

Nebraska Foster Care Review Board

2008 Annual Report Recommendations for the Legislature



THE · SALVATION
OF · THE · STATE · IS
WATCHFULNESS
IN · THE · CITIZEN



From the Executive Director ...



Carolyn K. Stitt,
Executive Director

We are pleased to report that the positive trends of 2007 continued in 2008.

Look at these key statistics:

Fewer children in foster care: 4,620, down from 5,043 in 2007.

Adoptions continued to be prioritized in 2008.

572 children had their adoption finalized in 2008, as compared to 462 in 2007.

A Special Joint Study was conducted by the Board and DHHS during August 2008 which examined why children who had remained in out-of-home care for two years or longer had case plans with the permanency objective of reunification. As a result of this study, 430 of these case plans were changed and adoptions increased.

We commend the Nebraska Legislature for a banner year for children, especially:

- **Forming a task force to study the issues which were highlighted as a result of the Safe Haven Act.**
- **Improving mental health services.**
- **Funding post-adoptive services.**

Thanks to the work of the Legislature, this effort led to the creation of the Nebraska Behavioral Health Services Act later in 2009.

We would like to further commend the Nebraska legislature for:

- **Strengthening the State Children's Insurance Program (SCHIP)** which provided more medical insurance coverage for uninsured children.
- **Authorizing the Legislative Performance Audit** of Transportation and Visitation Services, which looked into the activity of transportation and visitation contractors.

I also want to thank the 268 volunteers who advocated for abused and neglected children by serving on 43 local review boards in 2008. These constituents from around the state – with backgrounds in education, medicine, advocacy, foster parenting, business, mental health counseling, government/civil service, child development, administration, social work and much more – donated more than 31,200 hours to review children's cases.

The year 2008 was indeed positive. However, we cannot relax our efforts. We will continue to advocate for children in the vulnerable age group birth to age five.

Additionally, we want to highlight a disturbing trend: the **percentage of children re-entering foster care increased to 41.0%** of all the children who entered out-of-home care in 2008.

The Board further recommends:

Funding for mental health services:

- Children in foster care are traumatized when they are removed from their home. They may be further impacted by multiple foster care placements, leading to behavioral issues and mental health concerns.
- A child's access to services is often denied because **managed health care providers withhold payment**, determining that behavioral health concerns are not "medically necessary." Plus, the challenge is growing. Some statistics for children reviewed in 2008:
- 796 (24.6%) – up from 739 or 19.4% last year of the children entered care due to their behaviors.
- 451 (13.9%) had been abandoned. This is an increase from the 2007 level of 339 (8.9%).
- Therefore, the Board recommends improving access to state-wide mental services.

Stabilize case management by:

- Providing adequate funding to assure the proper number of caseworkers and supervisors. This should improve caseworker involvement and reduce caseworker changes.
- Limiting the number of cases for which a caseworker is held responsible. Caseloads should be carefully monitored to determine the maximum number of cases that a caseworker can effectively handle.

Assure oversight of private contractors:

To assure that children are safe and that they receive the services that they need, contract oversight should:

- Specify basic qualifications for contractor employees, including educational qualifications for specific positions and background checks for all employees.
- Assure that DHHS has individuals to monitor contract compliance.

We have made substantial progress in recent years in addressing the needs of Nebraska's children in out-of-home care. This has been due, to a large extent, to the continually improving collaboration between the Legislative, Executive, and Judicial Branches. For that we are very appreciative.

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

Building a system of rigorous oversight is the most effective means to provide for the best interests of children in foster care.



The Foster Care Review Board wants to highlight the continued need for DHHS oversight of the ever-expanding network of contract service providers. DHHS needs to assure that children are safe in their placements, during transportation to parental visitation facilities, and while receiving court-ordered services. Every effort needs to be made to assure that safety issues are effectively dealt with, and that consequences for failure to protect children are appropriate.

