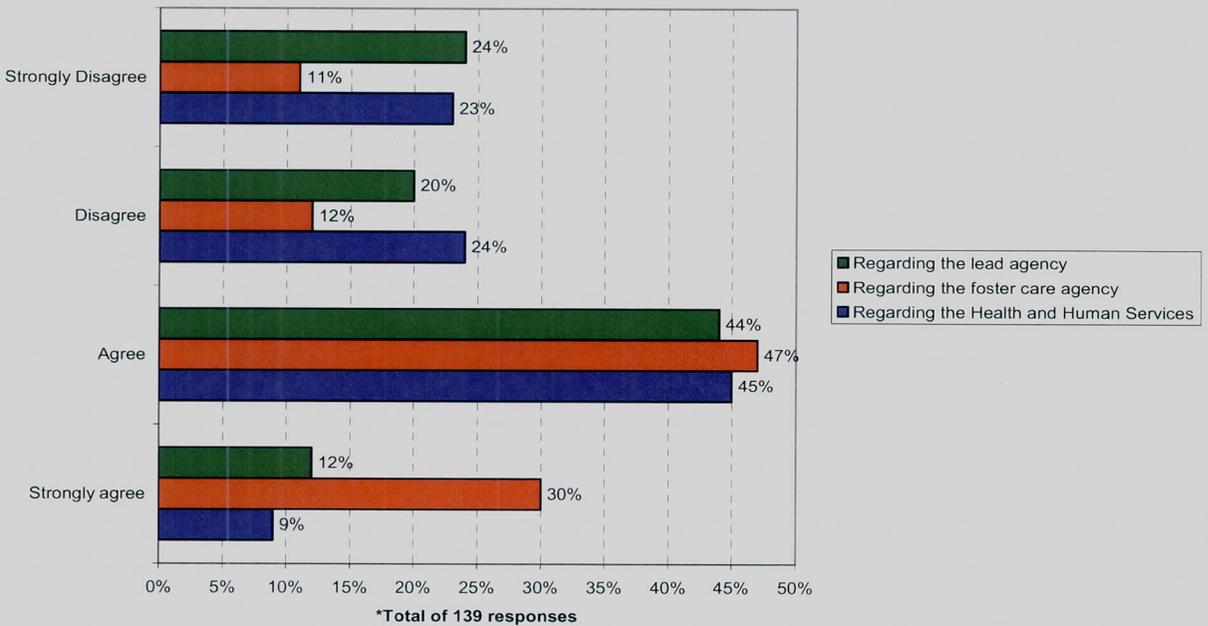
**CHART 4: Percentage of responses from foster parents who answered the question "My experience is that transportation services provided have been adequate" for all three organizations**



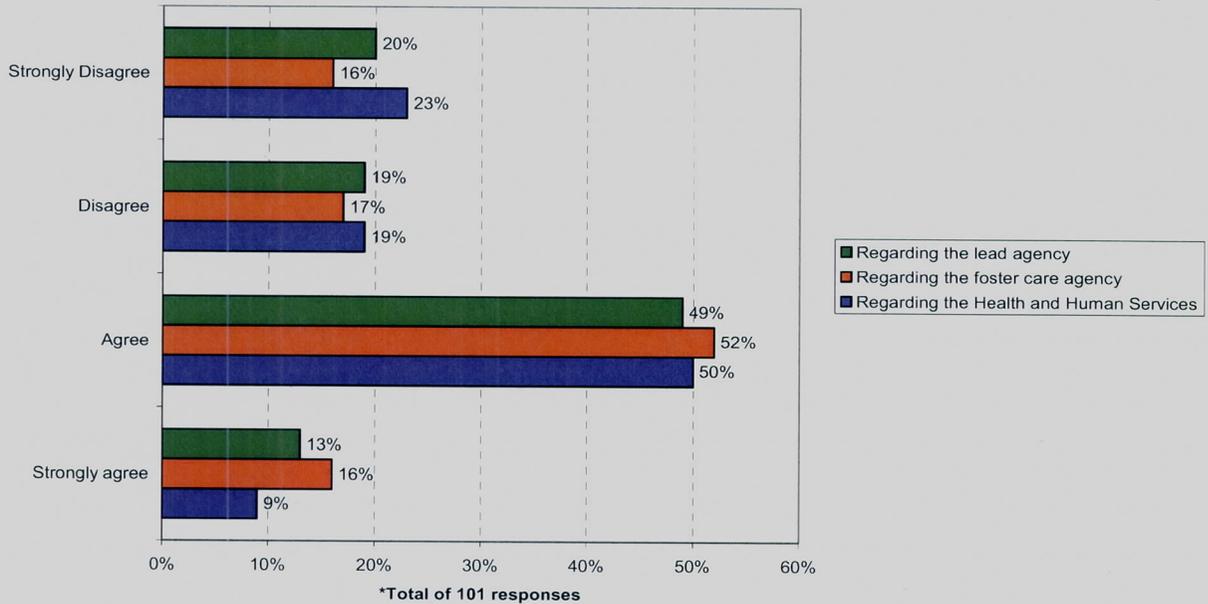
**CHART 5: Percentage of responses from foster parents who answered the question "My experience is that agency responses to my requests are timely" for all three organizations.**



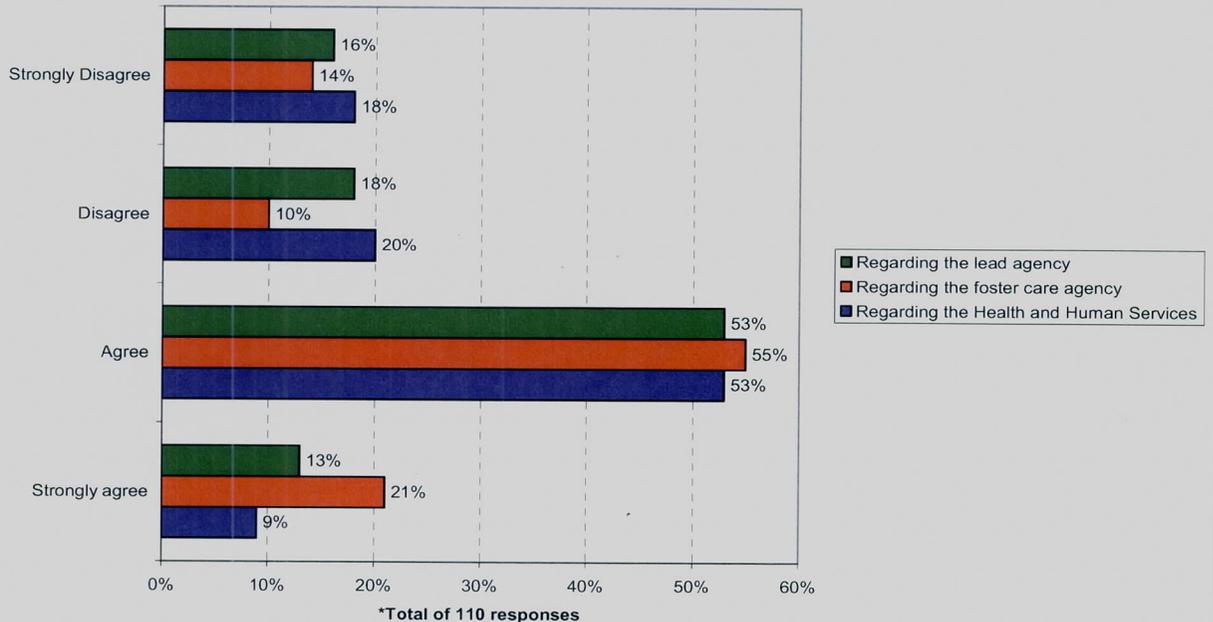
**CHART 6: Percentage of responses from foster parents who answered the question "My experience is that when I have a foster care related problem, the agency was able to address it" for all three organizations.**



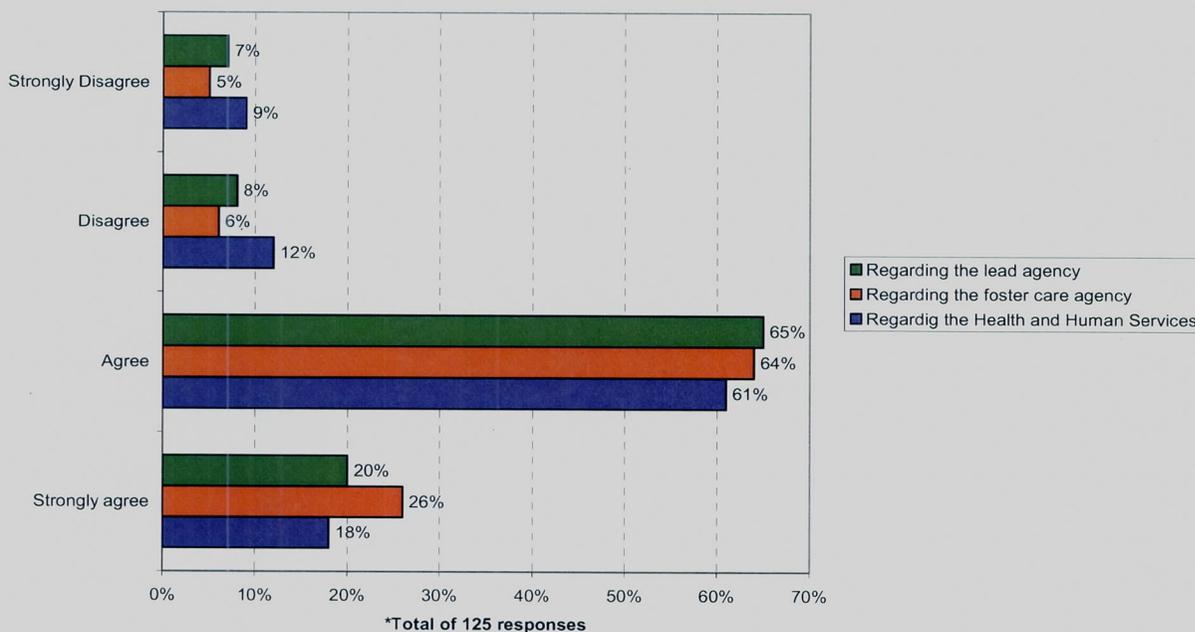
**CHART 7: Percentage of responses from foster parents who answered the question "My experience is that my foster child's visitation schedules have been reliable" for all three organizations.**



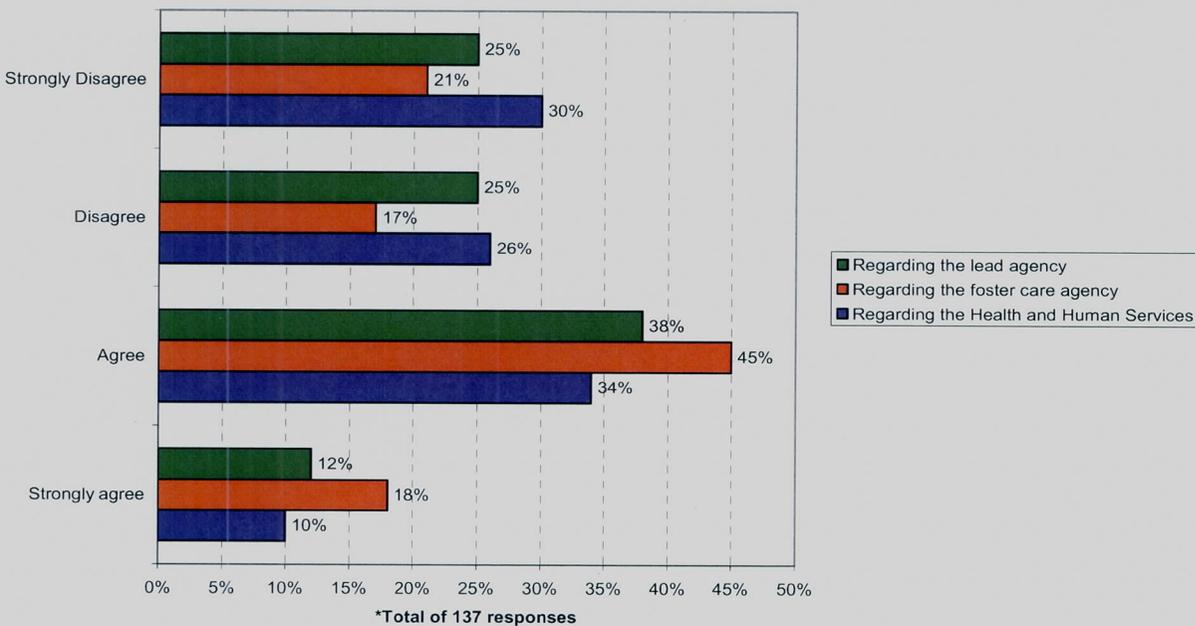
**CHART 8: Percentage of responses from foster parents who answered the question "My experience is that support services for the psychological needs of the foster child have been satisfactory" for all three organizations.**



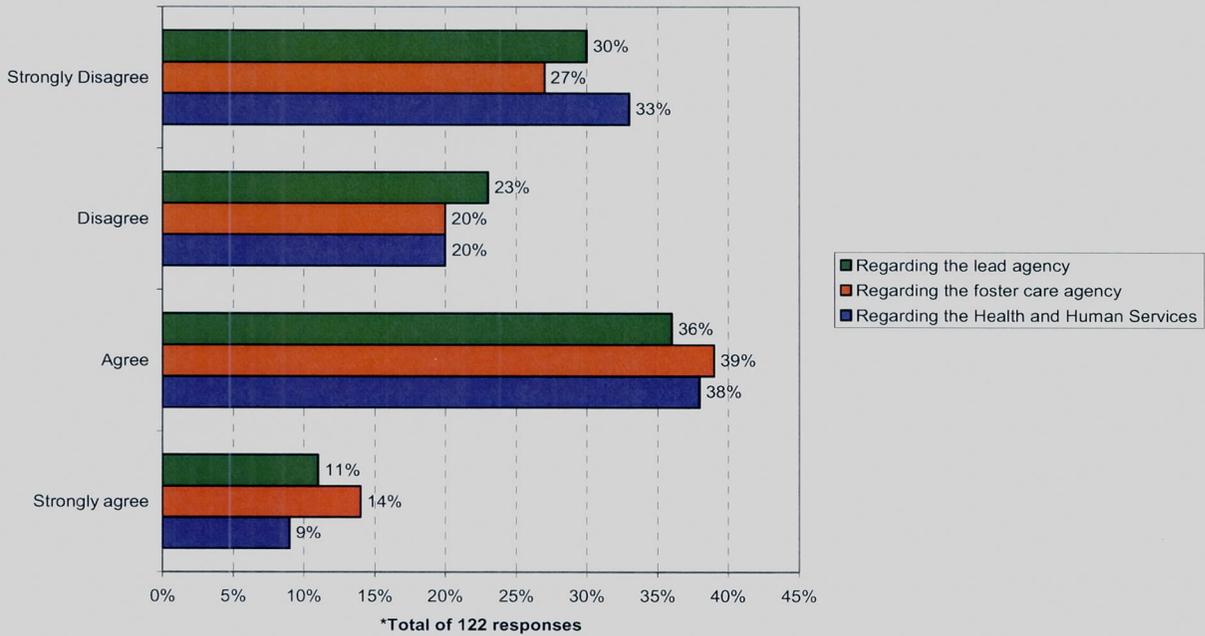
**CHART 9: Percentage of responses from foster parents who answered the question "My experience is that support services for the medical needs of the foster child have been satisfactory" for all three organizations.**



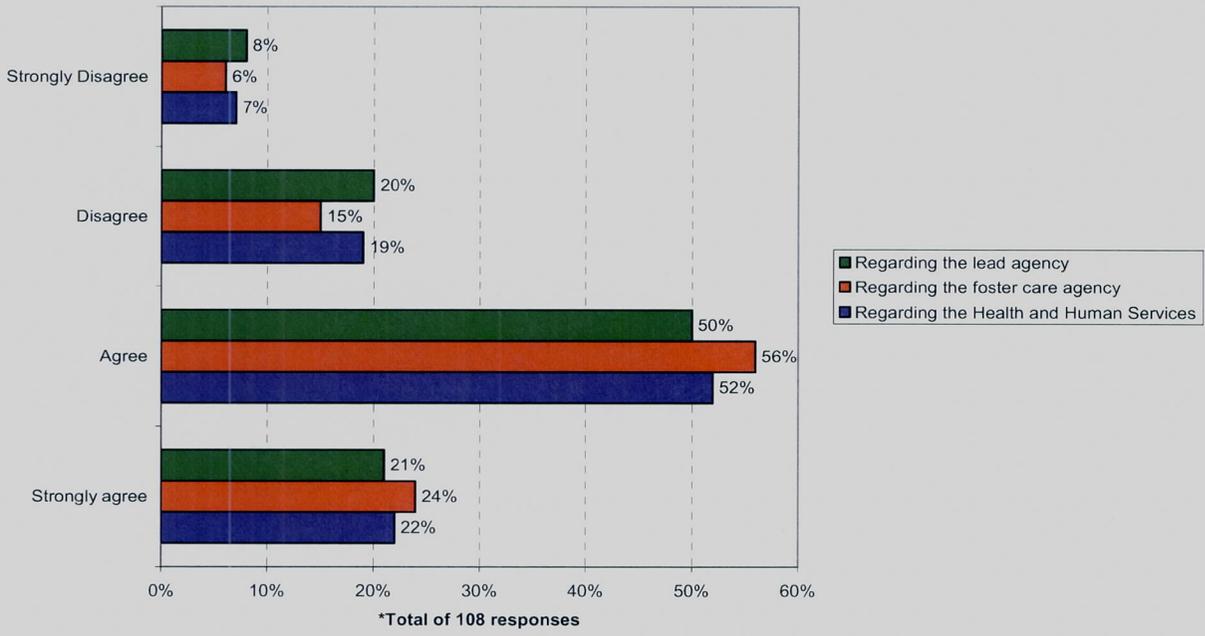
**CHART 10: Percentage of responses from foster parents who answered the question "My experience is that I was provided with adequate and necessary information about the needs of the foster child before placement." for all three organizations.**



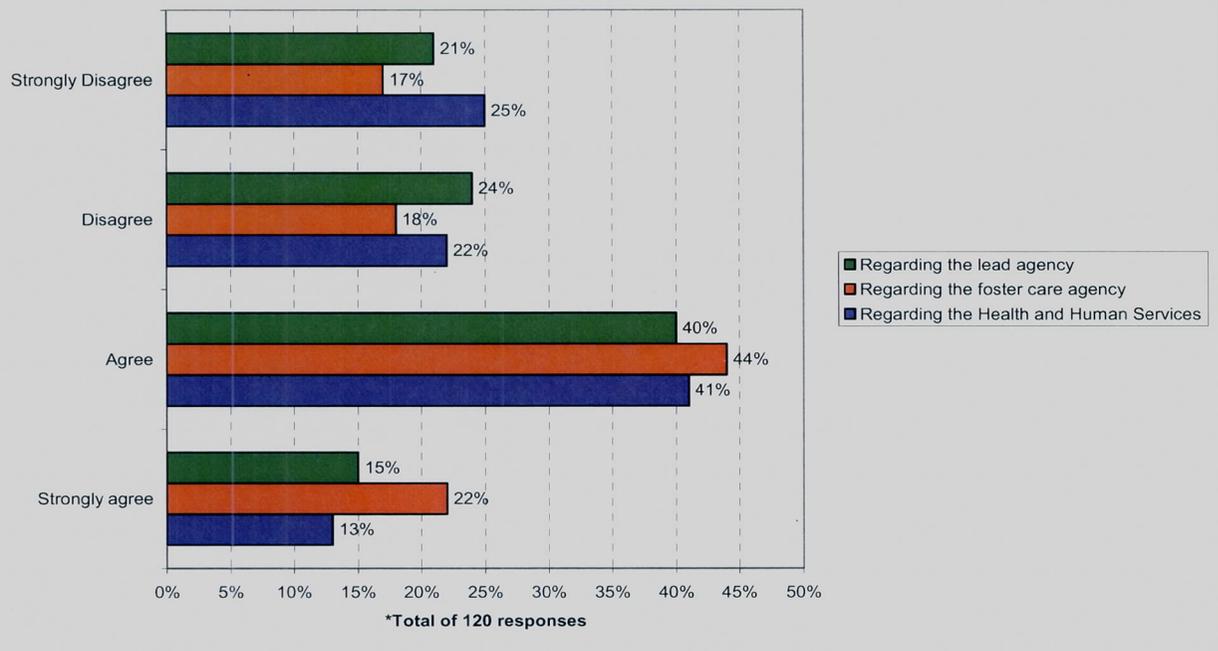
**CHART 11: Percentage of responses from foster parents who answered the question "My experience is that payments for foster care services have been adequate" for all three organizations.**



**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.

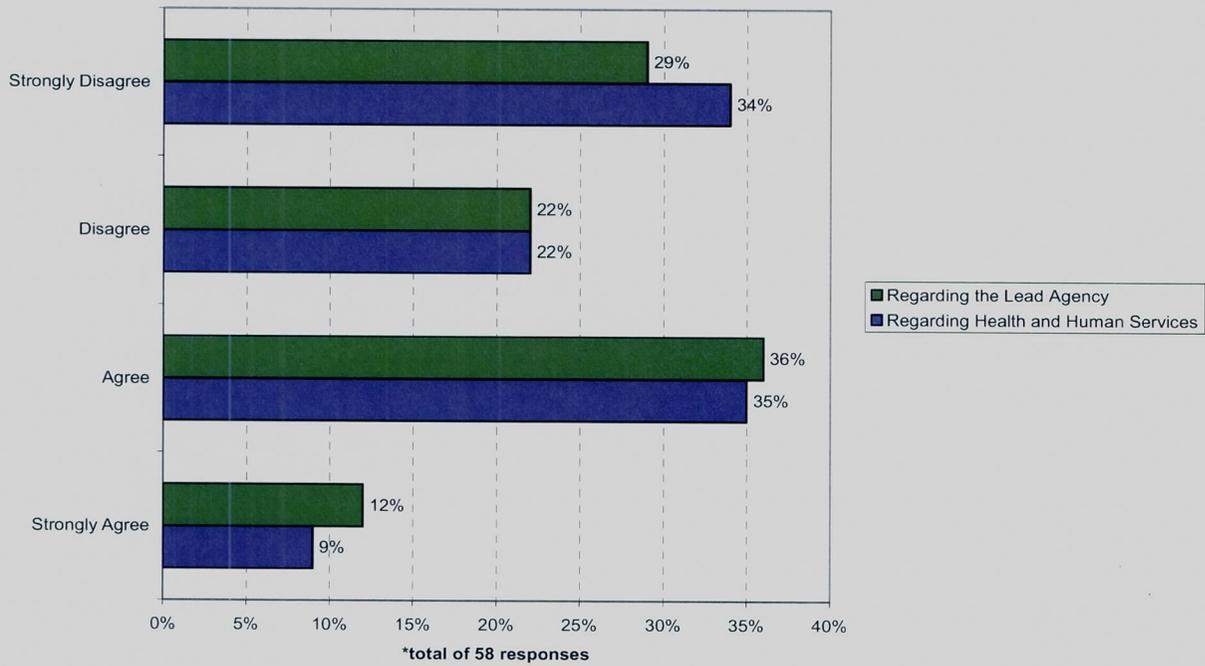
**CHART 15: Percentage of biological parents who disagreed or strongly disagreed with 10 positive statements**



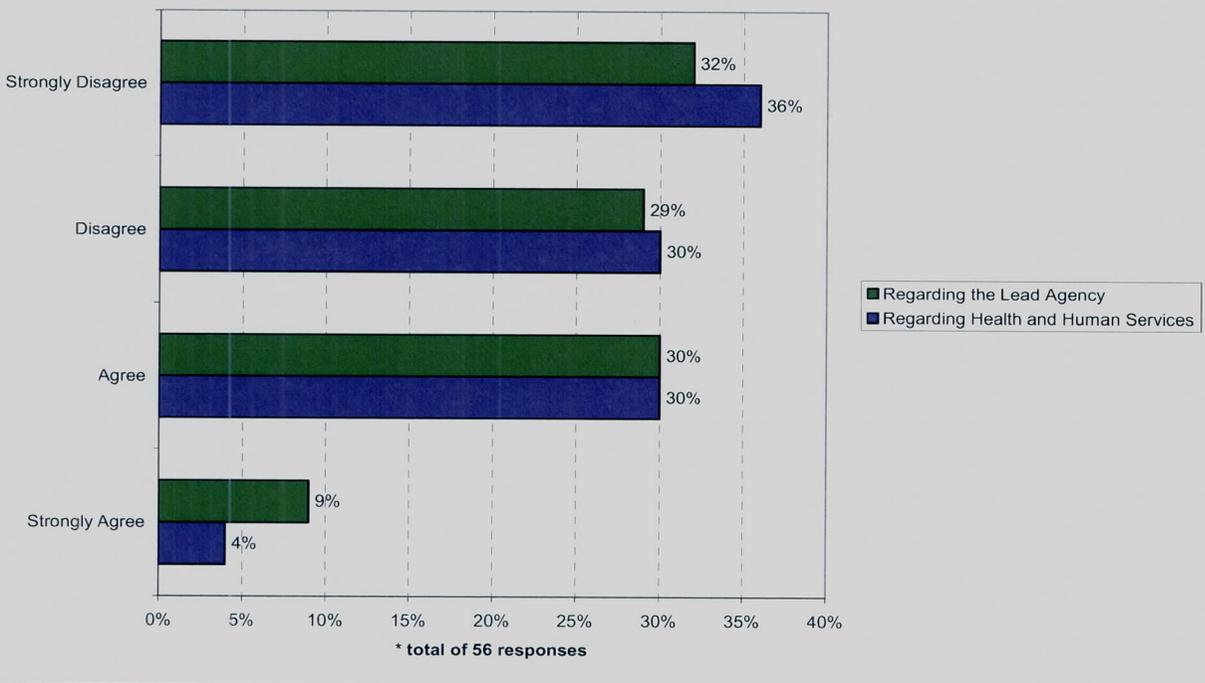
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3. when I have a problem related to my case, the caseworker was able to address it.
4. my caseworker helped me find community resources and services for my family.
5. my visits with my child are as frequent as is ordered by the court, and are consistently 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.

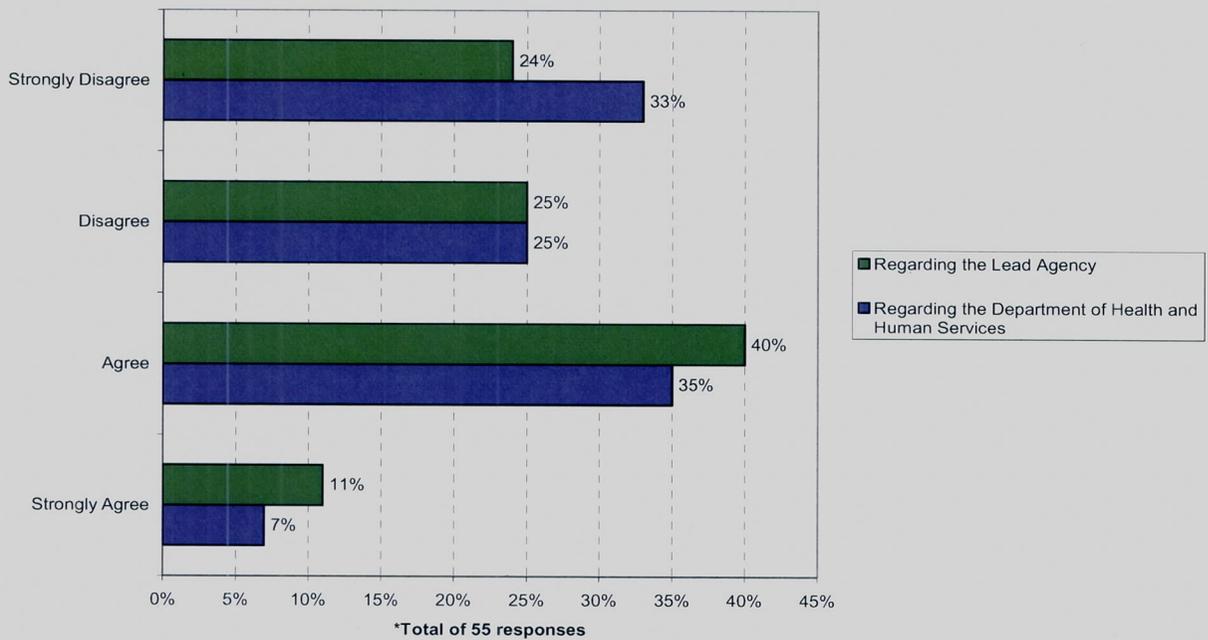
**CHART 16: Percentage of responses from biological parents who answered the question "My experience is that communication has been adequate" for both organizations**



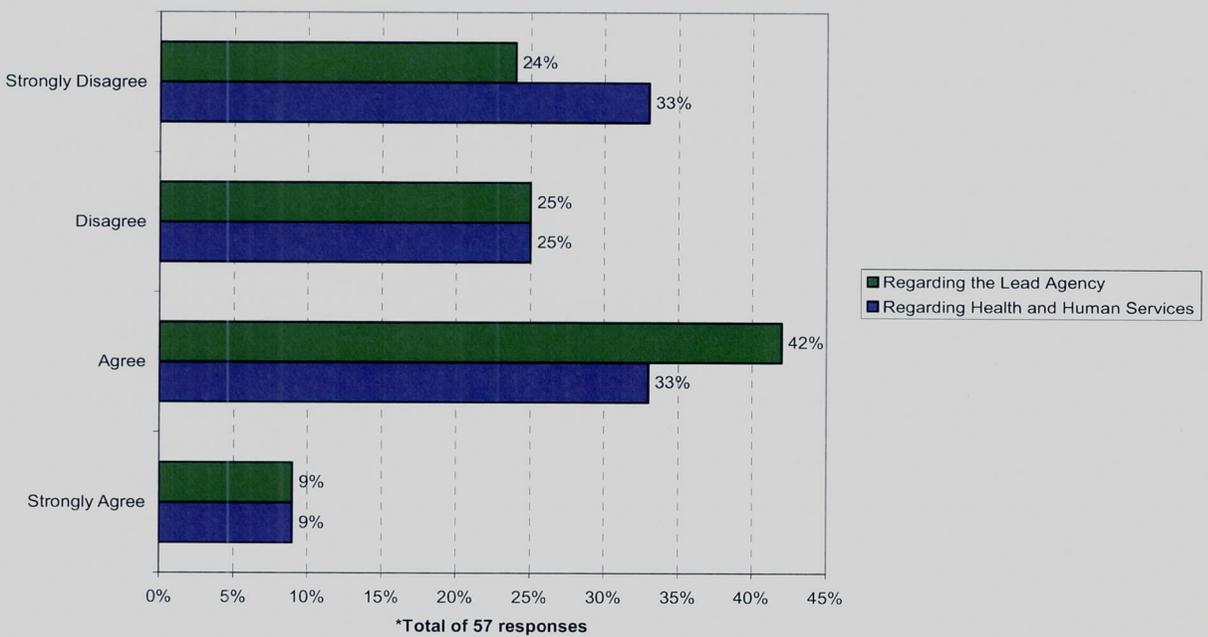
**CHART 17: Percentage of responses from biological parents who answered the question "My experience is that caseworker responses to my requests are timely" for both organizations.**



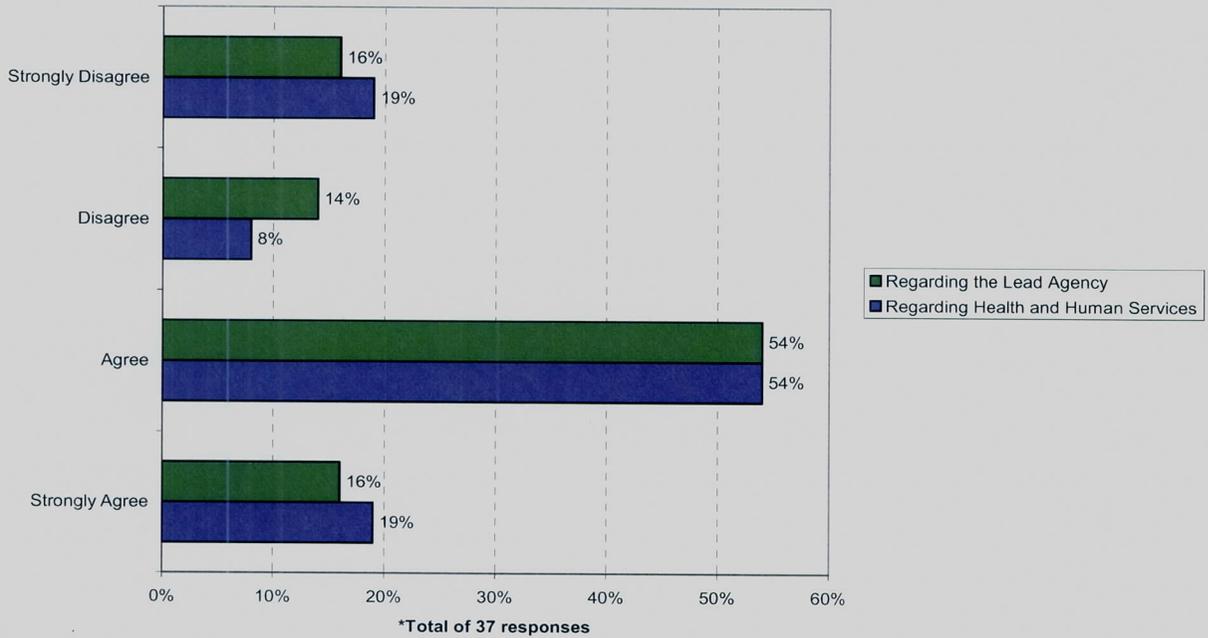
**CHART 18: Percentage of biological parents who answered the question "My experience is that when I have a problem related to my case, the caseworker was able to address it" for both organizations.**



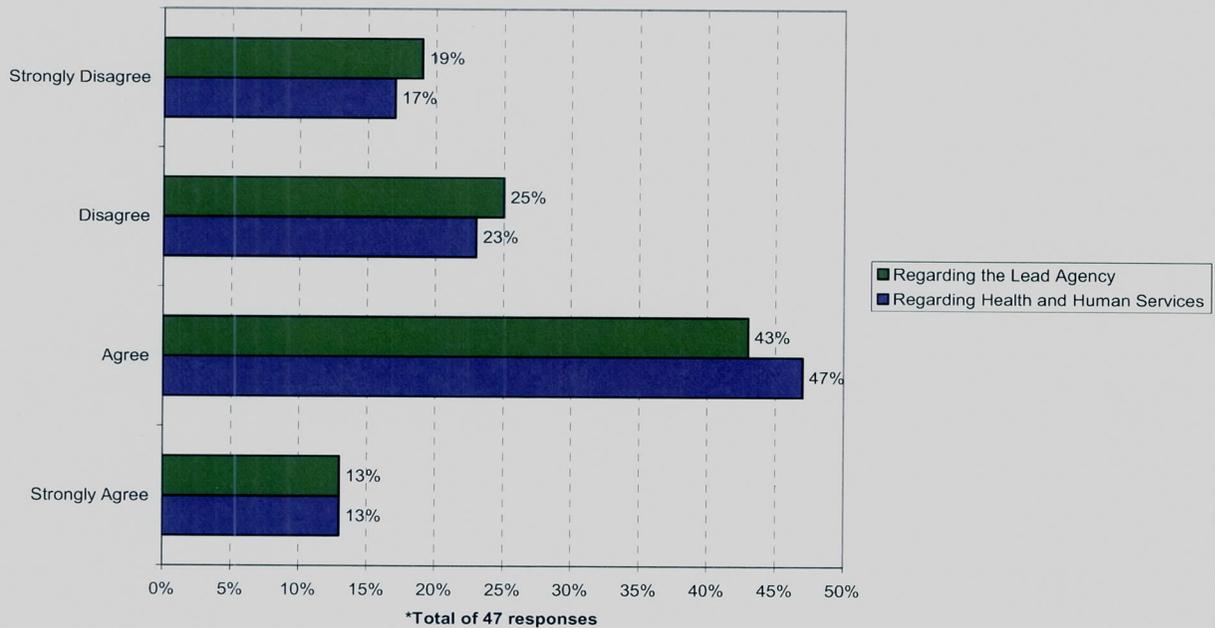
**CHART 19: Percentage of biological parents who answered the question "My experience is that my caseworker helped me find community resources and services for my family" for both organizations.**



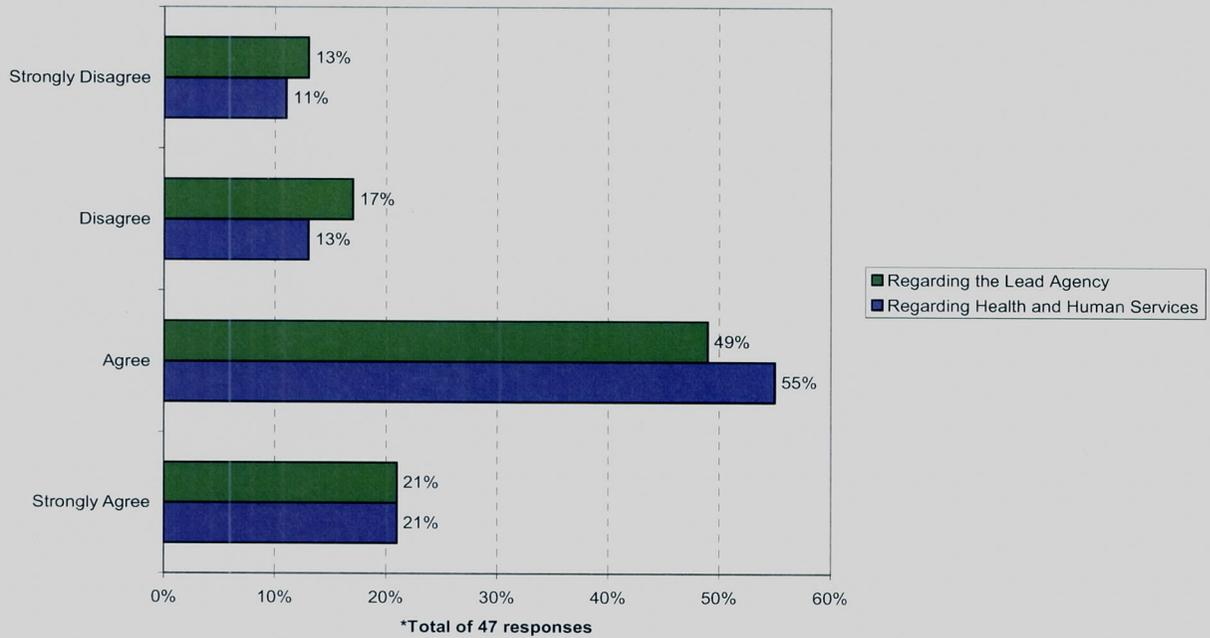
**CHART 20: Percentage of responses from biological parents who answered the question "My experience is that my visits with my child are as frequent as is ordered by the court, and are consistently carried out as scheduled" for both organizations.**



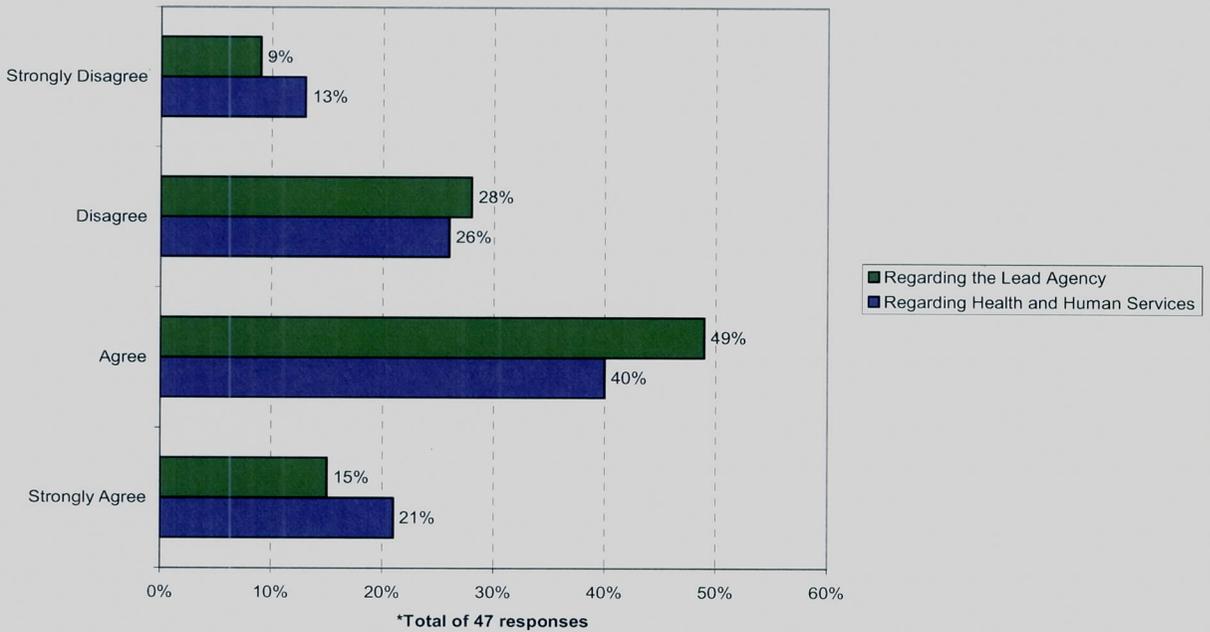
**CHART 21: Percentage of responses from biological parents who answered the question "My experience is that support services for the psychological needs of my child have been satisfactory" for both organizations.**



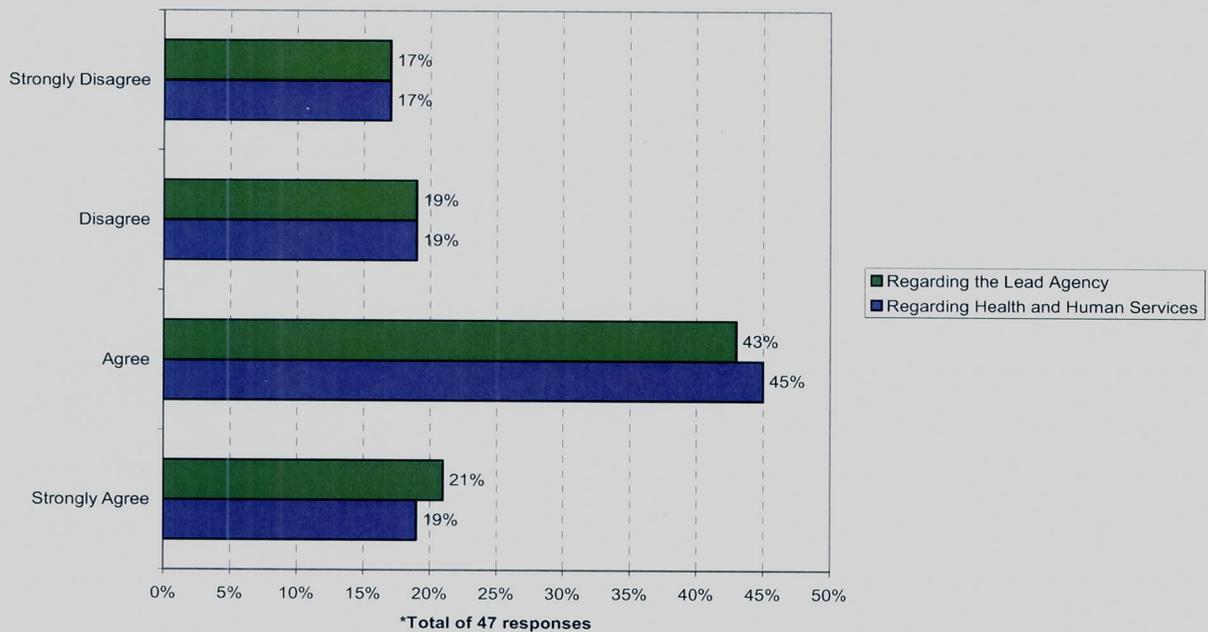
**CHART 22: Percentage of responses from biological parents who answered the question "My experience is that support services for the medical needs of my child have been satisfactory" for both organizations.**



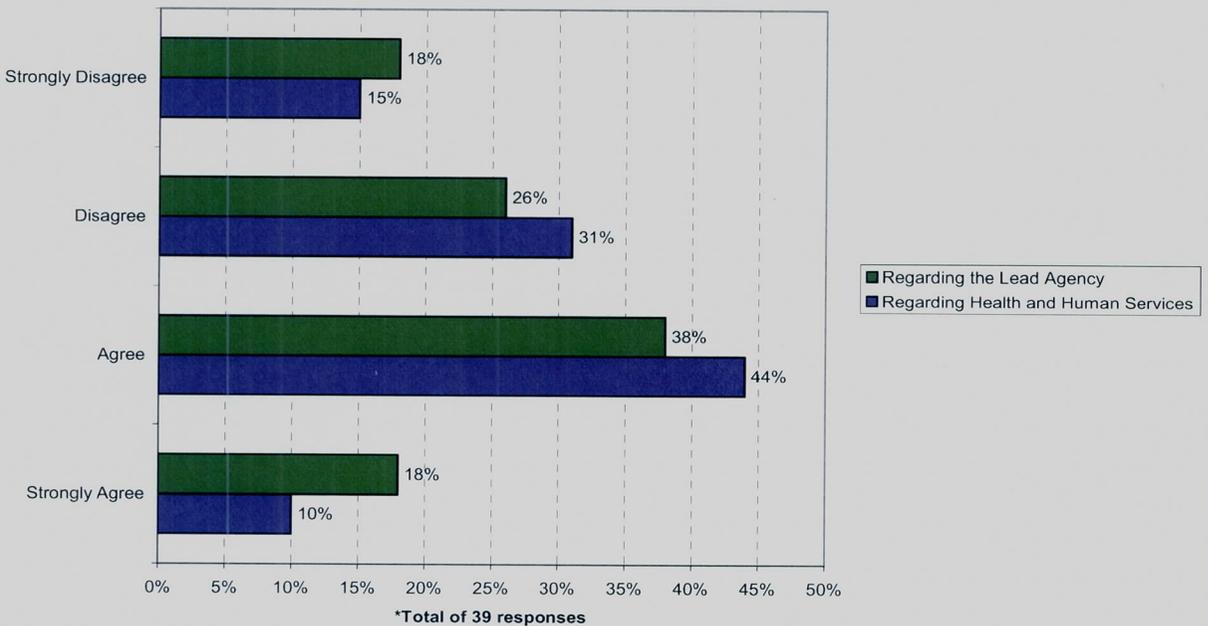
**CHART 23: Percentage of biological parents who answered the question "My experience is the caseworker encourages me to participate in my children's school activities, extracurricular activities & go to their doctor's appointments" for both organizations.**



**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.”

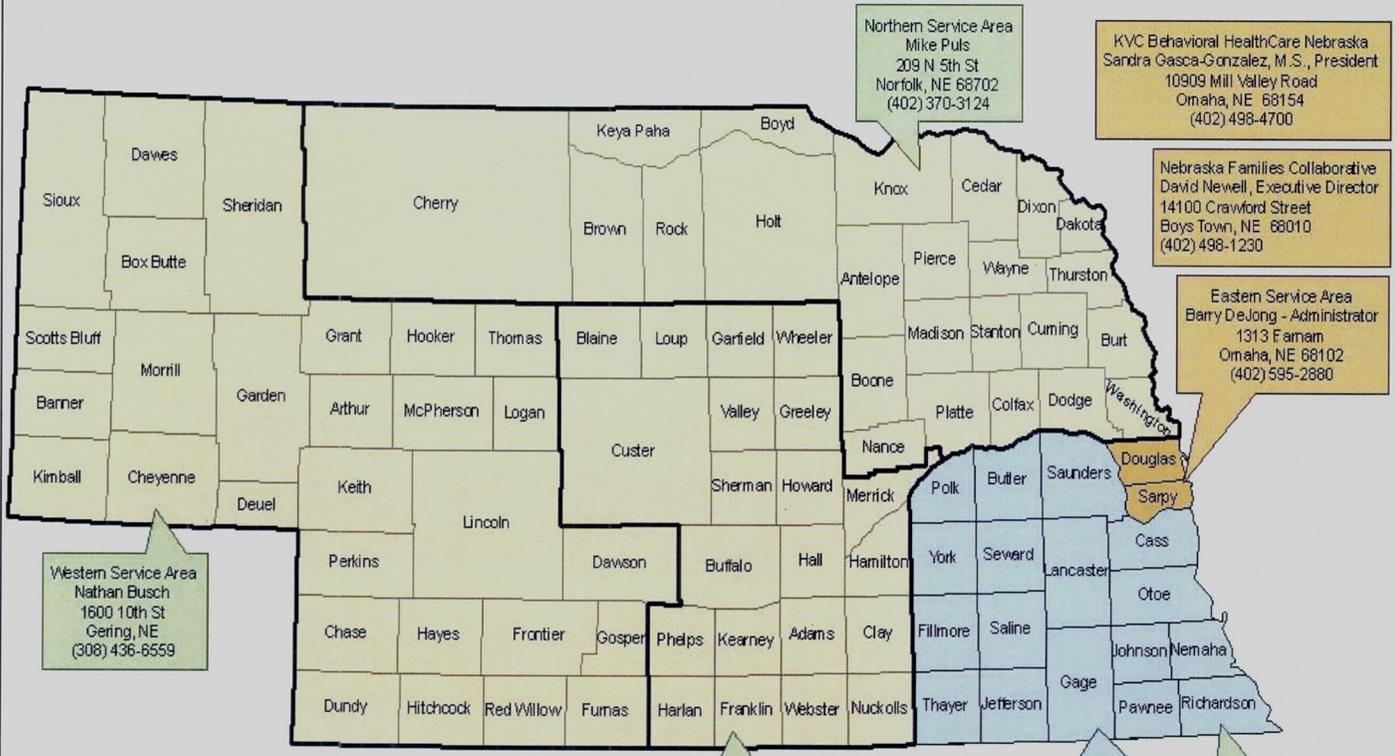
## **Conclusion**

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.

