

Health and Human Services Committee

LR-37

September 15, 2011

Good morning, Senator Campbell and members of the Health and Human Services Committee. My name is Mike Puls (M-I-K-E P-U-L-S) and I am the Northern Service Area Administrator for the Nebraska Department of Health and Human Services. The Northern Service Area is comprised of 24 counties in Northeast Nebraska with Children and Family Services Specialists located in O'Neill, Center, Dakota City, Pierce, Pender, Norfolk, Columbus, Fremont and Blair. My office is located in Norfolk. I am pleased to have this opportunity to provide you with information about child welfare and juvenile services in the Northern Service Area.

I have been asked to discuss the impact that the loss of our lead contractor, Boys and Girls Home of Nebraska, had in the Northern Service area and some of the child welfare challenges we are currently facing. I will also talk about what we have implemented in order to overcome these challenges.

On September 30, 2010, the contract between the Department and Boys and Girls Home of Nebraska to provide non-treatment services and service coordination was terminated and the responsibility for providing these services to children and their families returned to the Department.

In the last year, we have worked diligently to get contracts in place for these services. We were fortunate to regain many of our former service providers as well as providers that had been offering services in other Service Areas. We continue to develop new contracts for existing services that are needed and explore the possibility of adding new services such as an Initial Response Unit and a Family Finder program.

Although we have increased the number of community-based non-placement services since the departure of Boys and Girls, the same cannot be said about placement services.

Within the last year, we have lost 41 group home, shelter and treatment beds. Boys and Girls closed their facility in Columbus in early 2011. They were licensed for thirty (30) group home and shelter beds but due to the staff to youth ratio requirements of their contract, Boys and Girls seldom took 30 youth in their facility, Eleven (11) Treatment beds were lost when OMNI closed their Columbus program in August of this year.

Currently, there are three group homes and four shelters in the Northern Service Area. Group homes and shelters in Fremont and Macy will take either gender, and a group home and shelter in Norfolk serves girls. There is also a shelter for younger children in Norfolk.

Families Matter believes that children should be maintained in their home or in a family like setting whenever possible and our increased use of approved Foster Homes and having more youth placed in their own homes, lessen our need for group home beds.

We continue to be in contact with community partners to examine the possibility of establishing a new group home and shelter in either the old Boys or Girls facility or in another location.

Our licensed foster home numbers have declined significantly. In November of 2009, there were 210 licensed foster homes in the Northern Service Area. As of August 2011, we had 143 licensed foster homes. There is a shortage of foster care placements in the NSA overall but especially for youth who are older, exhibit behavioral issues or are part of a sibling group.

However, our focus on the use of kinship care or approved foster homes offset some of the loss of our foster homes. An approved home is used when placing a youth with a family member or someone previously known to the child. In November of 2009, we had 87 approved homes. We now are averaging over 123 approved homes a month for the last three months! As of August of this year, 49% of the Northern Service Area youth placed in a non-treatment family home setting were in a relative home or home known to the child.

One of the guiding beliefs of Families Matter is that children grow best in their own home and that they should remain at home whenever the child's safety can be assured. With use of in-home supports and services, the Northern Service Area has been able to increase the percentage of children served in their home from 32.5% in November 2010, to 35.7% as of August 2011.

After Boys and Girls, the responsibilities to recruit, train, and support our licensed and approved homes came back to the Department. At the same time we wanted to make sure that our licensed and approved foster parents received the support that they needed during their placements.

In order to bring about the support and the focused recruitment that was needed we contracted out the recruitment, licensing, training and support of all licensed and approved foster homes. The Agency Supported Foster Care (ASFC) providers must complete a general support plan for each foster family that is tailored to their

individual strengths and weaknesses. Child specific support plans are also developed to help the foster parents work more effectively with the each youth that are placed with them.

Another major area of concern has been the retention rate of our Children and Family Services Specialists. The turnover rate for the NSA for 2009 was 15.1%. For 2010 it was 23.3%. For the first 8 months of 2011 the turnover rate is at 14.2% or an annualized rate of 21.2%. The turnover rates for 2010 and 2011 would not include an additional 11 staff that left the Children and Family Services Division for other jobs within the Department or transitioned from one position within this Division to another.

To combat those vacancies, we hired temporary staff whenever possible and started the hiring process as soon as we knew someone was leaving. This allowed us to have staff hired and in training before the current CFS left. We also got approval for 3 "forward fill" positions to help fill the void of any future vacancies.

Since system reform began in 2008, there has been an emphasis on Quality Assurance (QA) activities in the NSA. Some QA activities that were put into place during the service coordination contract have remained, including Quality Assurance of Family Team Meetings and home studies, monitoring of the Service Area's Program Improvement Plan, (PIP) and holding quarterly Children and Family Services mini reviews.

