

Nebraska Foster Care Review Board

2007 Annual Report and Recommendations Summary 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 2006 continued in 2007. While some of the numbers may not be as dramatic as the previous year, the improvements signal another year of positive trends.

Look at these key statistics:

Fewer children in foster care:

5,043, down from 5,186 in 2006, and from 6,205 in 2005.

Adoptions continued to be prioritized in 2007.

462 children had their adoption finalized in 2007, as compared to 347 in 2005.

The Board commends members of the Legislature for directing the Performance Audit Committee to inquire into the activity of transportation contractors which provide a service to the State by transporting children in foster care to various destinations including offices of counseling professionals, schools and daycare providers, and visitation sites so that these children can participate in court-ordered visitation sessions with their parents.

I also want to thank the 295 volunteers who served on 49 local review boards in 2007. These constituents – advocates for abused and neglected children – donated more than 38,200 hours to review children’s cases.

The year 2007 was indeed positive. However, we cannot rest and relax our efforts. One disappointing statistic for 2007 was the number of children in foster care who are in the most vulnerable age group: Birth to age five. The year-to-year comparison numbers are virtually the same: 1,333 in 2006 and 1,330 in 2007. The Foster Care Review Board has focused on children in this age group for years, and we will continue to advocate for them with specific recommendations.

The Board continues to be concerned with the lack of access to mental health services, a lack of preventative services, and parental methamphetamine abuse.

We acknowledge the fast-track timeline for complete privatization of providing foster and group homes, all out-of-home care and services, and coordination of those placements and services. FCRB volunteers and constituents across the state are looking ahead to the privatization completion date of January 2010, and are calling on the legislature to:

Improve 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 predictably to behavioral issues and mental health concerns.

- 739 (19.4) of children reviewed in 2007 entered care due to their behaviors.
- 339 (8.9%) had been abandoned.
- Therefore, the Board recommends improving funding and access to mental services.
- 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.”

Stabilize case management by:

- Providing adequate funding to assure the proper number of caseworkers and supervisors to improve caseworker involvement and reduce turnover.
- 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:

- Insist that all contracts include precise language, clearly stating expectations, including consequences for non-compliance.
- Specify basic qualifications for contractor employees, including educational qualifications for specific positions and background checks for all employees.
- Provide for a clear reporting mechanism and the means to assure services have been delivered, prior to issuing a payment for the service.
- Assure that DHHS has individuals to monitor contract compliance.
- Insist on proper and timely documentation of services provided and case progress, and that this documentation is made available to the case managers, the Judiciary and the Foster Care Review Board.

We have made substantial, real progress in the past two years in addressing the needs of Nebraska’s children in foster care. That progress is due, to a large extent, to the continually improving cooperation and collaboration between the Legislative, Executive, and Judicial Branches. We look forward to participating in these effective partnerships next year and beyond.

A handwritten signature in black ink, appearing to read "Carolyn K. Stitt". The signature is fluid and cursive.

Improve access to mental health services to address children's behavioral and mental health issues.

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 act out, begins to display behavioral and discipline problems. Why? Children feeling powerless over their circumstances will rebel against foster parent, care giver, teacher, therapist, etc. -- any authority, as if to say, "I am not in control 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 home and family. Much of the treatment for these children is paid for through a managed care contractor, such as Magellan, 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 Magellan 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 Magellan 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, **many children are denied the appropriate services to treat their behavioral problems.**

"Medically necessary" appears to be a term used to enable managed care providers to deny treatment for children based upon financial grounds alone. Some children are prematurely moved from treatment place-

ments 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 who entered care due to their behaviors did not have services in place). 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 3,086 children reviewed in 2007, **739 (19.4%) entered care due to their own behaviors.** 686 of these children (92.8%) were pre-teens and teenagers 10-18.

These children need mental health or therapeutic placements, reliable visitation monitoring, and therapeutic respite care.

The contract with Magellan 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 3,086 children reviewed in 2007, **339 (8.9%) had been abandoned.** Of the 334 children reviewed who were under age two, **59.6% entered care due to parental substance abuse.**

Access is needed to substance abuse, domestic violence and mental health treatment for the parents.

Continued reform is needed for the system, with assurance that all children in foster care receive needed treatments and services.