## APPENDICES

# Child Welfare/Juvenile Services Case Management



**Northern Service Area**  
Mike Puls  
209 N 5th St  
Norfolk, NE 68702  
(402) 370-3124

**KVC Behavioral HealthCare Nebraska**  
Sandra Gasca-Gonzalez, M.S., President  
10909 Mill Valley Road  
Omaha, NE 68154  
(402) 498-4700

**Nebraska Families Collaborative**  
David Newell, Executive Director  
14100 Crawford Street  
Boys Town, NE 68010  
(402) 498-1230

**Eastern Service Area**  
Barry DeJong - Administrator  
1313 Farnam  
Omaha, NE 68102  
(402) 595-2880

**Western Service Area**  
Nathan Busch  
1600 10th St  
Gering, NE  
(308) 436-6559

**Central Service Area**  
Yolanda Nuncio  
208 N Pine St  
Grand Island, NE 68802  
(308) 385-6126

**KVC Behavioral HealthCare Nebraska**  
Sandra Gasca-Gonzalez, M.S., President  
825 "M" Street, Ste. 100  
Lincoln, NE 68508  
(402) 742-6800

**Southeast Service Area**  
Jeff Schmidt  
1050 N St  
Lincoln, NE 68509  
(402) 471-5328

**Legend**

- DHHS Service Area Administrators
- DHHS in WSA, CSA, NSA
- KVC, NFC, DHHS in ESA
- KVC in SESA

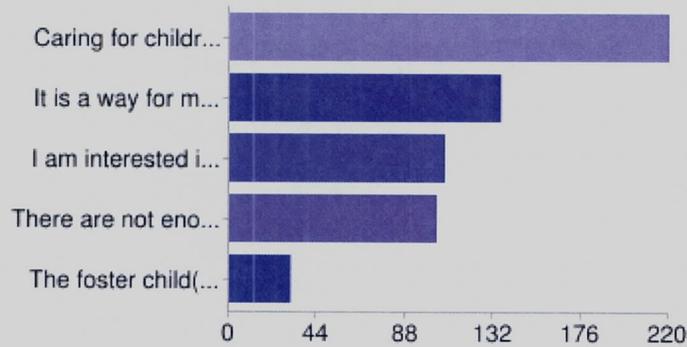
Map created by:  
DHHS GIS  
Revised 1-11

Source: Division of Children and Family Services



**SUMMARY RESULTS OF FOSTER PARENTS' SURVEY (base on 269 responses which include "not applicable" results and foster parents who rated one, two, or three organizations.**

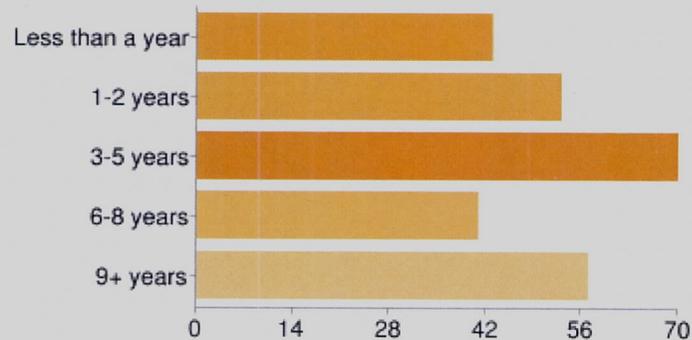
**1. My reasons for becoming a foster parent ( check all that apply)**



Caring for children is important and rewarding	220	84%
It is a way for me to contribute to my community	136	52%
I am interested in adopting	108	41%
There are not enough foster homes available	104	40%
The foster child(ren) are my relatives	31	12%

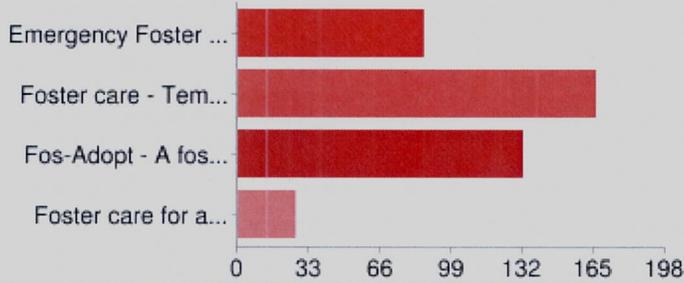
People may select more than one checkbox, so percentages may add up to more than 100%.

**2. I have been a foster parent for**



Less than a year	43	16%
1-2 years	53	20%
3-5 years	70	26%
6-8 years	41	15%
9+ years	57	21%

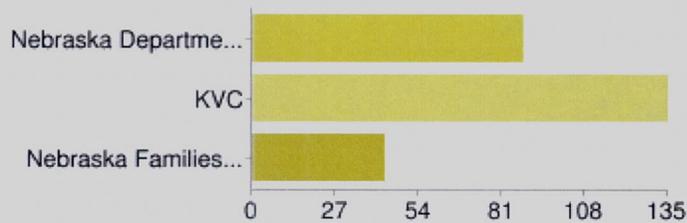
**3. I am currently providing the following type(s) of foster care (check all that apply)**



Emergency Foster care - Care for children in crisis. The care can last a few hours to a maximum of 30 days	86	35%
Foster care - Temporary care for a child until the child is placed back with their parent or another permanent living situation is located	166	68%
Foster-Adopt - A foster home to a child that you would consider adopting if the child became legally free for adoption	132	54%
Foster care for a relative	27	11%

People may select more than one checkbox, so percentages may add up to more than 100%.

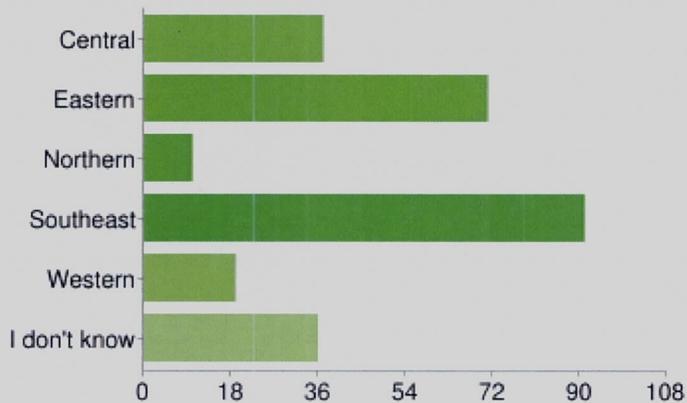
**4. I am currently working with DHHS only or with the lead agencies KVC or NFC**



Nebraska Department of Health and Human Service (DHHS)	88	38%
KVC	135	59%
Nebraska Families Collaborative (NFC)	43	19%

People may select more than one checkbox, so percentages may add up to more than 100%.

**5. I am currently living in the following service area**

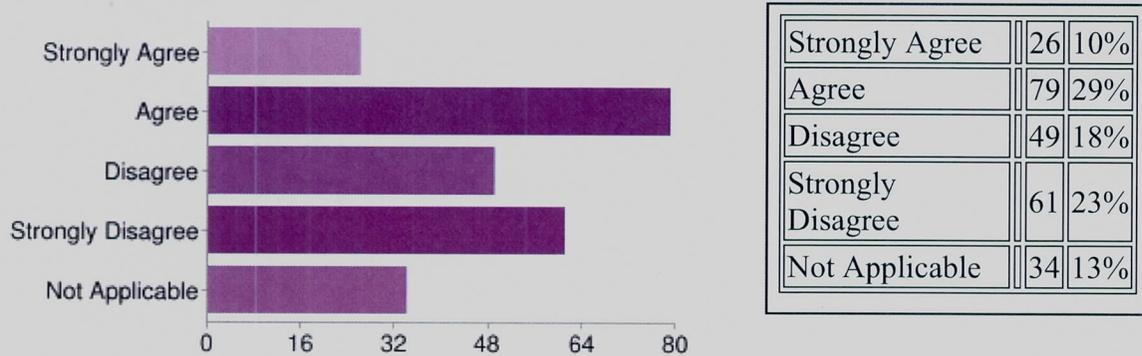


Central	37	14%
Eastern	71	26%
Northern	10	4%
Southeast	91	34%
Western	19	7%
I don't know	36	13%

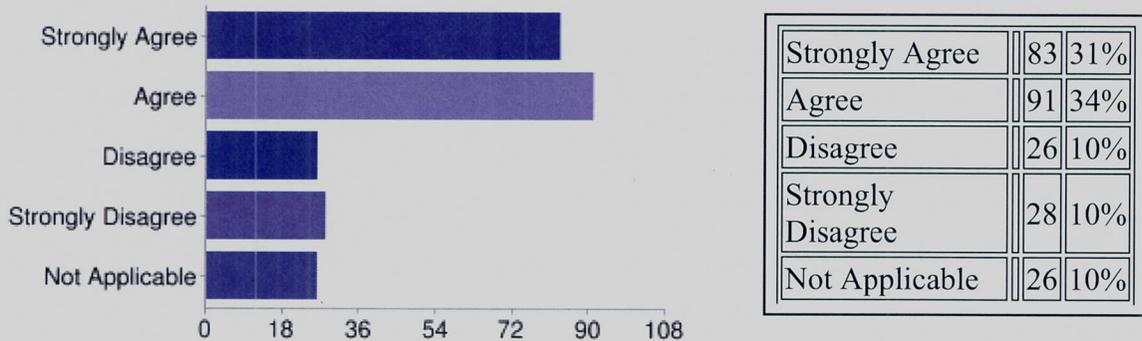
We are interested in finding out how the experience of foster parents may have been different when they were working under three different supervisory arrangements: Health and Human Services, Foster care agencies, Lead agencies. Please mark answers for agencies with which you have had DIRECT, personal experience in caring for your foster child(ren) and "Not Applicable" for all others. For example, if you are not working with a foster care agency, then please mark "not applicable". Similarly, if you have always been paid by a foster care agency, answer the questions about payment only for the foster care agency.

The three supervisory arrangements are: (1) Health and Human Services' caseworkers (called CPS Specialist, Child and Family Services Specialist) (2) Foster care agencies' caseworkers (called Foster Care Family Specialist, Foster Care Specialist, Family Resource Partner) a) Current foster care agencies are Apex, Behavioral Health Services, Boys Town, Building Blocks, Cedars, Child Connect, Christian Heritage, Compass, Child Saving Institute, Cornerstone, Epworth Village, Father Flanagan's Boys Home, KVC, Lutheran Family Services, Mid Plains Center, Nebraska Children's Home, Nova, NU Beginnings, Omni, Panhandle Mental Health, South Central Behavioral Health. (3) Lead Agencies' caseworkers under the new privatized system ( called Program Support Worker, Service Coordinator, Family Preservation Specialist). a) Current lead agencies = KVC and Nebraska Families Collaborative. b) Previous lead agencies = Boys and Girls Home, Cedars Youth Services, Nebraska Families Collaborative, KVC, and Visinet

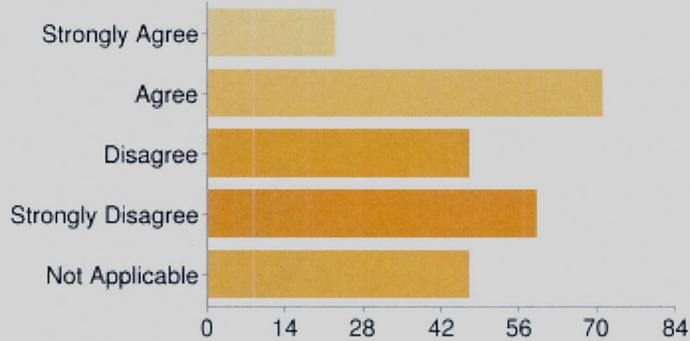
**6. My experience is that communication has been adequate. - From the caseworker for Health and Human Services**



**7. My experience is that communication has been adequate. - From the caseworker for the foster care agency**

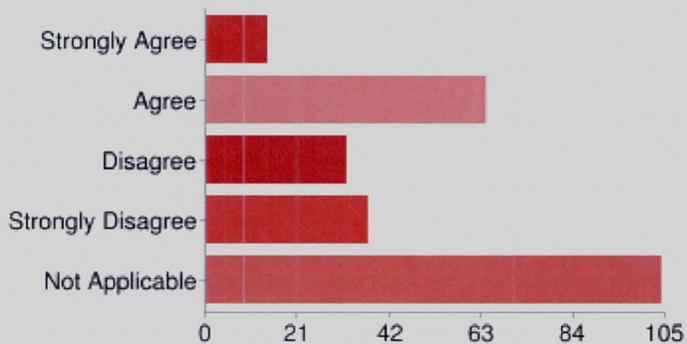


**8. My experience is that communication has been adequate. - From caseworker for the lead agency**



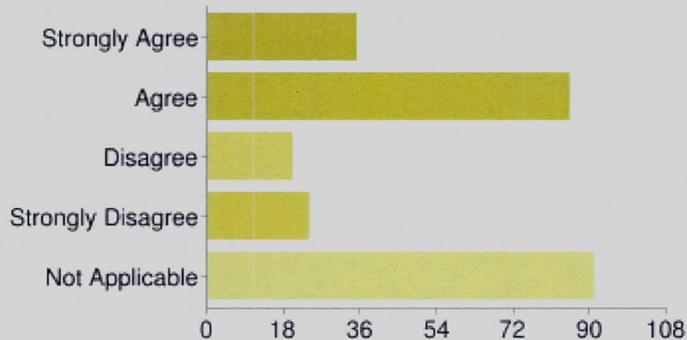
Strongly Agree	23	9%
Agree	71	26%
Disagree	47	17%
Strongly Disagree	59	22%
Not Applicable	47	17%

**9. My experience is that transportation services provided have been adequate. - From the caseworker for Health and Human Services**



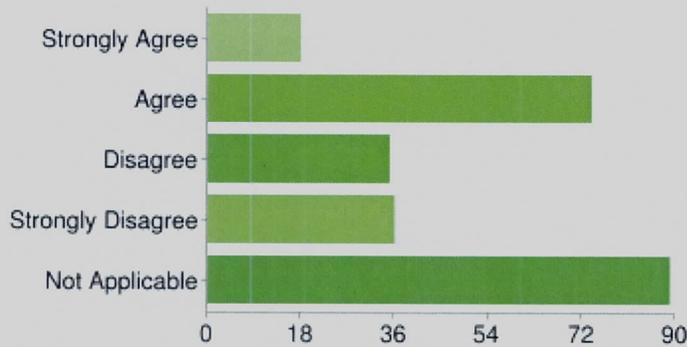
Strongly Agree	14	5%
Agree	64	24%
Disagree	32	12%
Strongly Disagree	37	14%
Not Applicable	104	39%

**10. My experience is that transportation services provided have been adequate. - From the caseworker for the foster care agency**



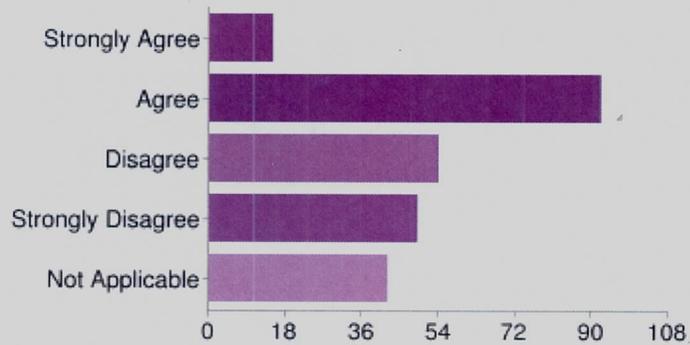
Strongly Agree	35	13%
Agree	85	32%
Disagree	20	7%
Strongly Disagree	24	9%
Not Applicable	91	34%

**11. My experience is that transportation services provided have been adequate. - From the caseworker for the lead agency**



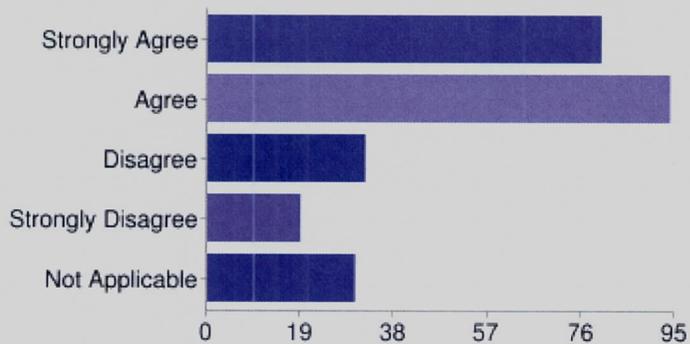
Strongly Agree	18	7%
Agree	74	28%
Disagree	35	13%
Strongly Disagree	36	13%
Not Applicable	89	33%

**12. My experience is that agency responses to my requests are timely. - From the caseworker for Health and Human Services**



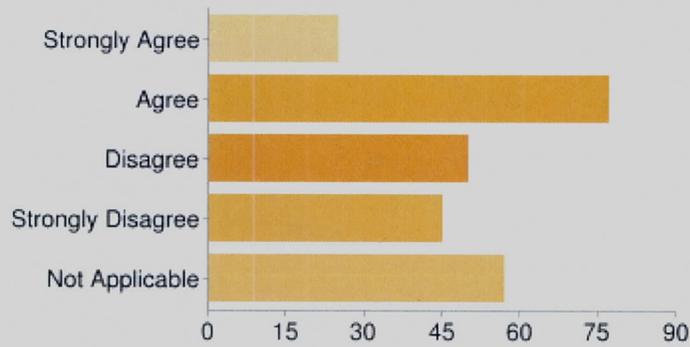
Strongly Agree	15	6%
Agree	92	34%
Disagree	54	20%
Strongly Disagree	49	18%
Not Applicable	42	16%

**13. My experience is that agency responses to my requests are timely. - From the caseworker for the foster care agency**



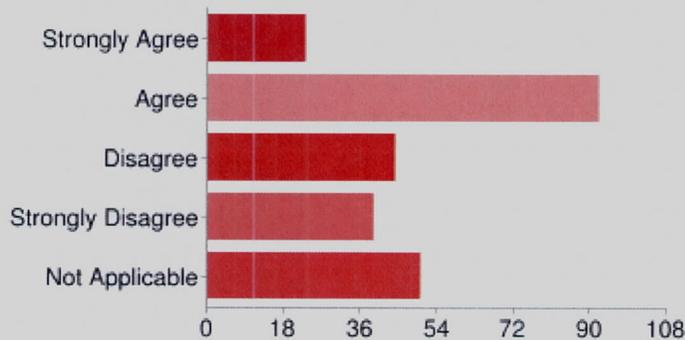
Strongly Agree	80	30%
Agree	94	35%
Disagree	32	12%
Strongly Disagree	19	7%
Not Applicable	30	11%

**14. My experience is that agency responses to my requests are timely. - From the caseworker for the lead agency**



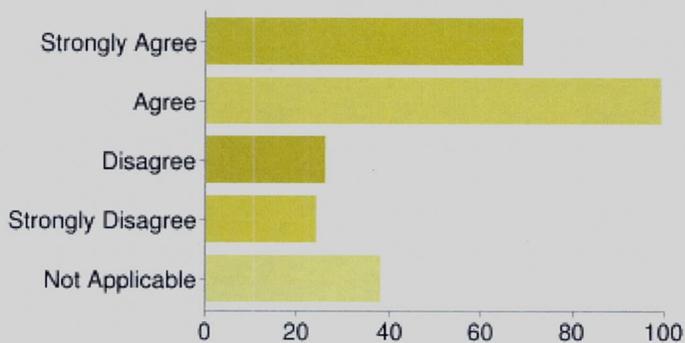
Strongly Agree	25	9%
Agree	77	29%
Disagree	50	19%
Strongly Disagree	45	17%
Not Applicable	57	21%

**15. My experience is that when I have a foster care related problem, the agency was able to address it. - From the caseworker for Health and Human Services**



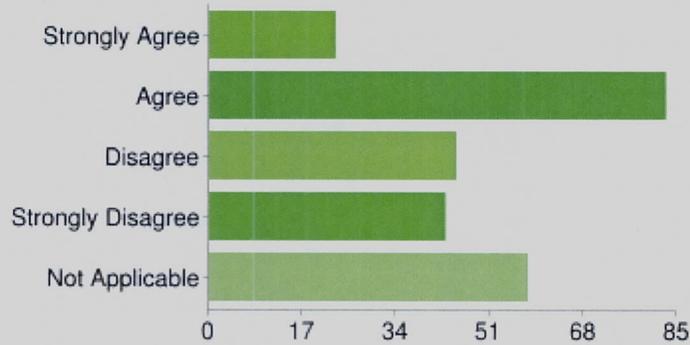
Strongly Agree	23	9%
Agree	92	34%
Disagree	44	16%
Strongly Disagree	39	14%
Not Applicable	50	19%

**16. My experience is that when I have a foster care related problem, the agency was able to address it. - From the caseworker for the foster care agency**



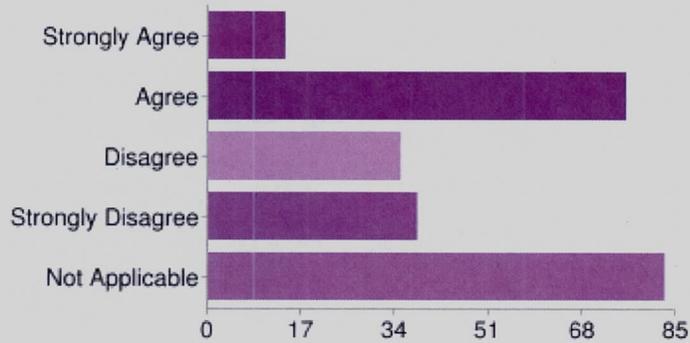
Strongly Agree	69	26%
Agree	99	37%
Disagree	26	10%
Strongly Disagree	24	9%
Not Applicable	38	14%

**17. My experience is that when I have a foster care related problem, the agency was able to address it. - From the caseworker for the lead agency**



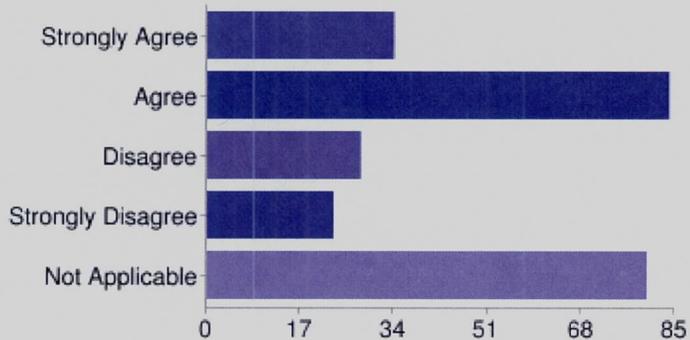
Strongly Agree	23	9%
Agree	83	31%
Disagree	45	17%
Strongly Disagree	43	16%
Not Applicable	58	22%

**18. My experience is that my foster child's visitation schedules have been reliable. - From the caseworker for Health and Human Services**



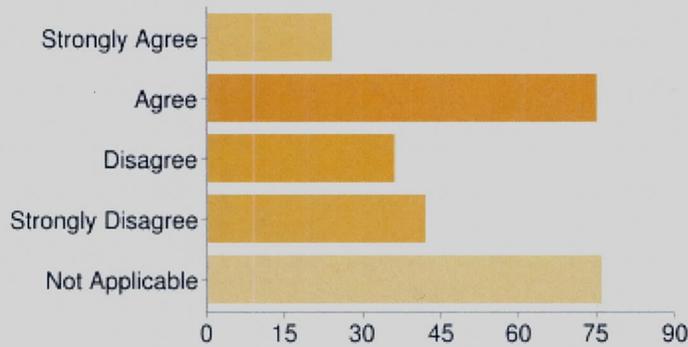
Strongly Agree	14	5%
Agree	76	28%
Disagree	35	13%
Strongly Disagree	38	14%
Not Applicable	83	31%

**19. My experience is that my foster child's visitation schedules have been reliable. - From the caseworker for the foster care agency**



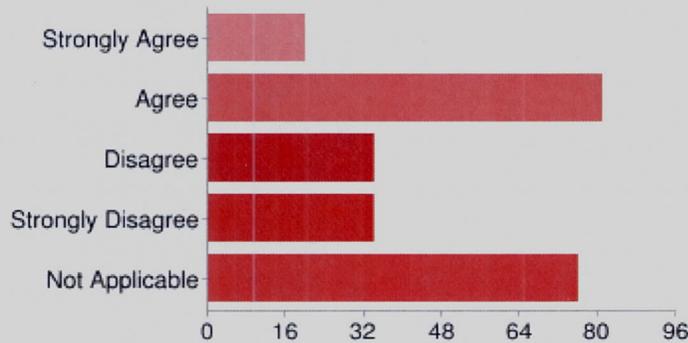
Strongly Agree	34	13%
Agree	84	31%
Disagree	28	10%
Strongly Disagree	23	9%
Not Applicable	80	30%

**20. My experience is that my foster child's visitation schedules have been reliable. - From the caseworker for the lead agency**



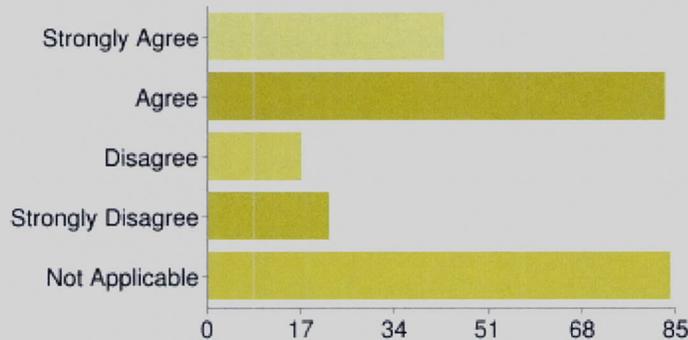
Strongly Agree	24	9%
Agree	75	28%
Disagree	36	13%
Strongly Disagree	42	16%
Not Applicable	76	28%

**21. My experience is that support services for the psychological needs of the foster child have been satisfactory. - From the caseworker for Health and Human Services**



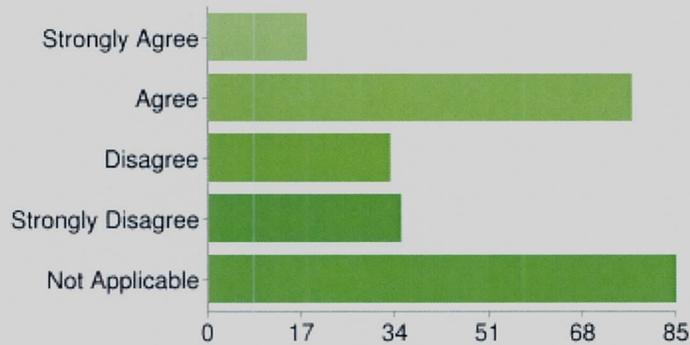
Strongly Agree	20	7%
Agree	81	30%
Disagree	34	13%
Strongly Disagree	34	13%
Not Applicable	76	28%

**22. My experience is that support services for the psychological needs of the foster child have been satisfactory. - From the caseworker for the foster care agency**



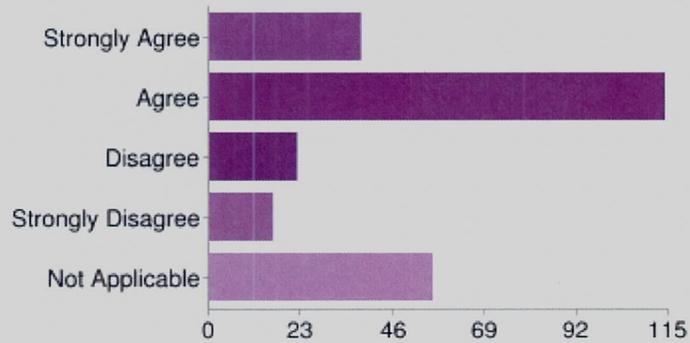
Strongly Agree	43	16%
Agree	83	31%
Disagree	17	6%
Strongly Disagree	22	8%
Not Applicable	84	31%

**23. My experience is that support services for the psychological needs of the foster child have been satisfactory. - From the caseworker for the lead agency**



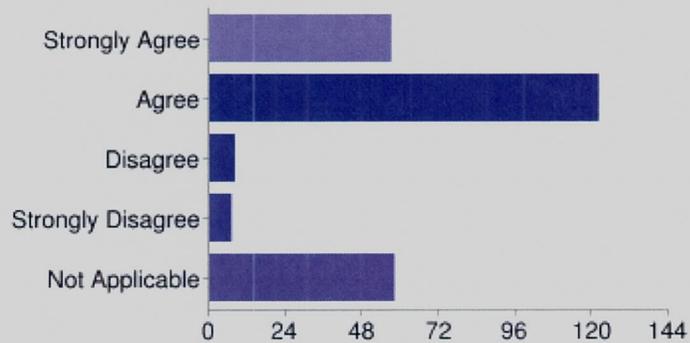
Strongly Agree	18	7%
Agree	77	29%
Disagree	33	12%
Strongly Disagree	35	13%
Not Applicable	85	32%

**24. My experience is that support services for the medical needs of the foster child have been satisfactory. - From the caseworker for Health and Human Services**



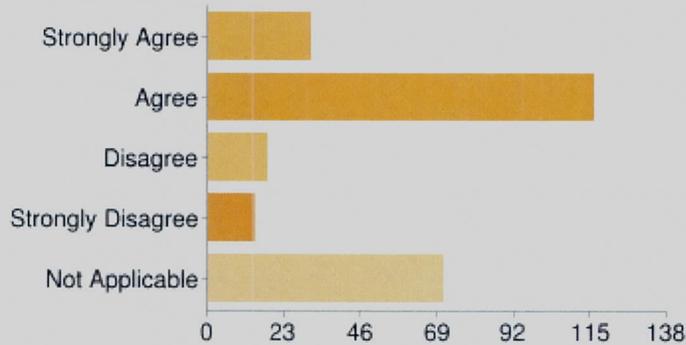
Strongly Agree	38	14%
Agree	114	42%
Disagree	22	8%
Strongly Disagree	16	6%
Not Applicable	56	21%

**25. My experience is that support services for the medical needs of the foster child have been satisfactory. - From the caseworker for the foster care agency**



Strongly Agree	57	21%
Agree	122	45%
Disagree	8	3%
Strongly Disagree	7	3%
Not Applicable	58	22%

**26. My experience is that support services for the medical needs of the foster child have been satisfactory. - From the caseworker for the lead agency**



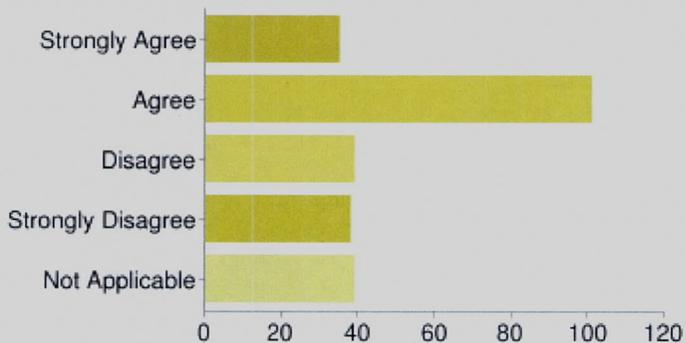
Strongly Agree	31	12%
Agree	116	43%
Disagree	18	7%
Strongly Disagree	14	5%
Not Applicable	71	26%

**27. My experience is that I was provided with adequate and necessary information about the needs of the foster child before placement. - From the caseworker for Health and Human Services**



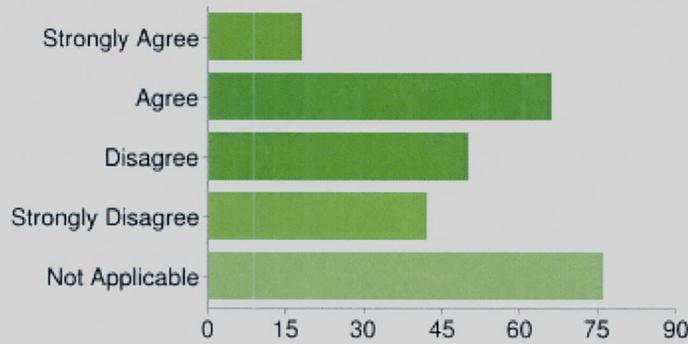
Strongly Agree	19	7%
Agree	79	29%
Disagree	56	21%
Strongly Disagree	52	19%
Not Applicable	45	17%

**28. My experience is that I was provided with adequate and necessary information about the needs of the foster child before placement. - From the caseworker for the foster care agency**



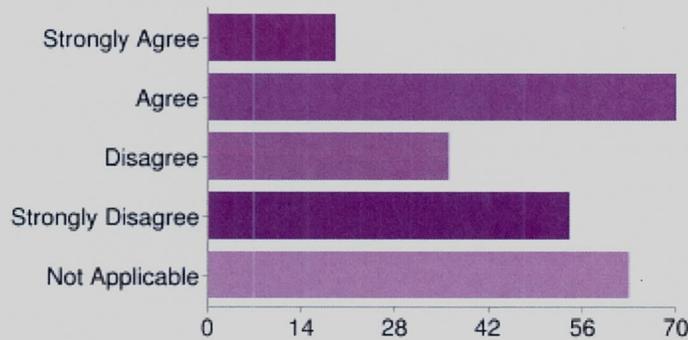
Strongly Agree	35	13%
Agree	101	38%
Disagree	39	14%
Strongly Disagree	38	14%
Not Applicable	39	14%

**29. My experience is that I was provided with adequate and necessary information about the needs of the foster child before placement. - From the caseworker for the lead agency**



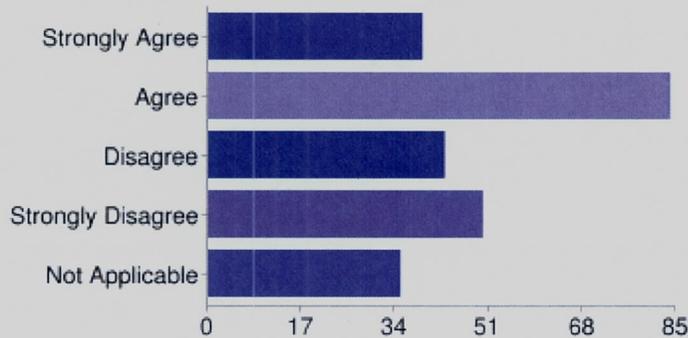
Strongly Agree	18	7%
Agree	66	25%
Disagree	50	19%
Strongly Disagree	42	16%
Not Applicable	76	28%

**30. My experience is that payments for foster care services have been adequate. - From the caseworker for Health and Human Services**



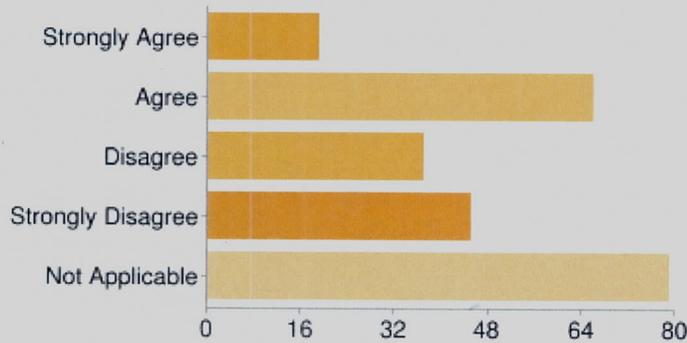
Strongly Agree	19	7%
Agree	70	26%
Disagree	36	13%
Strongly Disagree	54	20%
Not Applicable	63	23%

**31. My experience is that payments for foster care services have been adequate. - From the caseworker for the foster care agency**



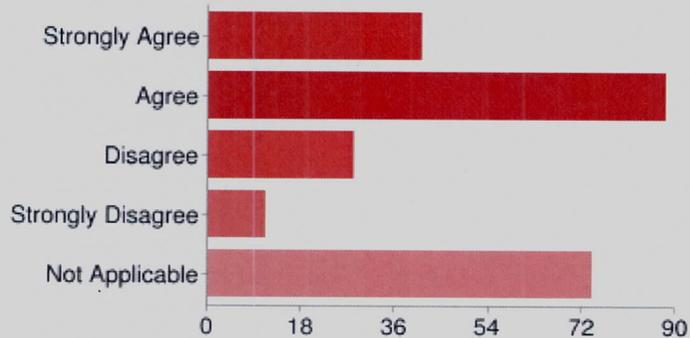
Strongly Agree	39	14%
Agree	84	31%
Disagree	43	16%
Strongly Disagree	50	19%
Not Applicable	35	13%

**32. My experience is that payments for foster care services have been adequate. - From the caseworker for the lead agency**



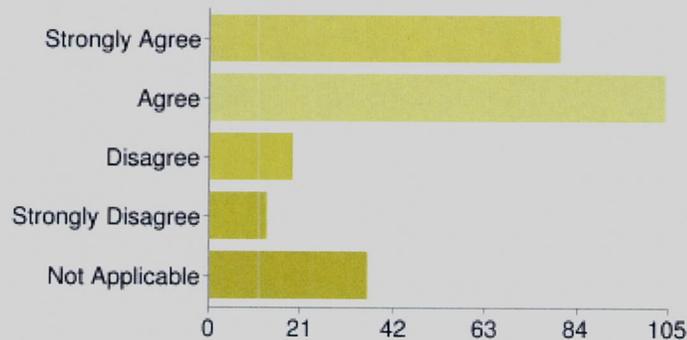
Strongly Agree	19	7%
Agree	66	25%
Disagree	37	14%
Strongly Disagree	45	17%
Not Applicable	79	29%

**33. My experience is that payments for foster care services have been timely and accurate. - From the caseworker for Health and Human Services**



Strongly Agree	41	15%
Agree	88	33%
Disagree	28	10%
Strongly Disagree	11	4%
Not Applicable	74	28%

**34. My experience is that payments for foster care services have been timely and accurate. - From the caseworker for the foster care agency**



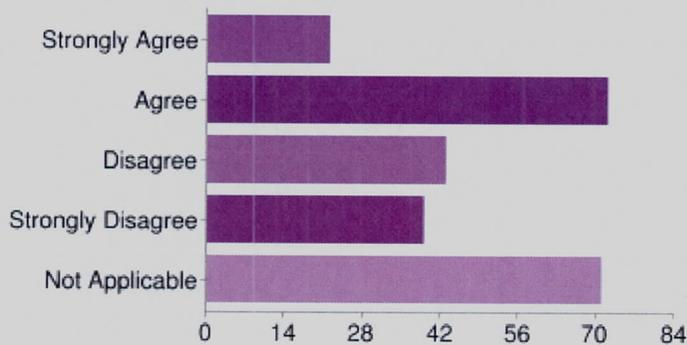
Strongly Agree	80	30%
Agree	104	39%
Disagree	19	7%
Strongly Disagree	13	5%
Not Applicable	36	13%

**35. My experience is that payments for foster care services have been timely and accurate. - From the caseworker for the lead agency**



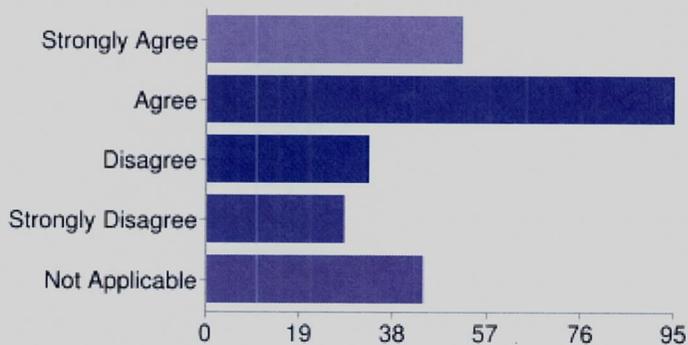
Strongly Agree	34	13%
Agree	75	28%
Disagree	31	12%
Strongly Disagree	14	5%
Not Applicable	89	33%

