

Nebraska Foster Care Review Board

2006 Annual Report and Recommendations Summary for the Executive Branch

“I’ve seen tremendous improvements by the Department of Health and Human Services since announcing my child welfare initiatives in 2006. I am encouraged to see progress in improving permanency for children who are state wards in a timely manner.

For example, the number of children placed with relatives increased by 49% from 2003 to 2006. Finalized adoptions of state wards reached an all-time high of 456 in 2006. This is a 53% increase from 2003 to 2006.

In addition, Nebraska has received federal Adoption Incentive Awards for fiscal years ’05, ’06 and ’07 for increasing adoptions of state wards in three areas: total adoptions, children over age 9, and children with special needs under age 9.

These and other successes in serving children and families are the result of the hard work and leadership of CEO Chris Peterson and our Health and Human Services employees. I appreciate the progress that has been made, and I look forward to continued improvement in the future.”

– Governor Dave Heineman



From the Executive Director ...



**Carolyn K. Stitt,
Executive Director**

2006 was a remarkable year.

Just look at these statistics:

1) **Decrease of 1,047 children** in foster care at the close of 2006. This is a huge step in the right direction – 16.4% fewer children in foster care.

2) **Fewer children returned to foster care** – At the close of 2006, 38% of the children had been in foster care before, compared to 46% of the children on December 31, 2005.

3) **Decreases occurred across all age brackets**, with the most dramatic drop (-21.6%) in young teens, ages 13-15.

4) **More caseworkers were seeing children.** This was reflected in the 89% of the cases reviewed in 2006. This compares to 69% of the cases in 2005.

5) **More children were adopted** during 2006. An increase of 21.9% as reflected in the 423 children adopted, as compared to 347 in 2005.

There has been an exciting coalescence of all branches of Nebraska government – Executive, Legislative and Judicial – focusing on concerns for children in foster care. Following ground-breaking initiatives spearheaded by Governor Dave Heineman and Chief Justice Mike Heavican, everyone is pulling together in unprecedented levels of cooperation. I personally want to thank everyone involved in this dramatic direction and effort.

I also want to thank the State Board of Directors, the Foster Care Review Board staff, and the more than 340 volunteers who served on our 48 citizen review boards across the state. These volunteers – our ambassadors for abused and neglected children – donated more than 35,000 hours to review children's cases in 2006. Special recognition goes to the Department of Health and Human Services (DHHS) administrators and caseworkers who work every day to meet the needs of children and their families.

The Foster Care Review Board will certainly continue to monitor and advocate for all children in the child welfare system, regardless of their ages. However, we urge everyone to stay focused on the unique vulnerability of children birth to age five. To learn more about this unique age group, we conducted a special study of 948 children in the fall of 2006.

Throughout this summary, you will find references to this special study placing even greater emphasis on these recommendations.

Reduce caseworker changes.

2,471 (48.9%) of children reviewed experienced four or more different caseworkers who worked with their cases. 694 (13.7%) children experienced eight or more caseworkers while in foster care. Caseworker changes can lead to reduced care for children and can result in documentation errors, thereby reducing evidentiary accuracy needed for proper legal decisions.

Recruit, monitor and support the placements for children.

Over 55% of children in foster care on December 31, 2006, had experienced four or more placement disruptions during their time in foster care, increasing the likelihood of permanent damage by the instability and trauma of broken attachments. When placing children with relatives, greater training and support needs to be in place to educate relatives about the foster care system and intra-familial issues.

Establish a procedure within DHHS to ensure that contract providers meet obligations through increasing clarity of contract language and incorporating into each contract clear standards of oversight to assure compliance.

Clear, precise language in contracts will assure that all parties are working toward the same goal – providing our children with the highest quality of services. Contracts should spell out performance expectations in detail, as well as the required qualifications for employees, including mandatory background checks conducted at regular intervals. Contracts should include consequences for non-compliance by contract providers. In our fall 2006 study of 948 children birth to age five, we learned that the monitoring of parental visitation for 507 children had been assigned to contractors. 147 (29.0%) of those children had no documentation identifying who had monitored their visitations.

Again this year, the Foster Care Review Board is publishing Executive, Judicial and Legislative summaries of its 2006 Annual Report and Recommendations. A demographic look at Nebraska's children, by county, is on pages 10 and 11.

As Governor Heineman said: *"I've seen tremendous improvements by ... Health and Human Services since announcing my child welfare initiatives in 2006. I am encouraged to see progress in improving permanency for children who are state wards in a timely manner."*

We have made substantial, real progress in addressing the needs of Nebraska's children in foster care; we look forward to continuing this progress next year and beyond.

A handwritten signature in black ink, appearing to read "Carolyn K. Stitt". The signature is written in a cursive style.

Fall 2006 special study analyzes Nebraska's foster care children birth to age five.



Research on the physical and emotional development of children birth to age five years demonstrates how especially critical it is that those children have stability and continuity of care.