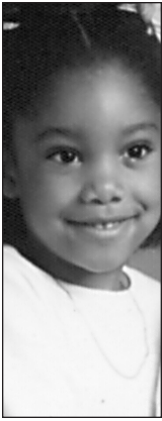
3) Children who experience trauma in the child welfare system, due to multiple placements or abuse from other children or care givers.

More placements are needed, as well as greater oversight of those placements. Caseloads need to be addressed to give case workers more time to help these children in foster care cope with the changes in their lives.

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

About **67% of children adopted may need mental health services, especially in years of adolescence.**

Access to post-adoptive services needs to be made readily available.



Fund additional DHHS caseworkers, case aides, and support 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:

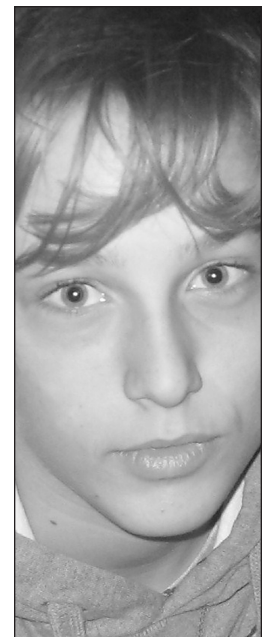
Caseworker changes can create gaps in the evidence which caseworkers provide to prosecutors, breakdown in essential communication with parents, therapists, and other service providers, and lapses in monitoring parental compliance with case plans. As a result, children may remain in foster care longer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

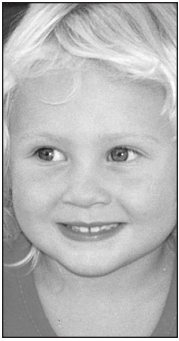
Over half – 54.1% – of children in foster care experienced four or more caseworkers.

2,655 (54.1%) of the 4,907 DHHS wards in care on December 31, 2007, had experienced four or more different caseworkers handling their case at some time during their lifetime. This compares to 2,484 children in 2006 – **an increase of 171 (up 7%) over last year!**

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.





The Foster Care Review Board has three main concerns for children in the foster care system:

- 1) safety of children,
- 2) quality of placements and services provided, and
- 3) oversight and accountability of service providers.

We recommend that DHHS assures that children will be placed in nurturing and caring facilities, and that children will receive the quality services they deserve. DHHS can make this assurance through vigorous, consistent, and detailed oversight of both traditional foster care and contract providers, including accountability and consequences for non-performance.

The State of Nebraska wields enormous power when it intervenes in the life of a child and removes that child from its parents and home. The state essentially says, “We think the child will be safer, better off, in our care than in the care of its parents or family.” In many instances, that is the case, and there are many well-qualified and well-trained individuals involved with the child’s care after his or her removal from the home.

When the courts make a child a ward of the state, the state takes on the enormous responsibility of assuring that child’s safety, care and well-being. Unfortunately, not everything always goes well for the child in the foster care system, even at the hands of well-intentioned members of DHHS staff. When things do go wrong, when a staff member does not do his or her job as intended, there is a supervisory staff to help get things back on track.

Oversight of performance must take place within DHHS. Not every service, however, is performed by a DHHS employee; some services are contracted out to private companies. What happens in a private company to assure proper performance of duties?

The Nebraska Legislative Performance Audit Committee, in September 2007, called for an audit of personal services contracts. They focused on transportation contracts for wards of the state to test agency-specific requirements. The 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 places those children at risk of car accidents ... as well as the possibility of victimization by adult drivers.”

Local review boards and Nebraska media have reported instances of drivers allegedly driving under the influence of alcohol, sexually assaulting a state ward, leaving a child at the door of a closed therapy office, and smoking in the van while transporting a child. Other instances of

missed trips and improper safety seat belts were also reported. What did the Performance Audit find:

“We found that DHHS does not have a comprehensive system in place to review contract performance. DHHS has some components of such a system ... However, we identified four elements that either should be present... or should be improved.”

Effective January 2010, DHHS plans to privatize virtually every aspect of out-of-home care for children in foster care. There is no basis for this rush to privatize. FCRB urges DHHS to continue making the improvements in the lives of foster children that have been made in the past two years. ***Continue to improve contract oversight at the present level of contractor involvement.***

We urge DHHS to take the following steps to improve contract oversight:

- 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.**



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

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."