Children in foster care have every right to receive quality, timely placements and services that meet their individual needs. DHHS needs to focus consistently on the goal of reducing the length of time in foster care and achieve permanency.

The oversight system must be structured to not depend on any single contractor so that poor performance and/or safety concerns can be effectively addressed, always with an eye to awarding that contract to a competitive provider.

Furthermore, oversight is provided of contractor performance by the following:

- Expectations are clearly stated in the contract, along with proportional consequences for non-compliance. Basic qualifications for employees of the contract service provider (e.g, background checks at specified, regular intervals) are implemented and enforced.

- DHHS has specifically qualified and trained individuals in position to monitor contractor compliance on a regular basis.

- Methods are developed and utilized for assuring that services are performed satisfactorily prior to issuing payments.

The Nebraska Legislative Performance Audit Committee conducted an audit on transportation contracts for wards of the state. The Committee report stated “Oversight of transportation contracts is a paramount concern. These contracts present the economic risk to the state that any contract presents – the potential for overpaying for a service or paying for a service that has not, in fact, been delivered...Transportation of state wards under these contracts placed those children at risk...”

The Performance Audit also found: “DHHS does not have a comprehensive system in place to review contract performance... We identified four elements that either should be present...or should be improved.”

Regardless of whether the work is done by a state employee or by a contract service provider employee, it is imperative that financial and other resources are used in the most responsible and effective manner. This means that services are delivered and meet minimum standards, and that DHHS acts in accordance with its accountability for the health, safety, and well-being of all state wards in its legal custody. This is done by verifying services and acting if safety is compromised, if services do not occur, and/or if standards are not met.

To summarize:

- 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.
- 5) Contractor ***performance issues must be considered and resolved*** prior to issuing any new contracts with that provider or renewing contracts.

Foster Connections to Success and Increasing Adoptions Act of 2008

The Fostering Connections to Success and Increasing Adoptions Act, was signed into law (P.L. 110-351) on October 7, 2008. Provisions of the Act were to be implemented in 2009 or 2010.



Special Study conducted by the FCRB and the DHHS examined why children have remained in foster care for two years or longer.

Under the direction of Governor Dave Heineman as part of his efforts to reform the child welfare system, the Foster Care Review Board (FCRB) and the Department of Health and Human Services (DHHS) collaborated to study a specific group of children who had not yet achieved permanency after being in foster care for two years or longer. We wanted to learn what barriers prevented these children from finding the permanency they need to recover from the trauma they have endured and to heal in a stable home.

Following input from Nebraska Chief Justice Mike Heavican and DHHS Director Todd Landry as to what data to collect, DHHS caseworkers and supervisors joined FCRB staff to study these children, focusing on parental compliance and placement issues.

The study was announced July 10, 2008, at a joint press conference by Governor Heineman, Chief Justice Heavican,

and Georgina Scurfield, Chair of the State Foster Care Review Board of Directors.

In the fall of 2008, we examined cases from April 2008 involving 572 children and youth who had been in care for two years or longer with a permanency plan of reunification. Between April and August when the data collection began, DHHS examined these cases and changed permanency goals for 320 children from reunification to adoption, guardianship, or other objective.

Number of Placements Over The Lifetime of the 230 Children	
1-3 Placements	86 children (37.4%)
4-6 Placements	65 children (28.2%)
7-9 Placements	26 children (11.3%)
10-19 Placements	39 children (17.0%)
20-Plus Placements	14 children (6.1%)

When we looked at the cases of the remaining 230 children, here's what we found:

Alarming, almost half of these children (113, or 49.1%) were ten years of age or younger, and **23.9% of the children were birth to age 5**. Their case plan called for returning to their abusive and/or neglectful parents who had received services but made little or no progress. After meeting on the 230 children's cases, 111 case plan objectives were changed.

Positive trends for children in foster care

The study found that several areas of concern which had been expressed in recent years have, in fact, moved in a positive direction:

- ▶ **Services were provided within 60 days** of removal for 192 children (83.5%).
- ▶ Current **services were appropriate** for 183 children (79.6%).