**36. My experience is that delivery of support services for foster parents (such as childcare, respite care, counseling, peer support to prevent or reduce stress, etc.) have been satisfactory. - From the caseworker for Health and Human Services**



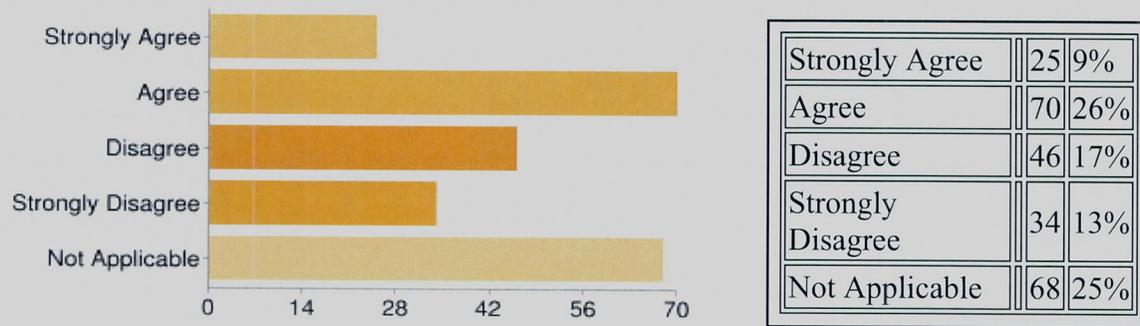
Strongly Agree	22	8%
Agree	72	27%
Disagree	43	16%
Strongly Disagree	39	14%
Not Applicable	71	26%

**37. My experience is that delivery of support services for foster parents (such as childcare, respite care, counseling, peer support to prevent or reduce stress, etc.) have been satisfactory. - From the caseworker for the foster care agency**

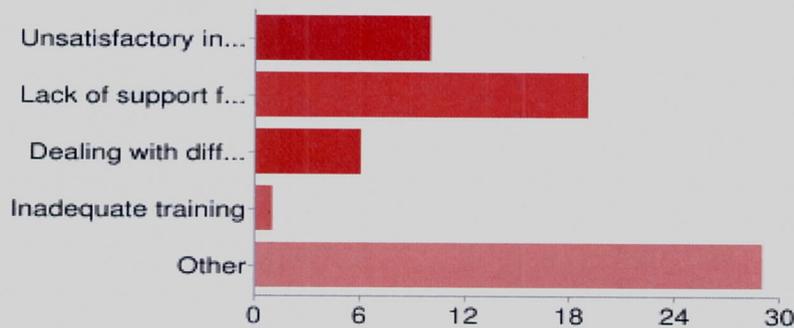


Strongly Agree	52	19%
Agree	95	35%
Disagree	33	12%
Strongly Disagree	28	10%
Not Applicable	44	16%

**38. My experience is that delivery of support services for foster parents (such as childcare, respite care, counseling, peer support to prevent or reduce stress, etc.) have been satisfactory. - From the caseworker for the lead agency**



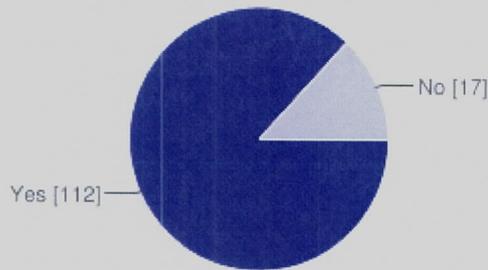
**39. If you are no longer a foster parent, then what were the issues/motivations that led to your decision to end your services as a foster care parent?**



Unsatisfactory interactions with workers	10	19%
Lack of support from the Nebraska child welfare system	19	36%
Dealing with difficult behaviors of foster children	6	11%
Inadequate training	1	2%
Other	29	55%

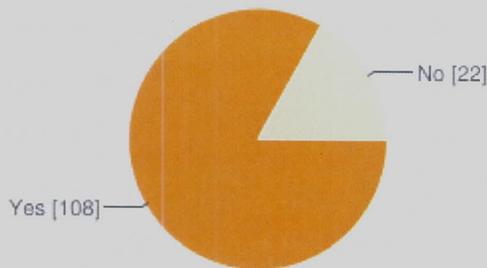
**SUMMARY RESULTS OF BIOLOGICAL PARENTS' SURVEY (base on 132 responses which include "not applicable" results and biological parents who rated one or both organizations.**

**1. A judge oversees my family's case.**



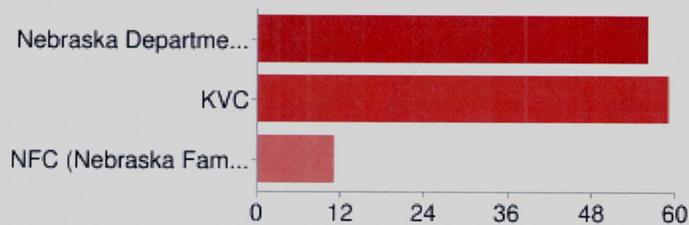
Yes	112	85%
No	17	13%

**2. One or more of my children is or was at one time placed outside of my home.**



Yes	108	82%
No	22	17%

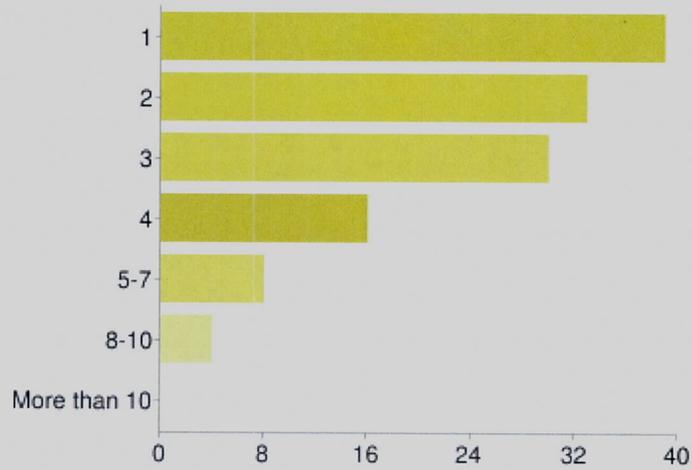
**3. I am currently working with DHHS only or with the lead agencies KVC or NFC**



Nebraska Department of Health and Human Service (DHHS)	56	47%
KVC	59	50%
NFC (Nebraska Families Collaborative)	11	9%

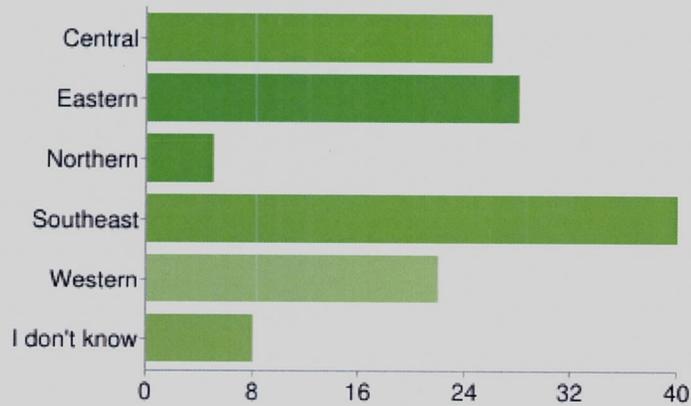
People may select more than one checkbox, so percentages may add up to more than 100%

**4. I have had the following number of caseworker(s) within the past 12 months.**



1	39	30%
2	33	25%
3	30	23%
4	16	12%
5-7	8	6%
8-10	4	3%
More than 10	0	0%

**5. I am currently living in the following service area**

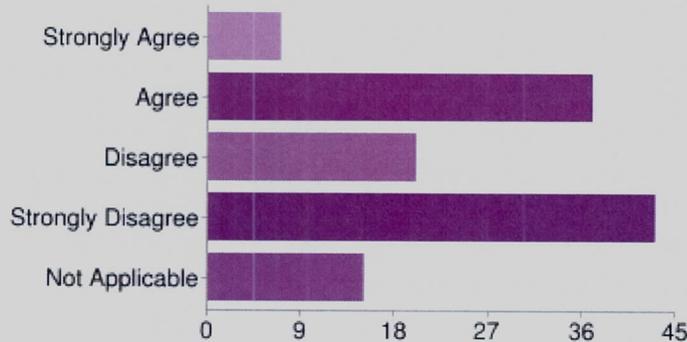


Central	26	20%
Eastern	28	21%
Northern	5	4%
Southeast	40	30%
Western	22	17%
I don't know	8	6%

We want to compare how the experience of parents may have been different when working under caseworkers for Health and Human Services as contrasted to Lead Agencies, NFC and KVC now or Boys and Girls Home, Cedars Youth Services and Visinet in the past. Please mark answers about which you have had DIRECT, personal experience and "Not Applicable" for all others.

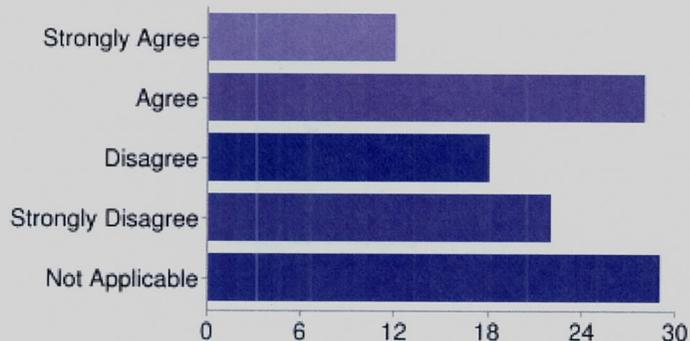
Health and Human Services' caseworkers were or are now called CPS Specialist or Child and Family Services Specialist Lead Agencies' caseworkers were or are now called Program Support Worker, Service Coordinator or Family Preservation Specialist Current lead agencies = NFC (Nebraska Families Collaborative) and KVC. Previous lead agencies = Boys and Girls Home, Cedars Youth Services, NFC (Nebraska Families Collaborative), KVC, and Visinet

**6. My experience is that communication has been adequate. - From the caseworker for Health and Human Services**



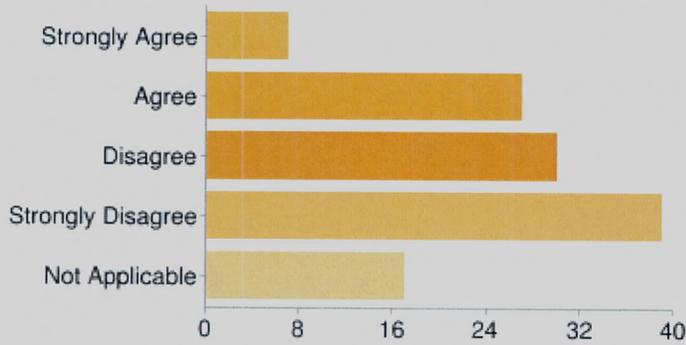
Strongly Agree	7	5%
Agree	37	28%
Disagree	20	15%
Strongly Disagree	43	33%
Not Applicable	15	11%

**7. My experience is that communication has been adequate. - From caseworker for the lead agency**



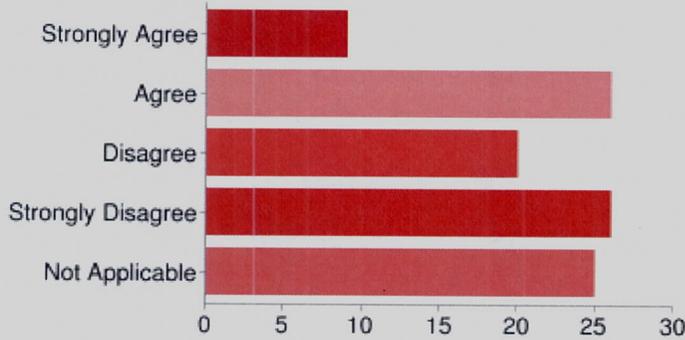
Strongly Agree	12	9%
Agree	28	21%
Disagree	18	14%
Strongly Disagree	22	17%
Not Applicable	29	22%

**8. My experience is that caseworker responses to my requests are timely - From the caseworker for Health and Human Services**



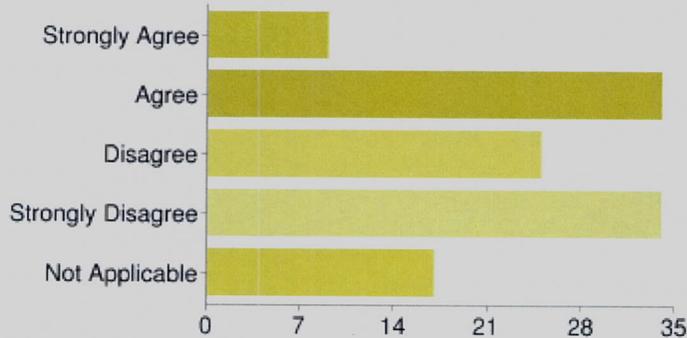
Strongly Agree	7	5%
Agree	27	20%
Disagree	30	23%
Strongly Disagree	39	30%
Not Applicable	17	13%

**9. My experience is that caseworker responses to my requests are timely - From the caseworker for the Lead Agency**



Strongly Agree	9	7%
Agree	26	20%
Disagree	20	15%
Strongly Disagree	26	20%
Not Applicable	25	19%

**10. My experience is that when I have a problem related to my case, the caseworker was able to address it. - The caseworker for Health and Human Services**



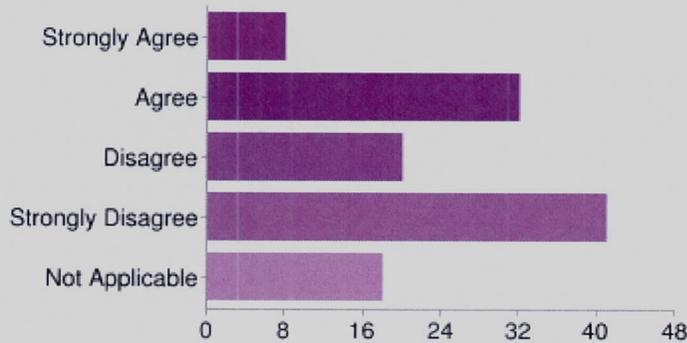
Strongly Agree	9	7%
Agree	34	26%
Disagree	25	19%
Strongly Disagree	34	26%
Not Applicable	17	13%

**11. My experience is that when I have a problem related to my case, the caseworker was able to address it. - The caseworker for the Lead Agency**



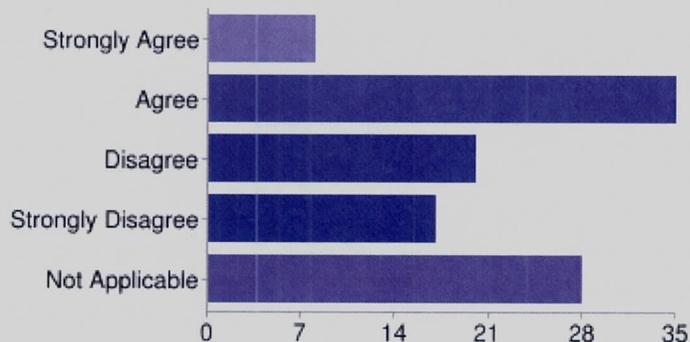
Strongly Agree	10	8%
Agree	31	23%
Disagree	21	16%
Strongly Disagree	18	14%
Not Applicable	30	23%

**12. My experience is that my caseworker helped me find community resources and services for my family. - The caseworker for Health and Human Services**



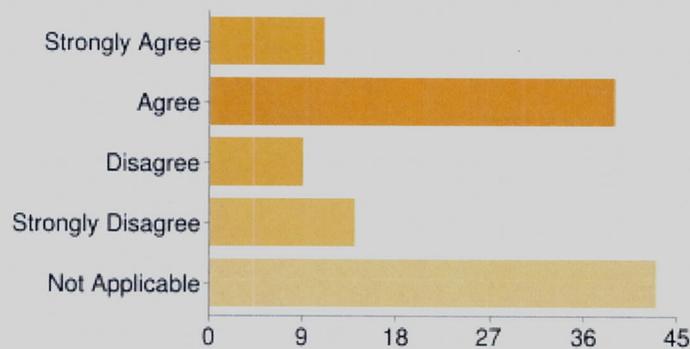
Strongly Agree	8	6%
Agree	32	24%
Disagree	20	15%
Strongly Disagree	41	31%
Not Applicable	18	14%

**13. My experience is that my caseworker helped me find community resources and services for my family. - The caseworker for the Lead Agency**



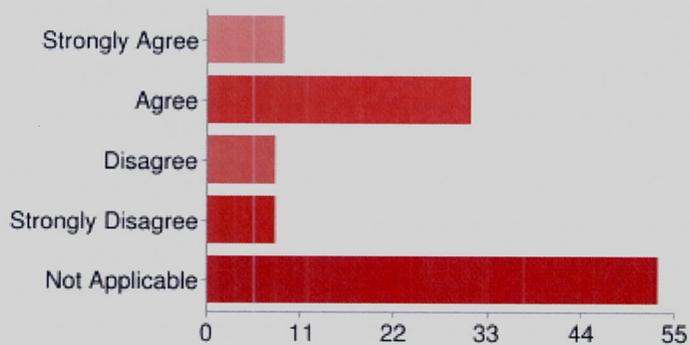
Strongly Agree	8	6%
Agree	35	27%
Disagree	20	15%
Strongly Disagree	17	13%
Not Applicable	28	21%

**14. 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. - The caseworker for Health and Human Services**



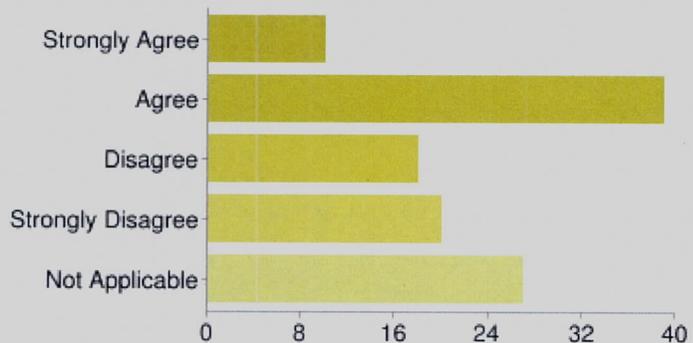
Strongly Agree	11	8%
Agree	39	30%
Disagree	9	7%
Strongly Disagree	14	11%
Not Applicable	43	33%

**15. 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. - The caseworker for the Lead Agency**



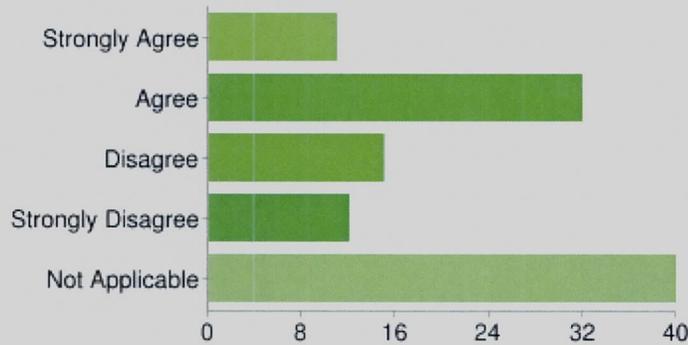
Strongly Agree	9	7%
Agree	31	23%
Disagree	8	6%
Strongly Disagree	8	6%
Not Applicable	53	40%

**16. My experience is that support services for the psychological needs of my child have been satisfactory. - The caseworker for Health and Human Services**



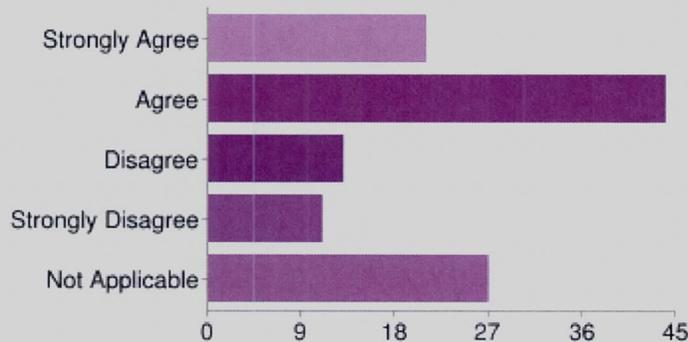
Strongly Agree	10	8%
Agree	39	30%
Disagree	18	14%
Strongly Disagree	20	15%
Not Applicable	27	20%

**17. My experience is that support services for the psychological needs of my child have been satisfactory. - The caseworker for the Lead Agency**



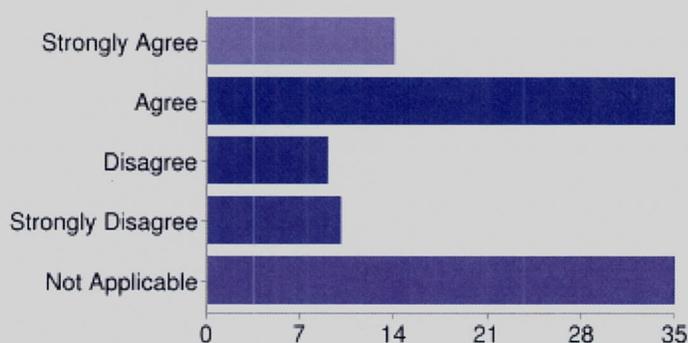
Strongly Agree	11	8%
Agree	32	24%
Disagree	15	11%
Strongly Disagree	12	9%
Not Applicable	40	30%

**18. My experience is that support services for the medical needs of my child have been satisfactory. - The caseworker for Health and Human Services**



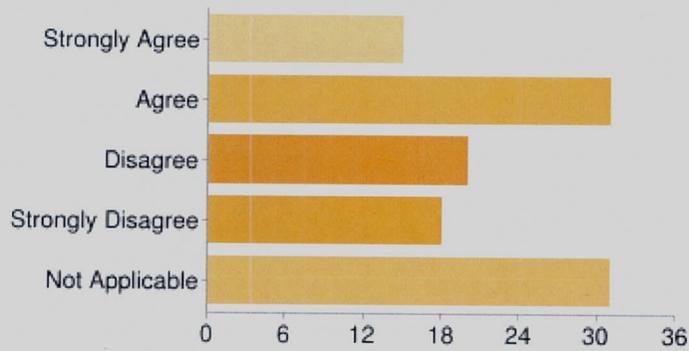
Strongly Agree	21	16%
Agree	44	33%
Disagree	13	10%
Strongly Disagree	11	8%
Not Applicable	27	20%

**19. My experience is that support services for the medical needs of my child have been satisfactory. - The caseworker for the Lead Agency**



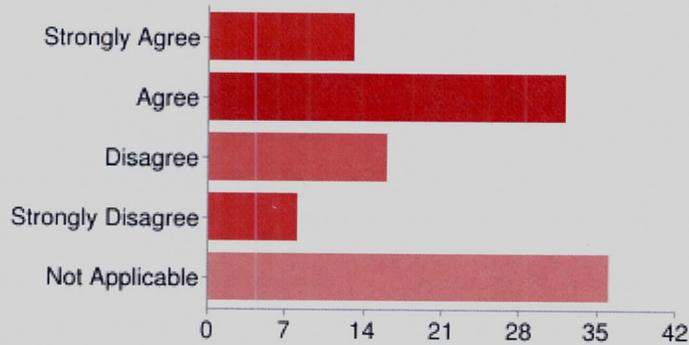
Strongly Agree	14	11%
Agree	35	27%
Disagree	9	7%
Strongly Disagree	10	8%
Not Applicable	35	27%

20. My experience is the caseworker encourages me to participate in my child/children's school activities, extracurricular activities and go to their doctor's appointments. - The caseworker for Health and Human Services



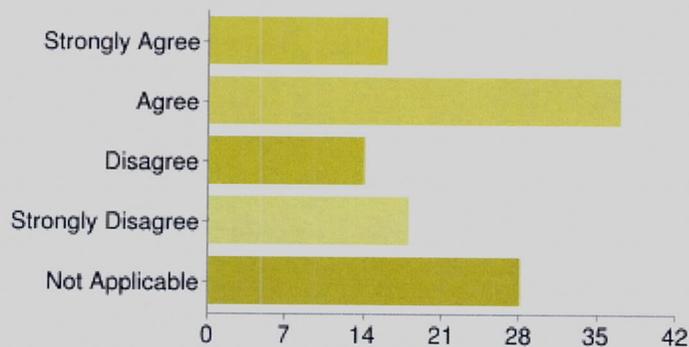
Strongly Agree	15	11%
Agree	31	23%
Disagree	20	15%
Strongly Disagree	18	14%
Not Applicable	31	23%

21. My experience is the caseworker encourages me to participate in my child/children's school activities, extracurricular activities and go to their doctor's appointments. - The caseworker for the Lead Agency



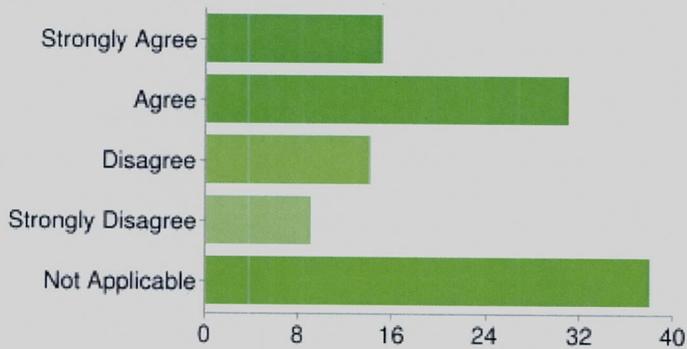
Strongly Agree	13	10%
Agree	32	24%
Disagree	16	12%
Strongly Disagree	8	6%
Not Applicable	36	27%

22. My experience is the caseworker invites me to family team meetings to set goals and create and update plans that will lead to my child coming home. - The caseworker for Health and Human Services



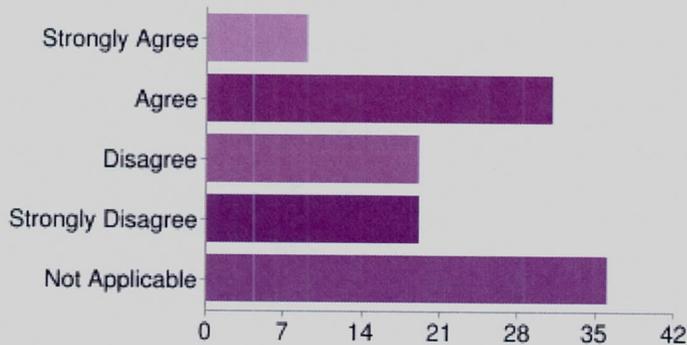
Strongly Agree	16	12%
Agree	37	28%
Disagree	14	11%
Strongly Disagree	18	14%
Not Applicable	28	21%

**23. My experience is the caseworker invites me to family team meetings to set goals and create and update plans that will lead to my child coming home. - The caseworker for the Lead Agency**



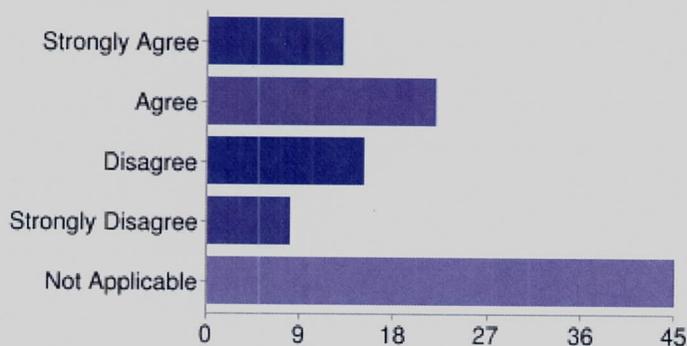
Strongly Agree	15	11%
Agree	31	23%
Disagree	14	11%
Strongly Disagree	9	7%
Not Applicable	38	29%

**24. My experience is that my caseworker wants me to succeed and get my child/children back home. - The caseworker for Health and Human Services**



Strongly Agree	9	7%
Agree	31	23%
Disagree	19	14%
Strongly Disagree	19	14%
Not Applicable	36	27%

**25. My experience is that my caseworker wants me to succeed and get my child/children back home. - The caseworker for the Lead Agency**



Strongly Agree	13	10%
Agree	22	17%
Disagree	15	11%
Strongly Disagree	8	6%
Not Applicable	45	34%

UNIVERSITY OF  
**Nebraska**  
PUBLIC POLICY CENTER



**ANALYSIS OF PARENT AND  
FOSTER PARENT SURVEY  
FOR THE NEBRASKA OMBUDSMAN'S OFFICE**

**October 7, 2011**

The University of Nebraska Public Policy Center provides assistance to policymakers in all three branches of government and researchers on a wide range of public policy issues. The mission of the PPC is to actively inform public policy by facilitating, developing, and making available objective research and analyses of issues for elected and appointed officials; state and local agency staff; the public at large; and others who represent policy interests.

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## **ANALYSIS OF PARENT AND FOSTER PARENT SURVEY FOR THE NEBRASKA OMBUDSMAN'S OFFICE**

The following analyses were conducted on data that were obtained through an on-line and paper surveys of biological parents and foster parents of children who are wards of the state. The surveys were conducted in the autumn of 2011 in conjunction with Legislative Resolution 37 (2011). The surveys were similar but not identical and focused on respondent perceptions about Nebraska's child welfare system. For parents, questions included whether a judge oversees their case, whether one or more children were placed out of the home, whether they worked with just the Department of Health and Human Services only or with one of two lead agencies, the number of caseworkers they had in the last year, and in which service area they live. Then they were asked a series of questions about their experiences with Department caseworkers and lead agency caseworkers (e.g., my experience is that communication has been adequate). Finally, biological parents were asked open ended questions about the best support services they had received and the top three barriers parents face in the child welfare system.

The foster parent survey including questions about why they became a foster parent, length of time for being a foster parent, the type of foster care they provide, whether they worked with just the Department of Health and Human Services only or with one of two lead agencies, and the service area in which they live. Then they were asked a series of questions about their experiences with Department caseworkers, caseworkers for the foster care agency, and lead agency caseworkers (e.g., my experience is that communication has been adequate). Foster parents were asked four open ended questions including the top support services, the top barriers, suggestions for family recruitment, and suggestions for encouraging existing foster parents to continue their work. Finally, they were asked if they were no longer a foster parent, the reason for their decision to stop providing foster care. There were 132 respondents for the parent survey and 269 respondents for the current and former foster parent survey.

The Nebraska Ombudsman's Office requested the Public Policy Center assist with statistical analysis of some of the survey results. The questions to be answered included the following:

1. Are there significant differences in parent perceptions about DHHS case workers and lead agency case workers?
2. Are there significant differences in foster parent perceptions about DHHS case workers, foster care agency case workers, and lead agency case worker?
3. Are there significant differences between foster parents with two years or less experience compared with foster parents with three years or more experience regarding perceptions of case workers?
4. Are there significant differences in perceptions biological parents and foster parents regarding their perceptions of case workers?

## Differences in Parent Perceptions about DHHS and Lead Agency Caseworkers

Table I shows the perceptions of biological parents about Department caseworkers and Lead Agency caseworkers. There were significant differences for two of the ten questions. Respondents were more likely to agree that lead agency caseworkers were able to address problems with their case and that visits were consistently carried out, in comparison to Department caseworkers. Although statistically significant, these differences were not great.

**Table 1: Mean Differences Perception about Caseworkers at DHHS and Lead Agency among Biological Parents**

Variable	DHHS	Lead Agency	Mean Difference
	Mean	Mean	
My experience is that communication has been adequate	2.17	2.31	-.14
My experience is that caseworker responses to my requests are timely	2.02	2.16	-.14
My experience is that when I have a problem related to my case, the caseworker was able to address it	2.16	2.38	-.22*
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	2.18	2.35	-.18*
My experience is that support services for the psychological needs of my child have been satisfactory	2.73	2.70	.03
My experience is that support services for the medical needs of my child have been satisfactory	2.55	2.49	.06
My experience is that my caseworker helped me find community resources and services for my family	2.87	2.79	.09
My experience is the caseworker encourages me to participate in my child/children's school activities extracurricular activities and go to their doctor's appointments	2.70	2.70	.00
My experience is the caseworker invites me to family team meetings to set goals and create and update plans that will lead to my child coming home	2.66	2.68	-.02
My experience is that my caseworker wants me to succeed and get my child/children back home	2.49	2.56	-.08

\* Means are Significantly Different,  $p < .05$

### Differences in Foster Parent Perceptions about DHHS, Foster Agency and Lead Agency Caseworkers

Table 2 shows the perceptions of foster parents about Department caseworkers, foster agency caseworkers, and lead agency caseworkers. There were significant differences for all questions except one. Foster parents rated foster agency caseworkers higher than either department case workers or lead agency case workers for adequate communication, transportation, timely responses, addressing problems, reliable visitation schedules, services for psychological needs, services for medical needs, adequate information, adequate payments, and support services. The only question which did not elicit significant differences in ratings pertained to timely and accurate payments. There was one area where lead agency caseworkers rated higher than department caseworkers; foster parents rated lead agency caseworkers higher for providing accurate and timely information about the needs of the foster child. Overall, foster parents rated foster care agency caseworkers higher than either department or lead agency caseworkers

**Table 2: Mean Differences in Perceptions about Caseworkers at DHHS, Foster Care, and Lead Agency among Foster Care Parents**

Variables	DHHS <i>Mean</i>	FOSTER CARE <i>Mean</i>	LEAD AGENCY <i>Mean</i>	<i>p-value</i>
My Experience is that Communication has been Adequate	2.23 <sup>a</sup>	2.94 <sup>ab</sup>	2.25 <sup>b</sup>	0.000
My Experience is that Transportation Services Provided have been Adequate	2.28 <sup>a</sup>	2.73 <sup>ab</sup>	2.38 <sup>b</sup>	0.000
My Experience is that Agency Responses to my Requests are Timely	2.29 <sup>a</sup>	2.93 <sup>ab</sup>	2.41 <sup>b</sup>	0.000
My Experience is that when I have a Foster Care Related Problem, the Agency was able to Address it	2.39 <sup>a</sup>	2.97 <sup>ab</sup>	2.42 <sup>b</sup>	0.000
My Experience is that my Foster Child's Visitation Schedules have been Reliable	2.44 <sup>a</sup>	2.68 <sup>ab</sup>	2.53 <sup>b</sup>	0.000
My Experience is that Support Services for the Psychological Needs of the Foster Child have been Satisfactory	2.53 <sup>a</sup>	2.84 <sup>ab</sup>	2.62 <sup>b</sup>	0.003
My Experience is that Support Services for the Medical Needs of the Foster Child have been Satisfactory	2.89 <sup>a</sup>	3.1 <sup>ab</sup>	2.98 <sup>b</sup>	0.000

My Experience is that I was Provided with Adequate and Necessary Information about the Needs of the Foster Child before Placement	2.24 <sup>ac</sup>	2.58 <sup>ab</sup>	2.36 <sup>bc</sup>	0.000
My Experience is that Payments for Foster Care Services have been Adequate	2.23 <sup>a</sup>	2.39 <sup>ab</sup>	2.27 <sup>b</sup>	0.000
My Experience is that Payments for Foster Care Services have been Timely and Accurate	2.89	2.98	2.84	0.085
My Experience is that Delivery of Support Services for Foster Parents (such as childcare, respite care, counseling, peer support to prevent or reduce stress, etc.) have been Satisfactory	2.41 <sup>a</sup>	2.71 <sup>ab</sup>	2.49 <sup>b</sup>	0.000

Means with identical subscripts represents significant difference between means

### Differences in Foster Parent Responses Based on Experience

Table 3 shows ratings of responses of foster parents with two or fewer years experience compared to foster parents with three or more years experience. There were few significant differences. More experienced foster parents rated Foster Care Agency caseworkers lower on transportation services and timely and accurate payment than did less experienced foster parents. More experienced foster parents also rated department caseworkers lower on adequate payments than did less experienced foster parents. For the most part, experience of foster parents was not a major factor in ratings of case workers.

**Table 3: Mean Differences between Foster Parents with 2 or Less Years of Experience Versus Parents with 3 or More Years of Experience on Perceptions of Case Workers at Different Agencies**

Variables	DHHS		Foster Care		Lead Agency	
	2 years or less	3 years or more	2 years or less	3 years or more	2 years or less	3 years or more
My experience is that communication has been adequate.	2.33	2.34	3.12	2.94	2.36	2.24
My Experience is that Transportation Services Provided have been Adequate	2.60	2.28	3.09	2.68*	2.50	2.43

My Experience is that Agency Responses to my Requests are Timely	2.46	2.30	3.20	2.97	2.39	2.42
My Experience is that when I have a Foster Care Related Problem, the Agency was able to Address it	2.60	2.46	3.09	2.93	2.58	2.38
My Experience is that my Foster Child's Visitation Schedules have been Reliable	2.55	2.35	2.94	2.70	2.74	2.33
My Experience is that Support Services for the Psychological Needs of the Foster Child have been Satisfactory	2.57	2.49	3.04	2.83	2.43	2.50
My Experience is that Support Services for the Medical Needs of the Foster Child have been Satisfactory	3.00	2.88	3.26	3.15	2.87	2.94
My Experience is that I was Provided with Adequate and Necessary Information about the Needs of the Foster Child before Placement	2.39	2.30	2.69	2.59	2.31	2.35
My Experience is that Payments for Foster Care Services have been Adequate	2.57	2.20*	2.66	2.46	2.68	2.23
My Experience is that Payments for Foster Care Services have been Timely and Accurate	3.09	2.89	3.37	3.06*	3.02	2.76
My Experience is that Delivery of Support Services for Foster Parents (such as childcare, respite care, counseling, peer support to prevent or reduce stress, etc.) have been Satisfactory	2.50	2.42	2.90	2.79	2.44	2.51

\* Means are Significantly Different,  $p < .05$

## Differences in responses between Parents and Foster Parents

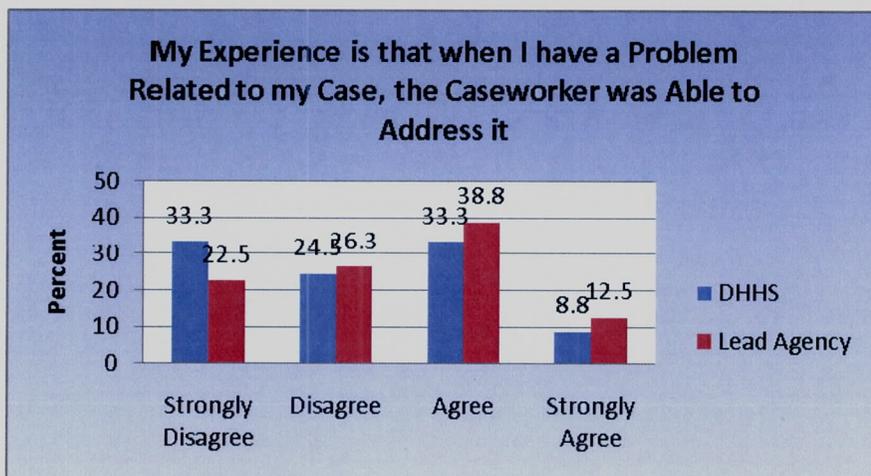
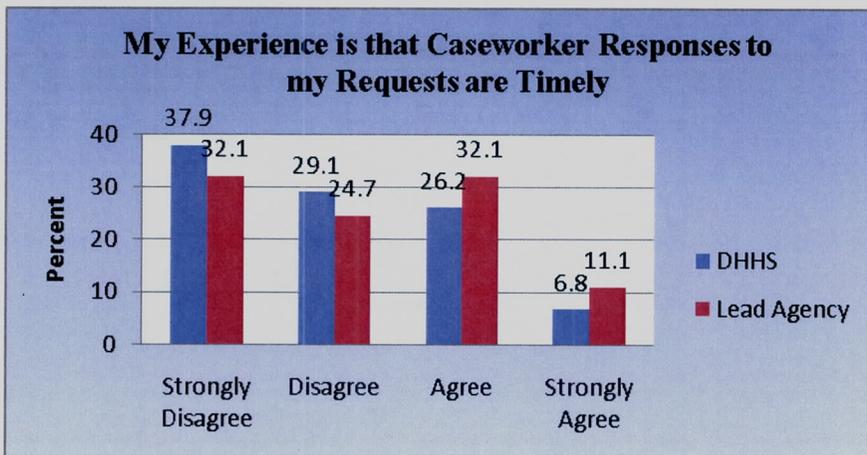
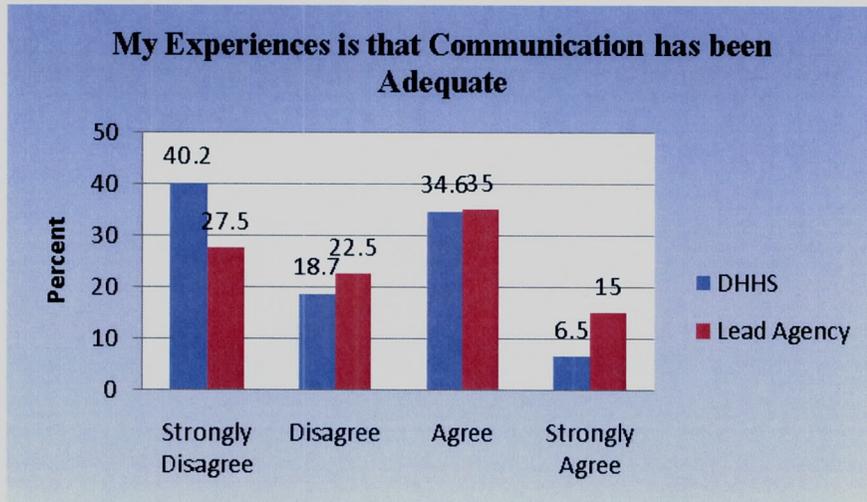
Some of the questions between the parent and foster parent survey were the same or similar enough to compare. There were few significant differences between the two groups. Foster parents tended to rate department caseworkers higher on communication, timely responses, and addressing problems than did parents. There were no significant differences between biological parents and foster parents with regard to perceptions about lead agency caseworkers.