The Board recommends that DHHS insist that contractors take specific measures 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.

51.9% of children in foster care on at the end of 2007 experienced four or more placements, down from 55.1% for 2006

- **1,007 children experienced 6-10 foster homes/placements.**
- **594 children experienced 11-20 foster homes/placements.**
- **158 children actually experienced 21 or more foster homes/placements.**

51.9% of children in foster care experienced four or more placements during their lifetime in the system.

Lifetime Number of Placements of Children in Foster Care on December 31, 2007

For children who had experienced multiple removals from the home, the figures below include all placements from earlier removals as well as from the current removal from the home.

	1997		2006		2007	
1-3 foster homes/placements	2,605	52.5%	2,300	44.9%	2,437	48.3%
4-5 foster homes/placements	847	17.1%	975	18.8%	847	17.0%
6-10 foster homes/placements	948	19.1%	1,067	20.6%	1,007	20.0%
11-20 foster homes/placements	382	7.7%	629	12.1%	594	11.8%
21 or more foster homes/placements	96	1.9%	185	3.6%	158	3.1%
TOTAL	4,960	100.0%	5,186	100.0%	5,043	100.0%

⁽¹⁾Respite Care and brief hospitalizations are not included in the counts.

59.6% of children in foster care birth to two years old came into the system due to parental substance abuse. 40.7% were 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 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

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.

56.6% of children reviewed birth – five entered into foster care due to parental substance abuse, including alcohol, prescriptions and/or street drugs.

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 —

	Children Reviewed	Entered Care Due to Parental Substance Abuse	Percentage
Infant to two years old	334	199	59.6%
Ages 2-3 years old	516	290	56.2%
Ages 4-5 years old	429	235	54.8%
Ages 6-8 years old	580	316	54.5%
Ages 9-12 years old	592	277	46.8%
Ages 13-18 years old	1,355	366	27.0%
TOTAL	3,806	1,683	44.2%

The Board celebrates with the Nebraska Legislature the 10th Anniversary of its establishing the Aggravated Circumstance Hearing, which allows a faster track to permanency for children in foster care who have suffered severe or repetitive abuse and/or neglect.

2007 marked the 10th anniversary of the passage of the federal Adoption and Safe Families Act.

Immediately after the act passed, members of the Nebraska Legislature began discussions of how to best incorporate the principals of the national act in Nebraska Statute. The Legislature passed the Nebraska Adoption and Safe Families Act in 1998, with the provisions for exception hearings as one component.

Exception hearings allow for a judicial determination that DHHS is not required to make efforts to reunify the children with the parents, which can shorten the time to permanency. This could occur in cases where evidence is presented that the parents have committed abuse or neglect that is so severe or repetitive that reunification with the child's parents would jeopardize and compromise the children's safety and well-being. These hearings are sometimes referred to as "aggravated circumstance" hearings.

The Foster Care Review Board worked with key partners on implementing these provisions. Some of the proactive steps taken included:

- **Working with prosecutors** from across the state to identify cases that may meet the criteria, so they can request that the court make this ruling,
- **Assisting in the planning of an educational program for judges,**

- **Conducting joint educational programs** for FCRB and DHHS staff on the provisions in Lincoln, Lexington, and Scottsbluff.



A number of children across the state have already benefited from this legislation. For example, a father was convicted of felony child abuse due to the level of abuse he inflicted upon his daughter. The mother unreasonably delayed seeking proper medical care and treatment, causing the daughter's injuries to be exacerbated. The judge ruled that efforts to preserve and reunify the girl with the parents were not required. A termination of parental rights trial was pursued, and the girl was freed for adoption.

This is but one example of how members of the Legislature can positively impact children's cases.

On behalf of this girl, and countless like her, thank you for implementing this legislation.



"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 a dysfunctional family."

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

Major Board activities during 2007 ...



Tracking children's cases ...