- ▶ Children's court **hearings were occurring every six months** for 82.2% of the children.
- ▶ **Paternity was established** for 173 children (75.2%).
- ▶ **Permanency plans changed** for 111 of the 230 youth because of this special study.
- ▶ Over half (50.9%) of the **children had three or fewer caseworkers** over the lifetime of their cases.

Continuing Concerns:

- ▶ The number one barrier to reunification is the **parent not being able or willing to parent** (121 children, or 52.6% of cases).
- ▶ In approximately one-third of the cases, the **guardian ad litem was apparently not actively involved**.
- ▶ There were **aggravated circumstances** at the time of the child's removal for 26 youth (11.3%) and yet the **permanency plan remained reunification with the abusive and/or neglectful parent**.
- ▶ Many **children with special needs** (physical and/or mental disabilities) did not receive appropriate services.

Lessons Learned:

- ▶ **Parental willingness needs to be assessed** early, and **parental compliance monitored** throughout the case.
- ▶ Of those 26 children's cases where aggravated circumstances existed, **expedited permanency was sought** (a court ruling that efforts to reunify were not necessary) **for only 3**.
- ▶ A consistent effort is needed to **identify cases of extreme abuse and/or neglect** and then to request a hearing where a court may be able to find **aggravated circumstances** exist and that efforts to reunify are not necessary.

Secure funding to reduce caseworker turnover which is critical to stabilize case management and to reduce delays in achieving permanency for children.



Statistics show a significant drop during 2008 in the number of children in care who experienced four or more caseworkers. That is a very positive trend in providing permanency for children. When a caseworker leaves DHHS, that person's caseload does not simply go away; it is divided among other caseworkers or staff, thereby causing an even greater overload situation for other staff members.

After a case is reassigned, that new caseworker needs 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 many instances after a caseworker leaves, a child's case "starts over" again, causing the child to remain in foster care for a longer time without permanency. Some caseworker changes are unavoidable; however, continued efforts need to be made to reduce those changes. 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

*1,588 (34.9%) of the 4,620 DHHS wards in care on December 31, 2008, had **experienced four or more different caseworkers** handling their case at some time during their lifetime. This compares to 2,655 children in 2007.*

Caseworker stability can also affect placement stability, and the fewer workers that a child has is related to an increased probability that the child will be successfully reunited with the parents. Placement stability is not only beneficial for children's overall well-being and sense of safety, research also finds it is more cost effective. Thus, caseworker stability increases children's well-being and decreases costs¹.

¹ Literature Review of Placement Stability in Child Welfare, University of California, Davis, Center for Human Services, August 2008.

foster care longer with each change of caseworker.

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.



Parental substance abuse was the reason why 45.6% of all children birth to age 18 reviewed in 2008 were removed from the home.

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 local foster care review boards have reviewed cases which centered around a parent who manufactured ("cooked") 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

More rehabilitation and mental health services and facilities are needed to cope with the large number of families struggling with the consequences of substance abuse. The Board recommends improving access to these vital services across the state.

¹ Honorable John P. Icenogle (District 9, Nebraska) before the Congressional Committee on Education and the Workforce Subcommittee on Education Reform, Hearing on Combating Methamphetamines through Prevention and Education, Nov. 17, 2005.

55.1% of children reviewed birth to age five were removed due to parental substance abuse, including alcohol, prescriptions and/or street drugs.

Rehabilitation facilities and services need to be expanded across the state to assist with healing.

Children who entered foster care due to any form of parental substance abuse, such as abuse of alcohol, prescription drugs and/or street drugs, including methamphetamine —

	Total Children Reviewed	Entered Care Due to Parental Substance Abuse	Percentage
Infant to two years old	283	162	57.2%
Ages 2-3 years old	521	284	54.5%
Ages 4-5 years old	363	197	54.3%
Ages 6-8 years old	503	263	52.3%
Ages 9-12 years old	513	259	50.5%
Ages 13-18 years old	1,053	311	29.5%
TOTAL	3,236	1,476	45.6%

Mental health services are vital to healing children and resolving their behavior issues, as well as rehabilitating their parents.