**Table 4: Mean Differences between Biological and Foster Parents in their Perceptions Toward Caseworks at DHHS and Lead**

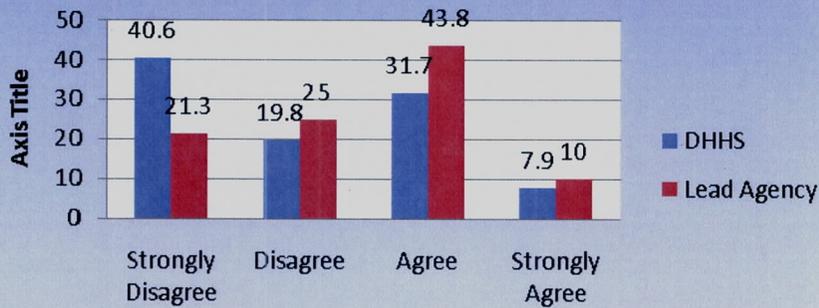
Variables	DHHS		Lead Agency	
	Biological Parent	Foster Parent	Biological Parent	Foster Parent
My Experience is that communication has been adequate.	2.07	2.33*	2.37	2.29
My Experience is that Support Services for the Psychological Needs of the Foster Child have been Satisfactory	2.64	2.40	2.73	2.46
My Experience is that Support Services for the Medical Needs of the Foster Child have been Satisfactory	2.45	2.51	2.60	2.48
My Experience is that Agency Responses to my Requests are Timely	2.02	2.35*	2.22	2.42
My Experience is that when I have a Foster Care Related Problem, the Agency was able to Address it	2.18	2.50*	2.41	2.44

\* Means are Significantly Different,  $p < .05$

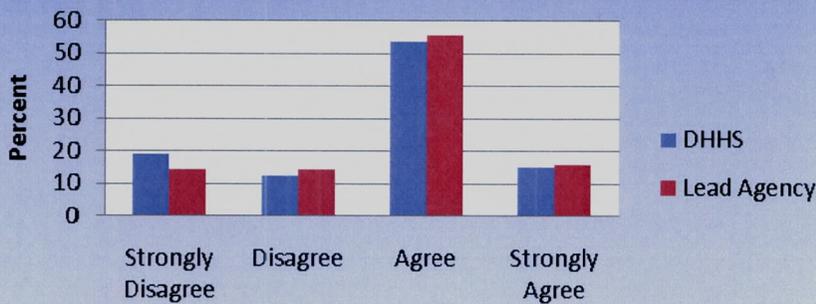
Attachment 1: Responses to Individual Questions on Parent Survey – Comparison of Perceptions for DHHS and Lead Agency Caseworkers



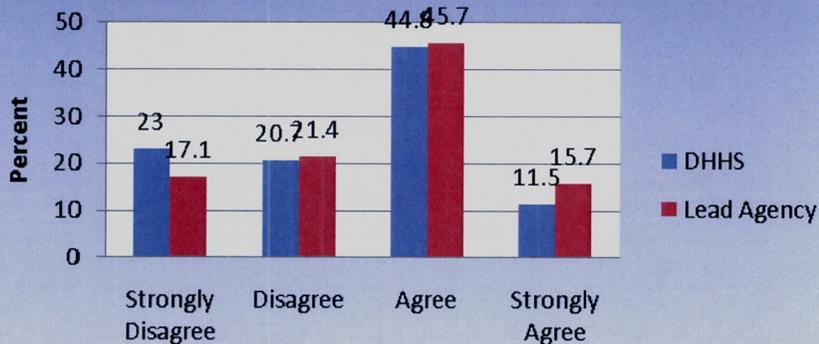
**My Experience is that my Visits with my Child are as Frequent as is Ordered by the Court, and are Consistently Carried out as Scheduled**



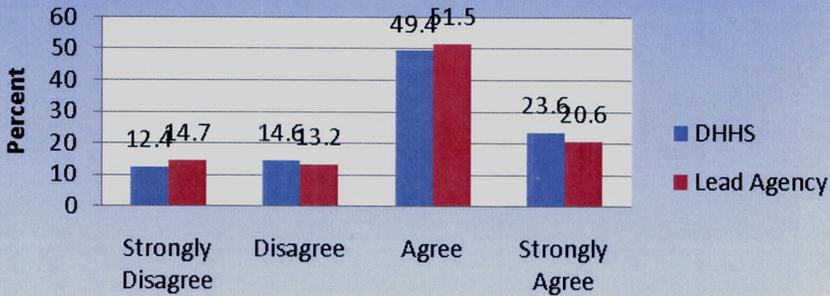
**My Experience is that Support Services for the Psychological Needs of my Child have been Satisfactory**



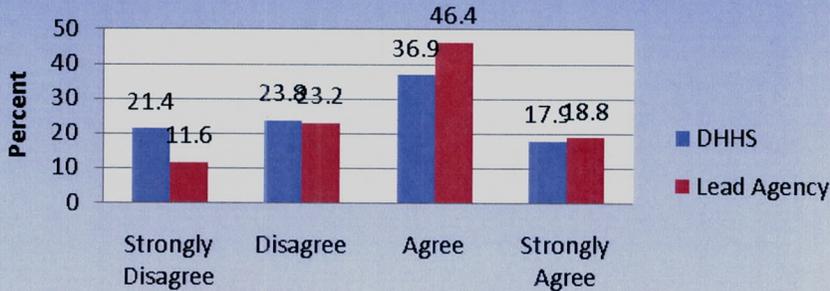
**My Experience is that Support Services for the Medical Needs of my Child have been Satisfactory**



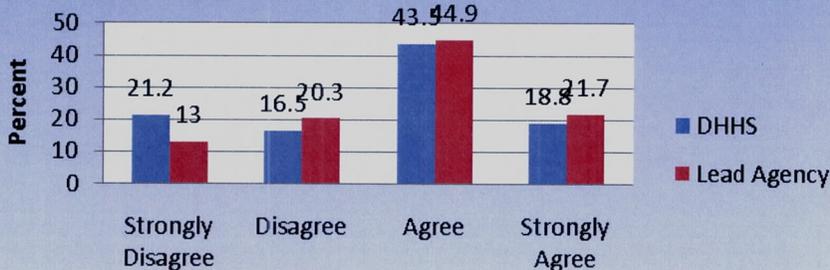
**My Experience is that my Caseworker Helped me Find Community Resources and Serives for my Family**



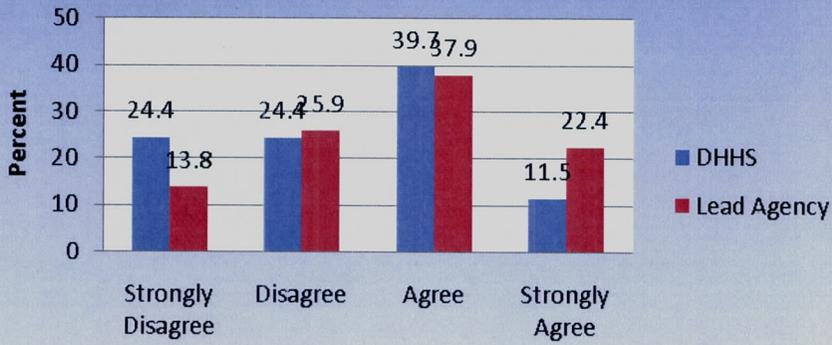
**My Experience is the Caseworker Encourages me to Participate in my Child/Childrens School Activities, Extracurricular Activities, and go to their Doctors Appointments**



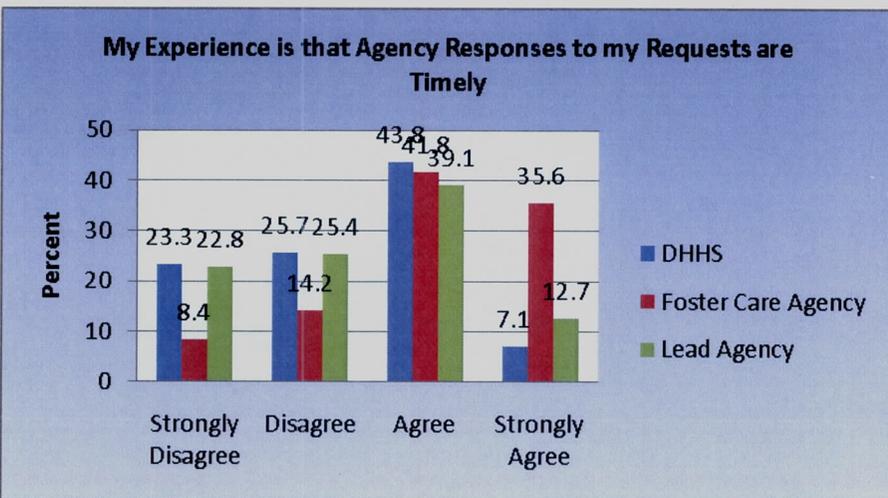
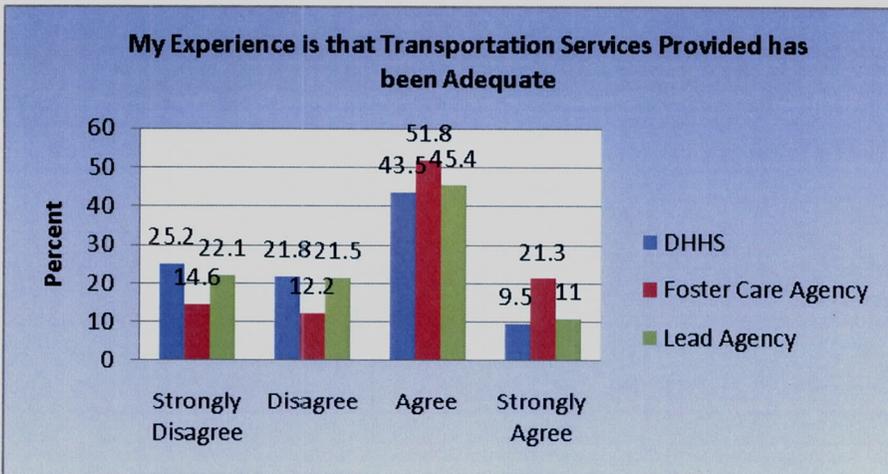
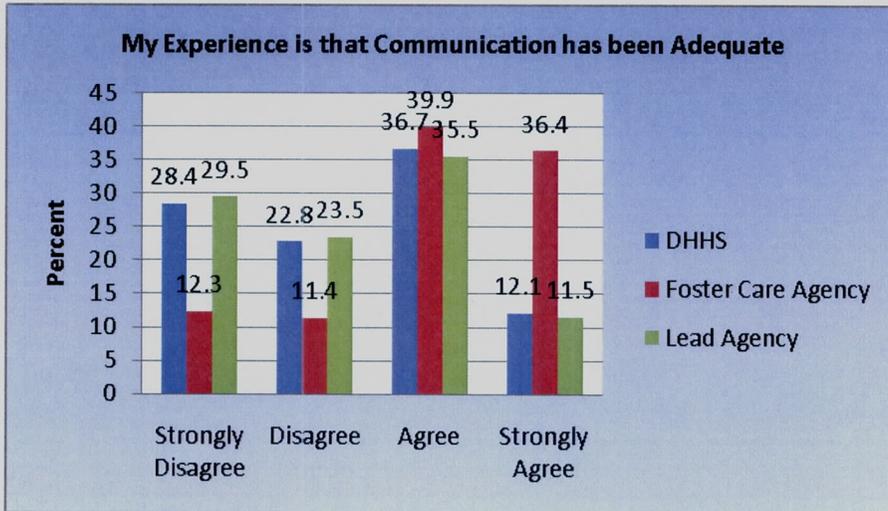
**My Experience is the Caseworker Invites me to Family Team Meetings to Set Goals and Create Update Plans that will Lead to my Child Coming Home**



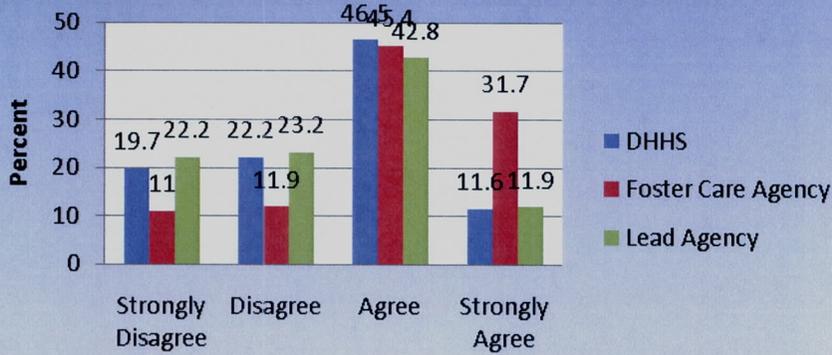
**My Experience is that my Caseworker Wants me to Succeed and get my Child/Children Back Home**



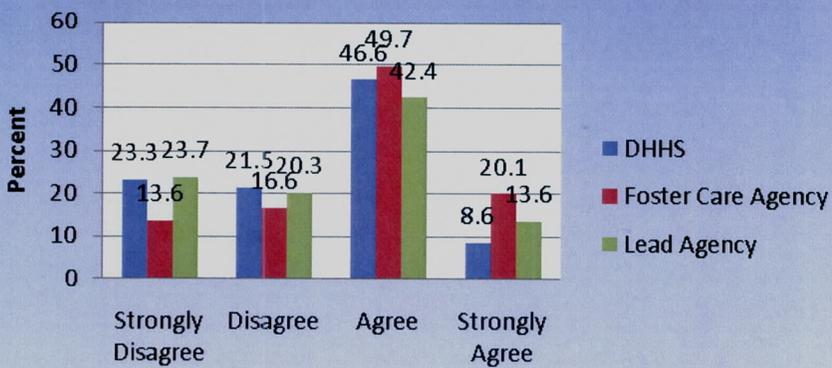
Attachment 2: Responses to Individual Questions for Foster Parent Survey



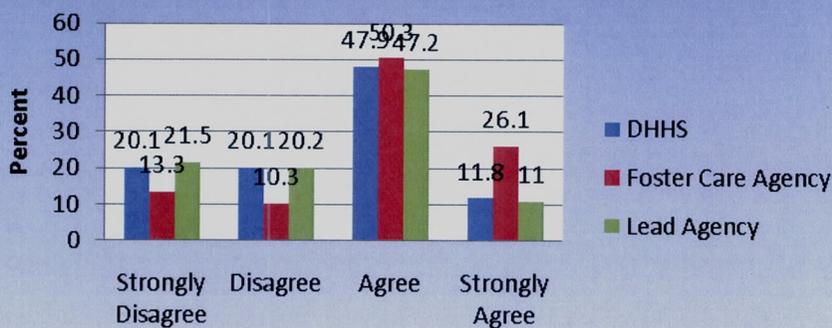
**My Experience is that when I have a Foster Care Related Problem, the Agency was Able to Address it**



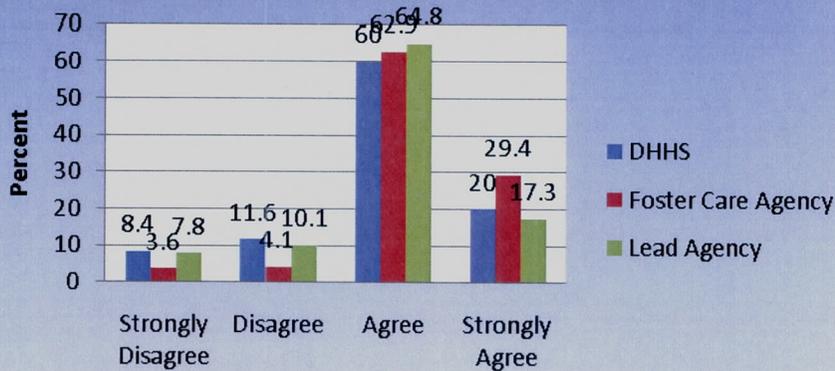
**My Experience is that my Foster Child's Visitation Schedules have been Reliable**



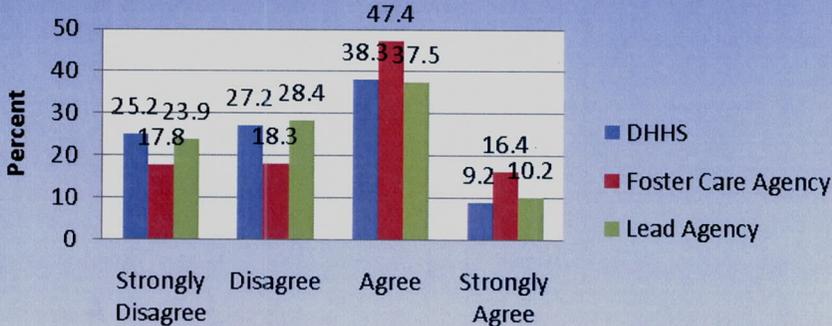
**My Experiences is that Support Services for the Psychological Needs of the Foster Child have been Satisfactory**



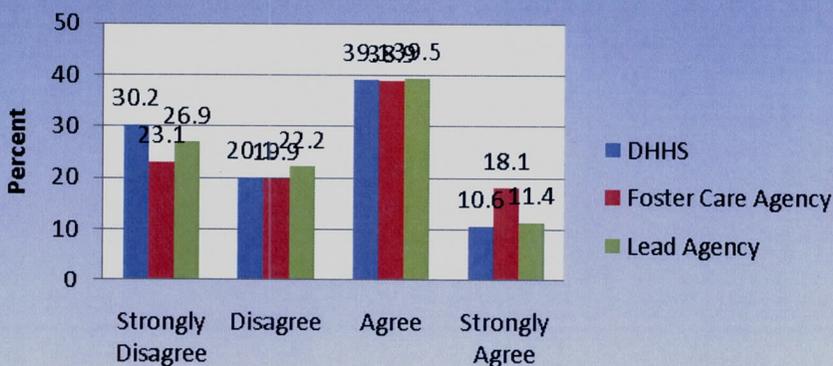
**My Experience is that Support Services for the Medical Needs of the Foster Child have been Satisfactory**

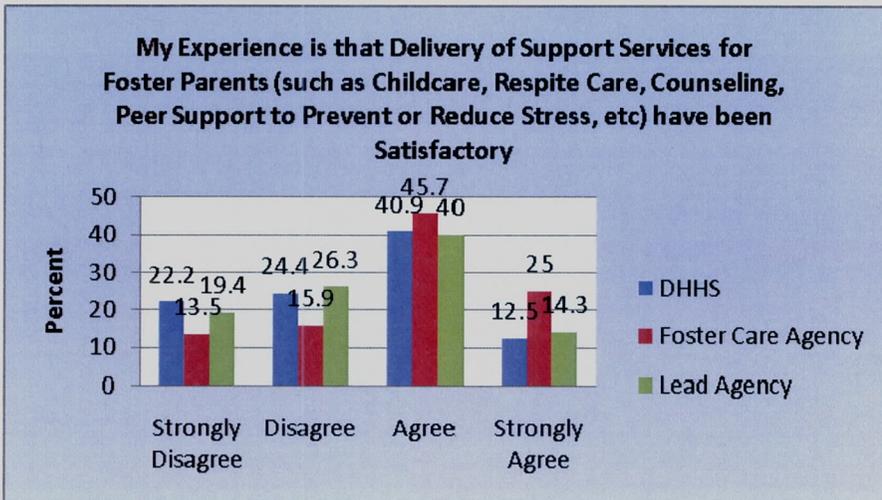
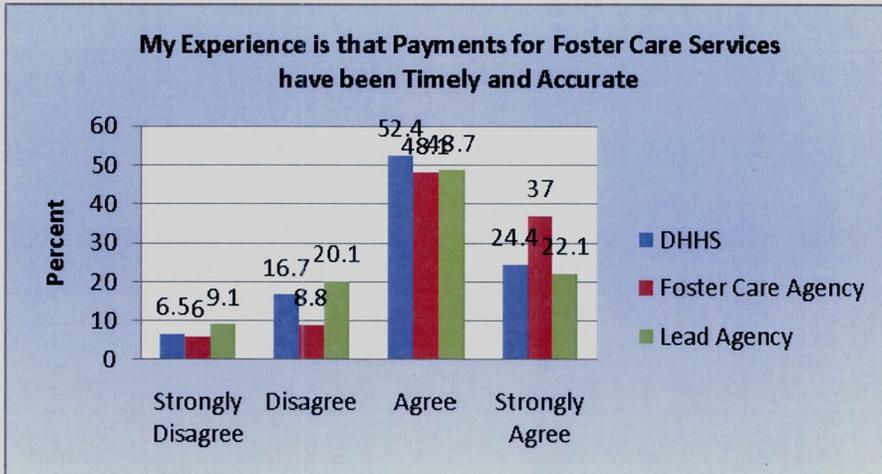


**My Experience is that I was Provided with Adequate and Necessary Information about the Needs of the Foster Child before Placement**



**My Experience is that Payments for Foster Care Services have been Adequate**

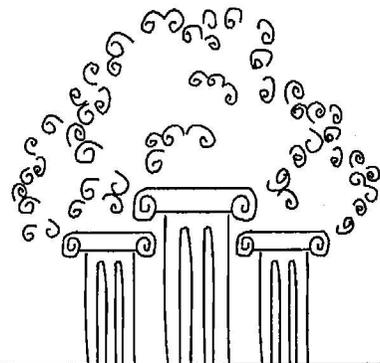


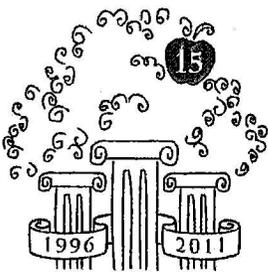


# REPORT TO THE HHS COMMITTEE OF THE LEGISLATURE LR 37

Survey of Attorneys' Perceptions of  
Child Welfare Privatizations

Child Welfare System Accountability Program  
Nebraska Appleseed Center for Law in the Public Interest  
October 18, 2011





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,



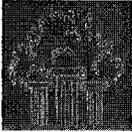
Sarah Helvey  
Program Director/Attorney  
Child Welfare System Accountability Program

Encls: Attorney Survey  
Analysis of Survey Data

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

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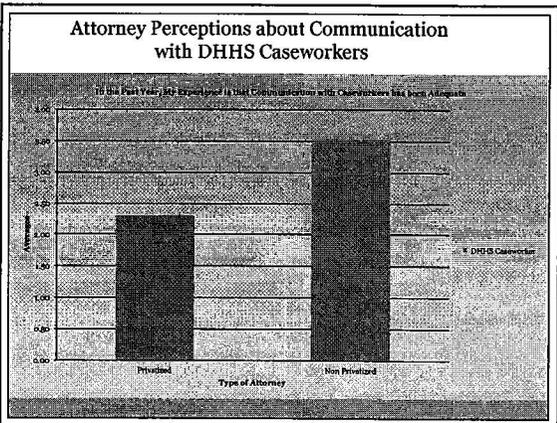
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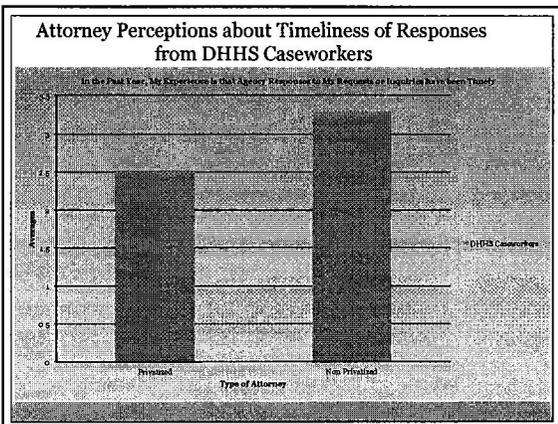
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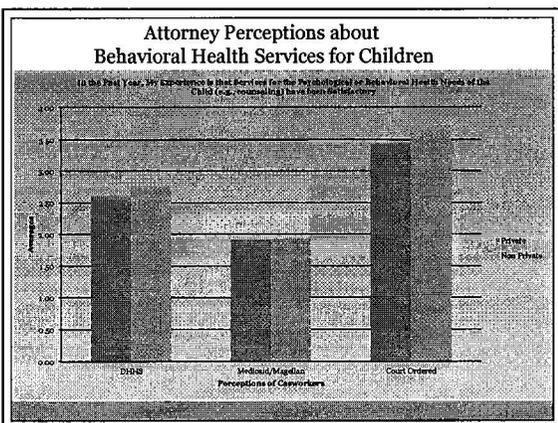
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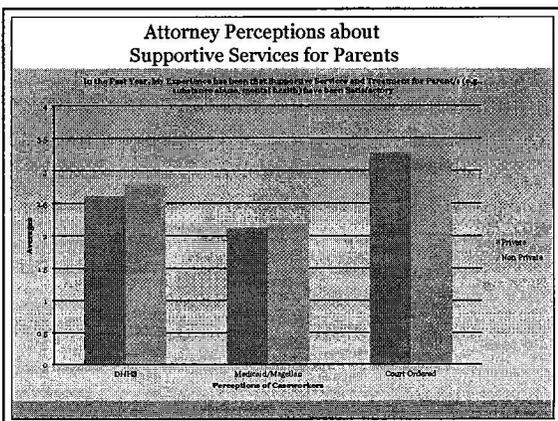
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**Mean Difference between Attorney in Private vs. Non-Private Areas**

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



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*Working for Equal Justice and Full Opportunity for All Nebraskans Since 1996*

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

**October 7, 2011**

The University of Nebraska Public Policy Center provides assistance to policymakers in all three branches of government and researchers on a wide range of public policy issues. The mission of the PPC is to actively inform public policy by facilitating, developing, and making available objective research and analyses of issues for elected and appointed officials; state and local agency staff; the public at large; and others who represent policy interests.

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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:

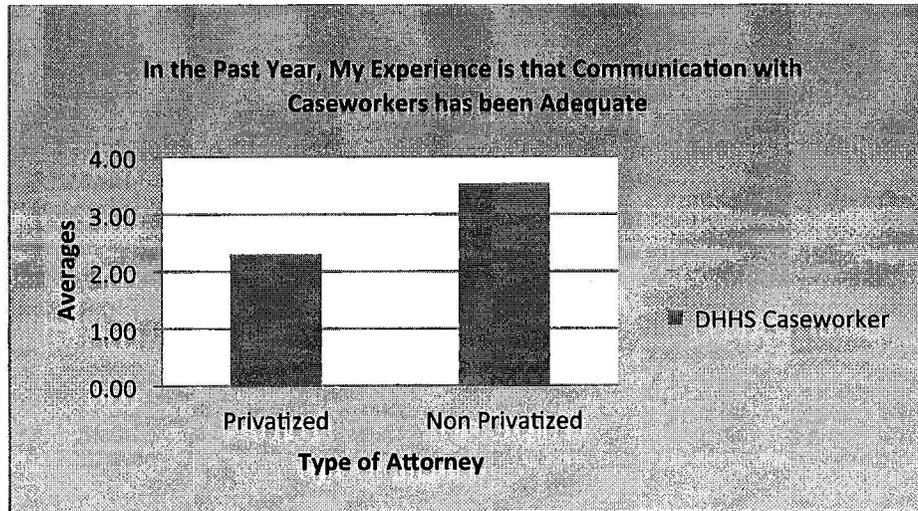
1. What are perceptions of attorneys about the child welfare system?
2. Were there significant differences in ratings for DHHS caseworkers, lead agencies, Medicaid/Magellan, and court ordered for each relevant question?
3. Are there significant differences between attorneys working in privatized versus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

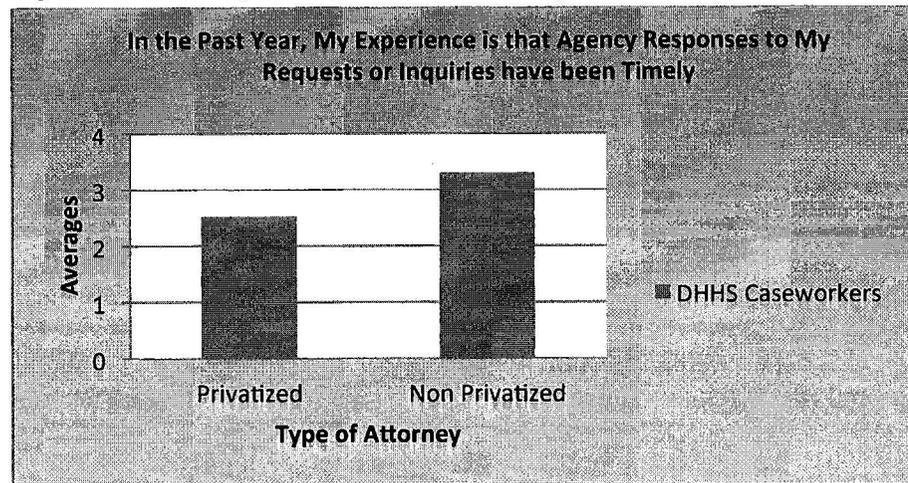
**Figure 1: Attorney Perceptions about Communication with DHHS Caseworkers**



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).

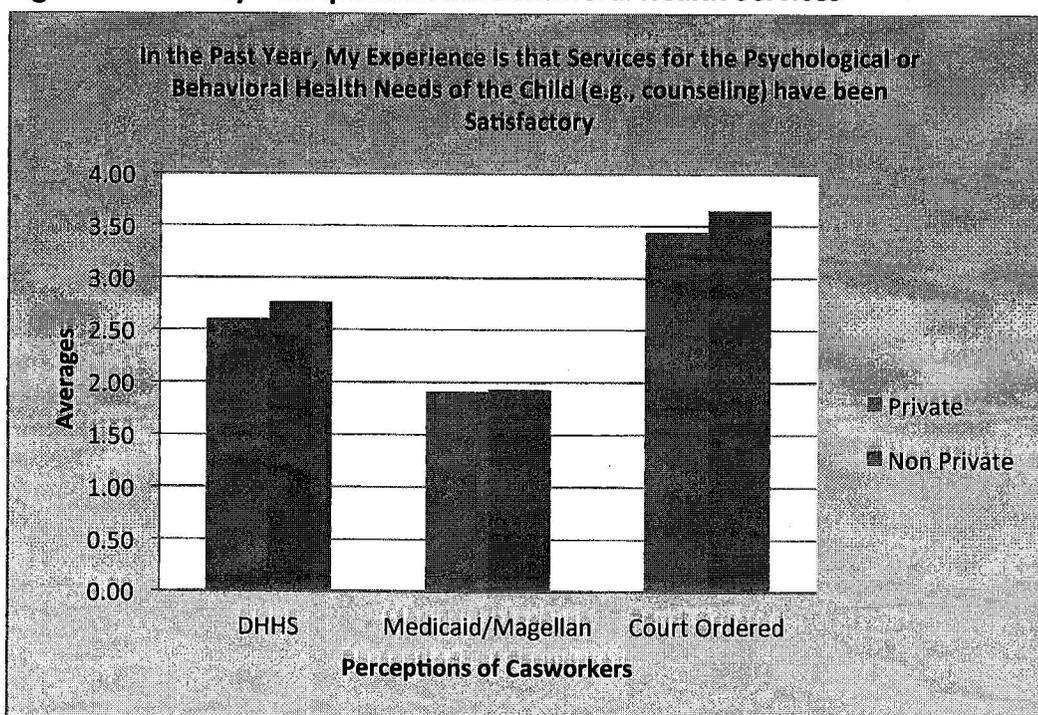
**Figure 2: Attorney Perceptions about Responses from DHHS Caseworkers**



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).

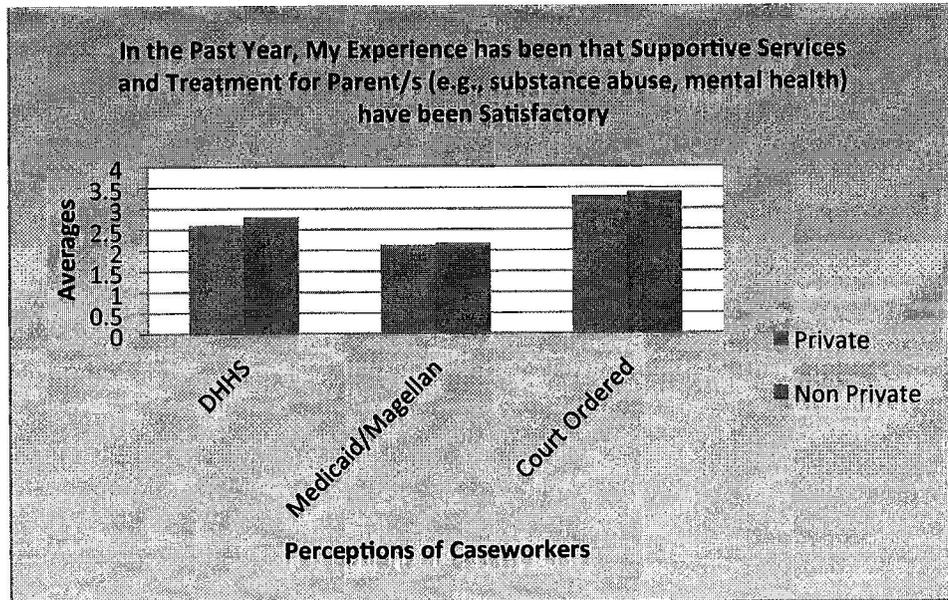
**Figure 3: Attorney Perception about Behavioral Health Services**



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).

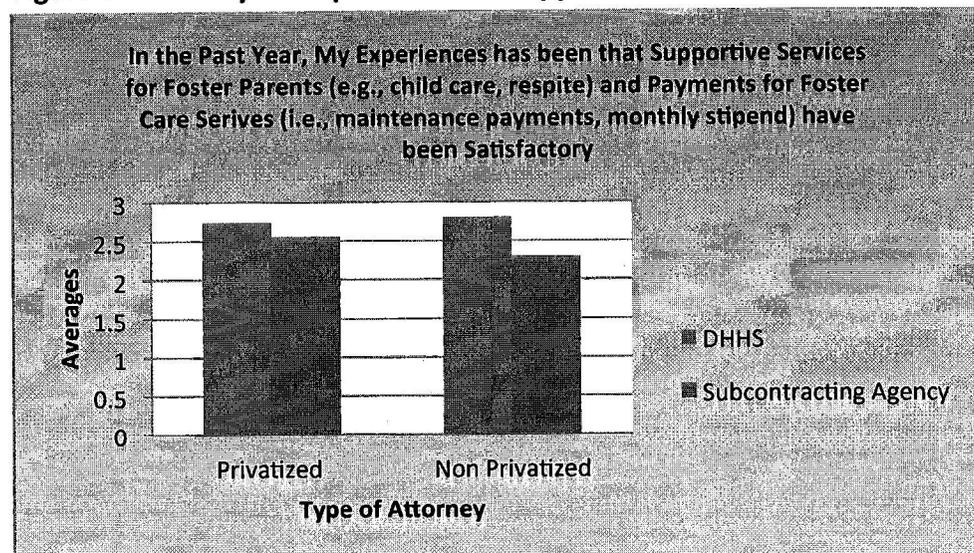
**Figure 4: Attorney Perceptions about Support Services for Parents**



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).

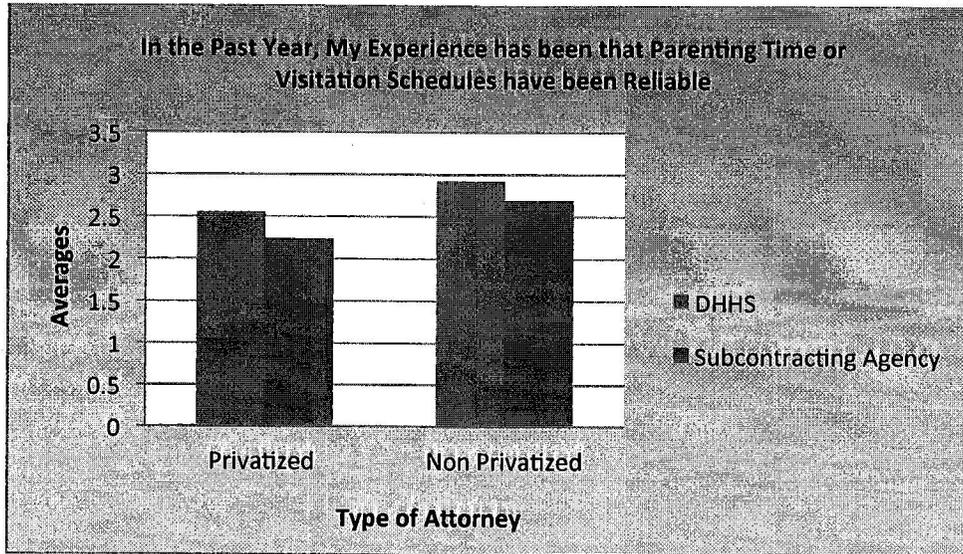
**Figure 5: Attorney Perceptions about Support Services for Foster Parents**



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**

---

- 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

**LR 37 Attorneys Survey**

This is a confidential survey to assess attorneys' experiences with privatization and the impact on the child welfare and juvenile justice populations. Nebraska Applesseed will provide the anonymous results of this survey to the Health and Human Services Committee of the Legislature for consideration as part of LR 37, which requires the HHS Committee to review, investigate and assess the effect of the DHHS privatization reform.

1. Please indicate what percentage of your legal practice currently consists of work in juvenile court.

- 0-25%
- 25-50%
- 50-75%
- 75-100%

I practice exclusively in juvenile court

Other (please specify)

**2. Which of the following best describes your current juvenile court practice? (Please check all that apply.)**

- Guardian ad Litem
- Attorney for juvenile
- Attorney for birth/biological parents
- Attorney for foster parents
- Attorney for grandparents/other relatives
- County Attorney's office
- Public Defender's office

Other (please specify)

**3. How long have you practiced juvenile law?**

- 0-5 years
- 5-10 years
- 10-20 years
- 20-30 years
- More than 30 years

**LR 37 Attorneys Survey**

**Practice Area**

**4. I primarily practice in an area which is currently privatized.**

**[i. -, if you primarily practice in the eastern and/or southeastern service areas (Lincoln and/or Omaha), choose YES; if you primarily practice in the central, northern, and/or western service areas, choose NO.]**

Yes

No

**5. In the past year, my experience is that communication with caseworkers has been adequate.**

With DHHS caseworkers	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
	<input type="radio"/>					
With lead agency caseworkers	<input type="radio"/>					

Comments

**6. In the past year, my experience is that agency responses to my requests or inquiries have been timely.**

From DHHS caseworkers	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
	<input type="radio"/>					
From lead agency caseworkers	<input type="radio"/>					

Comments

**7. 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 arranged by DHHS	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
	<input type="radio"/>					
As arranged by the lead agency	<input type="radio"/>					
As provided by Medicaid/Magellan	<input type="radio"/>					
When court ordered	<input type="radio"/>					

Comments

**LR 37 Attorneys Survey**

**8. In the past year, my experience has been that supportive services and treatment for parents (e.g., substance abuse, mental health) have been satisfactory.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
As arranged by DHHS	<input type="radio"/>					
As arranged by the lead agency	<input type="radio"/>					
As provided by Medicaid/Magellan	<input type="radio"/>					
When court ordered	<input type="radio"/>					

Comments

**9. 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.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
Working with DHHS	<input type="radio"/>					
Working with a lead agency	<input type="radio"/>					
Working with a subcontracting agency	<input type="radio"/>					

Comments

**LR 37 Attorneys Survey**

**10. In the past year, my experience has been that parenting time visitation schedules have been reliable.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
Working with DHHS	<input type="radio"/>					
Working with a lead agency	<input type="radio"/>					
Working with a subcontracting agency	<input type="radio"/>					

Comments

# LR 37 Attorneys Survey

11. Please rate the quality of the information based on what you have witnessed in the three stages of the reform process:

	Pre-Privatization (Pre-2010)	Partial Privatization (2010)	Full Privatization (2011)
Availability of services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Timely access to services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quality of services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stability of services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caseworker knowledge of case	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caseworker judgment concerning case	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caseworker contact with children & families	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caseworker responsiveness to the needs of children & families	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caseworker contact with you as attorney	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caseworker contact with other parties	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caseworker turnover	<input type="text"/>	<input type="text"/>	<input type="text"/>
Timeliness of case plan court report	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quality of case plan court report	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stability of placement	<input type="text"/>	<input type="text"/>	<input type="text"/>

# LR 37 Attorneys Survey

12. Please provide your judgment about the impact of privatization on the following issues. Use the scale below to indicate your response:

Compared to the way it was before, under privatization the following is...

	Worse	Somewhat worse	Same	Somewhat better	Better
Child safety	<input type="radio"/>				
Child permanency	<input type="radio"/>				
Child well-being	<input type="radio"/>				

13. Please indicate your agreement with the following statement:

Privatization, as it is currently structured, will eventually be successful.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Please rate	<input type="radio"/>				

**LR 37 Attorneys Survey**

**Not Currently Privatized**

**14. In the past year, my experience is that communication with DHHS caseworkers has been adequate.**

Please rate  Strongly disagree  Disagree  Neutral  Agree  Strongly agree  N/A

Comments

**15. In the past year, my experience is that agency (DHHS) responses to my requests or inquiries have been timely.**

Please rate  Strongly disagree  Disagree  Neutral  Agree  Strongly agree  N/A

Comments

**16. 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.**

Strongly disagree  Disagree  Neutral  Agree  Strongly agree  N/A

As arranged by DHHS

As provided by Medicaid/Magellan

When court-ordered

Comments

**LR 37 Attorneys Survey**

**17. In the past year, my experience has been that supportive services (e.g., substance abuse, mental health) have been satisfactory.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
As arranged by DHHS	<input type="radio"/>					
As provided by Medicaid/Magellan	<input type="radio"/>					
When court ordered	<input type="radio"/>					

Comments

**18. 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.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
Working with DHHS	<input type="radio"/>					
Working with a subcontracting agency	<input type="radio"/>					

Comments

**19. In the past year, my experience has been that parenting time or visitation schedules have been reliable.**

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
Working with DHHS	<input type="radio"/>					
Working with a subcontracting agency	<input type="radio"/>					

Comments

# LR 37 Attorneys Survey

20. Please rate the quality of the information that you have received from the system based on what you have witnessed in the three stages of the referral process:

	Pre-Privatization (Pre-2010)	Partial Privatization (i.e., during Boys & Girls Home's contract in 2010)	Post-Privatization (i.e., since termination of B&G's contract)
Availability of services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Access to services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quality of services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stability of services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caseworker knowledge of case	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caseworker judgment concerning case	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caseworker contact with children and families	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caseworker responsiveness to the needs of children and families	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caseworker contact with you as attorney	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caseworker contact with other parties	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caseworker turnover	<input type="text"/>	<input type="text"/>	<input type="text"/>
Timeliness of case plan court report	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quality of case plan court report	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stability of placement	<input type="text"/>	<input type="text"/>	<input type="text"/>

**LR 37 Attorneys Survey**

21. Please provide judgments about the impact of privatization on the following issues. Use the scale below as a guide:

Compared to the way it was before, since privatization the following is...

	Better	Somewhat better	Same	Somewhat worse	Worse
Child safety	<input type="radio"/>				
Child permanency	<input type="radio"/>				
Child well-being	<input type="radio"/>				

22. Please indicate your agreement with the following statement:

**Privatization, as it is currently structured in the Eastern and Southeastern Service Areas (Lincoln & Omaha), could be successful in my area.**

Please rate.	<input type="radio"/>	Strongly agree	<input type="radio"/>	Agree	<input type="radio"/>	Neutral	<input type="radio"/>	Disagree	<input type="radio"/>	Strongly disagree	<input type="radio"/>
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**LR 37 Attorneys Survey**

**Other concerns**

**23. Do you have specific concerns about privatization that have not been covered by this survey? Please elaborate in the space provided below.**



Improvements

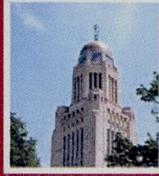
24. What are three things that you feel would make the biggest impact and improve the system as it currently exists?

1.
2.
3.

**LR 37 Attorneys Survey**

**Thank You**

Thank you for providing input. Your anonymous responses will be presented to the HHS Committee of the Legislature for their work on LR 37. If you have any questions, please contact Sarah Helvey at Nebraska Appleseed at (402) 438-8853, ext. 106 or shelvey@neappleseed.org.



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

**October 7, 2011**

The University of Nebraska Public Policy Center provides assistance to policymakers in all three branches of government and researchers on a wide range of public policy issues. The mission of the PPC is to actively inform public policy by facilitating, developing, and making available objective research and analyses of issues for elected and appointed officials; state and local agency staff; the public at large; and others who represent policy interests.

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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:

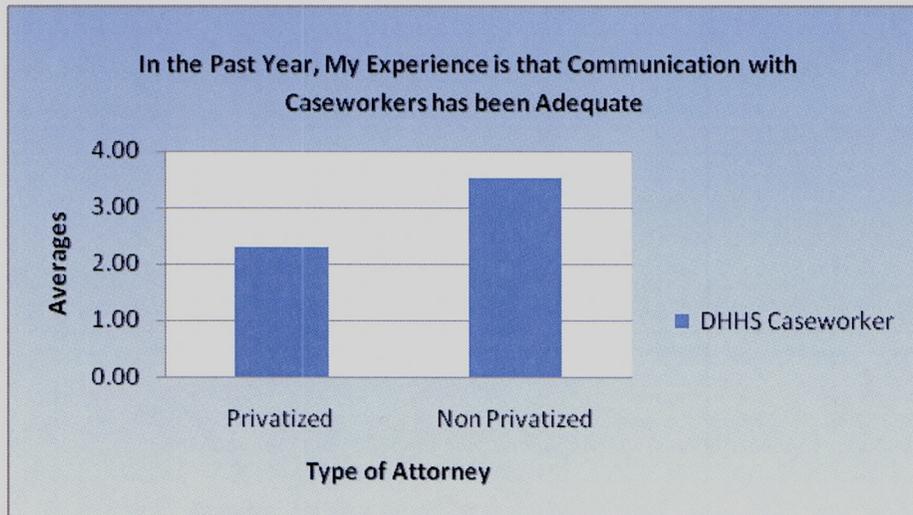
1. What are perceptions of attorneys about the child welfare system?
2. Were there significant differences in ratings for DHHS caseworkers, lead agencies, Medicaid/Magellan, and court ordered for each relevant question?
3. Are there significant differences between attorneys working in privatized versus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

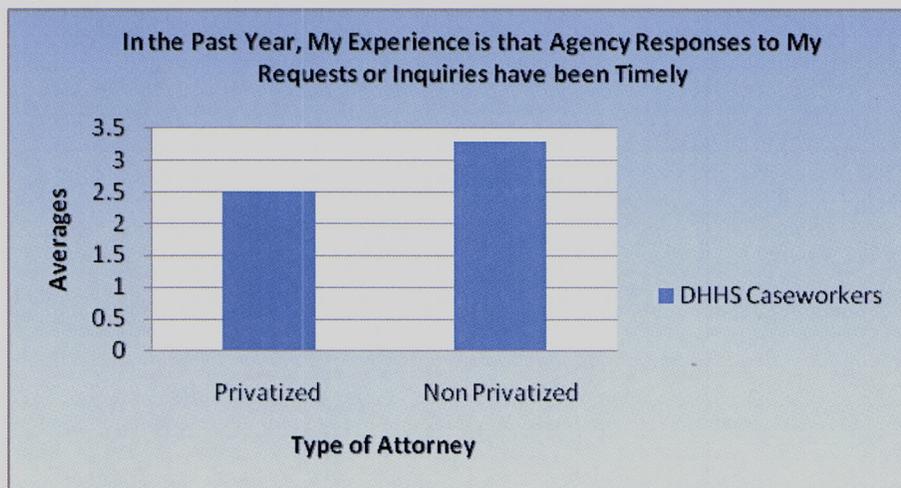
**Figure 1: Attorney Perceptions about Communication with DHHS Caseworkers**



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).