According to the National Clearinghouse on Child Abuse and Neglect Information, the brains of children at birth have literally billions of neurons, with unlimited potential just waiting for connections to be made with other neurons, thereby creating mental abilities and future skills and aptitudes. "This vital process of connectivity does not 'just happen' as a child grows older. In fact, the environment of the child is crucial to the success of this development. There must be a steady supply of attention, interaction and cuddling with the infant in order to promote connections between neurons."¹

In their research, Drs. T. Berry Brazelton and Stanley Greenspan identified specific needs of children, needs which must be met in order for them to develop the higher-level emotional, social and actual abilities necessary for those children to grow into effective and responsible adults and parents. They issued the challenge that meeting these specific needs should be our highest priority:

- 1) Ongoing nurturing relationships.
- 2) Physical protection, safety, and regulation.
- 3) Experiences tailored to individual differences.
- 4) Developmentally appropriate experiences.
- 5) Setting limits, structure, and expectations.
- 6) Stable, supportive communities and culture.
- 7) Protection for the future.²

Others, such as the Judicial Commission on Zero to Three, have recognized these specific needs as well.

"The importance of positive early environments and stable relationships for a child's healthy development is incontrovertible. At the same time, a lack of attention to infants in or at risk of foster care placement has long-term implications for those children in our society. Children who spend their early years in foster care are more likely than other children to leave school, become parents as teenagers, enter the juvenile system and become adults who are homeless, incarcerated and addicted to drugs. Answering the cry of infants in foster care is an investment in their lives and the future of all children."³

The Foster Care Review Board, in collaboration with DHHS and in response to the growing and critical concern for children birth to age five, conducted a special study of 948 children during the fall of 2006.

Here's what the study told us:

Why are children in foster care?

One major reason: substance abuse –

352 (37.1%) had been affected by parental *meth* abuse.

218 (23.0%) had been

affected by parental

alcohol abuse, and 124

(13.1%) had been affected

by parental *cocaine* abuse.

37.1% of the children were affected by **meth abuse** by their parents.

How many foster homes?

182 (19.2%) lived in four or more foster care placements, a level of instability

that many experts find

detrimental. Short-term

respite and hospitaliza-

tions were not counted.

19.2% of the children were affected by **4 or more** placement changes.

How many caseworkers?

342 (36.0%) had their cases managed by four or more

different caseworkers, not

counting intake workers,

or workers filling in at

court, or during another

caseworker's brief absence.

36.0% of the children were affected by **4 or more** different caseworkers.

No reports on visitation –

507 birth to age five children had parental visitation

supervised/monitored by contractors. For 147 of those

507 (29.0%), there were

no visitation reports in

their files indicating who

had supervised/monitored

those visitations. For those cases with visitation reports,

112 children had 5 to 15 different supervisors/monitors,

and 13 had over 20. This documentation is critical for

determining court-ordered parental compliance and

timely decision-making of a child's case. Lack of docu-

mentation can lead to a waste of taxpayer dollars.

29.0% of children's cases had **no visitation reports** in their case files.

How long in foster care?

166 (17.5%) had been in foster care for two years or

longer. From the point of

view of a child birth to age

five, 24 months is too long

in foster care.

17.5% of the children had spent **two years or more** in foster care.

¹ Understanding the Effects of Maltreatment on Early Brain Development, National Clearinghouse on Child Abuse and Neglect Information, October 2001.

² Brazelton, Dr. T. Berry & Greenspan, Stanley, as quoted in "Our Window to the Future," Newsweek Special Issue, Fall/Winter 2000.

³ Ensuring the Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates, and Child Welfare Professionals, Permanent Judicial Commission on Justice for Children, Zero to Three Policy Center, January 2004.



Reduce caseworker changes in order to stabilize management of children’s cases.

When a caseworker leaves DHHS, that person’s caseload doesn’t go away. That caseload is divided among other caseworkers or staff, thereby causing an even greater overload situation for other staff members.

Then, after a new caseworker assumes cases, that new caseworker needs to take time to become familiar with the case, which may have very complicated issues. Additional time is again needed to establish the trust of the child and involved families. In reality, when a caseworker leaves, a child’s case “starts over” twice, each time causing the child to remain in foster care for a longer time without permanency. Some caseworker change is inevitable. However, efforts need to be made to reduce caseworker change. This can best be achieved by implementing these recommendations:

1) Limit the number of cases for which a caseworker is held responsible.

A careful study of caseloads should be conducted to determine the reasonable maximum number of cases a caseworker can handle effectively. Additional personnel may be required to provide adequate staffing to cover unforeseen situations without adding to the burden of present staff members.

2) Add support systems and mentoring for caseworkers.

During its reviews, the Board has learned that many caseworkers feel alone and without support. Often there is no other person available with whom a caseworker can discuss strategy. This situation can lead to burnout and resignation.

3) Increase caseworker pay based on excellent performance.

The Board acknowledges that there is a continuous and necessary effort to curtail state expenses. Being competitive and improving compensation for outstanding caseworkers is not wasteful. Quite the contrary, maintaining a career staff will create stability in case management, improve evidentiary documentation, and move children to permanency more quickly, thereby continuing the recent decline in the number of children in foster care.

Further considerations:

Caseworker changes can create gaps in the evidence which caseworkers provide to prosecutors, breakdown in essential communication with parents, therapists, and other service providers, and lapses in monitoring parental compliance with case plans. As a result, children may remain in foster care longer with each change of caseworker.