When a child is removed from the family home, he or she is often not clear as to why this bond has been interrupted or broken, and why he or she is placed in the care of strangers. This disruption is especially harmful for younger children, layering additional levels of confusion and anger on top of the trauma of initially experiencing abuse and/or neglect in the toxic home environment.

What happens to a child in this series of circumstances?

First, the child, sensing that all these changes are beyond his or her control begins to display behavioral and discipline problems. Why? Children feeling powerless over their circumstances will rebel against foster parent, caregiver, teacher, therapist, etc. -- any authority, as if to say, "I am not in control of my life, but you are not going to have control either."

In reality, behavioral issues can easily be an anticipated consequence of a child's abuse and neglect, and/or removal from his or her family. Much of the treatment for these children is paid for through a managed care contractor as a means to control the costs of treatment and psychiatric placements. The Board has identified the following issues with current managed care:

Some children are required to go through a process of placements involving unnecessary repeated failure in lower levels of care before managed care will approve the higher-level treatment placement that was originally recommended by a professional after assessing the child's needs.

Children's behavioral disorders do not routinely receive treatment because they are not deemed by managed care to meet the criteria for "medically necessary" services that it requires before it will pay for services. Additionally, there appears to be no alternative source of payment for these much-needed services. Consequently, **children are denied the appropriate services to treat their behavioral problems.**

"Medically necessary" appears to be a term used to

The contract with Magellan should be examined so costs for treatment of behavioral issues are covered.

We can pay for mental/behavioral health services now to prevent problems, or we can pay more later to correct them.

enable managed care providers to deny treatment for children based upon financial grounds alone. Some children are prematurely moved from treatment placements based on whether the managed care contractor will continue to approve payments, rather than based on the children's needs.

Too many children in foster care are not receiving recommended behavioral disorder or mental health treatment (45% of children reviewed during 2008 who had entered care due to their behaviors did not have services in place at the time of the review). This situation will, predictably, result in troubled adults later in life. The FCRB recommends a more humane approach to mental health, including state-wide development and support of community mental health centers.

Children with mental health concerns fall into four groups:

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

Of the 3,236 children reviewed in 2008, 554 (17.1%) entered care due to their own behaviors. These children need mental health or therapeutic placements, reliable visitation monitoring, and therapeutic respite care. The contract with managed care should be examined so that behavioral health issues are covered and the appeals process is made more manageable.

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

Of the 3,236 children reviewed in 2008, 274 (8.4%) had been abandoned. Access is needed to substance abuse, domestic violence and mental health treatment for the parents.

3) Children who need help coping with being placed in the system.

Caseloads need to be addressed to give caseworkers more time to help these children cope with the changes in their lives, such as separation from siblings or parents, moves to new placements, educational disruptions, and disappointments if parents fail to visit.

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

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



Local Foster Care Review Board members have prioritized these key recommendations based on reviews and pertinent data:

- 1) Closely **monitor contract service providers** to assure that children's best interests are met and that they receive the critical services they need to heal,
 - DHHS plans to privatize 100% of children's placements and services by 2010.
- 2) **Reduce caseworker changes** to stabilize management of children's cases,
 - 35% of DHHS wards have had 4 or more caseworkers over their lifetime.
- 3) **Write appropriate and realistic case plans, and hold parents accountable,**
 - 32% of children's cases reviewed were not making progress towards permanency
 - 31% had plan objectives that were inappropriate.
- 4) **Reduce the overall length of time that children are in foster care,**
 - 43% of the children reviewed in 2008 had been in foster care for 2 years or longer.
- 5) **Reduce the rate of children returning to foster care,**
 - 41% of the children who entered out-of-home care in 2008 had been in care before.
- 6) **Recruit and develop stable placements for children,** and
 - 38% of the children in care on Dec. 31, 2008, had been in 6 or more foster placements over their lifetime, excluding respite and brief hospitalizations.
- 7) **Assure children receive needed mental health and behavior services.**
 - 17% of the children reviewed entered care due to their behavioral or mental health issues.