- **Board staff tracked 9,623 children** who were in care for some, or all, of 2007.
- **5,458 reviews of 3,806 children's plans**
The 49 local Foster Care Review Boards, with 38,200 volunteered hours, conducted 5,458 reviews in 2007, a **slight decrease from the 5,473 reviews last year**. The Foster Care Review Board is the IV-E review agency for the state (each child is reviewed every six months).
- **Appeared in court 947 times in 2007 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 over 70% of the cases.
- **38,206 case specific reports were issued.**
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.
- 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.
- 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 2007 ...

- **Board conducted 122 facility visits.**
Volunteer members of local review boards visited the homes of 350 young children, birth through age five, to assure safety and to provide additional information to the foster parents.
- **Board provided data to the judiciary**, such as the number of children in out-of-home care by county, the number in care for two years or longer, and the number of children by adjudication status.

- **Board participated in over 500 monthly staffings with DHHS on cases of concern**, creating appropriate action plans to address case concerns.
- **Responding to the lawsuit filed by DHHS contractor OMNI Behavioral Services**, which sought to prevent the Board from reviewing children's files, reporting concerns to DHHS or law enforcement, or visiting foster facilities. The Court dismissed the lawsuit prior to its going to trial.
- **Advocated for a separate children's division within DHHS.**
- **Providing education programs** on risk of foster care, identification of aggravated circumstances, and children's attachment needs for other members of the system. Also assisted with legal education, and informed the League of Municipalities convention on issues in the foster care system.
- **Partnering in Adoption Day celebrations in Omaha, Lincoln, and Hastings.**

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, 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 staff and citizen reviewers made 122 facility visits in 2007 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	98	21	44	43	23	8	12	55	52	10	36	37	43	24	31
ANTELOPE	8	4	4	4	3	0	0	5	3	2	3	1	4	2	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	2	1	1	0	0	0	0	2	1	0	1	0	1	1	0
BOX BUTTE	8	3	4	3	1	0	0	7	4	1	3	5	4	2	2
BOYD	4	0	0	0	3	0	0	1	3	0	1	3	3	0	1
BROWN	2	0	1	0	0	0	0	2	0	0	2	0	2	0	0
BUFFALO	87	6	33	25	23	8	9	47	42	7	38	42	48	22	17
BURT	8	3	3	2	0	2	1	5	5	1	2	3	4	1	3
BUTLER	28	4	4	2	7	5	7	9	17	1	10	10	19	5	4
CASS	48	2	27	10	11	8	7	22	31	2	15	16	21	4	23
CEDAR	1	0	0	0	0	0	0	1	1	0	0	1	1	0	0
CHASE	7	2	3	3	2	0	3	2	5	0	2	5	5	1	1
CHERRY	11	0	6	8	1	2	2	6	6	2	3	1	4	5	2
CHEYENNE	13	3	7	7	2	0	0	11	5	3	5	2	3	3	7
CLAY	11	2	3	5	3	0	1	7	5	2	4	1	4	4	3
COLFAX	24	0	10	5	8	2	3	11	16	3	5	10	15	5	4
CUMING	18	3	7	2	4	2	3	9	10	2	6	1	9	4	5
CUSTER	19	5	6	15	4	2	1	12	9	4	6	11	11	2	6
DAKOTA	51	12	19	15	13	2	1	35	19	0	32	15	24	11	16
DAWES	10	0	5	1	0	0	1	9	0	0	10	0	4	2	4
DAWSON	47	5	26	8	10	1	2	34	15	8	24	14	16	12	19
DEUEL	5	0	3	2	2	0	0	3	2	0	3	2	3	1	1
DIXON	12	4	3	5	2	1	2	7	3	0	9	1	6	1	5
DODGE	74	13	33	28	21	6	14	33	48	2	24	27	32	10	32
DOUGLAS	1,811	480	685	911	517	222	216	856	1,223	68	520	1,312	831	449	531
DUNDY	4	1	2	1	0	0	0	4	0	1	3	1	2	1	1
FILLMORE	20	2	8	2	4	1	2	13	15	0	5	2	10	7	3
FRANKLIN	1	0	1	1	0	0	0	1	0	0	1	1	0	0	1
FRONTIER	4	2	1	2	2	0	0	2	2	1	1	0	3	0	1
FURNAS	9	2	6	3	2	1	1	5	4	2	3	3	1	4	4
GAGE	41	5	11	14	14	4	3	20	22	5	14	16	24	9	8
GARDEN	6	0	0	0	2	1	1	2	6	0	0	4	6	0	0
GARFIELD	3	2	3	2	0	0	0	3	2	0	1	0	1	2	0
GOSPER	3	0	1	1	1	0	1	1	1	0	2	0	2	1	0
GRANT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GREELEY	11	2	8	11	1	2	3	5	9	1	1	0	2	5	4
HALL	185	21	75	73	62	19	26	78	118	4	63	85	94	39	52
HAMILTON	15	0	7	5	1	0	2	12	4	2	9	2	5	5	5
HARLAN	10	0	5	2	5	2	0	3	7	0	3	4	5	4	1
HAYES	3	1	2	2	0	0	0	3	1	2	0	0	1	1	1
HITCHCOCK	3	2	2	3	1	1	0	1	3	0	0	0	0	2	1
HOLT	11	4	5	4	3	0	1	7	7	1	3	3	3	2	6
HOOKER	1	1	1	0	0	0	0	1	1	0	0	0	0	0	1
HOWARD	7	2	5	3	0	0	1	6	3	0	4	2	2	2	3
JEFFERSON	10	1	5	2	3	1	1	5	4	1	5	3	4	5	1