Almost half – 47.9% – of children in foster care experienced four or more caseworkers.

Of the 5,052 Department of Health and Human Services wards in an out-of-home placement on December 31, 2006, 2,484 of them experienced more than four caseworkers who worked on their case.

Caseload and case coordination issues are complicated by DHHS’s decision to contract for placements, for transportation of children to and from visitation, for visitation supervision, and for managed care to control access to higher-level services.

Delaware and Illinois are among the states which have found that by analyzing caseload sizes, by providing supervision and mentoring, and by reducing caseloads, caseworker changes were reduced. These states have achieved better results for children. A similar application of time and resources would be an excellent investment for not only the children in foster care, but also for the dedicated caseworkers striving to help them.





Recruit and develop stable placements for children to assure that they are not further traumatized by moving them from one caregiver to another.

Most would agree that disrupting a child's home environment, taking that child from one set of caregivers and placing him or her with another, is harmful to the child. Children experiencing four or more placements are likely to be permanently damaged by the instability and trauma of broken attachments. The American Academy of Pediatrics, in a November 2000 policy statement, affirmed "children need continuity, consistency and predictability from their caregiver. Multiple foster home placements can be injurious." As a result of a 2004 study, the Children's Hospital of Philadelphia reported "Multiple placements ... increased the predicted probability of high mental health service use."

The Board recommends these specific steps be taken to assure stable placements with a caring, safe environment for the child:

- 1) **Recruit more qualified placements.**
- 2) **Develop these placements with increased levels of monitoring and support.**
- 3) **Place young children (birth to age five) with foster families who are willing to adopt.**
- 4) **Identify appropriate kinship placements at the time of the child's placement in care.**

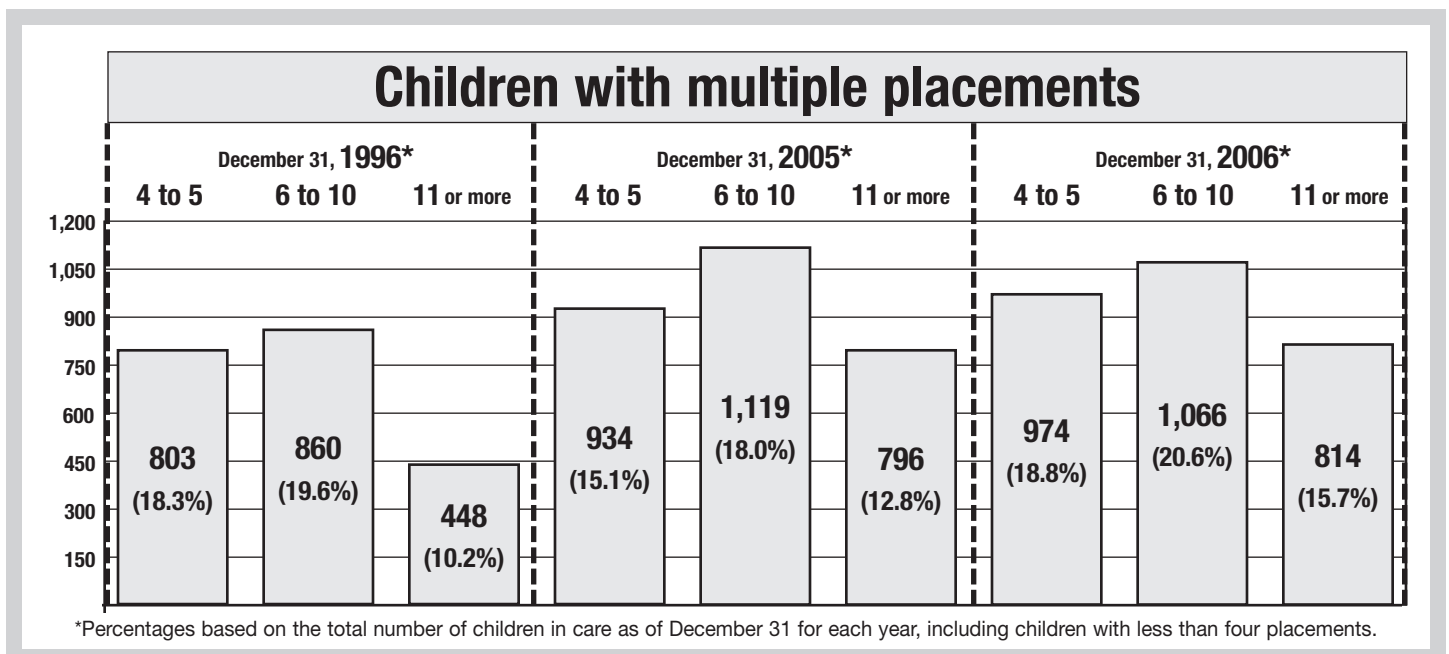
Further considerations:

The Board finds that the lack of appropriate placements results in children being placed where beds are available, rather than where the children's needs may best be met. Overcrowding can make it difficult for the foster

parent(s) to provide each child with the care needed to heal from their past abuse or neglect experiences. In a special study completed in the fall of 2006, 219 (23.1%) of 948 children birth to age five were in foster homes also caring for four or more other children.