There are a number of means that DHHS can use to improve its accountability for the care of children and the resources for that care. This should ensure that children are safe and receive needed services while in out-of-home care and are safe upon exit from the system.

Oversight of performance must take place within DHHS and towards the community providers who contract with DHHS to provide essential placements and services for children. The Legislative Performance Audit Committee issued a report in the summer of 2008 that found that "DHHS does not have a comprehensive system in place to review contract performance."

Due to the poor performance seen with some transportation, visitation monitoring, and placement contractors, improving oversight of contract service providers is critical, including procedures to hold them accountable and to enforce consequences for any safety issues or failure to perform. This is especially critical given DHHS plans to privatize virtually every aspect of children's out-of-home care (see page 3).

DHHS also needs to reduce **caseworker changes**, such as limiting the number of cases for which a caseworker is responsible, adding support and mentoring, and providing incentives for excellent performance (see page 5).

Case planning should detail appropriate, realistic, and timely steps toward rehabilitation of the parents, and then effectively hold them accountable for fulfilling those steps. Documentation of parental compliance or non-compliance is critical to assuring the permanency objective is appropriate given the case circumstances. Effective planning is also needed to prevent children from experiencing **re-abuse and future removals** from the home.

Nothing is more important for a child than where they live. DHHS should take specific measures to **assure stable placements** with a caring, safe environment for the children, such as recruiting more qualified placements (especially for sibling groups), providing increased levels of monitoring and support, and placing young children with foster families who are willing to adopt should that become the plan. Appropriate kinship or relative placements need to be identified early in the children's cases and provided support.

Children who need **mental health or behavioral services** should receive them, and funding impediments should be removed (see page 7).

These priority recommendations are critical if we are to improve the lives of children in foster care.

Major Board activities in 2008

Tracking and reviewing children's cases ...

- **Board staff tracked 9,235 children** who were in care for some, or all, of 2008.

- **4,457 reviews of 3,236 children's plans**

The 43 local Foster Care Review Boards statewide, which volunteered 31,200 hours, conducted 4,457 reviews in 2008. The Foster Care Review Board is the IV-E review agency for the state (each child is reviewed every six months).

- **Staff appeared in court 629 times in 2008 to address concerns about the plan, placement or services.**

Many of these cases involved multiple children, with courts addressing the issues identified by the Board in about 70% of the cases.

- **31,199 case specific reports were issued.**

The Board issued these reports with recommendations to the courts, agencies, attorneys, guardians ad litem, county attorneys, and other legal parties.

Reviewing a child's case includes:

- o The FCRB 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.
 - o Volunteer local board members make recommendations and findings on placement, services, and plan; identify remaining barriers to achieving the permanency objective. A comprehensive recommendation report is issued to all legal parties to the child's case.
 - o Caseworkers, guardians ad litem, and others have been increasingly open to input from our review specialists and members of local review boards.
- **Conducted a special study.**

Under the leadership of Governor Dave Heineman in addressing child welfare reform in our state, the Department of Health and Human Services (DHHS) and the Foster Care Review Board (FCRB) collaborated to study a specific group of children who had not yet received permanency after being in foster care for two years or longer.

FCRB staff had **originally determined there were over 500 children who met the criteria.** Through the course of discussions with DHHS, **430 children's plans were changed** to one more appropriate to their circumstances (such as adoption or guardianship). The FCRB and DHHS held a joint press conference to announce the findings from this study. See pages 8-9 for details.



Promoting children's best interests ...