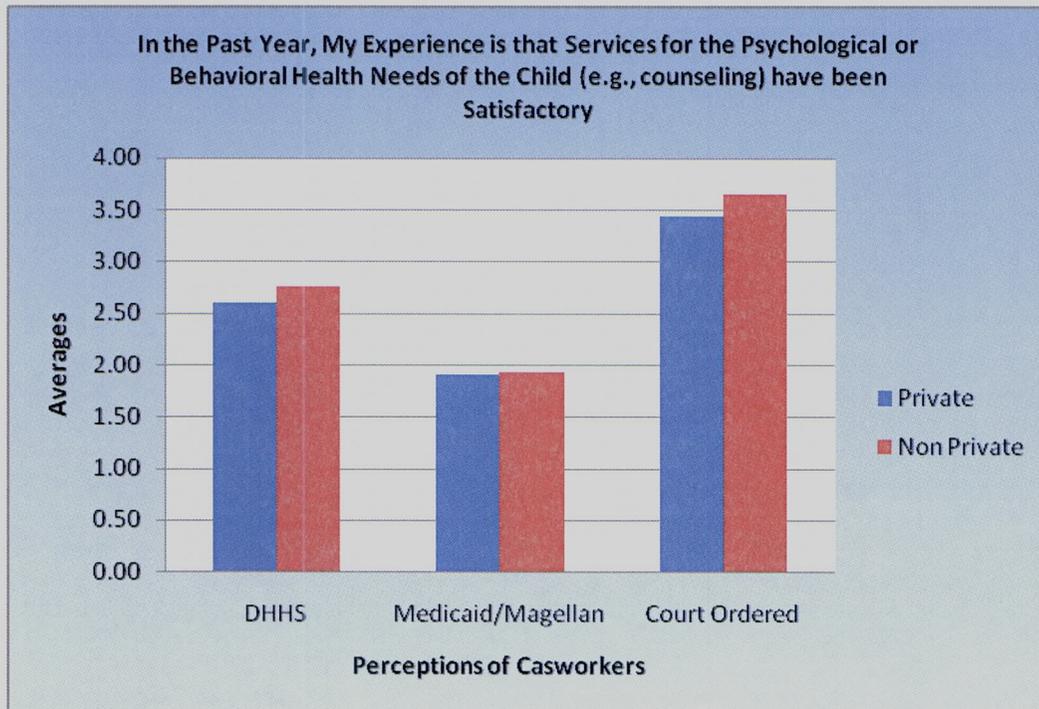
**Figure 2: Attorney Perceptions about Responses from DHHS Caseworkers**



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).

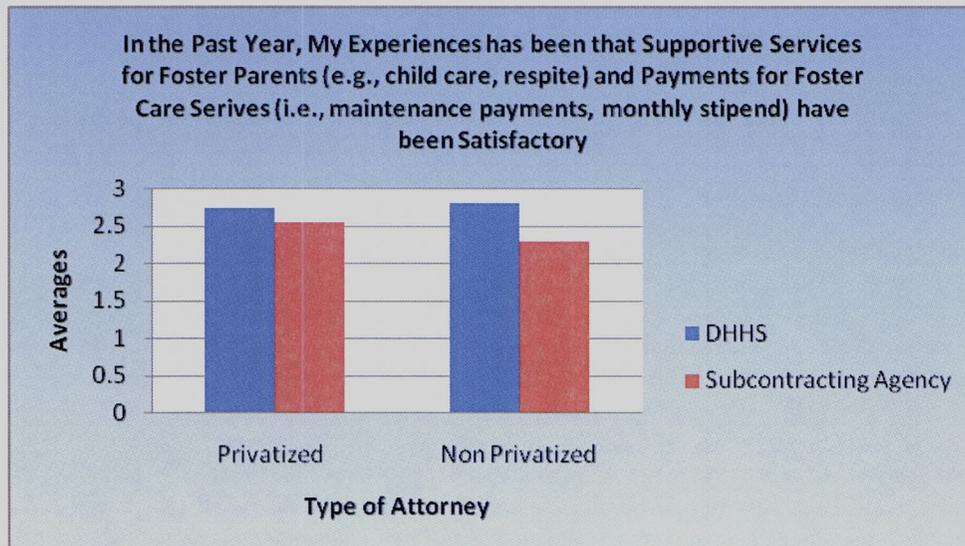
**Figure 4: Attorney Perceptions about Support Services for Parents**



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).

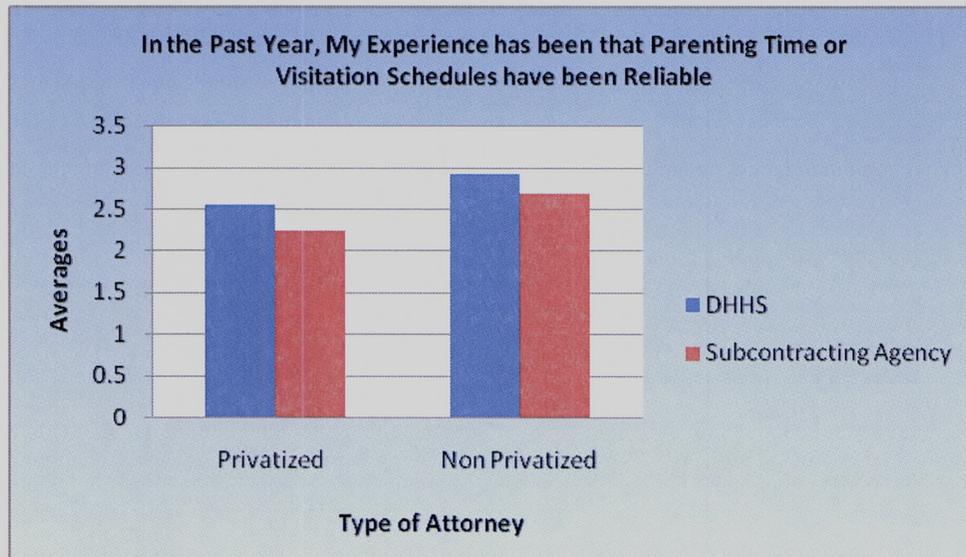
**Figure 5: Attorney Perceptions about Support Services for Foster Parents**



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**

---

- 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

# Nebraska Judges' Perceptions of Child Welfare Privatization

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

## Background

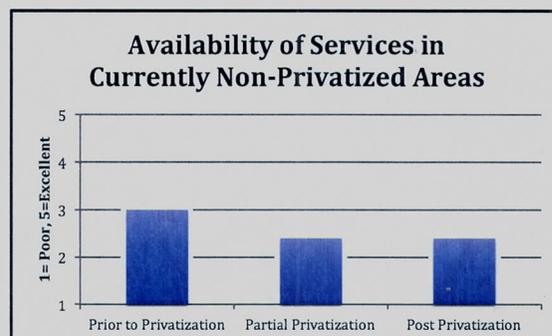
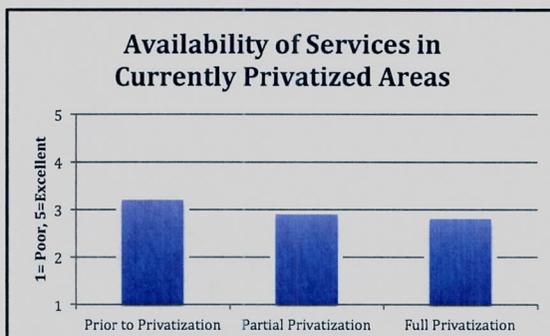
Senator Kathy Campbell requested information regarding judicial perceptions of the impact of Nebraska's recent privatization activities to assist her committee in its work required by LR 37. Senator Campbell and her staff worked with the Court Improvement Project to develop the questions. Judges were 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.

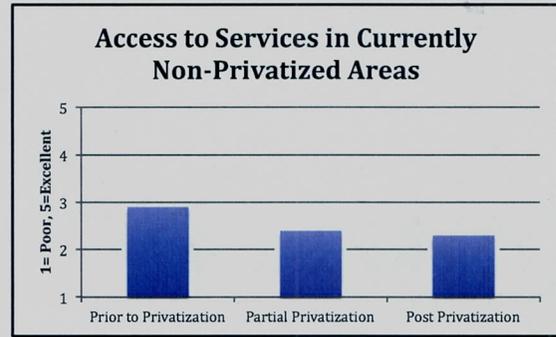
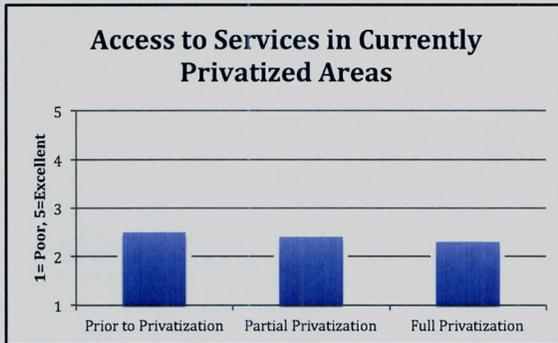
## Services

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.

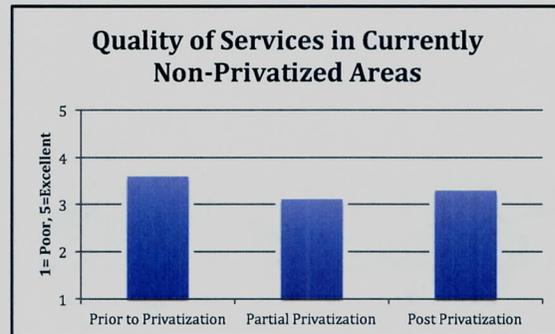
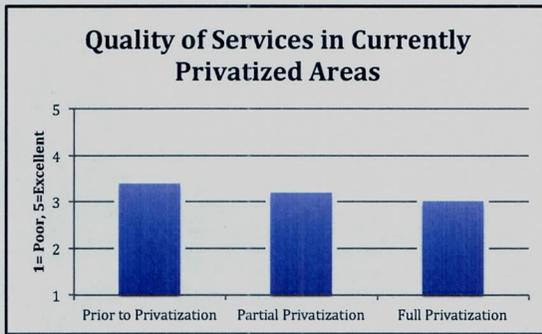
## Availability of Services



## Timely Access to Services



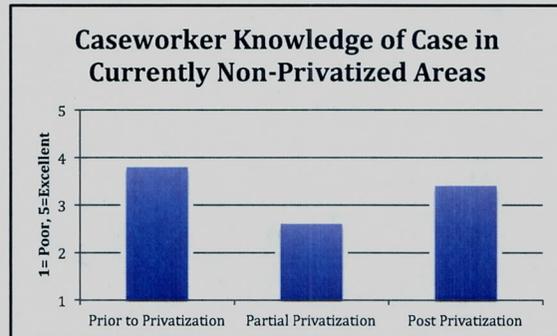
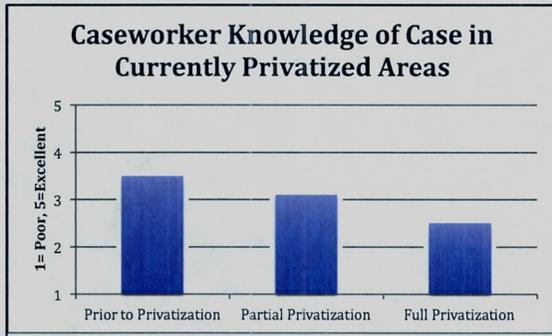
## Quality of Services



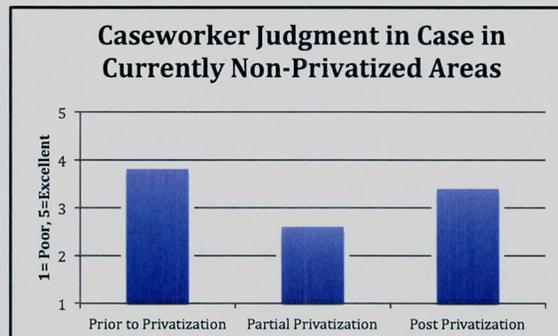
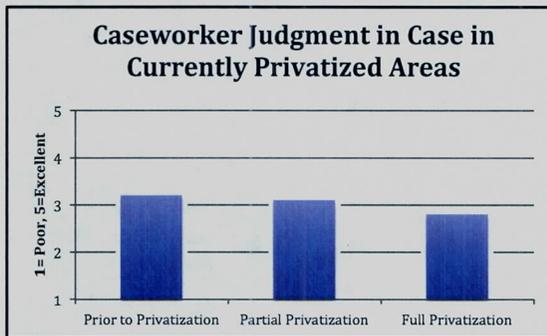
# Casework

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.

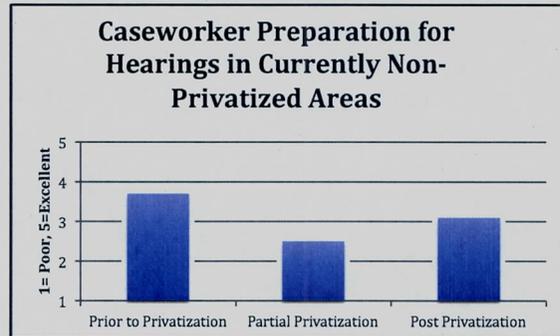
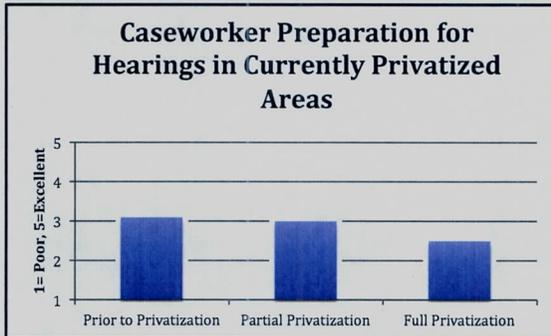
## Caseworker Knowledge



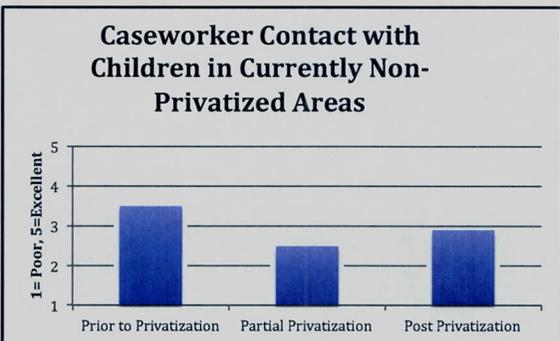
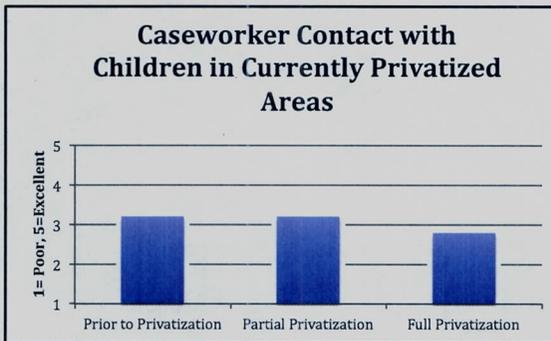
## Caseworker Judgment



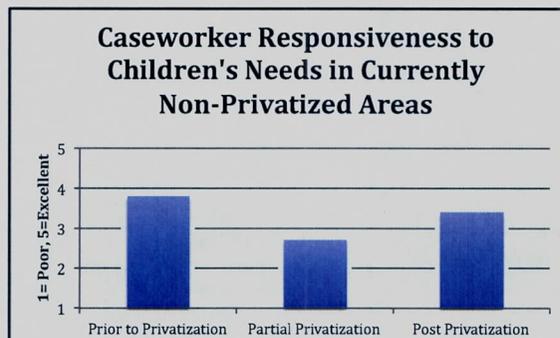
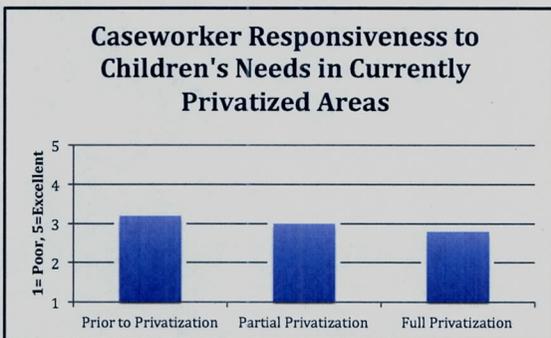
## Caseworker Preparation



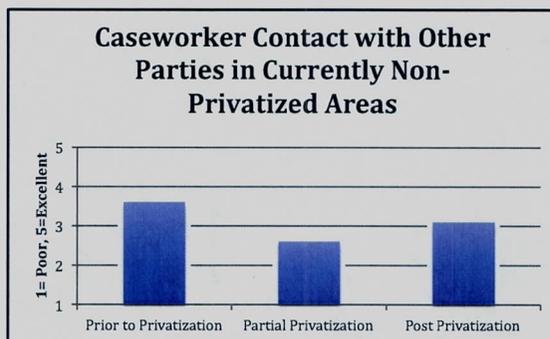
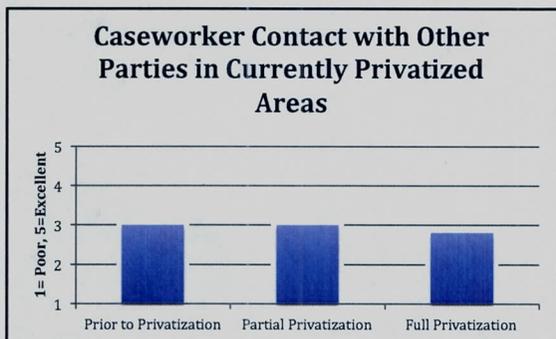
## Contact with Children



## Responsiveness to Children's Needs



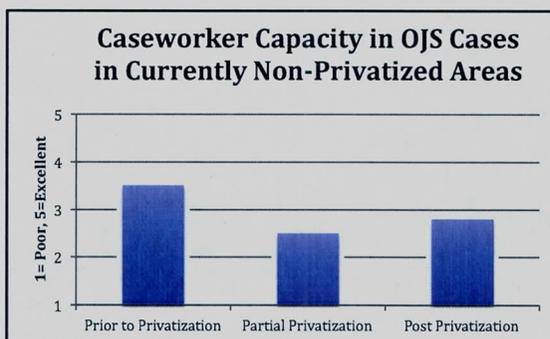
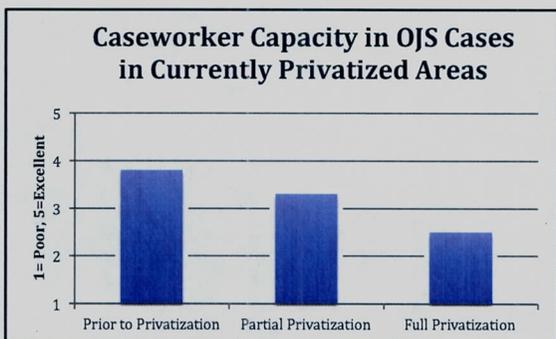
## Contact with Other Parties



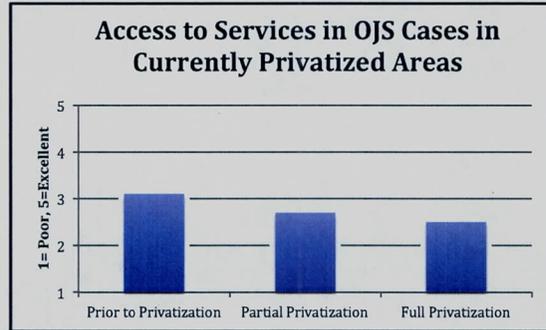
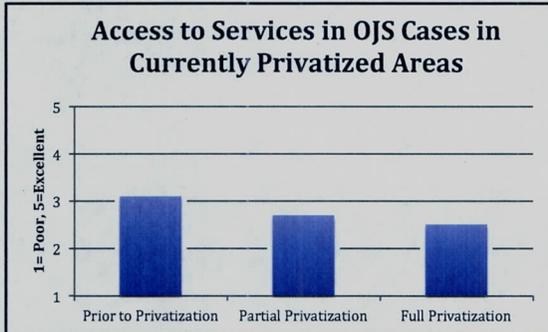
## Office of Juvenile Services Cases

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.

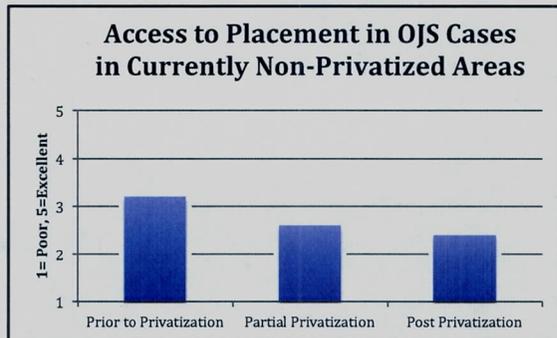
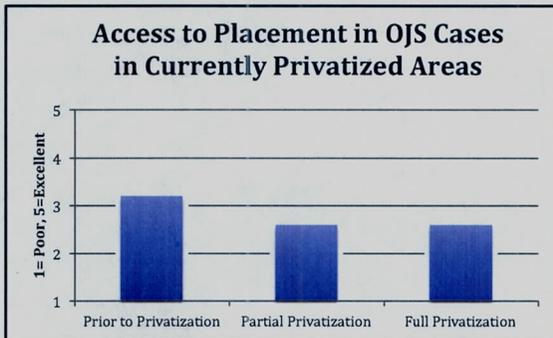
## Caseworker Capacity



## Access to Services

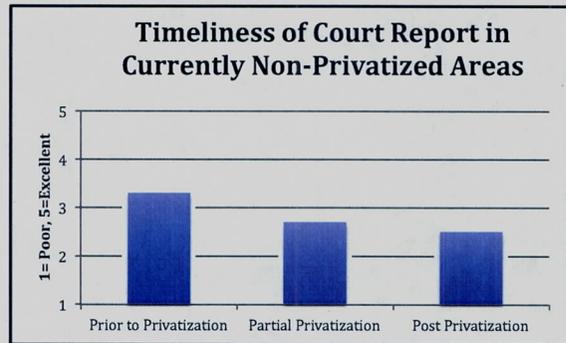
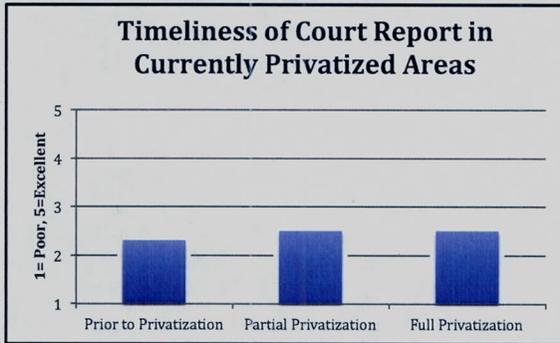


## Access to Placements

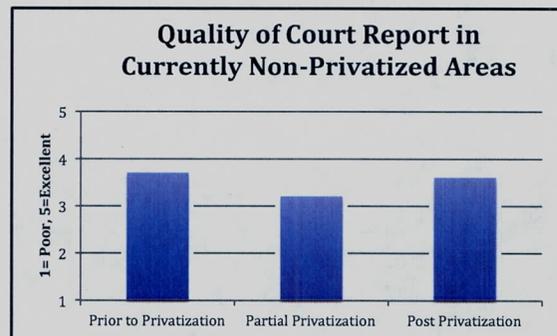
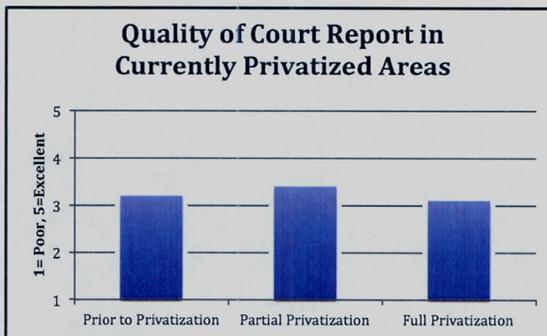


# Case Plan/Court Reports and Placement Stability

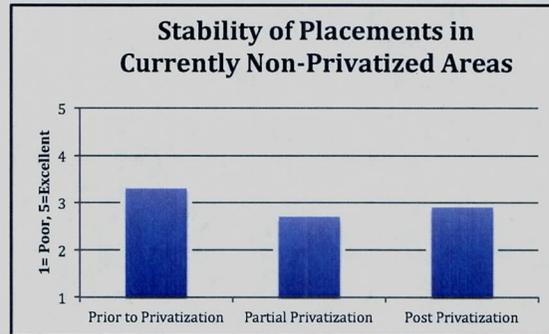
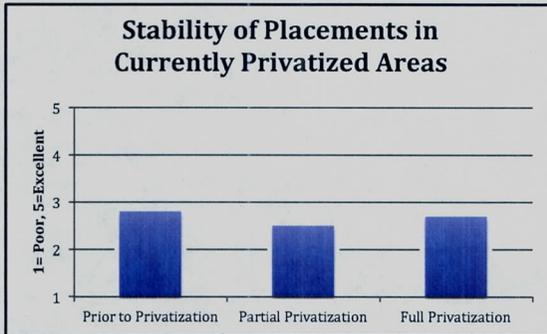
## Timeliness of Court Reports (all cases)



## Quality of Case Plan Court Report

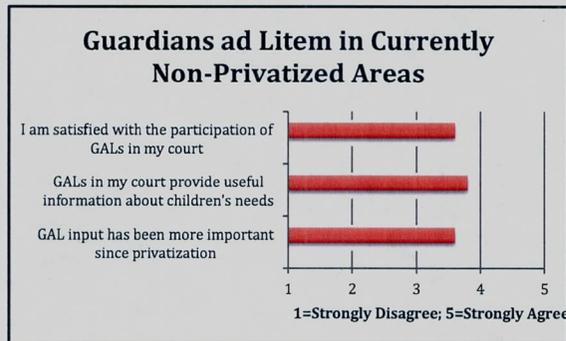
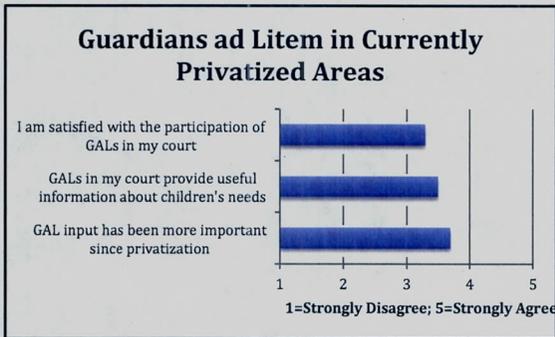


## Stability of Placements



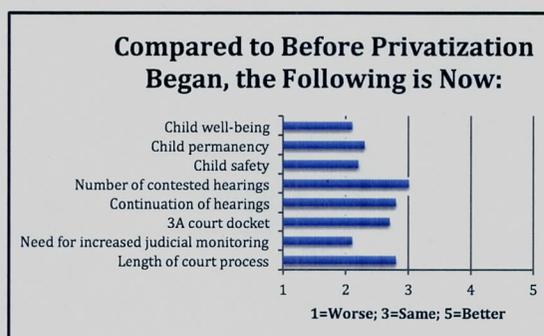
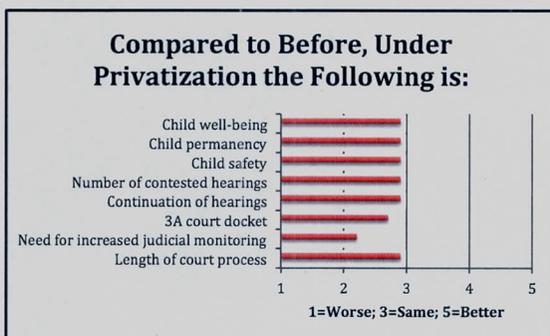
## Guardians ad Litem

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).



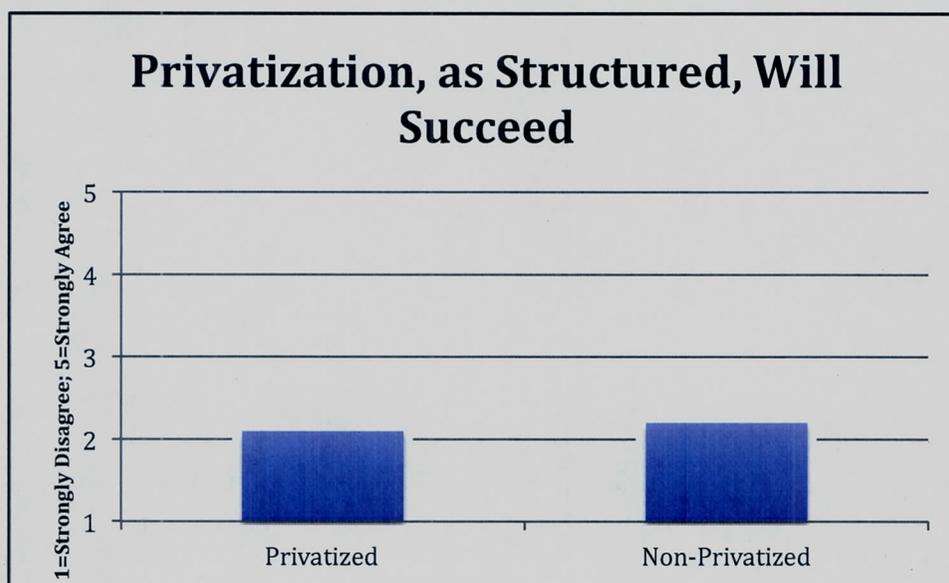
## Impact of Privatization

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.

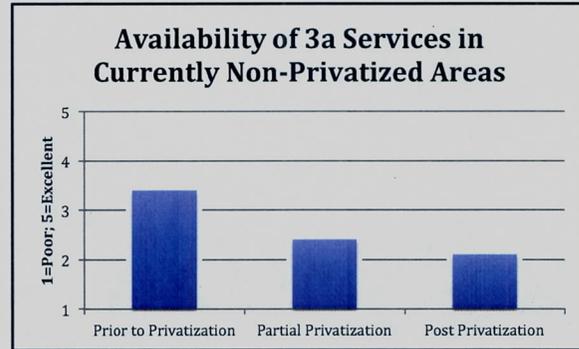
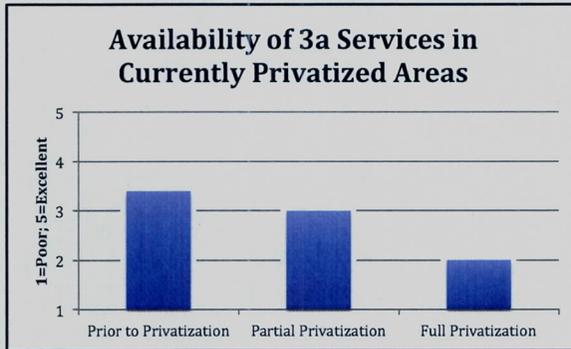
Responses were received from county attorneys, parents' attorneys, guardians ad litem, DHHS employees, private agency employees, Foster Care Review Board staff, CASA, foster parents, service providers, and court personnel.

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.

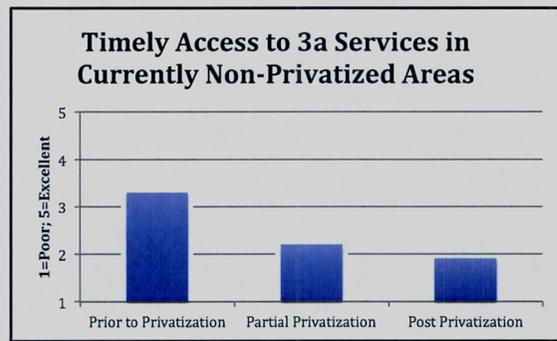
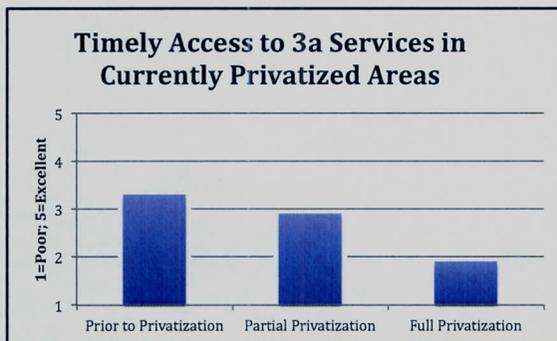
## Services and Placements

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.

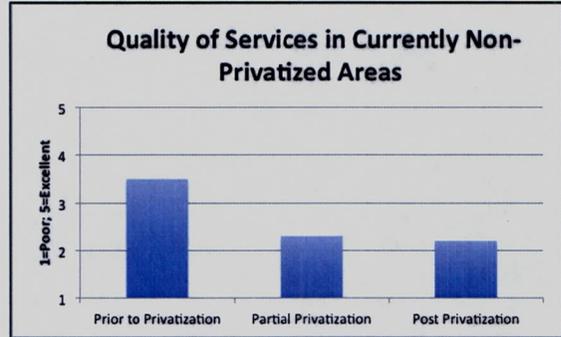
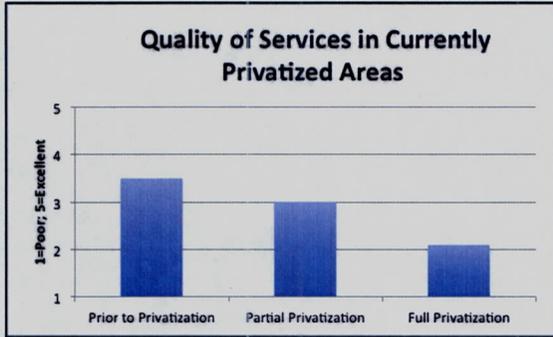
## Availability of Services in 3a (Child Welfare) Cases



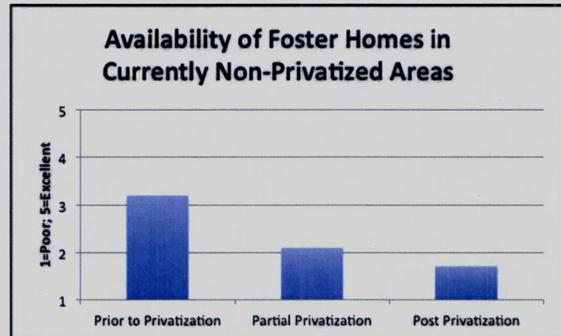
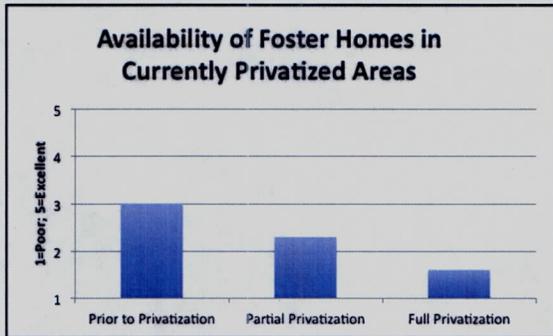
## Timely Access to Services in 3a Cases



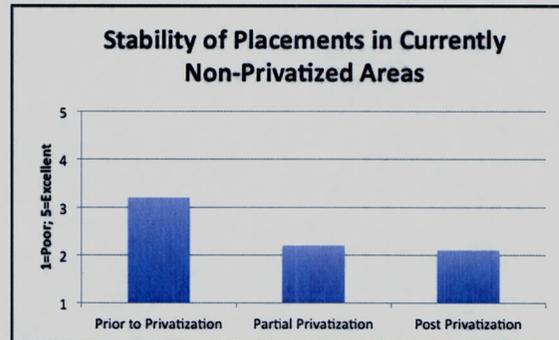
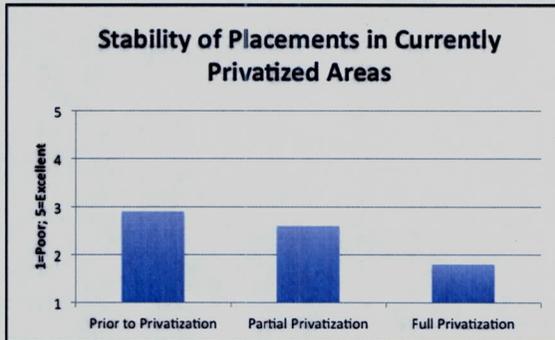
## Quality of Services



## Availability of Foster Homes



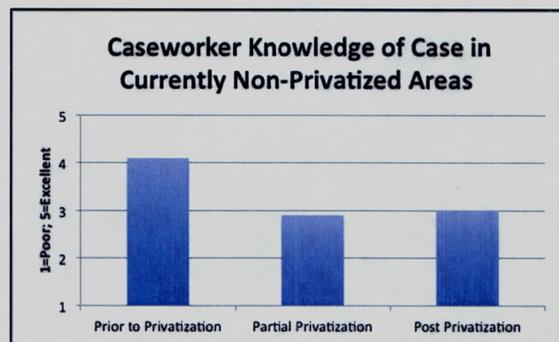
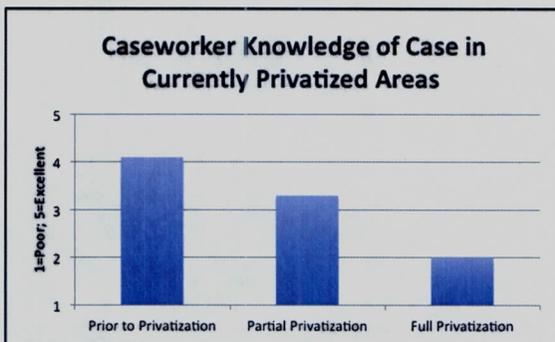
## Stability of Placements



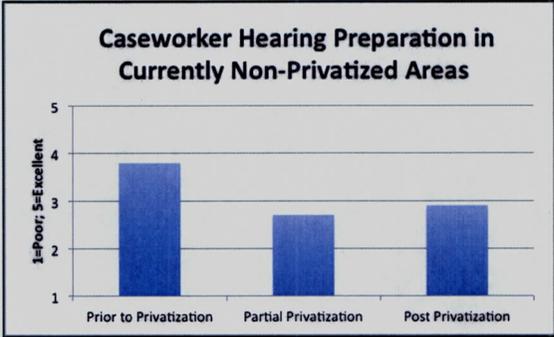
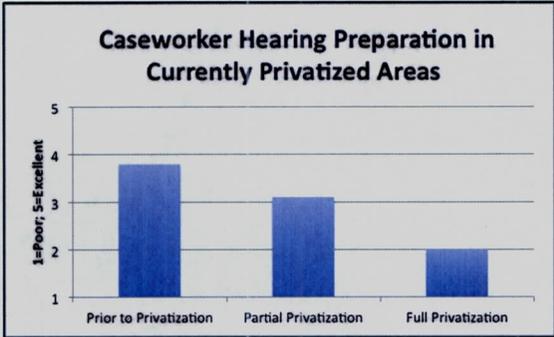
## Casework

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.