55.1% of children in foster care on December 31, 2006, experienced four or more placement changes.

- 974 children (18.8%) had 4-5 placement changes.
- 1,066 children (20.6%) had 6-10 placement changes.
- 814 children (15.7%) had 11 or more placement changes.





The safety of our children in foster care is the Board's main concern. This is the basis of our recommendation to DHHS, Magellan and contractors who provide services and care for foster children – to all commit to building a system to assure the delivery of quality services to children, and to provide for clear oversight of contractor performance, especially for those contractors which:

- 1) Supervise/monitor court-ordered visitation between parents and children.**
- 2) Transport children to those visitations and to other providers of services for families.**

The ability of the courts to achieve appropriate permanency for children under its jurisdiction is only as good as the information that is reported to the court by the professionals and service providers in the case. This information constitutes the “evidence” that the court uses as a basis for its orders and for shaping the direction in which the case proceeds.

DHHS caseworkers are trained to assess risk, to identify barriers to the health, safety and welfare of children within their families, to comprehend court orders, to arrange and monitor those services specifically needed in order to achieve reunification or other permanency, and to provide the court with written, factual reports and case plans that have value for purposes of assessing progress toward court-ordered goals.

When DHHS contracts with other providers to perform any part of its case management duties, confusion sometimes results. Some contractors have not had the benefit of the same training and experience as DHHS caseworkers, and thus, do not possess the same expertise when it comes to observing, assessing and reporting to the court regarding the interactions of the parties involved in the provided services, as well as the outcomes of those services.

This problem is only exacerbated when the same employee of the contractor does not consistently render the service. This lack of consistency in the provision of contractor personnel is not only confusing and concerning to children, to parents, and to foster parents, but also impairs the contractor's ability to provide the court with meaningful observations and assessments formulated by the same observer over a period of time.

Finally, confusion can also result from lack of clarity in the terms of the contract between DHHS and the service providers. For example, if the contract does not specify specific duties that the contractor must perform in connection with each visitation, or identify the specific elements that must be contained in each visitation summary, it is possible that vital services will not be performed at all, or that necessary information might not

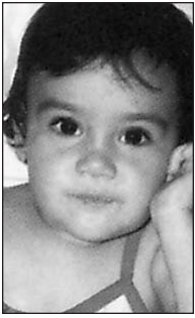
be communicated to all of the parties, as well as to the court. If the contract does not identify any specific system of assessing the contractor's performance, or for measuring outcomes, this can also contribute to confusion and lack of quality in the services provided to our children.

Any disconnect of the communication of vital information between contractors and DHHS only impairs the quality of case management.

A reliance on contract providers, with so many individuals involved, can lead to significant waste of precious time and resources, delaying a child's achievement of permanency, and resulting in higher costs to Nebraska's taxpayers.

To help eliminate confusion and financial waste, contract oversight should:

- 1) Evaluate all contracts for precise, clearly stated expectations, including consequences for non-compliance.**
- 2) Specify basic qualifications required of all contractor employees, including mandatory and thorough background checks to be conducted at regularly defined intervals.**
- 3) Provide a clear reporting mechanism required of each contractor, as well as a clear method by which DHHS can verify that services have been performed satisfactorily, *prior* to issuing payment for such services.**
- 4) Assure that DHHS has specific qualified and trained individuals in position to monitor contractor compliance on a regular basis, in order to fulfill its child welfare responsibilities to the children placed in its legal custody.**



Results of a special study conducted in the fall of 2006 on children birth to age five speaks to the impact of contracted services on foster children.

Monitored or supervised visitation can be ordered by the court for a combination of reasons:

- **To ensure that the child is not further victimized** while he or she is having contact with the parents.
- **To ensure that the parents act in an appropriate manner** when visiting with the child; and to provide support and redirection to parents with respect to specific issues or situations that can occur at visitations.
- **To acquire information in order to determine whether further services are needed**, whether contact between the parent and the child needs to be re-structured in any manner, and to provide the juvenile court with the evidence needed to determine the appropriate legal direction for the case.

The Board is concerned for the safety and welfare of the child because there are *so many* contract employees coming from a variety of different levels of training and

experience, who are not always able to adequately understand the issues of the case or to effectively communicate the progress – or lack of progress – of the parents as they interact with their children. The result? Vital evidentiary documentation is incomplete, making it difficult for the juvenile court to make not only an informed, but also the best decision for the child.

37.9% of the children had transportation provided by a contractor.

360 of the 948 children in the study were transported by contractors. Most of this involved parental visitation.

85 children had 4-10 different drivers;

21 children had 11-15 different drivers;

5 children had 16-35 different drivers.

These statistics come from the special study of 948 children, birth to age five, done in the fall of 2006.

Given that:

- **37.1%** of children birth to age five the Board studied in 2006 came into care due to parental meth abuse,
- **36.0%** had four or more caseworkers, and
- **19.2%** of these children had 4 or more placements*

*As outlined on page 3 of this summary.

This is what else the special study told us:

How many were supervised by a contractor?

507 children (53.5%) of the 948 children had contractor supervised visitation.

53.5% of the 948 children had visitation **supervised by a contractor**

How many had no documentation on file?