- **Conducted joint FCRB/DHHS aggravated circumstances trainings across the state.**
- **Director served on Safe Haven Task Force, advocating in part for post-adoptive services.**
- **In addition to the Special Study, participated in monthly staffings with DHHS on over 500 cases of concern,** creating appropriate action plans to address case concerns.
- **The District Court affirmed the FCRB's authority to visit children's placements as granted by the Legislature and juvenile courts ordered to occur.** [The Nebraska Supreme Court concurred in 2009].
- **Provided statistics to senators, the Judiciary, DHHS, Kids Count, United Way, advocates, researchers, the press, and the public.**
- **Flagged cases for the judge's attention,** where it appeared that guardians ad litem were not following the Nebraska Supreme Court guidelines for representation of children in foster care.
- **Partnered in Adoption Day celebrations in Omaha, Lincoln, and Hastings,** with staff providing backpacks for the children.
- **Attended court hearings to address concerns** when, during a child's review, one or more of the following case concerns were identified:
 1. The board 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.
- **Staffed cases and/or contacted DHHS caseworkers, supervisors, legal staff, adoption workers, or administration, guardians ad litem, investigators, or prosecutors on behalf of a 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's staff and citizen reviewers made over 54 facility visits in 2008 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.

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/Unk.		1 to 3	4 to 6	7 or More
ADAMS	99	27	36	28	21	12	13	53	61	14	24	39	45	21	33
ANTELOPE	4	2	4	3		2		2	2	1	1			2	2
ARTHUR	0														
BANNER	1							1		1			1		
BLAINE	0														
BOONE	1							1	1				1		
BOX BUTTE	10	1	3		3			7	3	1	6	3	6	3	1
BOYD	1	1						1			1	1			1
BROWN	1	0						1		1	1	1		1	
BUFFALO	69	5	28	14	16	8	11	34	35	8	26	39	36	13	20
BURT	10	1	3	1	4	1		5	7	1	3	3	5	1	4
BUTLER	31	9	8	5	7	9	6	9	27	1	4	7	12	13	6
CASS	50	11	27	11	8	8	7	27	28	8	22	12	18	11	21
CEDAR	0														
CHASE	5		5	2	1		2	2	3	2		1	1	3	1
CHERRY	8		3	3	1		3	4	6	2		5	2	4	2
CHEYENNE	21	2	10	9	2	1		18	5	8	8	2	8	3	10
CLAY	7		4	3			1	6	2	1	4	2	2		5
COLFAX	23		8	5	7	2	4	10	15	2	6	5	15	2	6
CUMING	16	4	6	4		2	3	11	10	2	4	1	7	3	6
CUSTER	14	2	3	3	5		2	7	11	1	2		9	3	2
DAKOTA	36	6	16	6	6	6	4	20	17		18	11	11	13	12
DAWES	6	1	5	1				6		1	5		1		5
DAWSON	55	5	32	7	10	2	5	38	14	21	34	12	19	12	24
DEUEL	3		1	1	2			1	2	1		2	1	1	1
DIXON	3		2	1				3		1	2	1	1		2
DODGE	91	15	38	24	32	3	16	40	60	5	19	35	44	14	33
DOUGLAS*	1,743	430	707	726	477	193	212	858	1,180	67	336	1,221	710	462	571
DUNDY	4	1	1	1		1		3	3		1	1	1	1	2
FILLMORE	15	2	4	2	4		5	6	14		1	1	8	4	3
FRANKLIN	4		1	1	2			2		2		1	3		1
FRONTIER	8	4	2	4	2	1	1	4	5	1	1	4	5	1	2
FURNAS	13	1	6	2	4	3	2	4	9	3	1	6	9	2	2
GAGE	33	9	12	10	5	3	4	21	18	2	8	17	18	4	11
GARDEN	1	1	0	1				1	1						1
GARFIELD	2	2	2	2				2	2				2		
GOSPER	1			1	1				1				1		
GRANT	0														
GREELEY	4	2	2	4		1		3	3	1				1	3
HALL	186	24	82	52	49	19	24	94	116	11	34	76	84	41	61
HAMILTON	14	1	8	2				14	1	5	7	2	4	2	8
HARLAN	9		4	3	3	1	3	2	7	1	1	3	5	3	1
HAYES	2		1	1				2		1			1		1
HITCHCOCK	1		1	1				1	1						1
HOLT	7	3	2	2	2		1	4	4	3		2	3	2	2
HOOKER	1	1	1					1	1						1
HOWARD	6	3	3	2				6	2		4	2	2	2	2
JEFFERSON	12	3	5	1	3	1	3	5	7		3	4	5	4	3