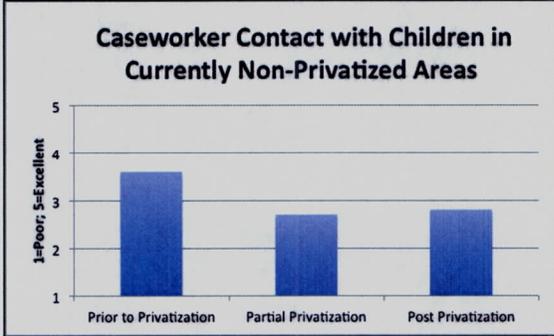
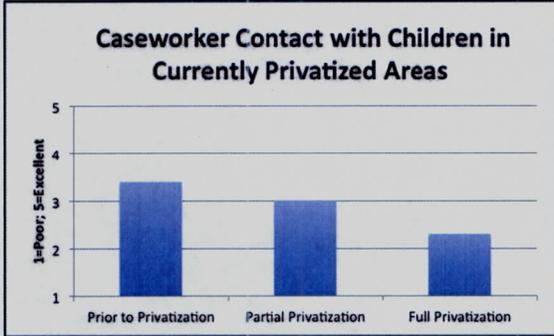
## Caseworker Knowledge



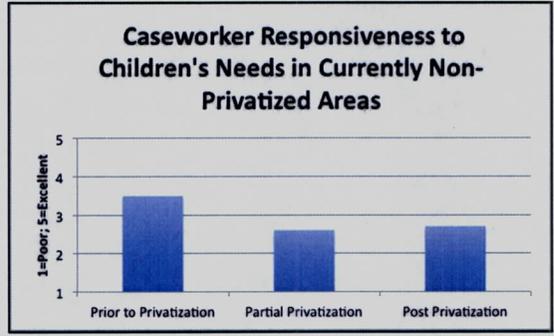
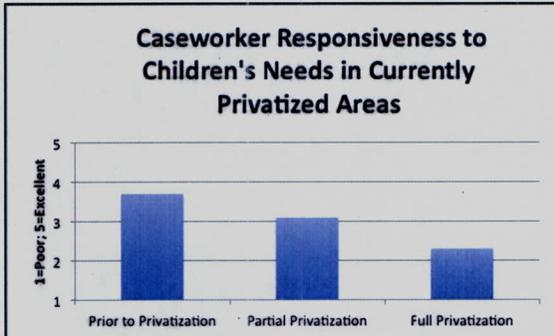
## Caseworker Preparation



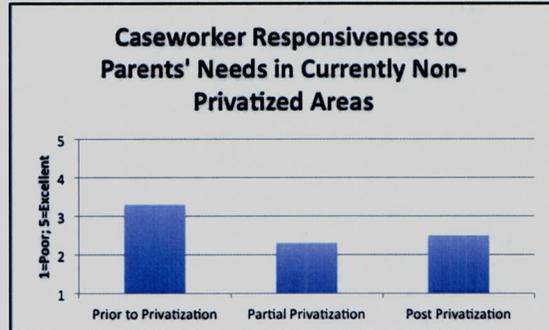
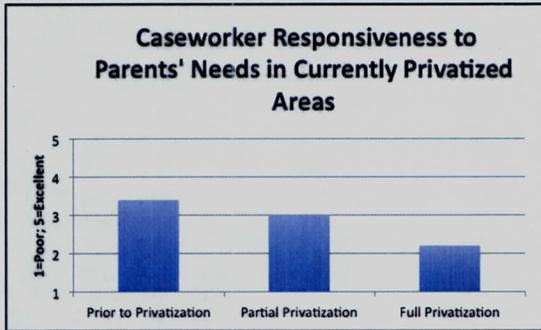
## Contact with Children



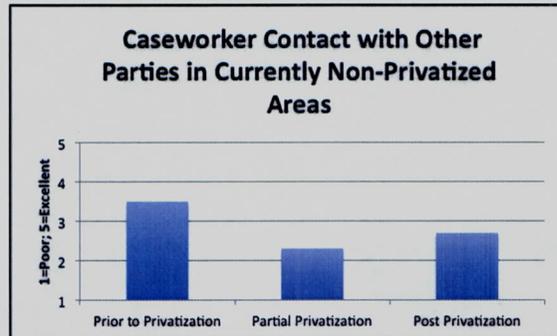
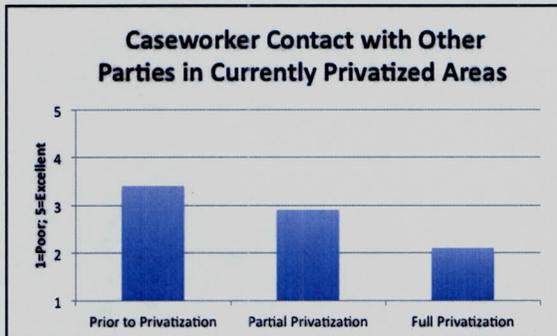
## Responsiveness to Children's Needs



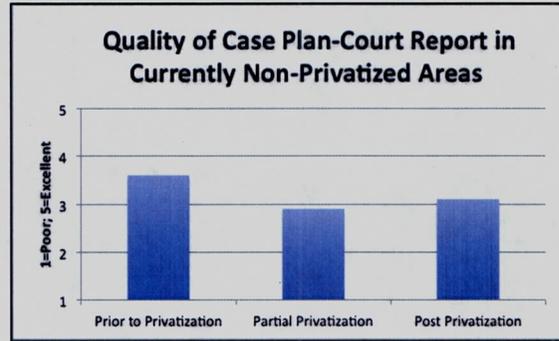
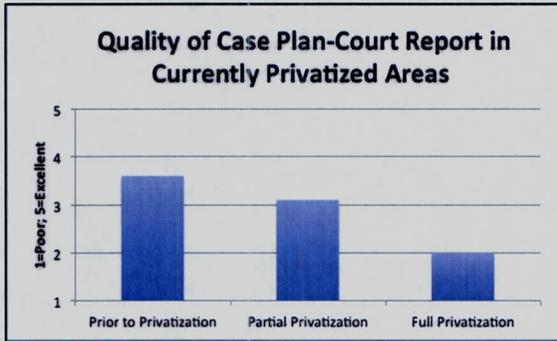
## Responsiveness to Parents' Needs



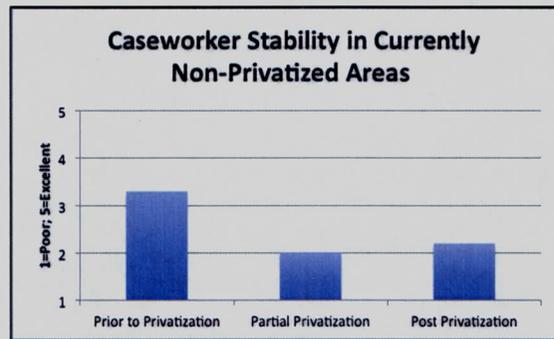
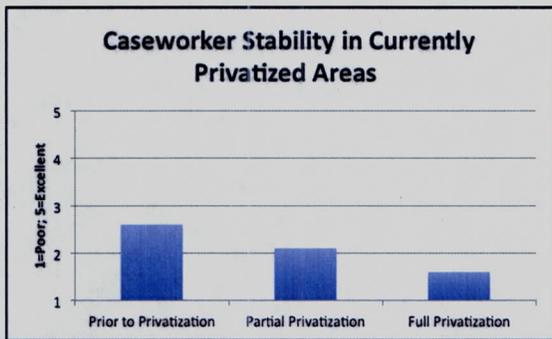
## Contact with Other Parties



## Quality of Case Plan Court Report



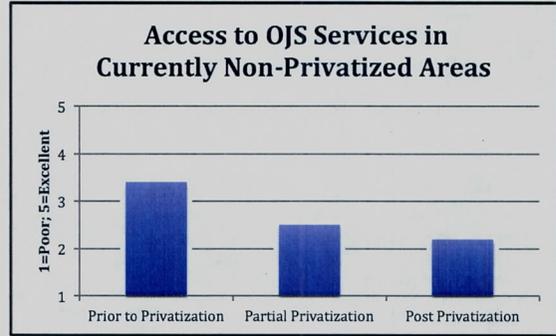
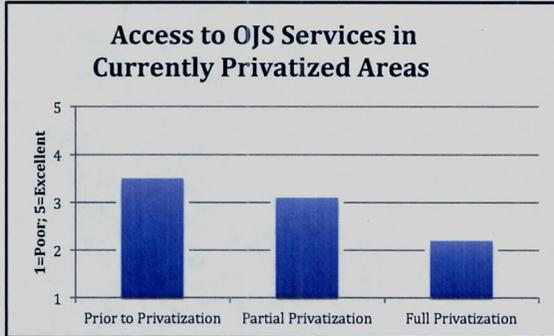
## Stability of Caseworkers (low turnover)



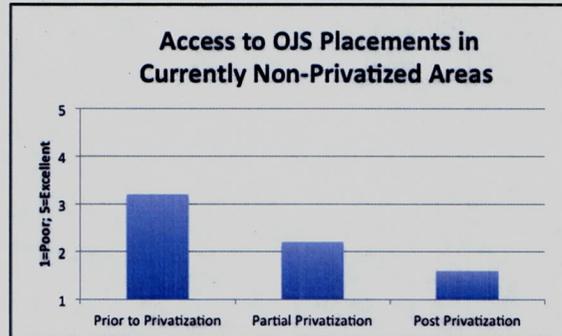
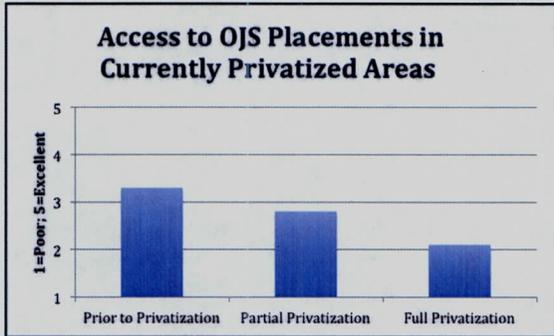
# Office of Juvenile Services Cases

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



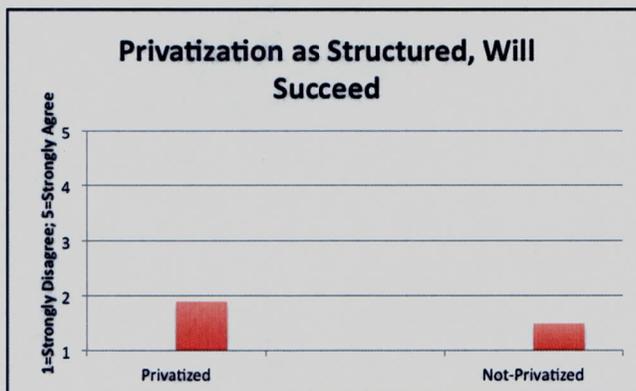
## Impact of Privatization

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 Judicial Branch Child Welfare Efforts**

Presented to LR 37 Committee  
Nebraska Legislature  
October 18, 2011  
Vicky Weisz, Ph.D., M.L.S. Court Improvement Director

### Inter-related Projects

- Court Improvement Project
- Supreme Court Commission on Children in the Courts
- Through the Eyes of the Child Initiative

### Supreme Court Commission on Children in the Courts

- Co-Chairs
- Chief Judge Everett Inbody
- Judge Douglas Johnson

### What is it?

- Advisory group on children's issues to Supreme Court established in 2005
- Interdisciplinary group meets biannually and also works in work group subcommittees

### Selected Past Accomplishments

- Guidelines for Guardians ad Litem
- Recommendations for Expediting 3a Appeals
- Guidelines for Parenting Time
- Caregiver Information Form and process (for foster parents)

### Current Subcommittees

- Guardian ad Litem
  - Review findings of legislative study report
- Immigration in Juvenile Court
  - Prepare bench-bar materials on immigration issues
- Collaborative Practices in Child Welfare
  - Study and make recommendations regarding implementation of ADR type processes at various stages of 3a process

### Current Subcommittees

- Tribal and State Court Collaborations
  - Work with tribal courts to improve communication and coordination to better serve Indian children

### Through the Eyes of the Child Initiative

- Chief Justice Heavican
- Project Chair, Judge Larry Gendler

### What is it?

- Goal is to improve court processing in abuse & neglect cases
- 30 teams led by judges work on local systemic issues

### Informal Principles

- Leadership
- Collaboration
- "Good Ideas"
- Evaluation

### Leadership

- Chief Justice Heavican
- Court Administrator Janice Walker
- Judge Larry Gendler
- Lead Judges

### Collaboration

- All levels
- Common Goal ("Buy in")
- Information/Perspective
- Logistics

## “Good Ideas”

- National Expertise
  - National Council of Juvenile and Family Court Judges
  - National Resource Center on Legal and Judicial Issues (ABA)
  - National Center on Substance Abuse and Child Welfare

## Evaluation

- Team Data Reports
  - Court Case Progression
  - Child Welfare Outcomes
- Impact of Pre-hearing Conferences
- Impact of Children in Court
- Court File Review of SA Parents

## Example: Pre-hearing Conferences

- Introduced at first Children’s Summit
- Local Teamwork
  - Judicial leadership
  - Multidisciplinary planning, implementation
- Evaluation- Adjudication time cut by 1 month
- Broadening concept (local initiatives)
  - Permanency Hearings
  - Termination of Parental Rights

## Example: Housing/SA Treatment Model

- Second Children’s Summit: SA Parents selected as a statewide priority
- Court/HHS secure In-Depth Technical Assistance from NCSACW
- Court File Review
  - Over half of cases have SA parents
  - Long delays to treatment start
  - Many parents get less “dosage” of treatment than needed

### Housing/SA Treatment Model

- NCSACW Consultant Provides Training (Regional Conferences/Lecture Series)
- Sept. 2011 Regional Conferences
  - Presents on Court File Review Report
  - Innovative models (housing/SA treatment)
- Local planning in Sidney, Norfolk and SE/E Service areas

### Selected Activities

- Children's Summits (2006, 2009, 2012)
- Annual Lecture Series
  - 2011: Scottsbluff, Alliance, Lexington, North Platte, Grand Island, South Sioux City, O'Neill, Lincoln, Omaha
- Annual Regional Conferences
  - 2011: Sidney, Lexington, Norfolk, Ashland
- Helping Babies from the Bench trainings
- Website

### Selected Activities

- Youth Court Form
- Funding attendance at national training for new judges, attorneys
- Expansion of ADR/mediation practices
- Partnering4Students Collaboration
- Substance Abuse/Child Welfare Collaboration

## **Nebraska Judicial Branch Child Welfare Efforts**

LR 37 Committee  
October 18, 2011

Vicky Weisz, Ph.D., M.L.S.  
Nebraska Court Improvement Director  
Research Professor, UN-L Center on Children, Families, and the Law

The following is a brief background and overview of Judicial Branch efforts in improving the court and legal community's work with maltreated children and children in foster care. The Judicial Branch has done a considerable amount of work in this area, largely due to federal funding that supports the work. There are three inter-related projects that are involved in this work: The Court Improvement Project (CIP), the Supreme Court Commission on Children in the Courts, and the Through the Eyes of the Child Initiative.

### Court Improvement Project (CIP)

The Court Improvement Project is a federally funded grant project that began in 1995. At that time, Congress provided funds to the Children's Bureau (HHS) who invited all state Supreme Courts to apply for funds to do an assessment of their courts' functioning in abuse/neglect/foster care cases. Following the assessments, state courts were invited to apply for funds to use to improve the work of the courts. These grants are non-competitive- every state court receives funds as long as they comply with the grant programmatic and fiscal requirements. Funding amounts are based on the population of children in the state. In 2006, the CIP programs were expanded to include special funding for training and for data/evaluation. These CIP grants were recently re-authorized for five more years.

These CIP federal grant funds are the funding source for the Supreme Court Commission on Children in the Courts and the Through the Eyes Initiative. Since the beginning, the Court has contracted with the UN-L Center on Children, Families, and the Law to conduct the activities of the CIP grant and I have directed those activities and managed the grants in close consultation with Janice Walker, Court Administrator and since he has been Chief, with Chief Justice Heavican.

During the first several years of the CIP, funds were used to provide a variety of training activities for judges and attorneys, to provide start-up funding for the CASA program in Douglas County and Buffalo County, to provide training and start up funding for a Family Group Conference Pilot project, and to conduct assessments of various features of the court system. The CIP developed handbooks explaining the court system for parents, foster parents, and youth - and these continue to be updated and distributed. The CIP received an additional federal grant to expand

Family Group Conferencing and also to develop multidisciplinary collaborative groups in Douglas, Sarpy, and Lancaster counties. These Court-Agency Collaborations were the precursor to our statewide Through the Eyes of the Child Initiative.

### Supreme Court Commission on Children in the Courts

The Supreme Court Commission on Children in the Courts was established in January, 2005, by then Chief Justice John Hendry in response to a recommendation to form such a Commission in the final report of the Governor's Children's Task Force (Governor Johanns, 2003). Court of Appeals Chief Judge Everett Inbody and Juvenile Court Judge Douglas Johnson have chaired the Commission since its inception. The membership of the Commission is multidisciplinary and includes about a dozen judges, a dozen attorneys, three legislators, and representatives of HHS, the FCRB, CASA, and other advocacy and related groups. Most of the work of the Commission occurs in subcommittees that bring their product to the Commission for approval and forwarding to the Supreme Court. Some accomplishments of the Commission have included:

- Guidelines for Guardians ad Litem in 3a (child welfare) cases
- Recommendations for expediting appeals and a significant reduction in the time for appeals
- Guidelines for Parenting Time in 3a cases
- Caregiver Information Form and process (for foster parents)
- Training on Immigration Issues in Juvenile Court

Current subcommittee work includes:

- Review findings of GAL legislative study report and make recommendations
- Prepare bench-bar materials on immigration issues
- Study and make recommendations regarding implementation of ADR type processes at various stages of 3a process
- Beginning collaboration with tribal courts to improve communication and coordination to better serve Indian children
- Provide recommendations to tighten case progression standards for 3a cases.

### Through the Eyes of the Child Initiative

Chief Justice Hendry led a small team representing the judiciary and HHS to a national judicial leadership conference in the fall of 2005. That conference, which was attended by Chief Justice led court-agency teams from virtually all states provided comprehensive information about the problems in child welfare, inspiration about the need for court-agency collaboration (at all levels) to solve the problems, and a call-to-action for state courts to assume a leadership role in

improving the system. Following this meeting the CIP increased its funding to the states and we had the resources to implement our plan of statewide implementation of local judge led collaborative groups to improve the court/legal system's work with maltreated children and children in foster care.

The Through the Eyes of the Child Initiative was born and named at our first Nebraska Children's Summit, held in Nebraska City in September 2006. Chief Justice Hendry helped plan the Summit and passed the leadership baton to Mike Heavican at the Summit, a few days before he was sworn in as Chief Justice.

All judges with juvenile jurisdiction attended and brought interdisciplinary teams including local HHS administrators, attorneys, CASA, FCRB. Interestingly, although all the judges knew the caseworkers that came to their courtrooms, many did not know and had no prior contact with local HHS administrators. We had to help them identify the appropriate people to invite to the Summit. The participants heard a variety of compelling national speakers and were also introduced to some best practice ideas. The main focus, which resulted in the name that was chosen for the Initiative, was that professionals needed to step back and look at their system, processes, and procedures through the eyes of children and then make the necessary changes to make the system better for children and their families. Consequently, participants learned about the recommended guidelines for each type of hearing promulgated by the National Council for Juvenile and Family Court Judges. They also learned about particular innovations such as facilitated pre-hearing conferences prior to the first hearing after children's removal. These conferences front load the process and get things underway to more quickly resolve the issues. Additionally, participants heard from foster youth about their strong desire to attend their hearings so that they could know more about what was going on in their case and have input into the judge's decision.

Local teams went back to their communities and worked together to incorporate these best practices into their court process. In 2006, only one or two courts in the state held pre-hearing conferences and it was rare for children to attend their hearings. Five years later, virtually all courts have pre-hearing conferences prior to the first hearing and many are having them at later stages of the process. Most courts require or welcome attendance by children. Time frames to adjudication as well as to case closure have all been reduced.

The Through the Eyes Initiative is centered on the work of about 30 judge led collaborative teams around the state that meet regularly to continually improve the work they do. Additionally, Chief Justice Heavican meets with us and with Judge Gendler on a monthly basis to discuss ways we can support the work of the teams. We provide high quality training, in an annual lecture series, annual regional conferences, and statewide summits (every three years). We take national speakers around the state to provide the interdisciplinary trainings. To illustrate, in the past six months we have been to Scottsbluff, Alliance, Sidney, Lexington, North Platte, Grand Island, South Sioux City, Norfolk, O'Neill, Lincoln, Ashland, and Omaha - and

have provided training on substance abusing parents in child welfare, domestic violence, ethics for guardians ad litem, children's sexual behaviors, advocating for very young children, immigration issues in juvenile court, updates on case and statutory law, etc. Trainings are typically on issues that teams have requested and can work on in their own communities. For example, following our regional conferences last month when innovative models to assist substance abusing parents were presented, teams in Sidney and Norfolk are now working to develop combined housing and substance abuse treatment models for parents in their systems. They hope this will help safely reunify families more quickly.

Over the past three years, we have also been able to provide teams comprehensive data about the timeliness of court hearings and child welfare outcomes for children in their jurisdiction. This has helped inform the efforts of the teams. Another example might be useful. Last year a team reviewed their data at the regional conference. Their data indicated that the median time to reunification for their cases had decreased considerably, but that their re-entry rate had increased. One of the presenters at the conference had just provided information about the importance of effectively responding to substance abusing parents so that the problems do not reappear. The team decided that they needed to take a look at whether parents were getting appropriate substance abuse treatment. Although there are broad areas of improvements that could be useful across the state, the data reports allow teams to develop plans that tackle the specific issues in their area.

The Through the Eyes Initiative also maintains an active website that has many resources including case law summaries, oral arguments, relevant news articles, research information, data from all the teams, videos of all the trainings, MCLE training opportunities, etc. We also have worked with the court's information system, JUSTICE to improve its capacity to provide useful aggregate information. We fund scholarships for new judges to attend training on child abuse and neglect by the National Council of Juvenile and Family Court Judges and for attorneys to attend national conferences by the National Association for the Counsel for Children. We have evaluated some of our initiatives including family group conferences, pre-hearing conferences, and children's participation in courts.

### Summary

The Nebraska Judicial Branch has taken a leadership role in improving child welfare since 2005. Utilizing federal Court Improvement funding, the Judiciary has created the Supreme Court Commission on Children in the Courts and the Through the Eyes of the Child Initiative. The Commission has addressed high-level policy issues and has advised the Supreme Court on such matters. The Through the Eyes of the Child Initiative has focused on the front lines of the work of courts. By providing training, data, and supports, the Judiciary has encouraged local court systems to collaborate with its partners and develop and implement innovations that respond to the needs of children for safety, timely permanency, and healthy relationships.

# Nebraska's Response to Substance Abusing Parents in Child Welfare

A Review of Cases that Opened in 2009

**COURT IMPROVEMENT PROJECT**

2011

# Nebraska's Response to Substance Abusing Parents in Child Welfare

A Review of Cases that Opened in 2009

## Purpose

This report summarizes some of the major findings of a study undertaken by the Nebraska Court Improvement Project in conjunction with the National Center on Substance Abuse and Child Welfare (NCSACW) In Depth Technical Assistance (IDTA) effort. The NCSACW IDTA project seeks to improve systems and practice for families with substance use disorders (SUD) who are involved in the child welfare and family judicial systems and includes the participation of several divisions of the Nebraska Department of Health and Human Services (DHHS) and the Nebraska Judicial Branch.

*Throughout this report commentary from Nebraska's IDTA Consultant, Pamela Baston, will appear in these orange boxes.*

## Summary of Findings from the Nebraska Study

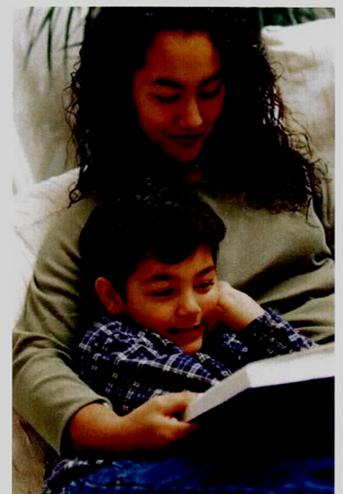
### 1. Majority of Child Welfare Cases have Substance Abuse Related

**Problems:** 56% of child welfare cases had substance abuse (SA) identified as a problem in the case record.

*Nebraska's percentage is in line with data from national studies that report a range of 33%-66%.<sup>1</sup> The finding of 56% is also in range, albeit on the low side, of the results from a survey of NE judges in June of 2010 that reflected estimates that 50-85% of NE's child welfare cases that come before their courts have parental substance abuse as a factor in the maltreatment. Early identification and treatment of families with substance use as a factor in the parental maltreatment of children is essential to successful outcomes for these affected families.*

### 2. Majority of Cases have Children Removed: Children were removed from their parents at some point in 84% of all cases.

*This percentage is a bit higher than the national estimates of 66%-70% of out of home placements with substance use as a factor.<sup>2</sup> Importantly, this represents an important area of potential practice change and cost savings for Nebraska if less costly and more innovative solutions are explored. Many other states have experienced success and realized cost savings by using more in-home therapeutic service models as well as innovative housing models for substance affected families that provide intensive family services at rates lower than out of home placement or traditional residential treatment.*



3. **Most SA Parents also have Mental Health Problems:** 85% of parents with SA identified also had a mental health problem identified.

*Substance abuse and child maltreatment often co-occur with other problems, including mental illness, domestic violence, poverty, health problems, and prior child maltreatment. <sup>3</sup> These co-occurring problems produce extremely complex situations that can be difficult to resolve without timely and effective treatment. Nebraska's integrated system of behavioral health sets the stage for the delivery of effective treatment as long as these families are identified early and referred to treatment and it is evidence-based and delivered by sufficiently qualified and trained professionals.*

4. **Many SA Parents also have Domestic Violence Issues:** 40% of parents with SA identified also had domestic violence issues identified.

*This finding is not surprising and appears to be lower than national averages. The US Department of Justice found that 61% of domestic violence offenders also have substance abuse problems.<sup>4</sup>*

5. **SA Parents Face Long Delays to Start Treatment:** A large majority of the SA problems were identified at or close to the time of entry into the legal system...but the median time to the start of treatment is over four months after the filing of the original petition. There were significant delays to treatment start in both the urban (Separate Juvenile Courts) and rural (County Courts) parts of the state.

*While the data reflected these concerning delays, they do not provide the reasons behind the delays (whether the client was in jail, uncooperative or if the delay was due to a system lag). Either way, it will be important to conduct follow up focus groups and further data collection to better understand how this important issue can be addressed.*

6. **Many SA Parents Get a Lower Level of Treatment than they Need:** Approximately 1/3 of mothers and 1/4 of fathers are provided outpatient treatment (not intensive outpatient). Mothers in rural areas were twice as likely to get a more intensive level of treatment (intensive outpatient instead of regular outpatient) than mothers in the urban areas. There were insignificant rural-urban differences for fathers.

*It will be important to take a closer look at the actual dosage of treatment that is being provided in the non-intensive level of outpatient treatment to ensure that it is sufficient to address the extent of treatment need that is typically associated with someone whose substance use has risen to the level of contributing to the maltreatment of their own children.*

7. **Entry into SA Treatment System is Inconsistent:** Some cases began with a generic pre-treatment assessment that is followed by an SA assessment and some began with a more specified SA assessment / evaluation.

*These data combined with testimony received through follow up meetings held in several venues throughout Nebraska suggest that a great deal of confusion exists as to if and when a pre-treatment assessment is needed. It was reported to be a barrier for families that readily acknowledged having a substance abuse problem and wanted treatment but experienced delays in scheduling and participating in a screening process. In such cases it may make sense for such parents to bypass a screening process and go straight to assessment so that entry to needed treatment can be expedited. Policy and practice clarification may be needed to address this potential barrier, particularly in rural areas where screening appointments were reported to take several weeks to effectuate.*

8. **Many Substance Abusing Parents “Drop Off” the Treatment Trajectory:** A drop off analyses illustrates that 25% of parents with identified SA are never referred for an assessment or evaluation and that there is further attrition from the trajectory to treatment as the cases progress.

*While “drop-off” is expected in any system, a more in-depth follow up is needed to better understand the reasons behind the drop off so that relevant solutions can be planned and implemented. One thing is certain, parents with substance use disorders may drop off the path to treatment but their substance use problems and the associated effects on parenting do not drop off along with them.*

9. **Drug Testing is Frequently Used without Treatment:** Over a third of the cases had parents who never received treatment participate in urinalyses (UAs). There were a small number of cases where parents participated in UAs without any evidence of SA in the record.

*Drug testing is an important tool to assist in the identification of SUDs and simply identifies the level of alcohol and/or drugs in a parent’s system at a single point in time. It does not alone provide enough information to determine the need for treatment, the effect on safe parenting or the level and type of services needed by the affected family. Nor does drug testing equate with treatment. More study is needed on this issue to understand the implications of these data and to identify and implement possible solutions.*

# Overview of Cases Reviewed – 379 Cases Total

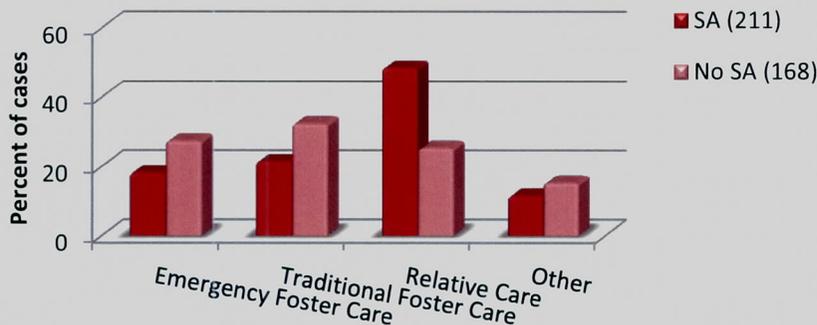
LOCATION OF CASES REVIEWED



- 45% of cases reviewed had closed by the date of case file review
- In 84% of cases children were at some point removed from the home during the pendency of the case
- Median number of children per family: 2

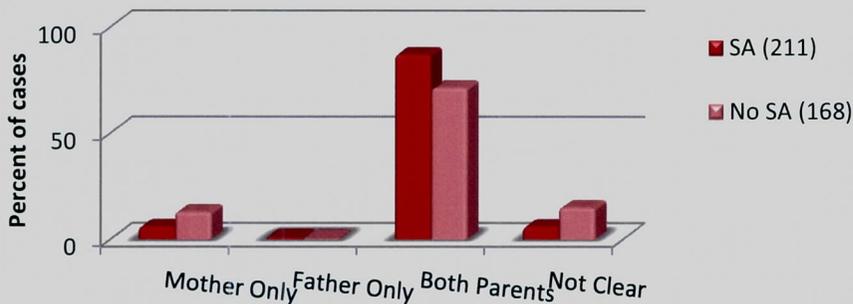
## Out-of-Home Placement

PLACEMENT TYPE FOR FIRST PLACEMENT OF CHILD



*The use of relative care placement for out of home care is substantially greater for Nebraska families with SUD than for those with no documented SUD. These relatives are likely to play an ongoing role in assisting the substance-involved parents in maintaining their recovery during and after treatment. This presents a tremendous opportunity to include these relatives, as appropriate and with proper consent, in the SUD treatment planning and recovery support provided to these parents and their children.*

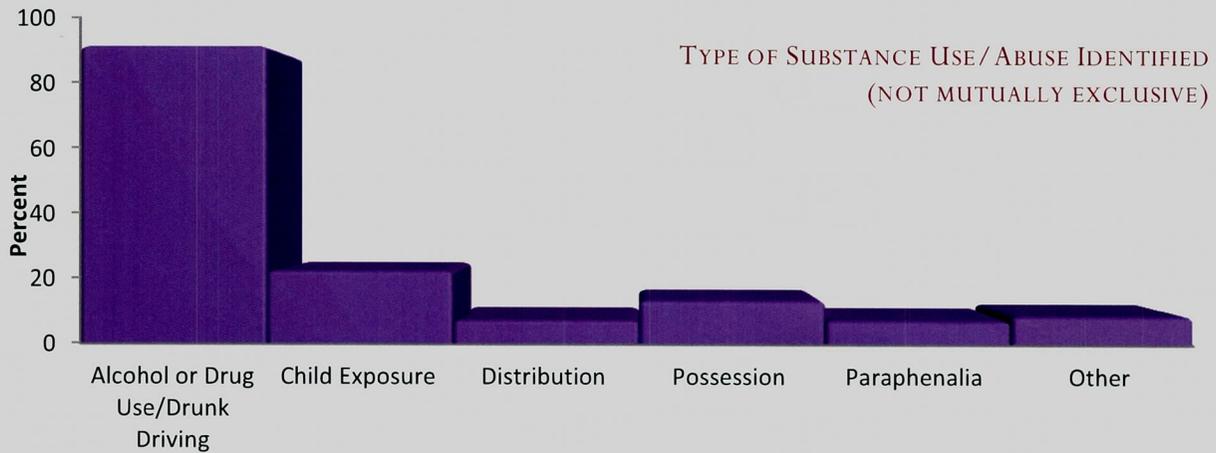
## Parent Involvement:



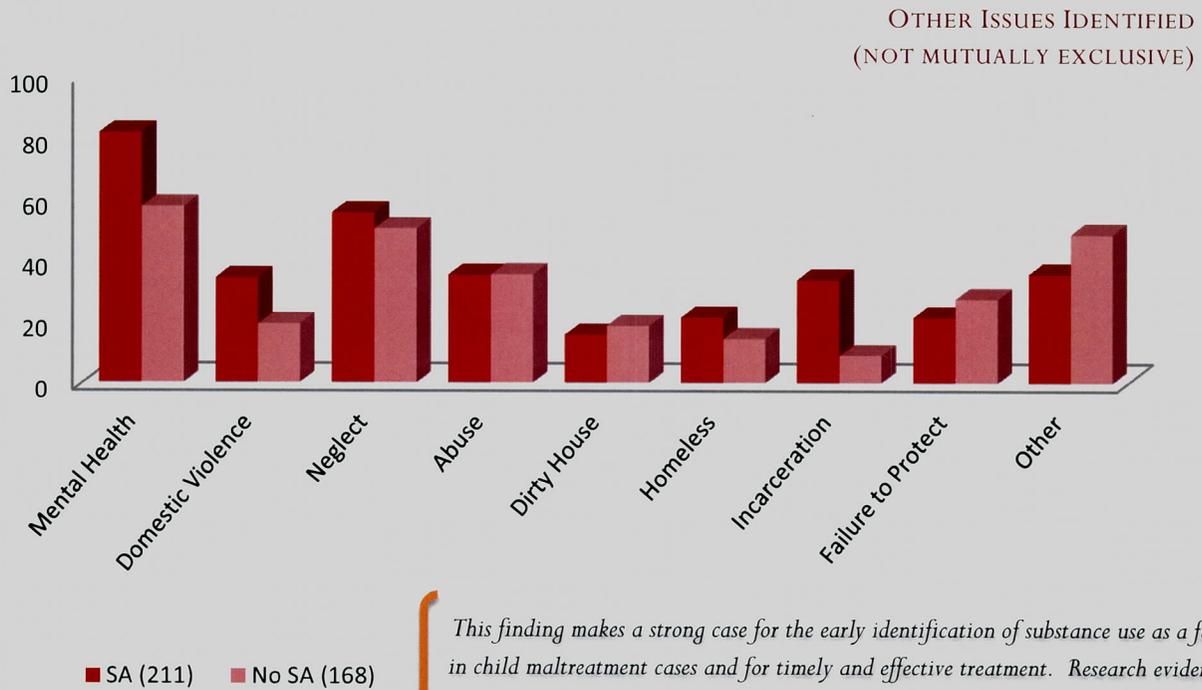
*This finding makes a strong case for the delivery of comprehensive family treatment as an untreated partner is a major contributor to the relapse of the other partner.<sup>5</sup>*

## How Prevalent is Substance Abuse in Child Welfare?

To examine the prevalence of substance abuse in child welfare, cases were reviewed, and any indication of substance abuse noted in the file at any point in the case was captured. A total of 211 cases were found where there was some indication of substance abuse for at least one parent. **This accounts for 56% of cases.** Substance abuse was identified in **58%** of the 3a cases in the Separate Juvenile Court and in **51%** of the cases in the County Courts with juvenile jurisdiction.



## How often do other factors co-occur in substance abuse cases compared to cases without substance abuse?



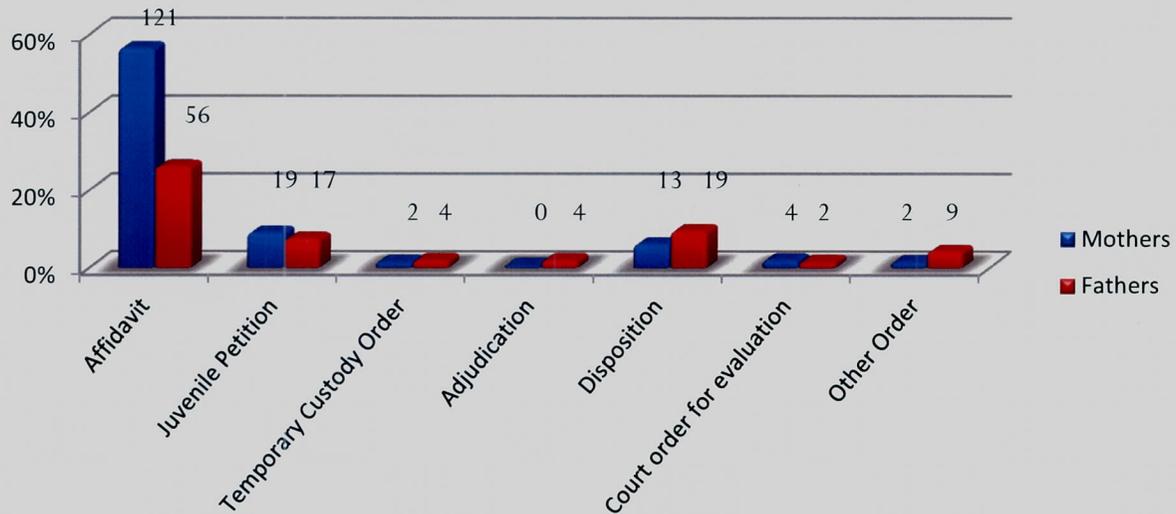
*This finding makes a strong case for the early identification of substance use as a factor in child maltreatment cases and for timely and effective treatment. Research evidence is clear that effective SUD treatment can have a positive impact on the reduction of other health and human service problems and associated costs.*

# How early are we Identifying Substance Abuse?

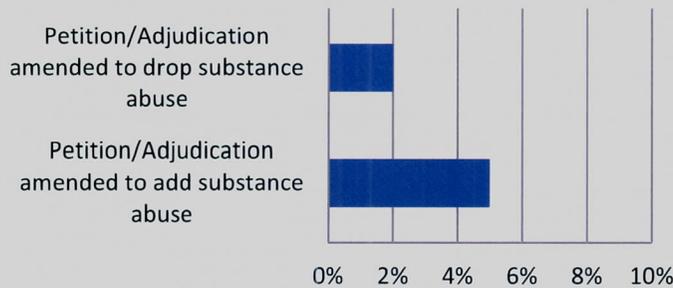
## Legal Progression Overview

	SA Cases (211)	Non- SA Cases (168)
Median Days from Affidavit for Removal to Juvenile Petition:	1 day	1 day
Median Days from Petition to Temporary Custody Order:	8 days	11 days
Median Days from Temporary Custody Order to Adjudication:	49 days	59 days
Median Days from Adjudication to Disposition:	47 days	47 days
Median Days from Juvenile Petition to Court Ordered Evaluation	40 days	NA

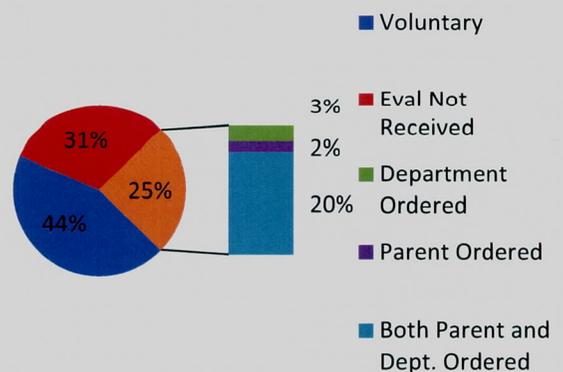
Figure 5. Frequency of First Substance Use Identification across Legal Orders



### Frequency of Amendments for Substance Abuse



### Frequency of Court Ordered Evaluations



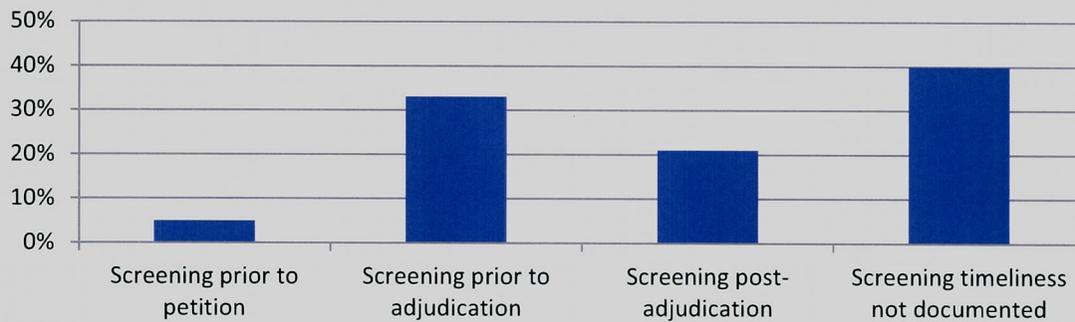
### Identification of Substance Abuse

The charts presented thus far indicate that, especially for mothers, substance abuse is generally identified fairly early in the case. Identification of substance abuse by fathers occurs somewhat later which may be due to a delayed identification of the involvement of fathers in the child welfare cases altogether. Petitions and amendments were rarely amended to either drop or add substance abuse as a factor in the case. This finding suggests a potential missed opportunity to promote maximum recovery among substance affected families in Nebraska's child welfare system. Most cases had voluntary evaluations, suggesting that they were arranged early in the case, well before the disposition.



### How long are the Steps to Treatment?

#### Timeliness of Pre-Treatment Assessment

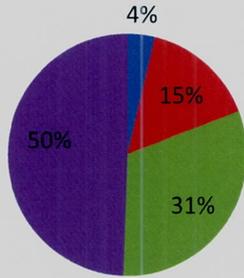


#### Timeliness to Substance Abuse Screening

	Mothers	Fathers
Among cases where substance use or abuse was identified (211 cases) –		
Frequency of <b>referral</b> for pre-treatment assessment:	117 (60.3%)	79 (44.4%)

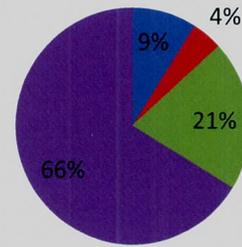
*196 of 379 (51%) of the child welfare parents included in the study sample received a referral for a pre-treatment assessment. An area that may be worthy of additional exploration is a more in-depth look at whether this pre-treatment assessment process serves as a barrier to treatment access by creating an additional step before a full-blown assessment is conducted or whether these efforts are (or can be) combined into one step to lessen the burden on the client.*

**Identified in screening:**



Mothers (101 received a PTA)

- SA
- MH
- Both
- Neither



Fathers (68 received a PTA)

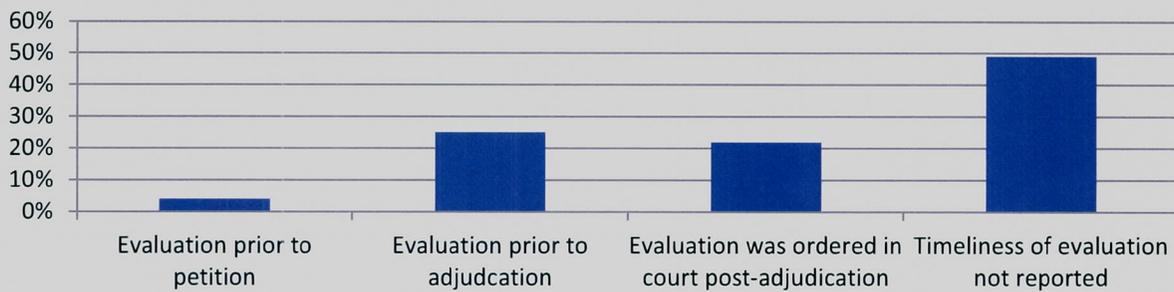
Median time from juvenile petition to PTA: 47 days for mothers, 87.5 days for fathers

**Timeliness to Substance Abuse Evaluation**

In Nebraska, it appears that some parents receive a pre-treatment screening followed by a substance abuse evaluation, where others receive the evaluation directly. The rates below use the 211 cases where substance abuse was ever identified.

	Mothers	Fathers
Frequency of referral for substance evaluation:	96 (49.5%)	60 (33.0%)

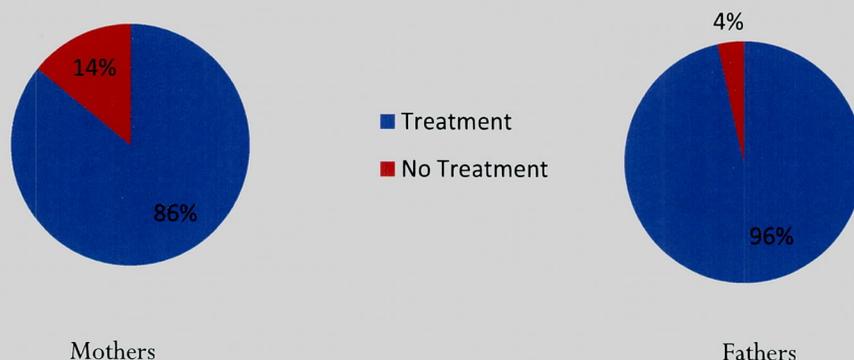
**Timeliness of Evaluation**



Frequency of cases where substance evaluation was conducted: 99 (51%) 56 (32%)

Median time from juvenile petition to evaluation: 58 days for mothers and 97 for fathers

### Any Treatment recommendations:



### How do Substance Abuse Cases Progress Through Treatment?

There were 85 mothers and 54 fathers where treatment was recommended after an evaluation

	Mothers	Fathers
Of those cases –		
Frequency of recommendation for substance abuse treatment:	83 (98%)	52 (96%)
Median time from juvenile petition to treatment referral: 69.5 days for mothers and 122 days for fathers		
In 68.3% of mothers and 24.8% of fathers, treatment was ordered in court		

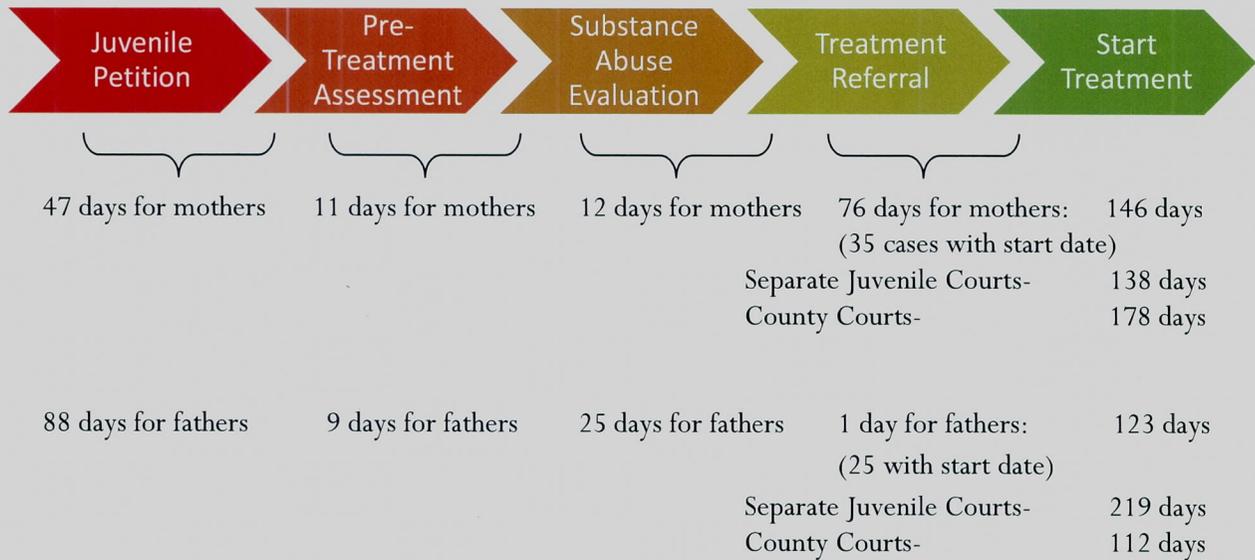
### How Successful are Parents in Substance Abuse Treatment?