For 147 of those 507 children, there was no documentation in the file with respect to these visits.

147 of the children had **no documentation** on file.

How many persons supervising / monitoring?

174 of the remaining 360 children (48.3%) had four or more different persons supervising / monitoring their parental visitation sessions.

48.3% of the children had **4 or more** different supervisors/monitors.

62 children (12.2%) experienced eight or more different persons supervising / monitoring visitations.

12.2% of the children had **8 or more** different supervisors/monitors.

36 children (7.1%) went through 12 or more different persons supervising / monitoring visitations.

7.1% of the children had **12 or more** different supervisors/monitors.

16 children (3.2%) endured 20 or more different persons supervising / monitoring visitations.

3.2% of the children had **20 or more** different supervisors/monitors.

37.1% of children studied during the last quarter of 2006 (352 of 948) had come into care in part due to parental methamphetamine abuse.



Methamphetamine is a highly addictive substance, an addiction which is a particularly difficult struggle to overcome. The rate of relapse, which occurs at alarming rates for all substance abuse victims, is strikingly high for meth addicts. The effects of meth abuse are devastating: damaging one's brain cells, and eventually leading to disfigurement, incapacity and even death. Citizen volunteers on Foster Care Local Review Boards

have reviewed cases which centered around a parent who manufactures ("cooks") meth in his or her home. Even if the mixture, which is highly volatile, does not explode, the fumes given off by the process permeate everything – carpets, furniture, draperies, wall coverings – along with children's clothes, hair, eyes and lungs.

Local review board members have seen many heart-wrenching cases where a child's biological mother ingested meth throughout the pregnancy, some as little as four days before giving birth. These children are often taken into foster care immediately at birth and placed in foster homes. The positive impact of early childhood intervention and placement with a loving foster family on the development of the children is amazing.

A growing concern affecting the health, safety and welfare of children is the increase in the instances of substance abuse by parents. The Honorable John P. Icenogle summarized the problem quite clearly:

"Children in a methamphetamine home are victimized by the very environment in which they live. They are often victims of, or witnesses to, significant domestic violence and physical abuse. ... The children are exposed to both an alcohol and drug culture as friends of the users come and go. These children tend to isolate themselves from other children, and are characterized by high truancy rates from school. When identified, 'meth' homes are not quickly fixed.

*Mothers who are required to choose between reunification with their children or continued methamphetamine usage all too often choose their drug rather than their children."*¹

Case Example:

"Henry," now age 7, and "Sam," now age 5, first entered foster care over three years ago due to serious neglect of Henry's medical needs, domestic violence, a dirty home, and the mother's use of methamphetamine. DHHS offered chemical dependency services to the mother, who had been unsuccessful in treatment on three prior occasions prior to the birth of these children. By that time, the mother had been the subject of child abuse and neglect reports due to her drug use for at least five years. The children remained in foster care for about six months and then were placed back with their mother.

Henry and Sam lived with their mother at a treatment center for about seven months, when the mother was asked to leave the center due to conflicts. A few months later, the mother's third child, "Mark," tested positive for methamphetamine at birth. All the children were removed from her care.

Currently, the mother is in another treatment program. She has recently had her fourth child, who was made a ward of the state, but who lives with his mother at the treatment program. The plan continues to be reunification for all the children.

¹ Honorable John P. Icenogle before the Congressional Committee on Education and the Workforce Subcommittee on Education Reform, Hearing on Combating Methamphetamines through Prevention and Education, Nov. 17, 2005.

"The decisions in child welfare are not between good and bad. They are between worse and least worse. Each decision will be harmful. What decision will do the least amount of damage?"

We all have a tendency to underrate the risk to the child of being in the foster care system and overrate the risk to the child of living in poverty in a dysfunctional family."

– Dr. Ann Coyne,
University of Nebraska Omaha, School of Social Work

Major Board activities during 2006 ...

Reviewing children's cases ...

- **5,473 reviews of 3,728 children's plans**

The Foster Care Review Board conducted 5,473 reviews in 2006, **an increase of 493 reviews over last year – almost 10%**. The Foster Care Review Board is the IV-E review agency for the state (each child is reviewed every six months).

- **38,311 case specific reports**

This represents **an increase of 3,631 (+10.5%)** over 2005. These reports, each with recommendations, were issued by the Board to the courts, agencies, attorneys, guardians ad litem, county attorneys, and other legal parties.

Reviewing a child's case includes:

- The Foster Care Review Board staff reviews DHHS case files, gathers additional pertinent information regarding the child's welfare, provides information to local board members prior to local board meetings, and provides the means for pertinent parties to participate in the local board meetings.
- Local board members make recommendations and findings on the placement, services, and plan; remaining barriers to achieving the permanency objective are identified, and a comprehensive recommendation report is issued to all legal parties to the child's case.
- Caseworkers, guardians ad litem, and others have been increasingly open to input from our review specialists and members of local review boards.

Promoting the best interests of children during 2006 ...

- **350 Project Permanency visits**

Volunteer members of local review boards visited 350 homes of young children, birth through age five, to assure safety and to provide additional information to the foster parents.