... by county, as of December 31, 2007

	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	11	4	4	7	3	1	1	6	10	0	1	1	6	2	3
KEARNEY	4	1	2	2	0	0	1	3	3	0	1	0	2	1	1
KEITH	20	0	12	10	1	0	2	17	11	2	7	4	6	7	7
KEYA PAHA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
KIMBALL	13	5	5	6	4	0	1	8	8	1	4	3	4	7	2
KNOX	4	3	2	3	0	1	1	2	2	0	2	1	0	0	4
LANCASTER	1,057	252	376	558	315	117	122	503	739	21	297	645	541	220	296
LINCOLN	201	44	87	71	42	21	29	109	103	38	60	95	98	34	69
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	87	31	39	33	24	16	7	40	55	7	25	31	25	26	36
McPHERSON	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MERRICK	15	3	8	6	3	2	3	7	8	1	6	0	5	5	5
MORRILL	11	2	5	4	7	1	1	2	10	0	1	7	10	0	1
NANCE	6	1	2	0	0	0	0	6	1	0	5	0	3	0	3
NEMAHA	5	1	1	1	0	2	0	3	2	1	2	0	2	3	0
NUCKOLLS	3	1	2	2	0	0	0	3	1	0	2	0	0	1	2
OTOE	8	2	1	1	0	0	0	8	2	1	5	1	3	2	3
PAWNEE	3	0	1	1	0	0	1	2	0	0	3	0	2	0	1
PERKINS	3	0	0	1	0	0	0	3	1	0	2	0	1	1	1
PHELPS	24	1	14	12	3	4	2	15	11	4	9	3	16	1	7
PIERCE	4	1	1	1	0	0	0	4	1	1	2	0	3	0	1
PLATTE	54	11	9	12	17	6	6	25	37	2	15	14	38	6	10
POLK	11	2	7	2	2	2	3	4	6	0	5	0	4	6	1
RED WILLOW	27	1	11	10	5	1	3	18	10	1	16	5	16	5	6
RICHARDSON	8	0	2	1	0	0	1	7	2	1	5	1	5	1	2
ROCK	1	0	1	1	0	0	0	1	0	1	0	0	0	1	0
SALINE	21	2	12	8	5	2	0	14	13	0	8	3	8	4	9
SARPY	210	42	93	110	37	24	30	119	116	17	77	62	85	62	63
SAUNDERS	27	6	10	10	9	2	5	11	18	2	7	12	18	3	6
SCOTTS BLUFF	194	61	59	95	61	23	28	82	148	11	35	120	104	36	54
SEWARD	29	4	17	10	3	1	1	24	12	2	15	8	9	10	10
SHERIDAN	9	1	3	3	0	0	1	8	2	0	7	0	4	3	2
SHERMAN	6	0	0	5	1	0	2	3	5	1	0	3	6	0	0
SIOUX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
STANTON	1	0	0	0	0	0	0	1	0	0	1	0	1	0	0
THAYER	8	0	2	0	1	0	0	7	4	0	4	0	5	1	2
THOMAS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
THURSTON	13	2	5	2	2	2	0	9	7	2	4	7	6	2	5
VALLEY	10	2	3	4	0	3	1	6	8	1	1	1	4	1	5
WASHINGTON	17	0	10	9	0	4	2	11	7	1	9	4	8	3	6
WAYNE	4	1	0	1	0	0	1	3	1	0	3	1	2	2	0
WEBSTER	10	0	4	2	1	1	5	3	10	0	0	1	7	3	0
WHEELER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
YORK	39	6	19	5	10	4	5	20	23	4	12	17	19	10	10
Unreported/Tribal	111	24	37	18	13	8	10	80	21	3	87	30	79	13	19
TOTALS:	5,043	1,138	1,951	2,262	1,330	551	602	2,560	3,152	264	1,627	2,728	2,437	1,142	1,464