... by county, as of December 31, 2008

	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/Unk.		1 to 3	4 to 6	7 or More
JOHNSON	15	4	4	5	4	1	2	8	14		1	5	8	4	3
KEARNEY	4	1	1	1	2			2	3		1	1	3		1
KEITH	17	4	10	6	3		1	13	9	4	4	3	3	8	6
KEYA PAHA	0														
KIMBALL	8	1	3	1	3	1	1	3	6	1	1	2	5	2	1
KNOX	3	2		1				3	1		2		1		2
LANCASTER*	942	186	345	359	284	110	92	456	640	37	265	508	450	225	267
LINCOLN	151	28	78	41	45	12	15	79	85	35	31	71	69	36	46
LOGAN	0														
LOUP	0														
MADISON	71	13	28	23	20	6	7	38	43	7	21	35	29	19	23
McPHERSON	0														
MERRICK	19	3	5	2	5		5	9	9	2	3	4	11	3	5
MORRILL	11	2	7	3	4	2	2	3	8	1	2	4	4	6	1
NANCE	8	3	4	2	1			7	4	1	3		2	2	4
NEMAHA	12		1	3	3	4	2	3	8	1	3		8	4	
NUCKOLLS	3		1	1				3		1	2	2	2		1
OTOE	22	2	9	2	6	2	1	13	12	4	6	13	10	5	7
PAWNEE	4		3	1	3			1	3		1	2	1	3	
PERKINS	2		2	1				2	1	1				1	1
PHELPS	22	1	9	5	7	1	2	12	11	4	7	8	9	5	8
PIERCE	2	0						2		1	1		1	1	
PLATTE	46	8	14	7	14	6	3	23	32	1	13	14	27	9	10
POLK	4	0	2			1	1	2	3		1		2	1	1
RED WILLOW	23		12	6	5	1	3	14	6	5	12	9	9	6	8
RICHARDSON	6			1	2			4	3	1	2	2	4	2	
ROCK	0														
SALINE	18	3	10	4	3			15	8		10	4	7	2	9
SARPY	212	29	93	76	25	16	30	141	113	26	73	64	83	54	75
SAUNDERS	9	0	3	2	1		1	7	3	1	5	1	6	2	1
SCOTTS BLUFF	119	49	38	52	40	10	15	54	83	7	29	70	63	26	30
SEWARD	32	2	9	4	5	1	4	22	15	3	14	7	18	8	6
SHERIDAN	4	0	1					4	2		2		2		2
SHERMAN	4	4		4			2	2	4			3	4		
SIOUX	0														
STANTON	1		1					1			1				1
THAYER	4	1	1					4			4		1	1	2
THOMAS	0														
THURSTON	65	9	25	7	23	7	7	28	10		55	42	41	11	13
VALLEY	7	3	3	4	2		1	4	5	1	1	1	2	1	4
WASHINGTON	16	2	9	5			1	15	4	2		2	6	6	4
WAYNE	6	1	4	2			1	5	2	2	2	1	2	1	3
WEBSTER	2		1	1				2	1		1			1	1
WHEELER	0														
YORK	35	5	16	8	10	5	4	16	27		8	17	18	8	9
Unreported/Tribal*	60	20	8	1	2		2	43	3		57	37	52	4	4
TOTALS:	4,620	965	1,846	1,590	1,199	465	537	2,403	2,865	329	1,426	2,454	2,069	1,119	1,432

*Douglas County, Lancaster County and Unreported/Tribal totals for different ages do not include children whose age is unknown.