- **Attended 1,098 court hearings**

The Foster Care Review Board staff and local board members attended court for cases of concern 1,098 times in 2006. The total last year was 639 – **an increase of 459 (+71.8%)**.

- **Board staff tracked 10,972 children**

The Board's staff accomplished this work **while simultaneously converting computer systems**.

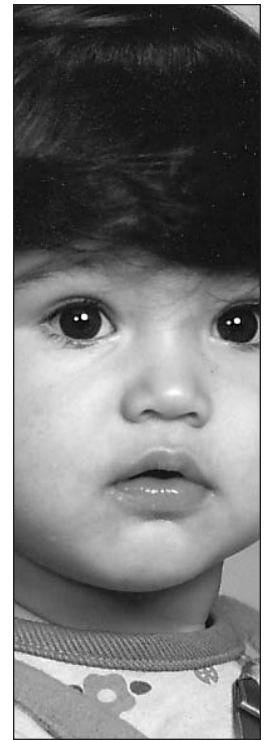
- **Board provided data to the judiciary**

Since the implementation of the Supreme

Court's *Through the Eyes of the Child* initiative, the Board's staff provided statistics to the 10 separate Juvenile Court Judges and the 36 County Court Judges who serve as Juvenile Judges, and also provided lists of children in care for 10 months to assure the 12-month Permanency Hearings were scheduled.

Promoting the best interests of children in foster care includes:

- Pro-actively working with the courts when, during a child's review, one or more of the following case concerns are identified:
 1. The board strongly disagrees with the permanency plan.
 2. The child's placement is unsafe or inappropriate.
 3. The child has been restrained multiple times.
 4. The visitation arrangements are not in the child's best interest.
 5. Services are not in place for the child.
- Staffing cases and/or contacting DHHS caseworkers, supervisors, legal staff, adoption workers, or administration as well as guardians ad litem, investigators, or prosecutors on behalf of an individual child's case to help implement solutions to the local review board's case concerns.



Visiting foster care facilities...

In accordance with the Board's authority under Neb. Rev. Stat. §43-1303(3), the Board visited facilities in 2006 to help assure that children's health and safety needs were being met.

Visiting foster care facilities includes visiting foster homes, group homes and detention facilities to assure that the individual physical, psychological, and sociological needs of the children are being met. Project Permanency visits to foster homes of birth to age five children allowed trained local board members to assure the safety of the children and to provide additional information to the foster parents.

The information obtained and reported by the Board to the court as a result of these visits can assist the court at review hearings, where the court is required to determine whether the individual physical, psychological, and sociological needs of the children are being met.

... by county, as of December 31, 2006

	Total Number of Children in Care	Children in care for two years or more	Removed from the home more than once	4 or more case workers	Age				Adjudication Status			Children placed in same county as parent	Number of Placements		
					Birth to 5	6 to 8	9 to 12	13 to 18	Abuse/Neglect	Status Offender	Other		1 to 3	4 to 6	7 or More
JOHNSON	9	5	1	8	2	0	2	5	6	0	3	0	3	2	4
KEARNEY	8	1	3	3	2	2	0	4	6	1	1	0	5	0	3
KEITH	12	0	7	1	1	2	0	9	6	1	5	1	3	5	4
KEYA PAHA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
KIMBALL	19	13	4	9	6	2	3	8	15	2	2	5	6	7	6
KNOX	3	2	1	2	0	0	1	2	1	0	2	0	0	0	3
LANCASTER	1,057	242	389	616	295	124	136	502	738	23	296	589	478	270	309
LINCOLN	170	32	71	78	28	17	28	97	85	37	48	79	79	29	62
LOGAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LOUP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MADISON	113	25	48	43	33	17	13	50	71	4	38	33	32	44	37
McPHERSON	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MERRICK	16	1	7	6	3	2	1	10	6	2	8	4	8	4	4
MORRILL	14	7	4	5	2	2	2	8	11	0	3	4	8	5	1
NANCE	6	0	3	0	0	0	1	5	0	0	6	1	3	2	1
NEMAHA	6	0	1	2	3	0	1	2	4	1	1	1	3	3	0
NUCKOLLS	3	1	1	1	0	0	0	3	2	0	1	0	2	0	1
OTOE	15	1	8	5	2	1	1	11	7	3	5	6	5	4	6
PAWNEE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PERKINS	2	1	0	0	0	0	1	1	1	0	1	0	0	0	2
PHELPS	28	1	15	13	5	3	1	19	13	5	10	8	14	2	12
PIERCE	11	4	1	5	3	1	0	7	9	1	1	3	9	1	1
PLATTE	59	14	16	17	14	4	10	31	36	5	18	10	34	10	15
POLK	2	0	1	1	1	0	0	1	2	0	0	1	1	0	1
RED WILLOW	31	2	12	8	4	2	2	23	9	7	15	5	13	7	11
RICHARDSON	13	2	10	6	1	0	2	10	8	1	4	5	4	7	2
ROCK	1	0	1	1	0	0	1	0	1	0	0	0	0	1	0
SALINE	28	4	13	10	8	2	2	16	22	0	6	4	11	11	6
SARPY	227	46	88	86	45	18	24	140	142	25	60	67	106	60	61
SAUNDERS	31	9	17	12	9	3	4	15	21	3	7	11	15	8	8
SCOTTS BLUFF	187	60	65	87	43	23	33	88	131	8	48	88	84	39	64
SEWARD	30	10	12	9	3	3	4	20	17	4	9	7	15	7	8
SHERIDAN	9	2	3	3	0	0	1	8	1	0	8	1	4	3	2
SHERMAN	5	0	0	0	0	1	1	3	4	1	0	4	5	0	0
SIOUX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
STANTON	5	2	2	0	2	1	0	2	3	0	2	0	2	2	1
THAYER	11	1	2	2	1	0	0	10	5	0	6	0	7	1	3
THOMAS	3	0	0	1	3	0	0	0	1	0	2	2	2	1	0
THURSTON	23	5	12	5	5	3	2	13	13	2	8	9	8	4	11
VALLEY	11	4	4	5	1	2	2	6	9	1	1	1	5	3	3
WASHINGTON	23	7	8	9	2	1	3	17	12	2	9	2	12	4	7
WAYNE	6	1	0	1	4	0	0	2	6	0	0	5	5	1	0
WEBSTER	5	0	2	1	0	0	2	3	4	0	1	2	4	1	0
WHEELER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
YORK	43	7	15	12	16	2	1	24	26	1	16	13	23	13	7
Unreported	83	12	14	8	10	5	3	65	11	0	72	6	76	3	4
TOTALS:	5,186	1,298	1,961	2,484	1,333	548	633	2,672	3,368	312	1,506	2,522	2,330	1,286	1,569