Top Commendations and “Thank You”

The Foster Care Review Board would like to acknowledge the 2007 achievements and efforts of the following individuals and agencies:

Members of the Legislature, for creating the Division of Children and Families within the Department of Health and Human Services. We highlight the dedication of Senator Tom Hansen and the Health and Human Services Committee for responding to the Board’s concerns and establishing an audit on the performance of contractors transporting children in foster care. We commend Senator Gwen Howard for her efforts to obtain funding for prevention and visiting home nurses, and the Legislature for enabling foster parents to have a voice in court hearings.

Governor Dave Heineman is again commended for utilizing his results-oriented leadership to improve the lives of children in foster care. Recognizing that one of the barriers to positive outcomes for children was that the lines of accountability within DHHS were unclear; the Governor put into motion his plan to reorganize DHHS. This was passed by the Legislature, and signed into law during 2007. The reorganization has focused energy on addressing the needs of Nebraska children and families.

Chief Justice Mike Heavican, for his continuation of the *Through The Eyes of the Child* Initiative, for his continuation of the Nebraska Supreme Court Commission on Children in the Courts, and for continuing to work with judges with juvenile court jurisdiction and the Board on ways to improve the court processes and outcomes for children. The Commission has reviewed and made substantive practice recommendations regarding guardian ad litem representation that have been adopted as Supreme Court guidelines for GAL representation.

Foster Care Review Board Volunteers who serve on 49 local boards, for their time, care, concern and commitment to Nebraska’s children in foster care. **These 295 volunteers from across the state donated over 38,200 hours reviewing children’s cases in 2007.**

Juvenile and County Court Judges, for their leadership in the *Through the Eyes of the Child* teams, for their responsiveness to the issues identified by the Board, and for their actions to monitor and, when necessary, expedite case progression as a means of help-

ing to achieve permanency for children in a timely manner.

Judge Lawrence Gendler, for coordinating the *Through the Eyes of the Child* teams.

Attorney General Jon Bruning, for his leadership and focus on children’s issues, and his continued support of the special unit in his office that prosecutes crimes against children. We highlight the work of Randy Stoll, who heads the special unit.

Health and Human Services CEO Christine Peterson, for facilitating the restructuring of DHHS, and for her leadership in assuring that the needs of children and families are recognized.

Todd Landry, the Director of the Division of Children and Family Services within the Department of Health and Human Services, for his enabling collaboration and problem-solving while maintaining focus on meeting children’s best interests. He has facilitated and increased communication on many issues with DHHS administrators and supervisors.

DHHS Caseworkers, for their service to foster children and for working to make at least one, monthly face-to-face visit with each foster child.

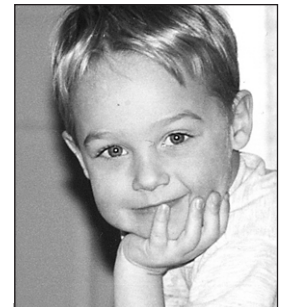
County Attorneys, for their many efforts as prosecutors to assure that Nebraska’s children are safe.

Guardians ad litem, for vigilantly advocating for a child’s best interest and for working to assure the child’s safety and permanency.

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

Project Permanency Monetary and In-Kind Contributors are commended – particularly Project Linus, and the Center for People in Need – for making it possible to provide the backpacks, blankets, and other materials.



State Foster Care Review Board

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