Of the 83 mothers and 52 fathers who received a referral for substance abuse treatment –

	Mothers	Fathers
Frequency of cases where inpatient or outpatient treatment was ever started:	73(88%)	33 (63%)
Frequency of cases where inpatient or outpatient treatment was completed (when tx started):	46 (63%)	20 (61%)
Frequency of cases where inpatient or outpatient treatment was ongoing (when tx started):	19 (26%)	8 (24%)

*These findings are quite good and exceed engagement and completion rates common in many other states. One caution here, however, is the actual treatment dosage received is not documented meaning that it is possible that there are high treatment engagement and completion rates because little is being expected of the client in terms of attendance or length of stay. These data also do not speak to the quality of the treatment being provided, for example, whether it is evidence-based. We have heard anecdotal reports by some Nebraska professionals that many clients receive about six weeks of outpatient services which are often more educational rather than therapeutic in nature. While a large body of research documents that SA is a treatable public health problem with a wide range of cost-effective treatment solutions, success depends on a number of factors which include sufficient dosage, appropriate level of care and the relative effectiveness of the treatment approaches utilized.*

## Timeline to Treatment

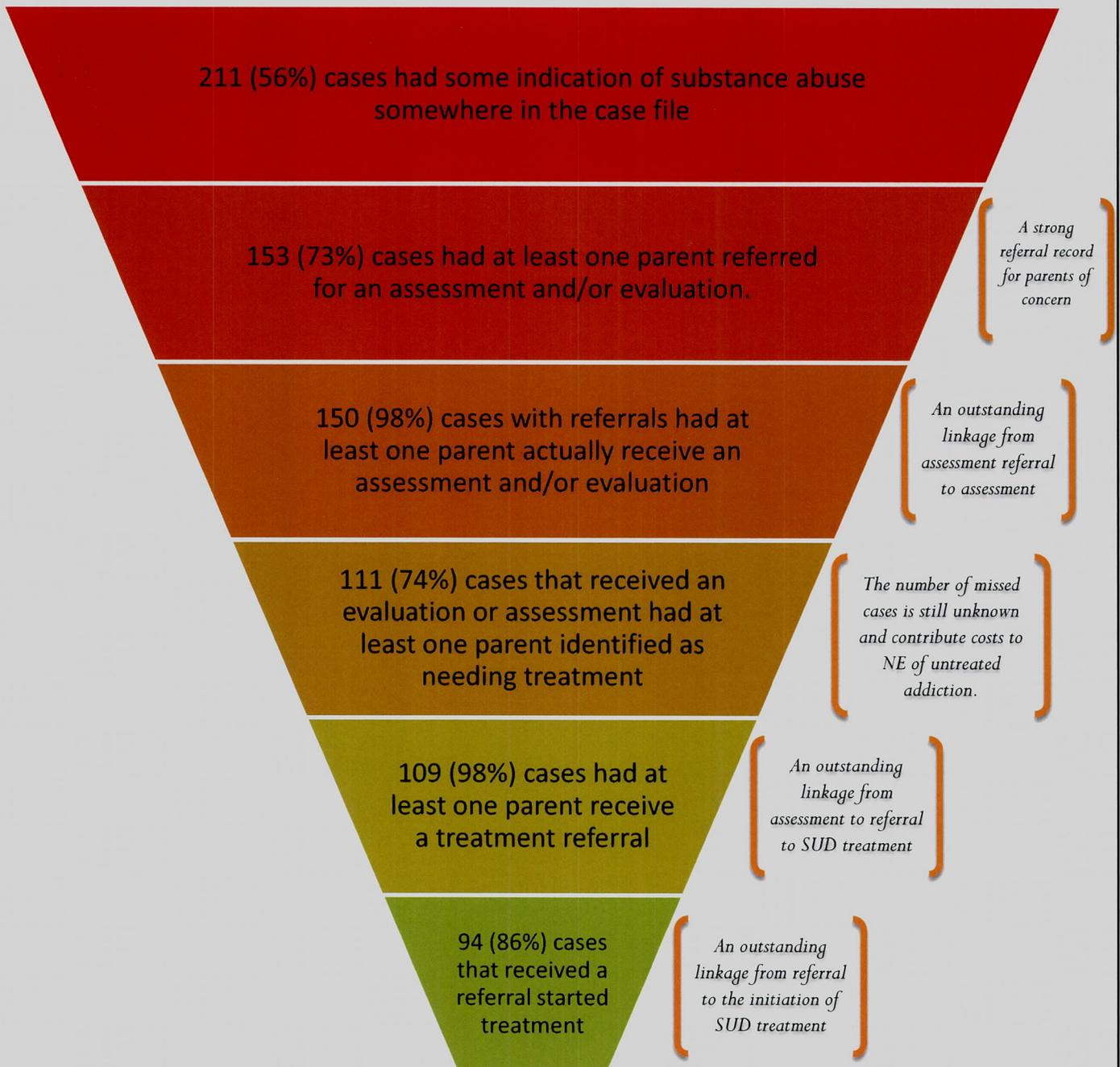


### **Timeliness:**

The median time for parents to begin treatment is more than four months after the original petition that brought them into court. Half of the cases take longer than four months. As noted in the earlier section, substance abuse problems are identified within the first week of entry into the system for most parents, especially mothers.



## Drop-Off Analysis



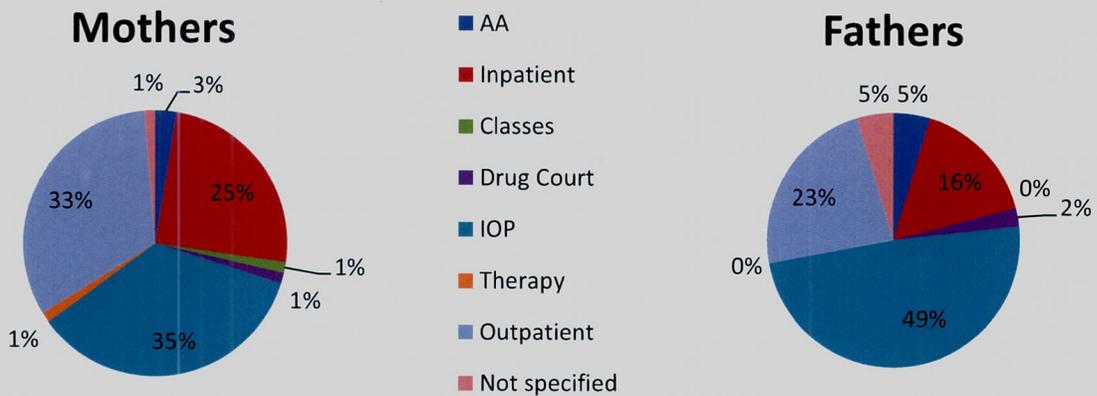
57 (61%) cases had at least one parent that successfully finished treatment

25 (27%) cases have at least one parent still in treatment, and no parents that have finished treatment

## Are Nebraska's Parents getting the Right Treatment Services?

### Type of Primary Treatment-Related Service

The following charts show that approximately 1/3 of mothers and 1/4 of fathers are provided outpatient treatment (not intensive outpatient). Mothers in rural (county courts) areas were twice as likely to get a more intensive level of treatment (intensive outpatient instead of regular outpatient) than mothers in the urban (separate juvenile courts) areas. There were insignificant rural-urban differences for fathers.



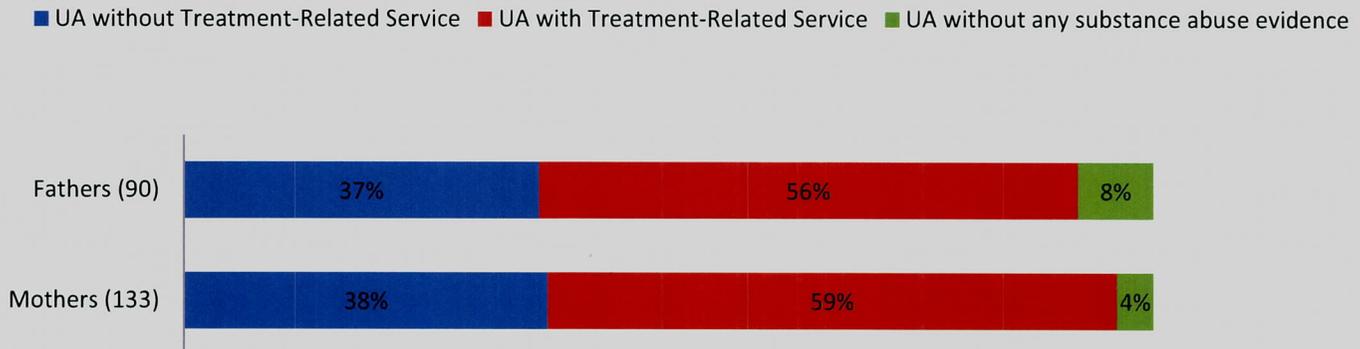
### Separate Juvenile/County Court Comparisons

	Mothers SJC	Mothers CC	Fathers SJC	Fathers CC
AA	4%	0%	7%	0%
Inpatient	26%	21%	11%	25%
Classes	2%	0%	0%	0%
Drug Court	0%	4%	0%	6%
IOP	28%	50%	48%	50%
Therapy	0%	0%	0%	0%
Outpatient	38%	21%	26%	19%
Unspecified	2%	0%	7%	0%

## Urinary Analysis

Of the 379 cases, there were 133 (39%) mothers and 90 (31%) fathers participating in urinary analysis (UA). The following chart shows the relationship between being tested and being in treatment at any time. As can be seen, over a third of both mothers and fathers get UA testing (many times very frequently) without getting treatment. A small number are getting UA testing in the absence of any evidence that they have a SA problem.

### Frequency of UA Testing



*Nebraska leaders may want to weigh the relative value of UA testing (and costs) as a standalone treatment in view of the research evidence that suggests it is ineffective. Experts convened by the National Quality Forum (NQF) endorsed the research and practice evidence that suggests that acupuncture, relaxation therapy, didactic group education, or biological monitoring of substance use as a standalone treatment is generally ineffective and should not be provided.<sup>6</sup> Moreover, it is well-documented that misuse or abuse of alcohol is, as great or greater, a contributor to child maltreatment as misuse of legal drugs or use of illegal drugs.*

## Endnotes

1. Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection, April 1999, Chapter 4
2. Jaudes, P. K., Ekwo, E., & Van Voorhis, J. (1995). Association of drug abuse and child abuse. *Child Abuse and Neglect*, 19(9), 1065-1075
3. U.S. Department of Health and Human Services. (1999).
4. Collins, James J. and Donna L. Spencer. (2002) "Linkage of Domestic Violence and Substance Abuse Services, Research in Brief, Executive Summary." U.S. Department of Justice.
5. SAMHSA Treatment Improvement Protocol 51: Addressing the Specific Needs of Women
6. *Evidence-Based Treatment Practices for Substance Use Disorders*, National Quality forum (NQF), p. 8

## Study Methodology

Four-hundred cases were randomly selected from 4,616 Nebraska 3a cases that opened between July 1 and December 31 of 2009. Twenty-one cases were excluded because they did not meet study criteria (e.g. had opened prior to July 1, or had status of delinquency offenses). Analyses were conducted on the remaining 379 cases. To maintain consistency across the state, cases were treated on an individual (i.e., one child, one case) rather than a family (i.e., multiple children from the same family, one case) basis. For each case, the presiding judge granted Court Improvement permission to access and review all files.

Three attorneys familiar with juvenile law conducted the structured reviews of both the legal and social/exhibit files. Forty non-study files were used to establish reliability among the raters. Reliability was above 85% for all the raters, ensuring minimal differences in the information gathered. Case reviews began in December of 2010 and were completed in April of 2011.

Most of the data provided is statewide because the random sample was of the state, not of individual counties. However, there is some data that is broken down into Separate Juvenile Court and County Courts because of perceptions of large differences in services between the urban and rural parts of the state.

## Acknowledgements

### Study Design, Analysis, and Report Preparation

Victoria Weisz, Ph.D., M.L.S. *Court Improvement Project Director, UNL Center on Children, Families, and the Law*

Pamela Baston, MPA *Consultant Liaison for the National Center on Substance Abuse and Child Welfare (NCSACW)*

Sarah Beal, Ph.D.

Melissa Townsend

Kelli Hauptman, J.D.

### Case Review

Katrine Herrboldt, J.D.

Heather Hilgers, J.D.

Katie Martens, J.D.

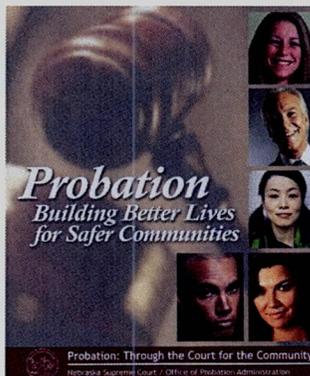
# Nebraska Office of Probation Administration



## Nebraska Juvenile Service Delivery Project: Unlocking Access for Needed Services

Corey Steel  
Juvenile Justice Specialist  
Office of Probation Administration  
October 18, 2011

## Nebraska Juvenile Probation System



- Nebraska's Probation System is operated through the **Judicial Branch**.
- In 2010 there were **7,000** juveniles overseen by probation.
- Probation's Division of Community-Based Programs and Services develops specialized juvenile programming.

## **Nebraska Juvenile Probation System through the Judicial Branch**

**Probation services for juveniles include:**

- **Juvenile Intake**
- **Court-Ordered Predispositional Investigations**
- **Supervision**
  - Adjudicated for a law violation in juvenile court (until the juvenile reaches the age of 19)
  - Adjudicated for a status offense in juvenile court (truancy, runaway, or uncontrollable)
  - Convicted of a law violation in the adult court (under the age of 18)

## **2008 Intent of the Juvenile Service Delivery Project**

**The Office of Probation Administration in collaboration with the Department of Health and Human Services is dedicated to eliminating the barriers to juveniles receiving needed services, thus preventing unnecessary penetration further into the Juvenile Justice System and improving outcomes.**

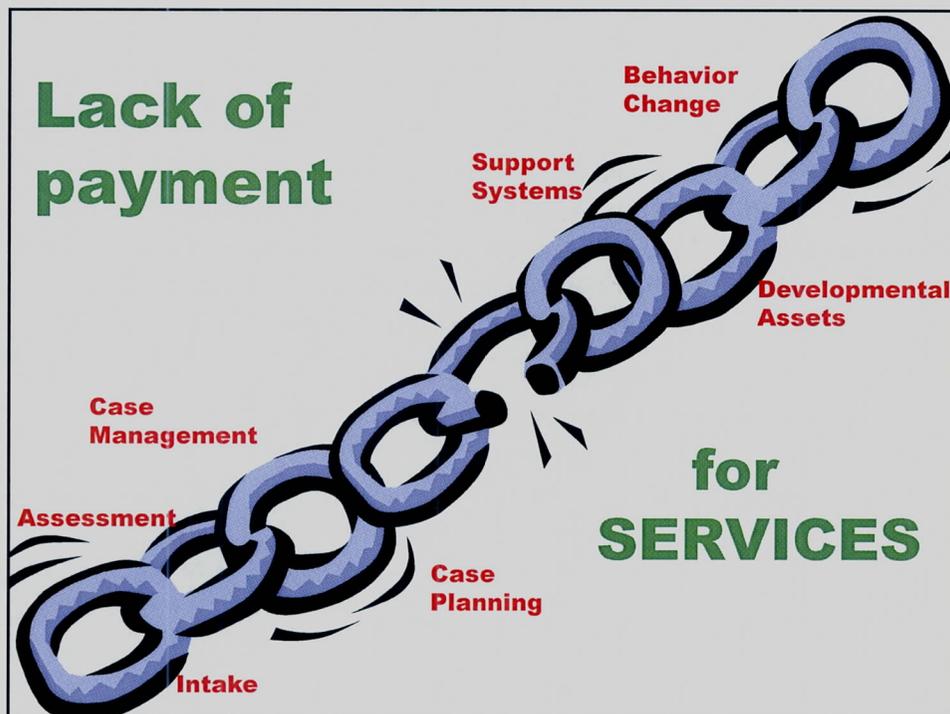
## The Barriers

~~Free~~  
~~Mexicaid~~  
~~Parent Private Insurance~~  
~~Parent Private Pay~~  
~~Behavioral Health Region~~



**What then?**

- \*Unnecessary OJS (CCAA) evaluation
- \*Use an inappropriate level of service
- \*Go without the service at all
- \*Unnecessary commitment to HHS/OJS



## Purpose of the Nebraska Juvenile Service Delivery Project

- Provide access to services in the community for juveniles placed on Probation
- **635** juveniles placed in the project instead of being made a state ward



January 2009 – June 2011

## Goal for Juvenile

The NJSD Project's goal is to provide a meaningful opportunity for juveniles within the juvenile justice system to be rehabilitated as well as provide beneficial, targeted services to juveniles while on probation, which promotes the reduction of negative behaviors and increase rehabilitation.

Enabling the juvenile's needs to be met:

- least intrusive
- least restrictive manner
- maintaining the safety
  - Juvenile
  - Community

## **Goal for Juvenile Justice System**

- **Reduce the number of duplicated resources**
- **Reduce the number of state wards**
- **Maximize resources**

## **The Nebraska Juvenile Service Delivery Project**

### **Funding available for 72 different levels of care/services:**

Substance Abuse - Standardized Model

Other Treatment - mental health/co-occurring

Out-of-Home - non-treatment placements

Non-Treatment - support services

- **188 providers registered to provide services**
- **Utilization of current Medicaid rates for payment of services**
- **Single focused evaluation at a lower cost than OJS evaluation**



## Working the Key

**Recommendations to the court through evidenced-based accurate assessment and quality investigation and supervision.**

- Payment options analyzed early on
- Treatment recommendations identified at an earlier stage
- Juvenile officers specialized training in:
  - Motivational Interviewing
  - Cognitive Group Facilitation
  - Incentives and Sanctions
  - School Engagement



## Working the Key

- **Responsive Case Management**
    - Individualized to juveniles needs
    - Involves family input
  - Focused on keeping the juvenile in the home whenever possible
- 83%**
- Outcome-driven collaboration with juvenile, providers, & families

## Evidence-Based Matching

**Right Time + Right Service + Right Cost =**

**Better outcomes for Juveniles  
preventing unnecessary penetration  
further into the Juvenile Justice System**

## Outcomes of Project

- **January 2009 to June 2011**
  - **635** juveniles were able to access services while under **probation supervision** rather than become a State Ward with DHHS/OJS
- **72%** reduction in dually-supervised juvenile cases as compared to 2007 levels
- **83%** of juveniles remained in their home while receiving community-based services in the Project
- **Responsible resource management**

## **The Nebraska Juvenile Service Delivery Project**

### **Benefits to the Juvenile and Families :**

- Reduced barriers to accessing services
- One State-entity involvement in cases
- Intensive coordinated case management and supervision
- Option to serve juveniles at the Probation stage, without the need of deeper end, more costly services

## **Juvenile Justice System and Community Benefit**

- The opportunity to serve more juveniles in the least restrictive/least intrusive manner
- Serving more juveniles in their community
- Continuity for the family
- Greater chance for positive change
- Improved community safety



# Nebraska Juvenile Service Delivery Project Outcomes January 1, 2009 to June 30, 2011

## 1. Highlighted Successes

### Reduction in Dual-Supervision Cases

At the end of June 2011, 67 total cases were dually-supervised representing:

- A 72% reduction from 2007 levels.
- A 53% reduction from 2009 levels

### Creation of Juvenile Fee for Service Voucher System

- Complete spectrum of rehabilitative services, in-home and out-of-home
- Over 188 individual providers registered with Probation Administration

### Juveniles Served

- 635 juveniles were able to access services while under probation supervision rather than become a state ward
  - 83% were served while remaining in their home

## 2. Benefits to the Juvenile Justice System

\*Evidence based practice shows that serving a juvenile in the least restrictive, least intrusive manner results in better overall outcomes.

- Reduced barriers to accessing services for juveniles
- Option to serve more juveniles without the need of deeper end, more costly services
- One agency involvement in cases with intense coordinated case management and supervision
- Responsible use of State resources

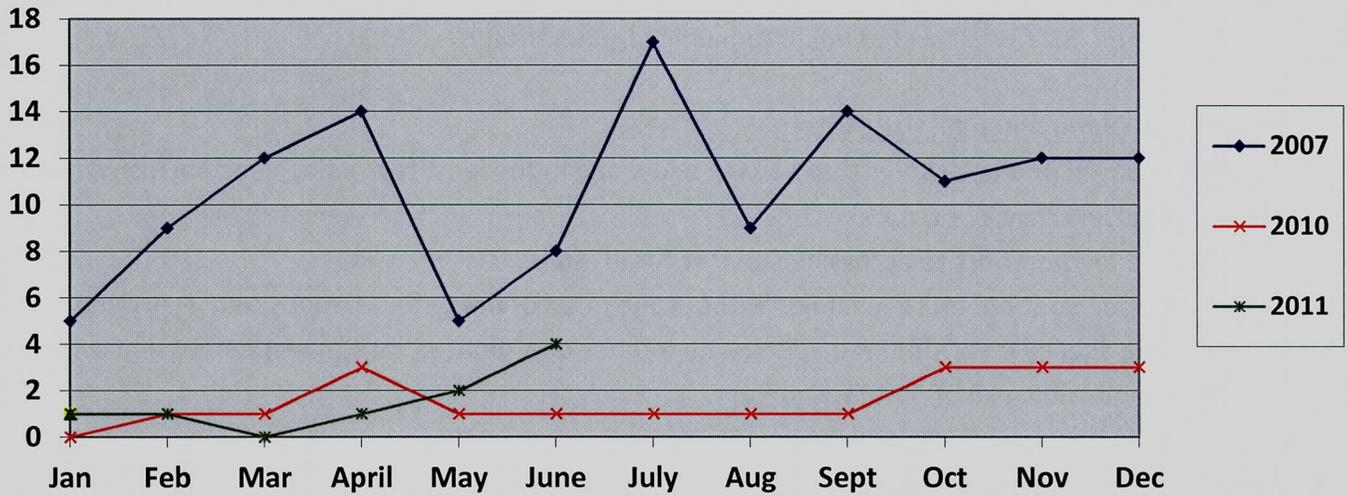
## 3. Juvenile Justice System Needs

- Statewide access to services at the Probation stage
- Consistent funding for a complete spectrum of services
  - Limiting services, limits the number of juveniles who can access probation supervision

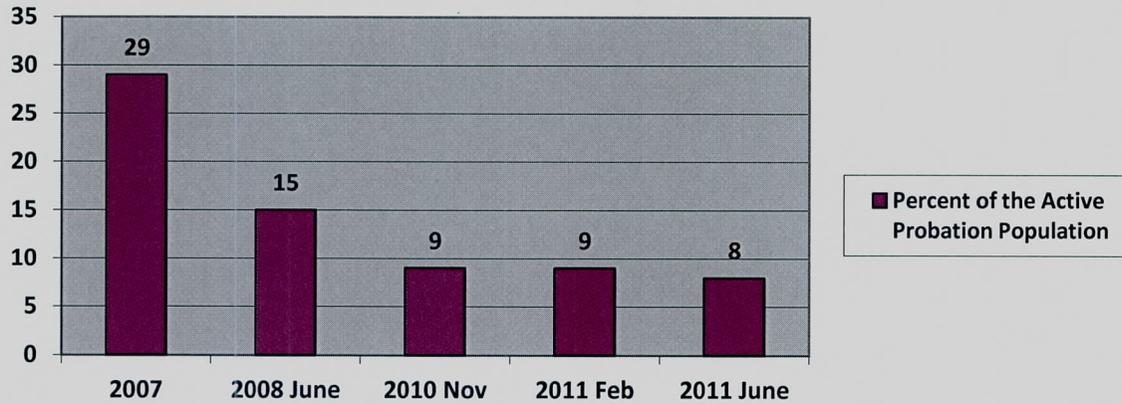
## Growth of the Nebraska Juvenile Service Delivery Project



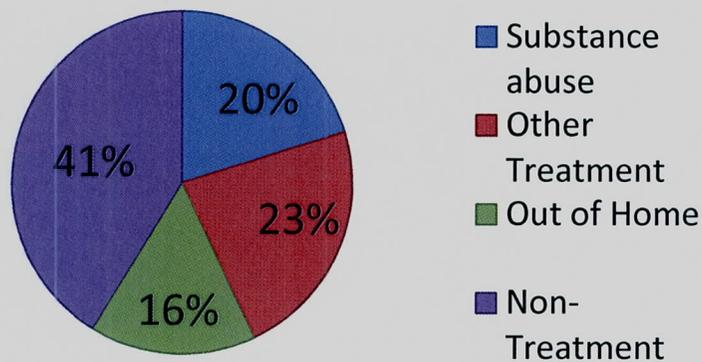
## Juveniles Placed Into Dual-Supervision



**Percent of the Probation Population who is  
Dually Supervised**



**Referrals Within Levels of Care  
June 2009 to June 2011**



Testimony to the LR 37 Committee  
October 18, 2011

- I. I am Carol Stitt, Executive Director of the Foster Care Review Board
  - a. Thank you for this opportunity
- II. FCRB Tracking System
  - a. Data compiled from DHHS, Lead Agencies and the Courts
  - b. FCRB Staff fill out a data form during Statewide reviews – Data compiled
- III. Statistics for youth 16 years and older
  - a. 1,263 Youth 16 years and older
    - 887 have had 4 or more placements
    - 700 have been in care 2 or more times
    - 293 have been in care 2 years or more

Youth placed out of State

  - b. 74 of the 139 Youth placed out of state are placed in detention, medical facilities, residential treatment group homes, and / or emergency shelters/facilities
- IV. Independent Living Services Provided
  - a. Sample of 120 youth 16 years and older reviewed by the FCRB
    - 9 youth had plans to keep the youth in school or pursue a GED
    - 40 youth had skill training offered
    - 73 youth did not have post foster care support in place
- V. FCRB Recommendations – As reported in the 2010 FCRB Reform Report
  - a. Increase Service Capacity –
    - i. Between 2009 - 2011
      1. 19 Group Homes/ Specialized Placements have closed
      2. 2 Emergency Shelters have closed
  - b. Stabilize Worker changes
    - i. In 2004, 10 Million dollars appropriated for additional DHHS workers to reduce case load size
    - ii. Currently, Of the 1,263 youth 16 and older, 670 have had 4 or more DHHS workers
      1. 198 of the youth in the Eastern and Southeastern service areas have had 4 or more FPS workers.
    - iii. Case worker knowledge has been lost
    - iv. Case stability has been negatively affected
  - c. Workloads have become larger and as a result, some calls are not returned, some court orders do not get carried out, some plans are late and/or poorly written
  - d. Fund the FCRB to complete reviews of all children in out-of-home care
    - i. 616 of the 1,263 youths 16 and older have never been reviewed by the Foster Care Review Board.
    - ii. The FCRB would need 6 additional staff persons to complete this work

I. Overview of Tracking function

a. The Tracking System is used to:

- i. Track children in out-of-home care. (Both DHHS, Lead Agencies and the Courts are mandated to report, so verification is built into the system).
- ii. Appropriately schedule children's FCRB reviews.
- iii. Report on indicators of how the system is responding to children's needs (annual report, fact sheets, etc.) and report on deficits so that children's best interests can be better served and Create internal reports.

b. FCRB planned for challenges of reform, including data to collect and extra points of verification.

II. Processing data from DHHS, Courts, and Private Agencies –

a. What it takes to track the approximately 8,000 children who are in out-of-home care at some point during an average year.

- i. From DHHS 90-100,000 documents annually.
- ii. From courts 40,000+ records annually.
- iii. From private placements 180 private placement reports annually, some containing information on 50+ children and youth.

b. Data verification at this point includes:

- i. Researching omitted data, conflicting data, and obvious inconsistencies.
- ii. Cross verification between reports/lists from DHHS and the Courts as time allows. (example, work with Adams County)
- iii. Informing courts, DHHS, or lead agencies QA persons of identified errors or omissions in reports and official records.

c. Staff identify cases needing immediate attention or review.

III. Data and the review process –

a. The data form was developed for review specialists to use to record data.

b. Review specialists collect other data from file information and contacts and include this on the data forms as well.

c. Data verification - Initially reported data is examined, verified, and modified as necessary as part of the review process. Modifications are noted on the data forms completed by review specialists for each review. Supervisors proofread the recommendations and monitor the dataforms and lack of documentation forms.

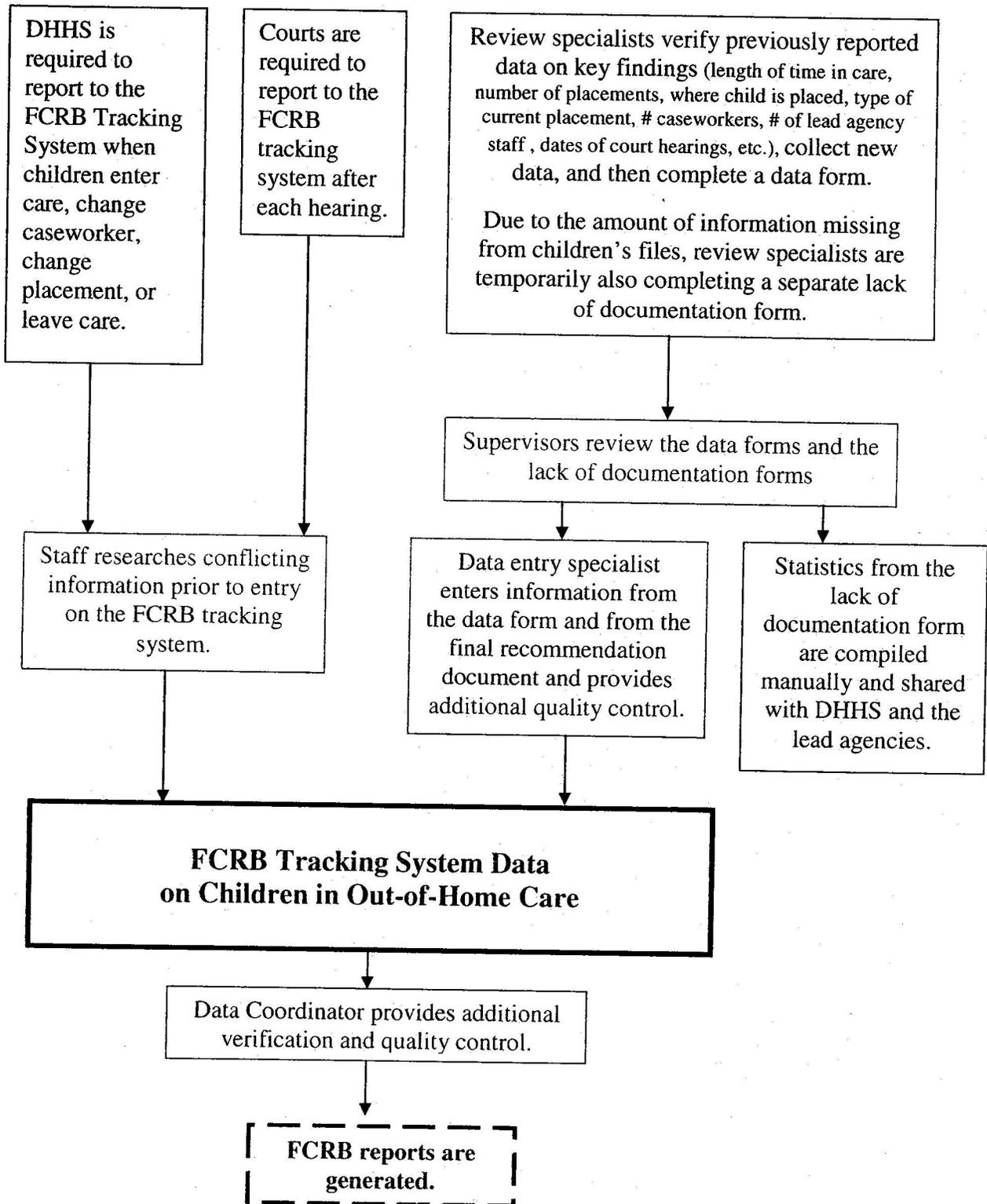
IV. Developed new process to get accurate data on missing documentation

a. A lack of documentation form was created in collaboration with DHHS and the lead agencies in response to files not containing needed documentation.

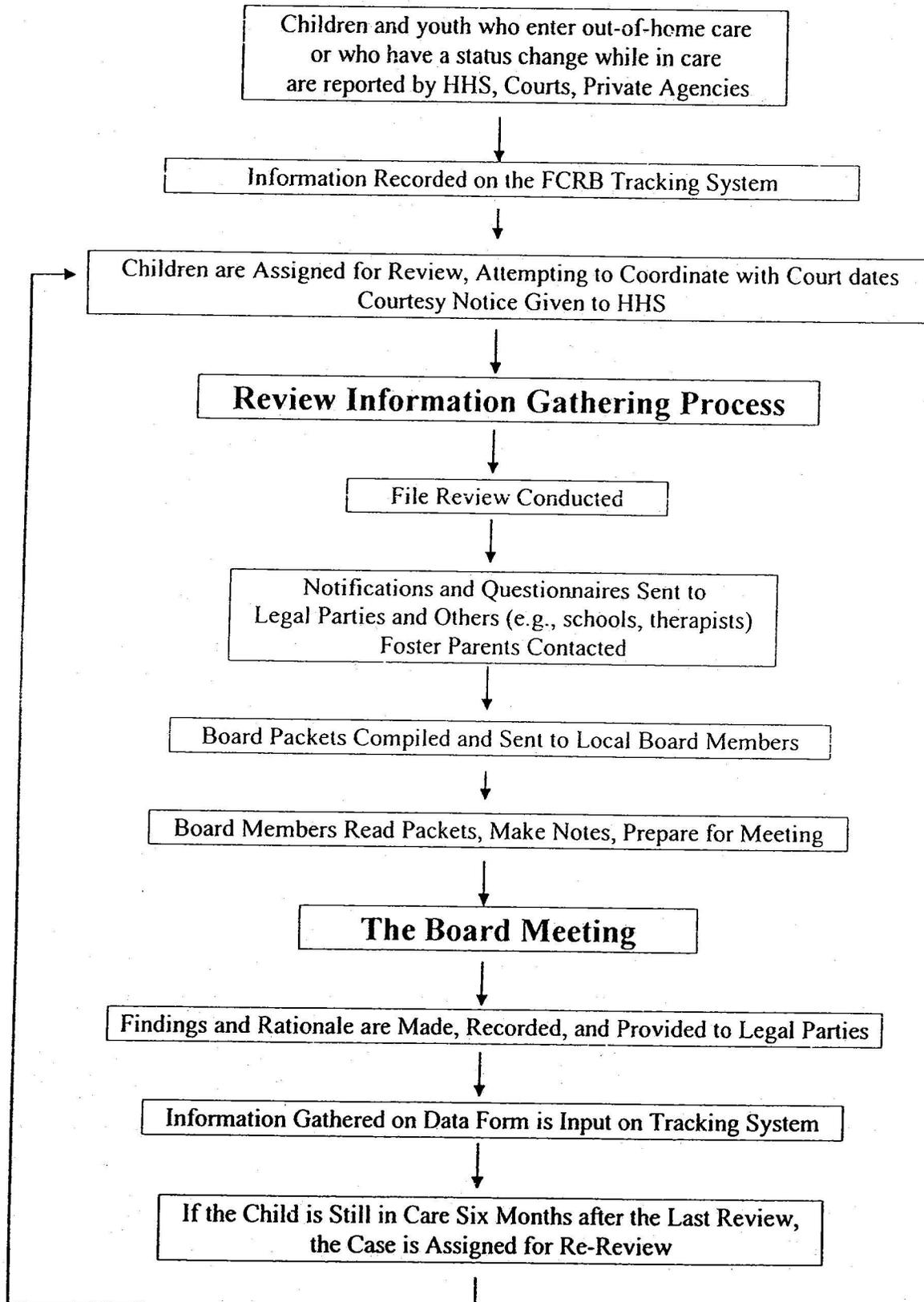
b. After the form was finalized, we provided training for the review specialists on how to collect this data and how the data would be shared with DHHS and the lead agencies. Form discussed with DHHS and lead agency representatives.

c. FCRB is working with DHHS and the lead agencies to reduce the volume of work for our staff in collecting this information, while still continuing our collaborative work to ensure better documentation.

## The FCRB Tracking Process



# The Review Process



## Nebraska Foster Care Review Board Local Review Board Findings and Recommendations

Neb. Revised Statutes 43-285 (6). Any written findings or recommendations of the State Foster Care Review Board or a designated local Foster Care Review Board with regard to a juvenile in foster care placement submitted to the Court having jurisdiction over such juvenile shall be admissible in any Court proceedings concerning the juvenile if such findings or recommendations have been provided to all other parties of record.

<b>Board No./Location</b>		<b>Docket/Case Number</b>	
<b>Board Meeting Date</b>	9/13/11	<b>Date Next Court Hearing</b>	
<b>Review Number</b>	1	<b>Date of Next FCRB Review</b>	
<b>Agency/Area</b>	DHHS	<b>County of Court</b>	

**Confidential** - Unauthorized disclosure of this report or any of its contents is a Class III misdemeanor under Nebraska Law.

**In the Matter of:**

<b>Child's Name</b>	<b>Birthdate</b>	<b>Age</b>	<b>Number of Times in Care</b>	<b>Number of Placements</b>	<b>Time in Current Placement</b>	<b>Total Time in Foster Care</b>	<b>% Of Life In Care</b>
Smith, Joseph	9/93	18y	1	1	5m	5m	2%

<b>Placement</b>	Child Specific Foster Home with 4 other children.
<b>Permanency Objective</b>	Independent Living (Case Plan 7/11/11)
<b>Target Date</b>	12/31/11 / 5/31/12 (Case Plan 7/11/11)
<b>Number CFS Specialists</b>	1 (N-Focus 9/1/11)
<b>DBHS Last Visit</b>	8/12/11 / Placement (Narrative 8/12/11)
<b>Number Service Coordinators</b>	N/A
<b>Service Coordinator Last Visit</b>	N/A
<b>GAL Last Visit</b>	8/10/11 / School (Narrative 8/10/11)

<b>Name</b>	<b>Relationship To the Case</b>	<b>Questionnaire</b>		<b>Review</b>		<b>Findings Submitted</b>
		<b>Sent</b>	<b>Returned</b>	<b>Invited</b>	<b>Attended</b>	
Hon. Paul Meyer.	Judge	N/A	N/A	N/A	N/A	Yes
Randy Collins	County Attorney	N/A	N/A	N/A	N/A	Yes
Albert Rolland	Guardian ad litem	Yes	No	Yes	Yes	Yes
Jill Benesh	CFS Specialist	Yes	Email	Yes	Yes	Yes
Francine Jones	CFS Supervisor	N/A	N/A	N/A	N/A	Yes
Victoria James	CFS Administrator	N/A	N/A	N/A	N/A	Yes
Victor Mahew	Father's Attorney	Yes	No	Yes	No	Yes
Christa Smith	Mother	Yes	No	Yes	No	No
Bill Smith	Father	Yes	No	Yes	No	No
Joseph Smith	Youth	Yes	No	Yes	No	No
Child Specific	Placement	Yes	No	Yes	No	No

**BOARD'S RECOMMENDATIONS AND FINDINGS**

- **The permanency objective of Independent Living is endorsed by the Board.**
  - **A written report from the physician that performed Joseph's physical exam on 5/6/11 and a current eye exam record from an optometrist should be maintained in the case file to ensure Joseph's health needs are being met.**
- 

**Current Barriers to Achieving Independent Living:**

- Joseph needs more time to complete his education and independent living services and demonstrate he can abide by rules in a structured environment.

**Recommendations for Alleviating Barriers:**

- **Independent Living is listed as the primary permanency objective in the Case Plan.**
  - **Continue to maintain Joseph in his foster home and in high school.** DHHS is commended for providing Multi-Systemic Therapy (MST) services for Joseph and his foster mother and the team and the school are acknowledged for developing a plan to assist Joseph in achieving graduating in 5/2012. The Board endorses DHHS in their encouragement of the foster mother obtaining agency support.
- 

**Reasons Entered Care:** DHHS voluntarily worked with Ms. Smith because she was moving to Kansas and was leaving Joseph in Nebraska because she was scared for her and her younger son's life as Joseph had been threatening and aggressive and Mr. Smith was in jail. Ms. Smith had signed Power of Attorney to a friend's family; however, due to ongoing concerns the Power of Attorney questioned her ability to maintain Joseph in her home due to his behaviors and requested further assistance from DHHS. Joseph was then made a State Ward and was officially placed in this home on 4/20/11. (Court Report 7/11/11 and Placement History)

**Court Information:**

- Adjudication §43-247 (3a) on 7/20/11
- Court hearings are occurring every six months. (Court Docs)
- The court has adopted the most recent case plan. (Court Doc 7/20/11)
- Paternity has been established. (Birth Certificate)
- Child support has not been ordered. (Court Report 7/11/11)
- ICWA does not apply. (Court Report 7/11/11)

**Youth's Placement:**

- The youth was placed in a child specific foster home on 4/20/11. (N-Focus 8/31/11)
- A current home study was found in case file. (Home Study 5/26/11)
- There have not been any intakes or investigations on the placement regarding this youth. (N-Focus 8/31/11)
- There are 4 other children in placement. The placement has a 9 year old daughter and their sons' ages are 15, 13, and 2. (N-Focus 8/31/11)
- Information was not available if the youth's placement was given education and health information at the time youth was placed.
- There was no documentation located in the case file that indicates the youth has been physically or chemically restrained or secluded in their current placement.

Smith, Joseph	Board #	Date: 9/13/11
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- The foster mother will allow Joseph to continue to live with her as long as she feels she can maintain him in the home and Multi-Systemic Therapy (MST) services are being provided to assist with this. Joseph has expressed the desire to live independently. DHHS also provided the foster mother with agency support information to assist in additional support. The CFS specialist advised that at this time the permanency objective is Independent Living with Joseph remaining in the foster home through his senior year of high school. (CP/CR 7/11/11, Narratives 8/2011, and CFSS Email 9/7/11)
- Documentation if the GAL has visited Joseph in his placement was not available.

**Youth's Services:**

- The DHHS case file did not include updated health information from the providers.
- The DHHS case file included updated educational information.

**Michael's Information:**

**Health/Medical:**

- Date of physical exam: 5/6/11 (N-Focus 8/31/11) A written report from the physician was not located in the case file.
- Date of vision exam: Not recorded
- Date of dental exam: Scheduled 7/29/11. (Court Report 7/11/11) Due to the timing of the file review a written report from the dentist was not available.
- Health concerns: None reported
- Medications prescribed: None recorded

**Education:**

- School currently attending: Senior High School. (SM 2 Report Card 2010/11)
- Grade level: 12<sup>th</sup> (SM 2 Report Card 2010/11)
- Grades: C in World History and English, Passing in Oasis, F in Geometry, D in Government, Economics, and Chemistry, and B in Cabinet Making. (SM 2 Report Card 2010/11) Joseph's school attendance affected his grades. He will need to attend school and pass all of his classes in order to graduate on time in 5/2012. The team and the school have developed a plan to assist Joseph in achieving graduating in 5/2012. (Court Report 7/11/11 and Narrative 8/10/11) Thus far, school attendance has not been an issue for Joseph this school year. (CFSS Participant 9/13/11)
- Does the youth have an IEP? No (Court Report 7/11/11)

**Mental Health/Behaviors:**

- Psychological/Mental Health Evaluations: A treatment plan from Tony Ogden was developed; however, it was not dated.
- Therapy Services: Mr. Ogden provided individual therapy services from 4/11 to 6/11. MST by Mary Williams was then implemented to provide in-home services to assist the foster mother with rules and consequences and for Joseph to be responsible for those rules and being held accountable for his actions. MST provides services 2 to 3 times per week. MST also addresses with Joseph improving his communication with his foster mother, appropriately expressing his anger, and respecting authority figures. (Therapy Letter 7/1/11, Referral 6/10/11, Narrative 8/12/11, and CP/CR 7/11/11) Written progress reports from the provider were not located in the case file; however, Ms. Williams was present at the 7/13/11 Team Meeting. (Narratives 7/13/11 & 8/11)

Smith, Joseph	Board #	Date: 9/13/11
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- Behaviors: Joseph was not used to rules and consequences when he resided with his parents; therefore, he struggles with these issues in his placement. (Court Report 7/11/11 and Narrative 8/12/11) The GAL informed the Board that the foster mother initially had several rules and the rules are currently being addressed. (GAL Participant 9/13/11)

**Independent Living:**

- An Independent Living Plan was developed on 5/13/11 and the goal is for Joseph to complete an Ansell Case Life Skills Assessment (ACLSA).
- Independent living skills is addressed in the 7/11/11 Case Plan.
  - On 8/12/11, the CFS specialist noted that Joseph recently completed an ACLSA. Due to the timing of the file review, this assessment was not available. Joseph has identified his foster mother as a support and she has assisted him with obtaining employment. MST also assisted Joseph with obtaining employment, but he recently lost his job. Budgeting will be addressed by his foster mother and MST when he obtains more consistent employment. MST will assist him with the identified needs in the ACLSA. He has expressed in interest in carpentry and pursuing a secondary education at a community college or Job Corps. The school counselor will assist Joseph in obtaining post-secondary education. (Narratives 8/2011, IL Plan 5/11-8/11, CFSS Participant 9/13/11, and Case Plan 7/11/11)
- Joseph has chores in his foster home and is working on obtaining his driver's license. (Court Report 7/11/11)
- Joseph would like to reside independently; however, DHHS noted that he needs to demonstrate his ability to follow rules in the foster home and show responsibility in making good decisions before independent living will be an option. (Court Report 7/11/11)

**Parent Information:**

- DHHS's history of involvement with the family is included in the 7/11/11 Court Report.

**Mother:** Christa Smith (DOB 4/73) resides in Kansas. (N-Focus 8/9/11)

**Father:** Bill Smith (DOB 5/72). On 8/16/11, he was sentenced to 45 to 50 years in prison for Sexual Assault/Forcible 1<sup>st</sup> Degree and 10 to 20 years in prison for Incest and he is to register as a sex offender. (Justice 9/2/11) He is also a registered sex offender from crimes committed in approximately 1999 in another state. (Affidavit 8/2/11)

**Services:** Date of Most Recent Review Hearing: 7/20/11. The permanency objective is such that parents are not subject to court ordered services.