Statistics on children in foster care ...

	Total Number of Children in Care	Children in care for two years or more	Removed from the home more than once	4 or more case workers	Age				Adjudication Status			Children placed in same county as parent	Number of Placements		
					Birth to 5	6 to 8	9 to 12	13 to 18	Abuse/Neglect	Status Offender	Other		1 to 3	4 to 6	7 or More
ADAMS	101	29	43	48	24	9	6	62	49	15	37	40	45	22	34
ANTELOPE	6	2	4	3	1	0	0	5	2	1	3	1	1	3	2
ARTHUR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BANNER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BLAINE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BOONE	5	2	3	0	0	0	0	5	1	1	3	0	1	4	0
BOX BUTTE	20	9	11	11	3	3	1	13	12	1	7	7	10	5	5
BOYD	4	0	1	0	0	0	1	3	1	0	3	1	1	3	0
BROWN	1	0	1	0	0	0	0	1	0	1	0	0	1	0	0
BUFFALO	69	16	33	30	15	8	11	35	36	7	26	29	27	21	21
BURT	10	4	4	2	2	3	1	4	7	0	3	7	6	3	1
BUTLER	30	6	7	7	13	2	6	9	25	1	4	13	20	5	5
CASS	37	4	23	6	6	8	6	17	26	3	8	14	11	6	20
CEDAR	1	0	0	0	0	0	0	1	1	0	0	1	1	0	0
CHASE	6	0	2	1	1	0	3	2	3	1	2	3	4	1	1
CHERRY	4	0	2	2	1	0	0	3	2	1	1	0	2	1	1
CHEYENNE	25	6	6	8	7	2	4	12	17	1	7	12	14	5	6
CLAY	8	0	2	2	2	1	2	3	5	0	3	0	6	2	0
COLFAX	10	0	6	2	2	0	1	7	5	1	4	2	5	2	3
CUMING	7	0	2	4	2	1	0	4	5	1	1	2	4	2	1
CUSTER	16	10	8	14	1	2	4	9	9	2	5	4	4	6	6
DAKOTA	64	10	20	19	18	7	9	30	36	0	28	29	30	21	13
DAWES	8	2	5	4	1	0	0	7	1	0	7	0	3	1	4
DAWSON	59	12	28	14	23	3	1	32	32	4	23	19	29	11	19
DEUEL	3	1	2	2	0	0	0	3	1	1	1	0	0	1	2
DIXON	12	4	2	5	2	1	1	8	7	0	5	2	7	1	4
DODGE	106	29	54	44	20	10	18	58	64	5	37	28	41	20	45
DOUGLAS	1,926	567	710	1,057	546	219	231	930	1,357	93	476	1,222	809	503	614
DUNDY	2	1	0	2	1	0	0	1	1	0	1	1	1	0	1
FILLMORE	15	5	3	1	4	1	2	8	14	1	0	5	8	4	3
FRANKLIN	8	3	5	2	0	0	1	7	3	3	2	2	2	3	3
FRONTIER	3	2	1	2	2	0	0	1	2	0	1	0	2	0	1
FURNAS	11	3	4	5	1	0	2	8	4	4	3	1	4	3	4
GAGE	55	6	18	14	14	10	8	23	36	7	12	20	25	19	11
GARDEN	2	2	0	1	0	0	0	2	1	0	1	0	0	1	1
GARFIELD	3	0	3	2	0	0	0	3	2	0	1	0	2	1	0
GOSPER	1	0	0	0	0	0	0	1	0	0	1	0	1	0	0
GRANT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GREELEY	5	2	2	4	1	1	1	2	4	0	1	1	1	2	2
HALL	154	26	57	58	59	9	17	69	105	7	42	64	82	23	49
HAMILTON	11	0	4	5	0	1	3	7	3	4	4	2	5	2	4
HARLAN	1	0	0	0	0	0	0	1	0	1	0	0	0	1	0
HAYES	1	0	1	1	0	0	0	1	0	1	0	0	0	1	0
HITCHCOCK	5	0	4	4	1	1	0	3	3	1	1	1	1	2	2
HOLT	14	6	6	5	0	0	2	12	8	3	3	5	5	3	6
HOOKER	1	0	1	0	0	0	0	1	1	0	0	0	0	0	1
HOWARD	7	0	4	3	0	1	2	4	4	0	3	3	4	2	1
JEFFERSON	21	5	8	9	3	2	1	15	8	0	13	4	11	6	4