Top Commendations and “Thank You”

The staff and volunteers who serve on local Foster Care Review Boards would like to acknowledge the achievements and efforts of the following individuals and agencies:

Members of the Nebraska Legislature are commended for their attention to the needs of persons, including children, with developmental disabilities, and for looking at the mental health needs of children and youth during the focus on the Safe Haven youth. We note the efforts of members of the Judiciary Committee and the Health and Human Services Committee, in particular Senators Brad Ashford, Annette Dubas, Amanda McGill, Dave Pankonin, and Arnie Stuthman. Senator Bill Avery is commended for increasing the eligibility for children to the SCHIP program.

Governor Dave Heineman is commended for sustaining his efforts to promote a culture of collaboration and problem solving within DHHS, and continuing efforts to improve the lives of children in foster care. In particular, the Governor is commended for directing the 2008 joint FCRB and DHHS special study of children in care for two years or longer with plans of reunification. This study immediately resulted in a substantial number of children achieving permanency, and provided the impetus for joint staffing of cases with a focus on timeliness of permanency.

Chief Justice Mike Heavican, is commended for the efforts he has initiated along with judges with juvenile jurisdiction regarding pre-hearing conferences and 12-month permanency hearings.

Foster Care Review Board Volunteers who serve on local boards are commended for their time, care, and commitment to Nebraska’s children in foster care. These 268 volunteers from across the state donated over 31,200 hours reviewing children’s cases in 2008, an in-kind contribution of \$627,750. They also donate \$19,440 in mileage each year.

Public libraries and churches are thanked for the use of their facilities at no cost for FCRB local board meetings and educational programs, a savings of \$22,650.

Todd Landry, the Director of the Division of Children and Family Services within the Department of Health and Human Services during 2008, is commended for implementing the Governor’s vision around collaboration. In particular he respected and utilized the input of citizen reviewers and FCRB staff regarding children’s best interests. **Director Todd Reckling** is commended for continuing these efforts in 2009.

DHHS Service Area Administrators Nathan Busch, Yolanda Nuncio, Mike Puls, Jeff Schmidt, and Barry DeJong are commended

for their critical participation in the special study, for staffing cases jointly with the FCRB, and responding to FCRB recommendations.

DHHS Caseworkers and Supervisors are commended for completing a high number of adoptions, for maintaining and expanding the high rate of caseworker contact with the children, and for their service to children in foster care and their families.

Professor Ann Coyne is commended for freely giving many hours of consultation advice on how best to collect statistical data, for developing education programs, and for sharing research on issues facing children in foster care.

Local Foster Care Review Board members who conduct facility visits are commended for their contributions, including bringing educational materials to foster parents, providing them with a small “thank-you” for their service, and/or providing toys, blankets, and backpacks for the children.

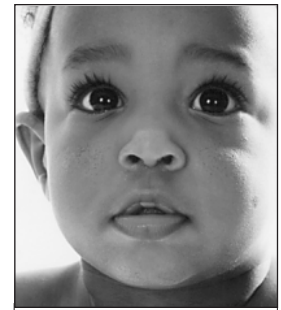
Project Permanency monetary and in-kind contributors are commended – particularly Project Linus, and Center for People in Need – for making it possible to provide the backpacks, blankets, and other materials to children.

Child Advocacy Centers are commended for their dedication to easing the trauma experienced by children during the investigation and interview of child abuse, neglect, and sexual abuse. In particular we note the efforts of the center in North Platte for screening all child abuse reports to make sure none “fall through the cracks.”

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

The Nebraska Foster and Adoptive Parents Association (NFAPA) is commended for its mentoring and educational programs, and for distributing information through an excellent newsletter and website.

Adoption Day Organizers, Volunteers and Contributors in Omaha, Lincoln, and Hastings are commended for making Adoption Day in Nebraska a very special day for Nebraska’s children in foster care by providing gifts, food, and fun for participants.



State Foster Care Review Board

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