**Visitation Plans:**

**Parental:** The permanency objective is such that parents are not subject to court ordered visitation.

- Joseph initially did not want visits with his mother and Ms. Smith had not made any attempts to contact Joseph. Recently, Joseph has attempted to call his mother, but she has not returned his calls. (Court Report 7/11/11 and CFSS Email 9/7/11)
- Joseph wanted to visit his father and 2 visits occurred when Mr. Smith was in jail. The foster mother supervised the visits and reported that many of the topics that were discussed were inappropriate and she was unsuccessful at redirecting the conversation. No more visits will occur until Joseph's therapist has an opportunity to supervise a visit

Smith, Joseph	Board #	Date: 9/13/11
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and assess the appropriateness. (Court Report 7/11/11) Joseph received a visit with his father before his father was transferred to prison. Joseph's therapist supervised the visit. (Narratives 8/2011 and CFSS Email 9/7/11)

**Siblings:** Toby Smith (DOB 1/10/04), Gloria Smith (DOB 5/1/96) and Tory Smith (DOB 10/92). Gloria disclosed sexual abuse from Bill and physical abuse from Joseph. Tory is in Job Corps and Gloria is placed in a separate foster home. Toby resides with their mother. (C.H. FCRB Rec 3/14/11 and N-Focus 9/1/11) Tory recently visited Joseph for Joseph and their nephew's birthdays and Gloria was also present. Joseph and Gloria also have phone contact. Joseph does not have contact with Toby due to no contact with his mother. (Narrative 8/12/11 and CFSS Email 9/7/11)

\*FCRB Identified Barriers and Recommendations continue on following page.

Smith, Joseph	Board #	Date: 9/13/11
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FCRB  
Code

**Barriers to Permanency**

- 599** More time is needed for Joseph to complete services
- 525** Youth's educational issues
- 523** Youth's behavioral issues

FCRB  
Code

**Board's Findings and Rationale**

- A1** Reasonable efforts were made to prevent the youth's removal from the home. Services were provided.
- B1** The youth's current placement appears appropriate and safe.
- C<sub>1</sub> 3** The Board finds that services regarding the mother do not need to be described in the plan as required by Neb. Rev. Stat. 43-285 due to the permanency objective of Independent Living is such that the mother is not subject to a court order.
- D<sub>1</sub> 3** The Board finds that services regarding the father do not need to be described in the plan as required by Neb. Rev. Stat. 43-285 due to the permanency objective of Independent Living is such that the father is not subject to a court order .
- E<sub>1</sub> 1** The Board finds that all services regarding the youth are included in the plan as required by Neb. Rev. Stat. 43-285.
- C<sub>2</sub> 5** The Board finds that services for the mother are not applicable due to the permanency objective of Independent Living is such that the mother is not subject to a court order .
- D<sub>2</sub> 5** The Board finds that services for the father are not applicable due to the permanency objective of Independent Living is such that the father is not subject to a court order.
- E<sub>2</sub> 1** The Board finds that all needed services are in place for the youth. (see main Recommendations and Findings)
- F1** There is a written permanency plan with services, timeframes, and tasks specified. The Board requests that Independent Living is listed as the primary permanency objective.
- G1** Progress is being made towards the permanency objective of Independent Living.
- H1** The Board agrees with the permanency objective of Independent Living.
- I1** The Department has evaluated the safety of the youth and has taken the necessary measures in the plan to protect the youth.
- J3** Reasonable efforts by the Department to return the youth home are no longer required due to the plan is no longer reunification

Smith, Joseph	Board #	Date: 9/13/11
---------------	---------	---------------

- K6** Parental visitation is not applicable due to the permanency objective of Independent Living is such that the mother is not subject to a court order. Regardless, Ms. Smith does not maintain contact with Joseph.
- L6** Parental visitation is not applicable due to the permanency objective of Independent Living is such that the father is not subject to a court order. Joseph had a therapeutically supervised visit with his father prior to his father transferred to prison. If Joseph wants further contact, it should be assessed by his therapist.
- M1** Sibling visitation is occurring with Toby and Gloria.
- M2** Sibling visitation is not occurring with Tory due to no contact from his mother.
- N1** There is a continued need for out of home placement.
- O5** The return of the youth to the parents is not likely and endorses a planned, permanent living arrangement of Independent Living.
- P2** Grounds for termination of parental rights under §43-292 do not *appear* to exist.

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Nebraska Foster Care Review Board  
521 S. 14th St. Ste. 401, Lincoln, NE 68508-2707  
[402] 471-4420 or 1-800-577-3272

Prepared by  
Review Specialist  
Date: 9/20/11

**DATA FORM**

▶ Child's last Name, First Name **Sample, Firstname**

▶ Child's Birthdate  ▶ Child's FCRB Number

▶ Review Board Number

▶ Meeting Date

▶ Lifetime Number of Reviews  *if unknown, leave blank*

**PARENT INFORMATION**

Mother's Name (last, first)  ARP # or Birth Date

Father's Name (last, first) [Father of this child]  ARP # or Birth Date

Parental Rights	Status	Termination Appeal Code
▶ Mother	<input type="text"/>	<input type="text"/>
▶ Father	<input type="text"/>	<input type="text"/>

Codes: 00-NIF, 01-intact, 02-terminated, 03-Relinquished, 04-paternity not establ., 05-parental id unknown, 07-deceased

Codes: 02-not appealed, 03-appealed, 04-upheld, 05-overturned

**PERMANENCY OBJECTIVE**

▶ Current Permanency Objective (use code from list below)

Codes: 01-reunification/family preservation, 02-live with relatives, 03-non-relative adoption, 04-long term care, 05-supervised living/self-sufficiency, 06-Independent Living, 07-group home, 08-institution, 09-no plan, 10-permanency, 11-guardianship, 15-parole, 16-jobcorp or military, 18-relative adoption, 21-deportation, 22-other

▶ Is there a target date  Codes: 01-yes & current, 06-yes & not current, 02-no, 03-n/a

**ADOPTION** (all questions must be answered if plan is adoption, skip if not adoption)

Months Since Free for Adoption

Months Since Plan Became Adoption

Child in adoptive placement  Codes: 00-NIF, 01-yes, 02-no

Is potential adoptive parent a relative  Codes: 00-NIF, 01-yes, 02-no, 03-na

Adoptive Homestudy complete  Codes: 00-NIF, 01-yes, 02-no, 03-na

**PLACEMENT INFORMATION**

▶ No.Lifetime Placements/Moves:

▶ Current placement type  *use code from below*

Codes: 02-ESC, 03-relative, 04-foster family home, 13-fos-adopt, 34 agency-based fc, 44-continuity care, 20-TFC, 06-basic group home, 61-group home A, 62-treatment group home, 63-enhanced treatment group home, 19- RTC, 11-drug/alcohol treatment, 12-psychiatric, 15-Ind. Living, 16-awol/runaway, 10-medical, 33-assisted living facility/nursing home, 07-ctr dev dis, 08-child care agency, 09-school, 14-private adopt, 17-jail or yrct, 22-respite, 28-private inst., 29-public institution, 01-parents, 40-DD host home/DD-ext. fam. home, 18-other

If other, describe-->

▶ Date at Placement

▶ either ORG # or the full current placement info (this is actual placement, not contractor responsible)

ORG #	<input type="text"/>	or	PName	<input type="text"/>
			Address	<input type="text"/>
			Town	<input type="text"/>

Placement information continues on next page →

**PLACEMENT INFORMATION continued...**

▶ Placed w/Siblings who are in foster care  Codes: 00-NIF, 01-Yes 02-No 03-NA 04-Some

▶ Contact with Siblings  Codes: 00-NIF, 01-Yes 02-No 03-NA 04-Some

▶ Current Homestudy Available  Codes: 00-NIF, 01-Yes 02-No 03-Not in thome

▶ Plcmnt rec'd medical info  Codes: 00-NIF, 01-Yes 02-No 03-NA

▶ Plcmnt rec'd educ. info  Codes: 00-NIF, 01-Yes 02-No 03-NA

▶ Plcmnt been invest. for abuse  Codes: 00-NIF, 01-Yes 02-No

▶ Services to foster family (put x in appropriate box, if other type, specify in the larger box)

<input type="text"/>	14-Respite	<input type="text"/>	07-Transportation	<input type="text"/>	15-Daycare
<input type="text"/>	10-Not in file	<input type="text"/>	08-other describe-->	<input type="text"/>	

**TIME IN FOSTER CARE**

▶ # Times in Foster Care

▶ Total months in care

▶ Percent of Life in Care  #DIV/0! <---- This will calculate for you

▶ Child's age in months

If status offender, was child prior abuse victim  Codes: 00-nif, 01-yes, 02-no

**Reasons Entered Care/Later Disclosed (put x in appropriate box)**

Reason Entered	Later ID	Reason Entered	Later ID
<input type="checkbox"/>	<input type="checkbox"/>	01-Physical Abuse	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	02-Sexual Abuse	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	03-Neglect	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	15-Housing Substandard - Unsafe	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	13-Abandonment	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14-Relinquishment	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	11-Parental Incarceration	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12-Parent Physical Illness, Disability	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10-Death of Parent	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	30-Domestic Violence	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	50-Parent Mental Health	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	04-Parent Alcohol	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	05-Parent Drug Abuse	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	20-Parent Meth Abuse	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	25-Parent Cocaine Abuse	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	24-Parent Heroin Abuse	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	27-Parent Marijuana Abuse	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	99-Unclear Why Removed -----> If code 99, this is a consultation point with supervisor	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	18-Child's Illness	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	08-Child's Disabilities	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16-Child's Mental Health	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	17-Child's Suicide Attempt	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	09-Child's Behaviors	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	06-Child's Alcohol use	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	07-Child's Drug Abuse	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	19-Child's Meth Abuse	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	21-Baby Born Affected	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	40-Child's Parent in Foster Care	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	41-What happened to sibling	<input type="checkbox"/>

**AGENCY FILE INFORMATION**

Physical Exam within 2 weeks  Codes: 00-nif, 01-yes, 02-no, 03-n/a

Child's Name [auto fills in from 1st page]

Sample, Firstname

Agency Information continued....

- ▶ Health record in agency file  Codes: 01-Yes, 02-No
- ▶ Educ. record in agency file  Codes: 01-Yes, 02-No
  - ▶ Child enrolled in special education  Codes: 00-NIF 01-yes, 02-no, 03-n/a-graduated
  - ▶ Child have a history of self injury  Codes: 00-NIF, 01-Yes, 02-No, 03-NA
- ▶ Child sexually acting out  Codes: 00-NIF, 01-Yes, 02-No
- ▶ Child-Manager or Worker contact (60 days)  Codes: 00-NIF, 01-Yes, 02-No, 03-NA
- ▶ Contact between GAL and Child (in 6 mos)  Codes: 00-NIF, 01-Yes, 02-No, 03-NA

**COURT INFORMATION**

County of Court Commitment  Name or "Voluntary"  
 Other Involved County Court, if any

Docket number and type below must be specific to the individual child being reviewed

*Currently Active Docket # for this child*

*Adjudication Type for this specific docket #*

<input type="text"/>	<----->	<input type="text"/>
<input type="text"/>	<----->	<input type="text"/>
<input type="text"/>	<----->	<input type="text"/>
<input type="text"/>	<----->	<input type="text"/>

type codes: 01, 02,  
3a, 3b, 3c, OT-  
other

Adjudication date

Mo. to Adjudication:  Calculate as months from removal to adjudication hearing. Enter 99 if no adjudication yet. Enter 0 if adjudicated prior to removal. Enter 0 if under 1 month.

Date of Dispositional Hearing   
 ▶ Court Review hearing date

- ▶ Did Court Order or Plan Have Timeframes  Codes: 00-NIF 01-yes 02-no 03-NA 04-Partial
- ▶ Did Court Order or Plan Have Specific Goals  Codes: 00-NIF 01-yes 02-no 03-NA 04-Partial

**RESTRAINTS/SECLUSION**

If Child was restrained in the last 6 months, put X in correct box(es)

<input type="text"/>	00-unknown	<input type="text"/>	01-Physical	<input type="text"/>	02-Chemical
<input type="text"/>	03-Isolation	<input type="text"/>	04-Food Withheld		

Medical Attention Received  codes: 00-unknown, 01-yes, 02-no

List ORG # whenever possible

If ORG # can not be found, list Specific Placement name/address  Name  
 Address  
 Town/State

(Be very specific)

If injured during restraint, put x in correct box(es)

<input type="text"/>	01-Physical	<input type="text"/>	02-Sexual	<input type="text"/>	03-Neglect
<input type="text"/>	04-Emotional	<input type="text"/>	05-Other	<input type="text"/>	06-Rug Burn
<input type="text"/>	07-Broken Bone	<input type="text"/>	08-Sprain	<input type="text"/>	09-Concussion
<input type="text"/>	10-Dental				

Child's Name [auto fills in from 1st page]  Sample, Firstname

Child's Name	Sample, Firstname			[autofills]
Birthdate	01-00-1900	<-autofill->	FCRB #	0
FCRB Meeting Date	01-00-1900	<-autofills->	County of Court	01-00-1900
# of times in FC	01-00-1900	<-autofills->	# of placements	01-00-1900

**HHS AREA**

▶ HHS Service Area [ ] codes: 01-Eastern, 02-SE, 03-NE, 04-Central, 05-Western, 09-not HHS/OJS

**SPECIAL NEEDS**

▶ Child clinically diagnosed with disabilities [ ] Codes: 01-Yes, 02-No, 05-Not Yet Determined

If diagnosed with a disability, check the type(s)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 11-DSM IV Diagnosis      | <input type="checkbox"/> 06-Visually Impaired           | <input type="checkbox"/> 12-Physical/Ortho Impairments    |
| <input type="checkbox"/> 04-Emotionally Disturbed | <input type="checkbox"/> 07-Hearing Impairments         | <input type="checkbox"/> 13-Autism Spectrum Disorder      |
| <input type="checkbox"/> 01-Mental Handicaps      | <input type="checkbox"/> 08-Speech/Language Impairments | <input type="checkbox"/> 14-Med Cond Qualified for SpecEd |
| <input type="checkbox"/> 03-Physically Disabled   | <input type="checkbox"/> 09-ADHD                        | <input type="checkbox"/> 05-Any Other Cond Req SpecCare   |
| <input type="checkbox"/> 15-Learning Disabled     | <input type="checkbox"/> 10-ODD                         |   |

Child receive svs thru Dev. Disabilities [ ] Codes 01=yes, 02=no, 03-n/a, 00-unk

**AGGRAVATED CIRCUMSTANCES PRESENT**

▶ When entered care, any aggravated circumstances present? [ ] Codes 01=yes, 02=no, 03-n/a, 00-unk  
i.e., abandonment, torture, sexual abuse, chronic abuse, parent involved in murder/manslaughter/felonious assault of a sibling, or parent having rights to sibling terminated involuntarily...

**ADDITIONAL COURT DATA (Skip if non-court case)**

- ▶ Result of most recent court review [ ] Codes 01-case plan adopted, 02-case plan modified, 03-other, 04-no review yet, 09-unable to determine
- ▶ Has child been in care at least 12 mos [ ] Codes 01=yes, 02=no, 00-unk
  - ▶ If yes, permanency hearing occurred [ ] Codes 01=yes, 02=no, 00-unk
  - ▶ If yes & the hearing was not held, has it been requested [ ] Codes 01=yes, 02=no, 00-unk

**If the permanency hearing was held - answer the following:**

- ▶ What was the Court's decision [ ] Codes: 01-need to file TPR, 03-other, 04-child w/b returned home, 05-child w/b placed adoption, 06-child w/b in guardianship, 07-ruling reserved pending a TPR filing
- ▶ Was hrg held w/review hearing [ ] Codes 01=yes, 02=no, 00-unk
- ▶ Plan submitted by the Department [ ] Codes: 01-reunification/family pres, 02-live with relatives, 03-non-relative adoption, 04-long term care, 05-self-sufficiency, supervised living, 06-Independent Living, 07-group home, 08-institution, 09-no plan, 10-permanency, 11-guardianship, 15-parole, 16-jobcorp or military, 18-relative adoption, 21-deportation, 22-other
- ▶ Is plan in best interests [ ] Codes 01=yes, 02=no, 00-unk

**Additional questions....**

- ▶ Child been in care for 15 months [ ] Codes 01=yes, 02=no, 03-n/a, 00-unk
  - ▶ If yes, has a TPR been filed [ ] Codes 01=yes, 02=no, 03-n/a, 00-unk
  - ▶ If no TPR, was there a 15 mo exception hrg [ ] Codes 01=yes, 02=no, 03-n/a, 00-unk
- ▶ If an exception, why? (put X in box for all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> 01-lacked evidence not in best interests | <input type="checkbox"/> 02-only parental incarceration   |
| <input type="checkbox"/> 03-placed with relative                  | <input type="checkbox"/> 04-parents not given opportunity |

Child's Name [auto fills in from 1st page]

Sampl , Firstname

CONTRACTOR INFORMATION

- ▶ Case assigned to a primary contractor?  Codes: 01-Yes, 02-No, 03-Not HHS or OJS case, 00-NIF
- If yes, which one  Codes: 01-KVC, 02-Visinet, 03-Boys/Girls, 04-Cedars, 05-NebFamilies Collaborative
- ▶ # of service coordinators since child's case assigned to contractor?  Leave blank if not by contractor
- ▶ Service coordinator contact with child in past 30 days?  Codes: 01-Yes, 02-No, 03-NA, 00-NIF

VISITATION QUESTIONS

- ▶ Is visitation court ordered?  Codes: 01-Yes, 02-No, 03-NA, 00-NIF
- ▶ What is level of visitation supervision?  Code 01-Fully supervised, 02-semi supervised/monitored, 03-family support level, 04-not supervised, 05-no contact, 06-other, 07-NA, 00-NIF
- ▶ Is this level of supervision occurring?  Codes: 01-Yes, 02-No, 03-NA, 00-NIF
- ▶ Is the frequency occurring?  Codes: 01-Yes, 02-No, 03-NA, 00-NIF
- If supervised, are visitation reports in the file?  Codes: 01-All, 02-No, 03-NA, 04-Some
- If reports in file, were reports legible?  Codes: 01-Yes, 02-No, 03-NA, 04-some
- ▶ If supervised, who is supervising?  Codes: 01-Fparent, 02-HHS staff, 03-primary contractor, 04-other, 05-multiple entities supervising
- If subcontractor supervises, identify
- ▶ How many different workers supervised visits since assigned to primary contractor?  Codes: 00-NIF, 01-one to three workers, 02-four to six workers, 03-seven to ten workers, 04-eleven or more workers

TRANSPORTATION QUESTIONS

- ▶ If transported, by whom?  Codes: 01-Fparent, 02-HHS staff, 03-primary contractor, 04-other, 05-multiple entities supervising
- Indicate reasons for transportation by marking with an "X"
- 01-visitiation       03-school       05-daycare
- 02-therapy       04-medical/dental appointments       06-other
- If a transportation concern has been reported/documented in the past 6 months, indicate type(s) with an "X":
- 01-child not picked up at all       06-drivers without ID
- 02-child picked up late       07-multiple drivers
- 03-child not returned at all       08-not transported to correct location
- 04-child returned late       09-communication issues
- 05-no car seats or approved restraints       10-other:
- ▶ Transport been subcontracted?  Codes: 01-Yes, 02-No, 03-N/A, 00-NIF
- If yes, identify transportation subcontractor
- ▶ How many different workers transported since assigned to primary contractor?  Codes: 00-NIF, 01-one to three workers, 02-four to six workers, 03-seven to ten workers, 04-eleven or more workers

PLACEMENT QUESTIONS

- ▶ Placement been subcontracted?  Codes: 01-Yes, 02-No, 03-N/A, 00-NIF
- If yes, identify placement subcontractor:
- ▶ If in foster home, total children in fhome  If not in foster home then leave blank
- ▶ Number placement changes since assigned to primary contractor
- ▶ If child has changed placement since assigned primary contractor, indicate reason for last move  Codes: 00-NIF, 01-abuse/neglect in plcmnt, 02-Magellan denial, 03-move frm shelter to ongoing, 04-need different level care, 05-fh request, 06-fh lacked expertise, 07-fhome retired/closed, 08-NA, 09-moved with siblings, 10-move to relative placement, 11-other

Child's Name [auto fills in from 1st page]

Sampl , Firstname

**THERAPY SERVICES**

► Is child in therapy?  Codes: 01-Yes, 02-No, 03-N/A, 00-NIF

If yes, who provides therapy?  Codes: 01-primary contractor, 02-private provider, 03-facility/placement, 04-other

If therapy provided by primary contractor, were there delays receiving therapy?  Codes: 01-Yes, 02-No, 03-NA, 00-NIF

If delays, indicate length of delay  Codes: 01-one month, 02-two-three months, 03-four months or more, 00-NIF

If the child was to be receiving therapy in last 6 months, did DHHS get documentation that the therapy was received (as shown by file documentation) [do not include information from other sources that therapy occurred, such as foster parents]?  Codes: 01-More than 75 percent of time, 02-Fifty-75 percent of time, 03-less than 50 percent of time, 04-no documentation

If reports in file, were reports legible?  Codes: 01-Yes, 02-No, 03-NA, 04-some

**TREATMENT PLACEMENTS**

► Was there a professional recommendation for treatment placement?  Codes: 01-Yes, 02-No, 00-NIF

*If there was a professional recommendation for treatment placement in the last 6 months, complete the following section. If not, leave this section blank.*

► If yes, what type of placement was recommended?  use code from list below

Codes: 02-ESC, 03-relative, 04-foster family home, 13-fos-adopt, 34 agency-based fc, 44-continuity care, 20-TFC, 06-basic group home, 61-group home A, 62-treatment group home, 63-enhanced treatment group home, 19-RTC, 11-drug/alcohol treatment, 12-psychiatric, 15-Ind. Living, 16-awol/runaway, 10-medical, 33-assisted living facility/nursing home, 07-ctr dev dis, 08-child care agency, 09-school, 14-private adopt, 17-jail or yrc, 22-respite, 28-private inst., 29-public institution, 01-parents, 40-DD host home/DD-ext. fam. home, 18-other

► Did child receive recommended placement?  Codes: 01-Yes, 02-No, 03-NA

If this level was not received, put x by appropriate reason(s)

<input type="text"/>	01- Magellan denial	<input type="text"/>	07-Caseworker action/inaction
<input type="text"/>	02-Magellan moved before treatment completed	<input type="text"/>	08-Service not available in area
<input type="text"/>	03-Contractor decision	<input type="text"/>	09-Child runaway
<input type="text"/>	04-Waiting list	<input type="text"/>	10-Child behaviors other than runaway
<input type="text"/>	05- Transportation issues	<input type="text"/>	11-Communication issues
<input type="text"/>	06-Other (specify) <input type="text"/>		

If recommended level not provided, what level was provided?  use code from list below

Codes: 02-ESC, 03-relative, 04-foster family home, 13-fos-adopt, 34 agency-based fc, 44-continuity care, 20-TFC, 06-basic group home, 61-group home A, 62-treatment group home, 63-enhanced treatment group home, 19- RTC, 11-drug/alcohol treatment, 12-psychiatric, 15-Ind. Living, 16-awol/runaway, 10-medical, 33-assisted living facility/nursing home, 07-ctr dev dis, 08-child care agency, 09-school, 14-private adopt, 17-jail or yrc, 22-respite, 28-private inst., 29-public institution, 01-parents, 40-DD host home/DD-ext. fam. home, 18-other

Child's Name [auto fills in from 1st page]

Sample, Firstname

## Statistics for Youth 16 & Older

1,263 Youth in out-of-home care in the State of Nebraska are 16 years old or older.

- 887 have had 4 or more placements.
- 700 have been in care 2 or more times.
- 293 have been in care 2 years or more.
- 670 have had 4 or more DHHS workers.
- 198 have had 4 or more FPS workers.

616 of 1,263 Youths 16 & Older have never been reviewed by the Foster Care Review Board.

## Key-Findings for Youth 16 & Older

The FCRRB looked at 120 youth from across the state who were age 16-18 and whose case had recently been reviewed by the FCRRB. The following are some key findings:

- Regarding plans to keep the youth in school or pursue a GED:
  - 99 youth had plans
  - 1 youth did not have a plan
  - 12 youth had already graduated
  - 8 youth's files were unclear.

Regarding basic independent living skills:

- 40 youth had skill training offered
- 15 youth did not have skill training offered
- 65 youth's files were unclear

Regarding post-foster care supports:

- 73 youth did not have post foster care support in place

## Statistics for Out-of-State Youth

74 of the 139 Children placed out-of-state are placed in YRTC/detention, medical facilities, residential treatment centers, group homes or emergency shelters.

- 13 Children are placed in Arizona
- 1 Child is placed in Colorado
- 33 Children are placed in Iowa
- 1 Child is placed in Indiana
- 8 Children are placed in Kansas
- 10 Children are placed in Missouri
- 1 Child is placed in Pennsylvania
- 1 Child is placed in South Dakota
- 6 Children are placed in Texas

- 2 Placed at YRTC/Detention Facility
- 1 Placed in Medical Facility
- 1 Placed in Emergency Shelter
- 31 Placed in Residential Treatment Centers
- 39 Placed in Group Homes

Reasons for out-of-state placement:

- Violent and/or aggressive behavior
- Danger to self or others
- Sexual abuse victim or perpetrator
- Emotionally disturbed
- Dual-diagnosis
- Behavioral disorder or severe behavioral problem
- Developmentally disabled

## Facilities Closed betw en 2009-2011

- Cooper Village - Omaha
- Douglas Co. CMHC - Omaha
- UTA Halee - Omaha
- Youth Emergency Services - Omaha
- Cedars TLC home for pregnant & post-partum girls - Lincoln
- Cedars Youth Services - Lincoln
- CenterPointe, Inc. - Lincoln
- Lancaster Co. CMHC - Lincoln
- St. Monica's - Lincoln
- Samaritan Counseling Center - Lincoln
- Visinet, Inc. - Lincoln
- Cedars Youth Services - Broken Bow
- I Believe in Me Ranch - Kearney
- Richard Young - Kearney
- South Central BH Services - Kearney
- Behavioral Health Specialists - Norfolk
- Boys and Girls Home - Sioux City, IA
- Columbus Shelter
- Reach-Out Foster Care - Western NE
- Nebraska Boy's Ranch - Alliance
- North Platte Shelter
- Wilcox House - North Platte

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_

Date of most recent review \_\_\_\_\_ Board # \_\_\_\_\_

# plcmnts \_\_\_\_\_ # DHHS Caseworkers \_\_\_\_\_ # FPS \_\_\_\_\_

HHS office \_\_\_\_\_

+++++

*(circle appropriate answer)*

Plans to Keep in School/GED	Yes	No	Already graduated	unclear
Plans for post-secondary education or employment	Offered		Not Offered	unclear
Basic independent living skill training	Offered		Not Offered	unclear
Post-foster care supports in place	Yes	No		unclear

# OMAHA/SARPY: 564 Youth Over the Age of 16

Of those 564 Youth:

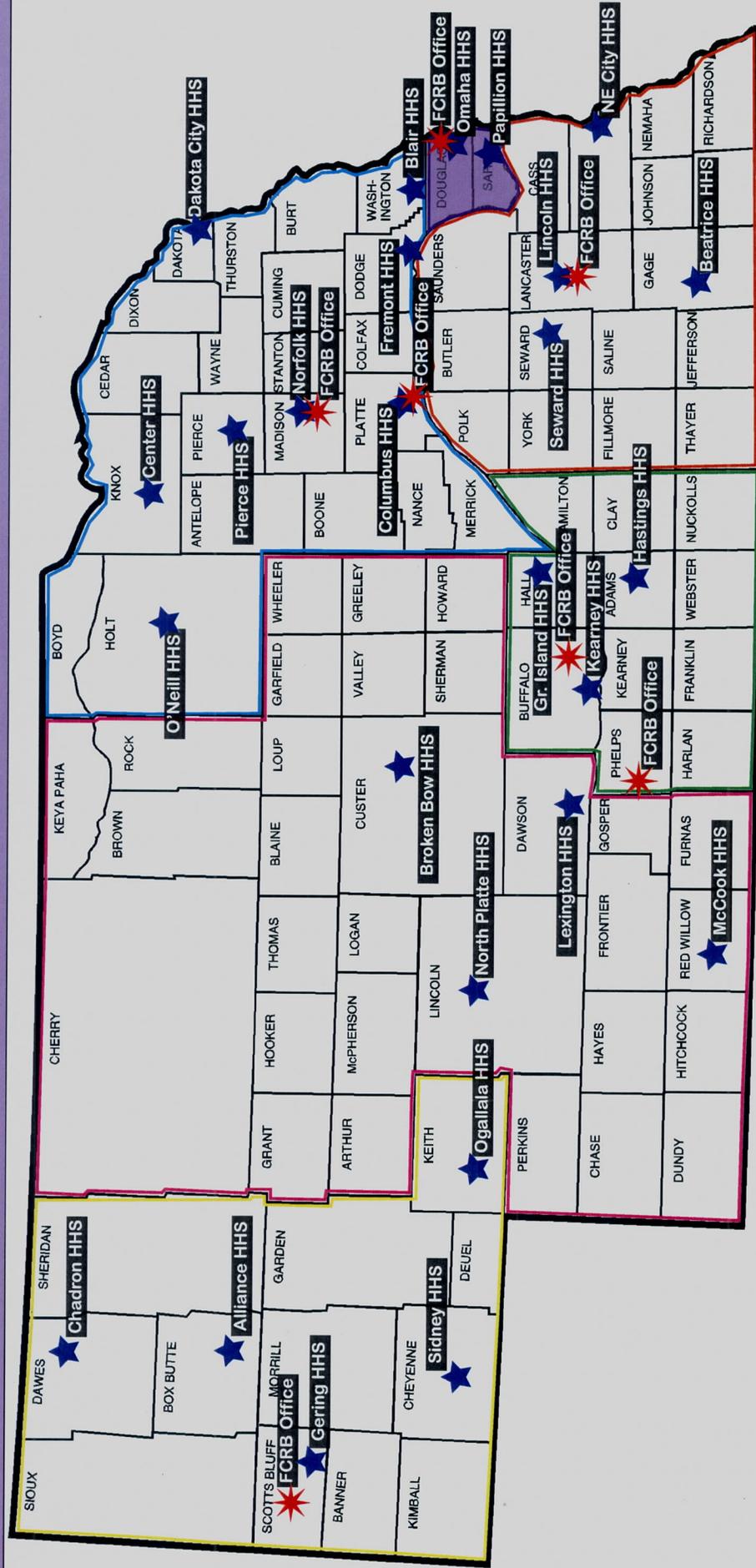
398 Youth have had 4 or more Placements

139 Youth have been in care 2 years or more

324 Youth have had 4 or more DHHS Workers

64 Youth have had 4 or more lead agency workers

306 Youth have been in care 2 or more times



## **Decrease in Placements, Services, and Group Home Cases in Omaha/Sarpy Area:**

- **Cooper Village - Omaha**
- **Douglas Co. CMHC -- Omaha**
- **UTA Halee - Omaha**
- **Youth Emergency Services - Omah**
- **Decrease of 165 Licensed Homes that have completed training**
- **Increase of 66 approved foster homes, which disqualifies children who meet other criteria from being eligible for federal reimbursement for foster care**
- **Decrease of 26 child-caring beds (treatment and non-treatment)**
- **301 of the 564 youth over the age of 16 have never been reviewed by the Foster Care Review Board.**



## **Decrease in Placements, Services, and Group Home Cases in Lincoln/Southeast Area:**

- Cedars TLC Home for Pregnant & Post-partum Girls - Lincoln
  - Cedars Youth Services - Lincoln
  - CenterPoints, Inc. - Lincoln
  - Lancaster Co. CMHC - Lincoln
  - St. Monica's - Lincoln
  - Samaritan Counseling Center - Lincoln
  - Visinet, Inc. - Lincoln
- 152 of the 352 youth over the age of 16 have never been reviewed by the Foster Care Review Board.

# NORTHEAST AREA: 107 Youth Over the Age of 16

Of those 107 Youth:

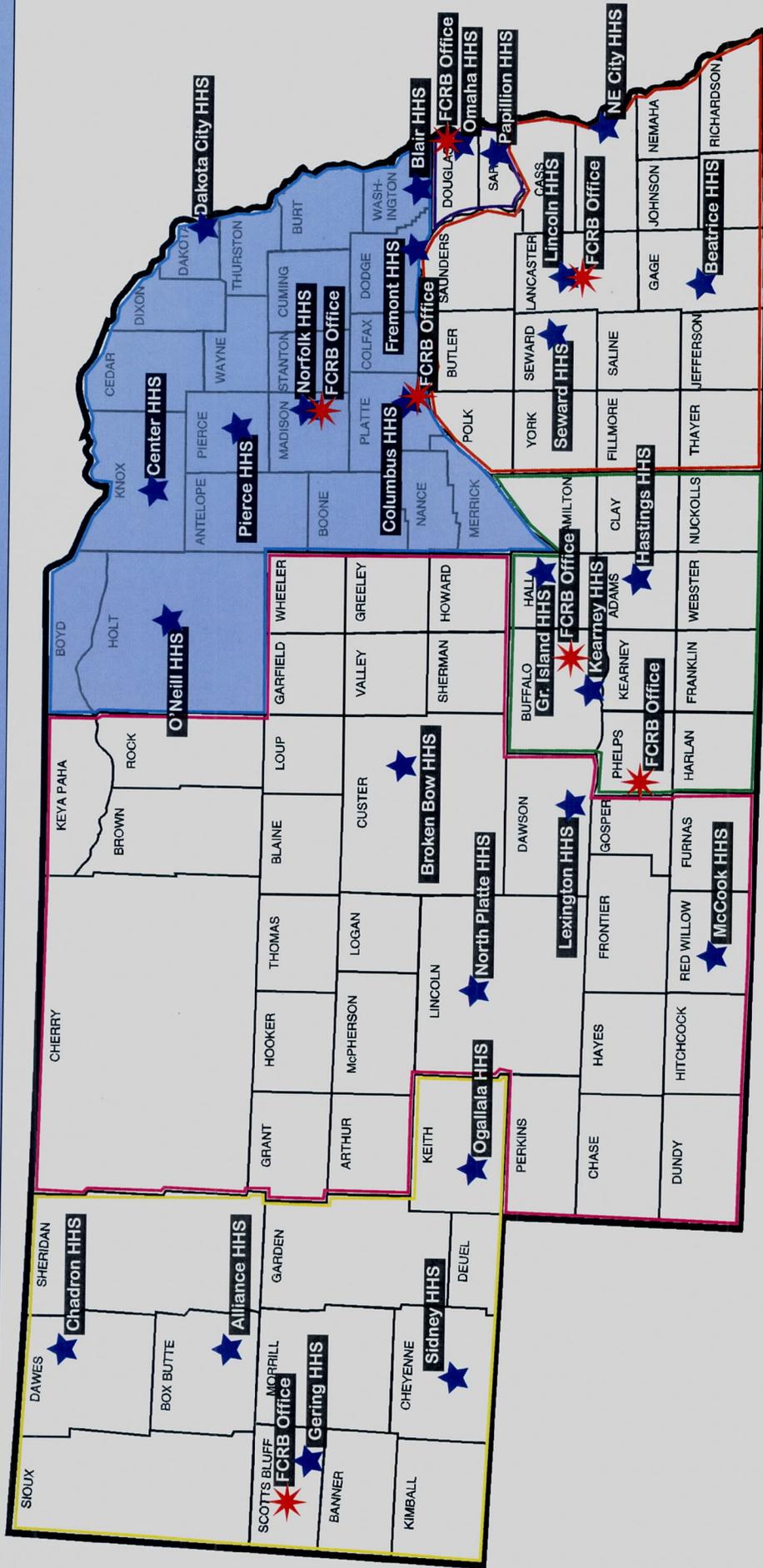
70 Youth have had 4 or more placements

57 Youth have been in care 2 or more times

50 Youth have had 4 or more DHHS Workers

5 Youth have had 4 or more lead agency workers

29 Youth have been in care 2 years or more



## **Decrease in Placements, Services, and Group Home Cases in Northeast Nebraska Area:**

- Behavioral Health Specialists - Norfolk
- Boys and Girls Home - Sioux City, IA
- Columbus Shelter
- 51 of the 107 youth over the age of 16 have never been reviewed by the Foster Care Review Board.



## **Decrease in Placements, Services, and Group Home Cases in the Central Area:**

- Cedars Youth Services - Broken Bow
- I Believe in Me Ranch - Kearney
- Richard Young - Kearney
- South Central BH Services - Kearney
- 60 of the 117 youth over the age of 16 have never been reviewed by the Foster Care Review Board.

# NORTH PLATTE/LEXINGTON: 82 Youth Over the Age of 16

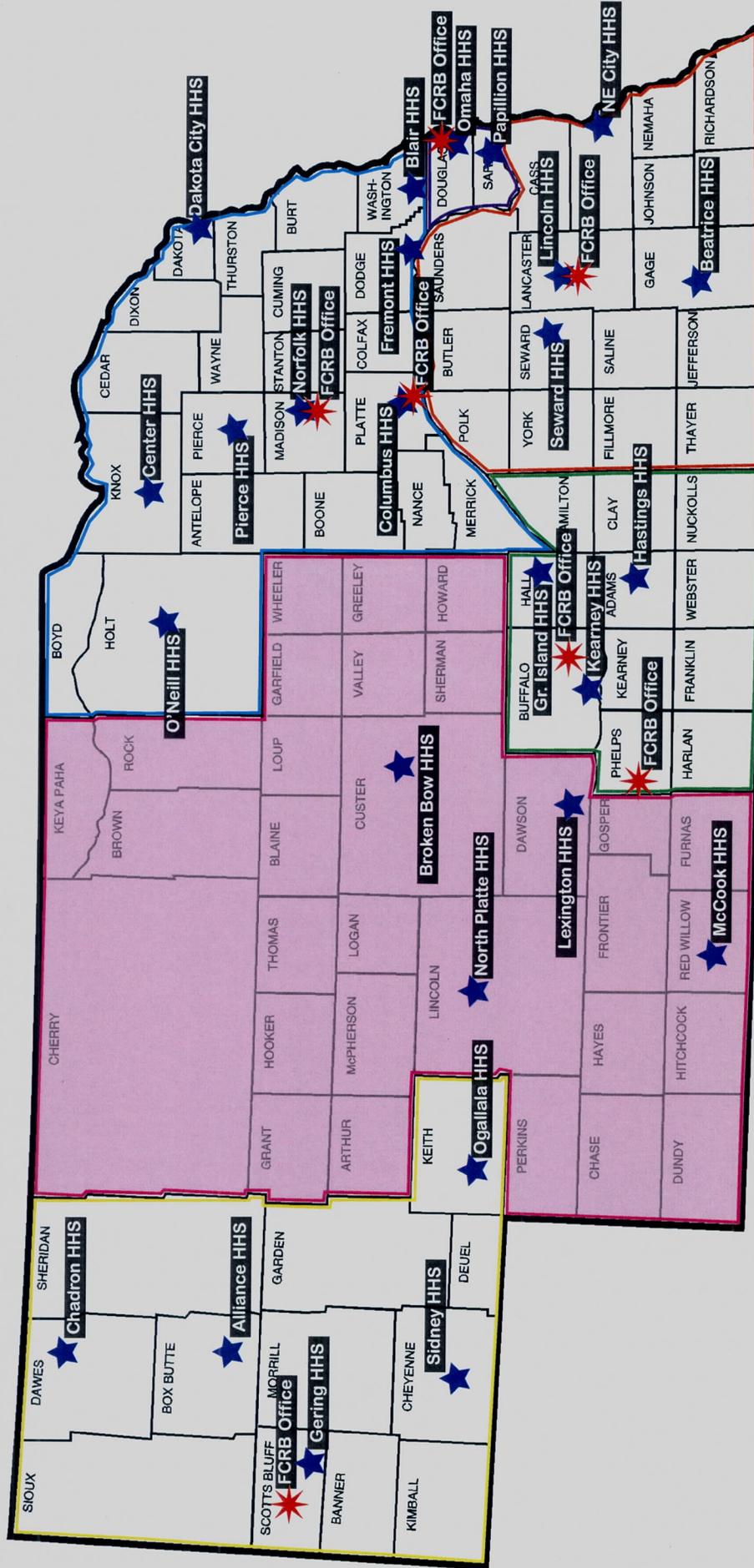
Of those 82 Youth:

47 Youth have had 4 or more Placements

20 Youth have had 4 or more DHHS Workers

43 Youth have been in care 2 or more times

5 Youth have been in care 2 years or more



## **Decrease in Placements, Services, and Group Home Cases in the North Platte/Lexington Area:**

- **North Platte Shelter**
- **Wilcox House - North Platte**
- **41 of the 82 youth over the age of 16 have never been reviewed  
by the Foster Care Review Board.**

# PANHANDLE AREA: 41 Youth Over the Age of 16

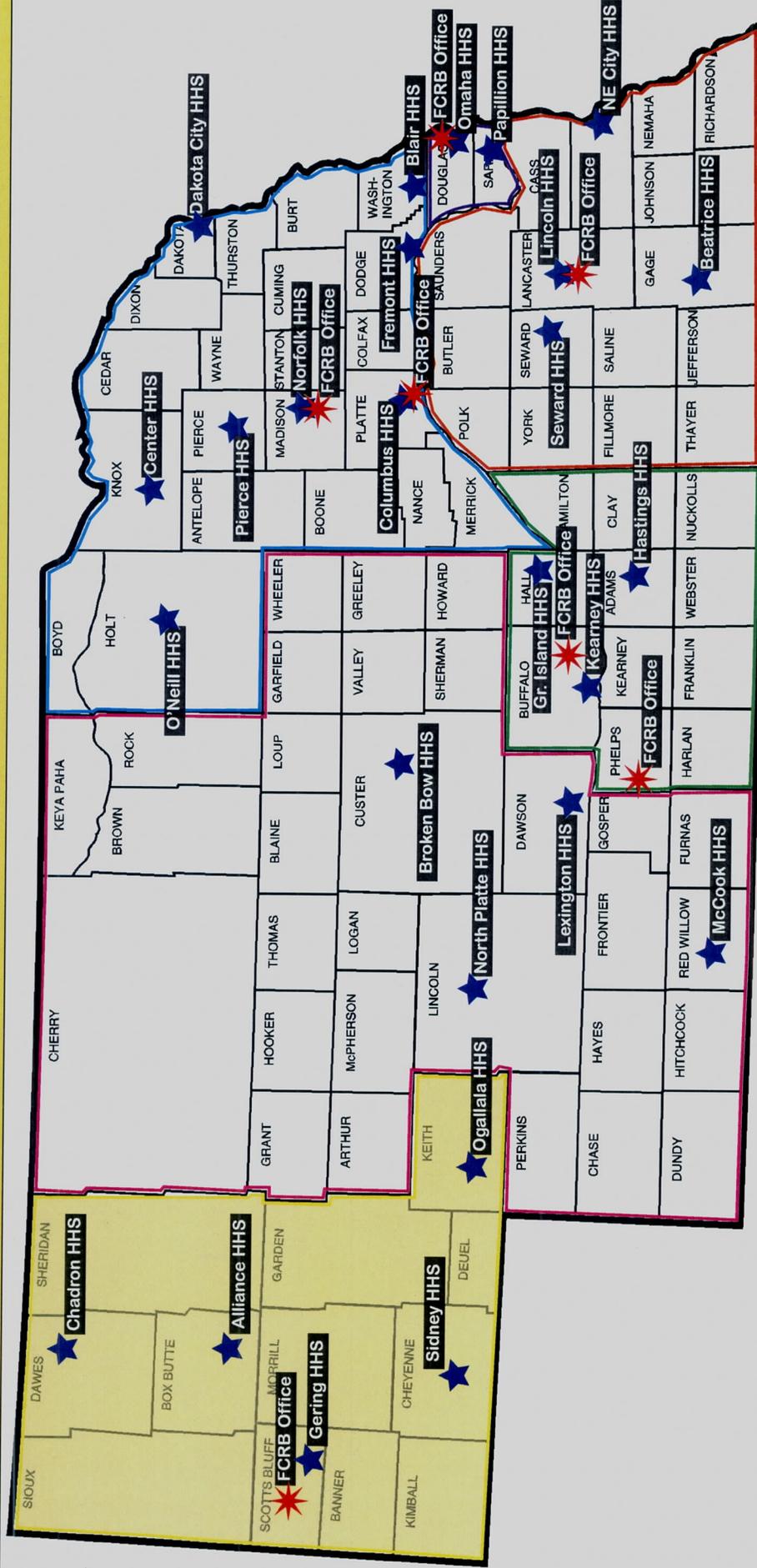
Of those 41 Youth:

35 Youth have had 4 or more Placements

18 Youth have had 4 or more DHHS Workers

30 Youth have been in care 2 or more times

8 Youth have been in care 2 years or more



## **Decrease in Placements, Services, and Group Home Cases in the Panhandle Area:**

- **Reach-Out Foster Care**
- **Nebraska Boy's Ranch - Alliance**
- **11 of the 41 youth over the age of 16 have never been reviewed by the Foster Care Review Board.**