Top Commendations and “Thank You” to:

Governor Dave Heineman: for his result-oriented leadership to improve the lives of children in foster care. The Governor recognized that one of the barriers to positive outcomes for children was that the lines of accountability within the DHHS system were unclear, and thus put into motion his plan to reorganize DHHS, which was passed by the Legislature and signed into law during 2007.

The Governor met with the Foster Care Review Board to discuss issues that affect children in foster care. The Governor directed DHHS to prioritize the cases of children birth to age five, the most vulnerable and impressionable children that DHHS workers encounter, and to obtain permanency for children in a timely manner. The Governor worked with the DHHS leadership to begin to change the culture of DHHS to one more conducive to collaboration and problem solving.

It is indisputable that the time, energy, and resources that Governor Heineman invested in these efforts has resulted in fewer children being in foster care, more collaborative work towards achieving permanency for children in a timely manner, and more attention to the needs of children. The impact of the Governor’s work cannot be over-estimated.

Chief Justice Mike Heavican: for continuing the Nebraska Supreme Court Commission on Children in the Courts, for exploring ways to implement the National Council of Juvenile and Family Court Judges recommendations to improve court practice in child abuse and neglect cases, and his continuation of the *Through the Eyes of the Child* initiative begun by his predecessor.

DHHS CEO Chris Peterson: for collaborating with the Board to conduct a special study of children birth to age five, for working to facilitate case staffings between DHHS and the Board to discuss cases of serious concern, for her leadership in attending and requiring other DHHS administrators to attend local review board meetings, and for working to increase communication and collaboration with the Board.

DHHS Protection and Safety Administrator Todd Reckling: for partnering with the Board to establish statewide staffings with the Foster Care Review Board for those cases of serious concern.

DHHS Central Service Area Administrator Yolanda Nuncio and Protection and Safety Administrator Jana Peterson: for working with the Board to develop a process where cases for children in the DHHS Central Services Area who are birth to ten years of age and/or in foster care for 15 months or longer are jointly staffed with DHHS staff and the Board staff on a monthly basis. At these staffings, barriers to permanency for children are identified, a plan for the next month is developed, and at the next monthly meeting DHHS and the Board follow up and document the progress.

Foster Care Review Board Volunteers who serve on 48 local review boards: for their commitment and their donation of over 35,000 hours to Nebraska’s foster children.

DHHS Caseworkers: for their service to foster children and for making efforts to make at least one face-to-face visit each foster child each month.

Members of the Legislature: for their interest in children as shown by the Legislative Health and Human Services Committee’s decision to study the systemic child welfare issues identified by the Foster Care Review Board as they appeared in Legislative Resolution 157.

DHHS’ Legal Department: for working to facilitate appropriate permanency for foster children.

CASA Volunteers: for their time and dedication to the children and families they serve.

Foster Parents and Placements: for showing their concern and dedication by providing children the nurturing care and attention they need to overcome their past traumas.

Adoption Day Organizers and Volunteers in Omaha, Lincoln and Hastings: for working to make a very special day for foster children when they are adopted by their foster families.

Project Permanency Contributors – particularly Project Linus, Target, the Columbus Area United Way, Reruns R Fun, and local board members: for the monetary and in-kind donations. On behalf of the children, the Foster Care Review Board sincerely thanks each and every one of these contributors for their assistance in making Project Permanency a success.



State Foster Care Review Board

James E. “Jim” Gordon
Chair

Attorney at Law
Demars Gordon Olson Zalewski
Lincoln

Georgina Scurfield, MSW
Vice-Chair

Director of Sarpy County
CASA Program
Papillion

Lisa Borchardt
Vice-Chair

Assistant Professor and
Field Director of Social Work
Nebraska Wesleyan University
Lincoln

Rev. Larry L. Brown,

M.D., F.A.A.P., F.A.C.P.
Pediatrician, Alegent Health Clinic
Bellevue

Gene Klein, LCSW

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Policy Coordinator for
Voices for Children
Omaha

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Lincoln

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Gering

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Statewide Advocate, Executive
Director of Nebraska Child
and Families Foundation
Lincoln

Mario Scalora, Ph.D.

Child Clinical Psychologist, Associate
Professor of Psychology University of
Nebraska –
Lincoln

Executive Staff

Carolyn K. Stitt
Executive Director

Kathleen Stolz
Program Coordinator

Heidi Ore
Administrative Coordinator