Monitoring of the Comprehensive Quality Improvement (CQI) activities within the Service Area is done by a Service Area CQI Team, Initial Assessment and On-going Liaisons, and the involvement of community stakeholders. The Initial Assessment and On-going Liaisons mentor other supervisors and track data related to permanency and safety to identify trends and possible reasons for those trends. Community stakeholders meet on a quarterly basis to help find solutions to the issues identified in the Service Area's PIP. Members of our CQI Team and the Safety and Permanency Liaisons are part of the Community Stakeholder Team to ensure that information flows in a continuous cycle and all three aspects of the CQI plan are well informed and connected.

A Northern Service Area Partners Advisory Council was recently established to problem solve, educate, and discuss common barriers and community issues that affect children and families. Members include representatives from Dodge County CASA (Court Appointed Special Advocate), Foster Care Review Board, Fremont United Way, Nebraska Foster & Adoptive Parent Association, Nebraska Federation of Families, Nebraska Children and Families Foundation, Nebraska State Patrol, Professional Partners, Platte County Attorney's office, Columbus Hospital, a GAL

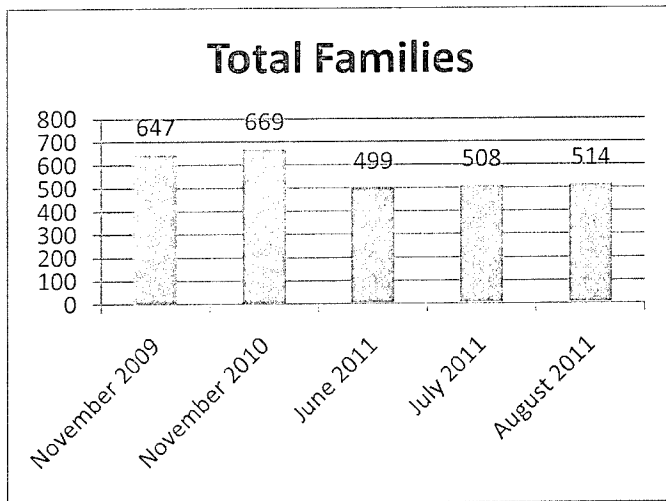
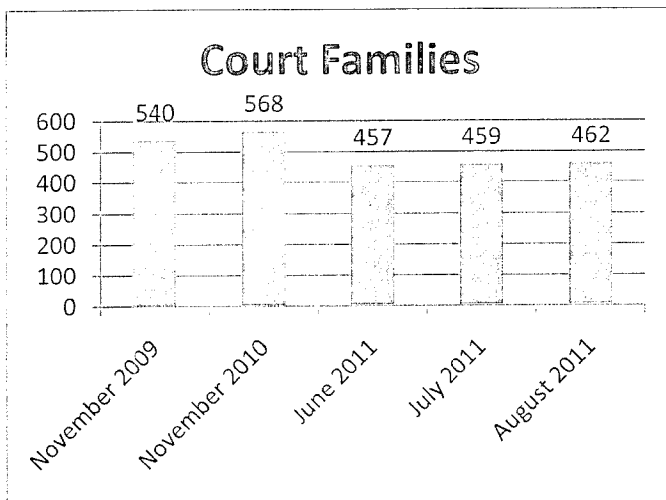
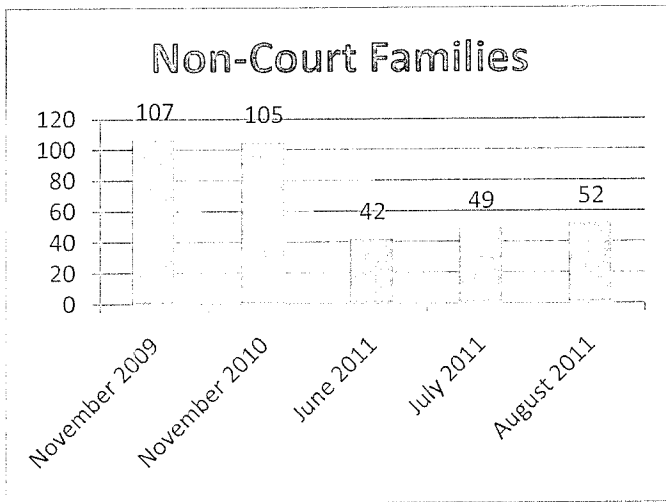
from Fremont/Blair area and a mental health professional from Norfolk. One of the group members also serves as a representative to the Statewide Partners Advisory Council.

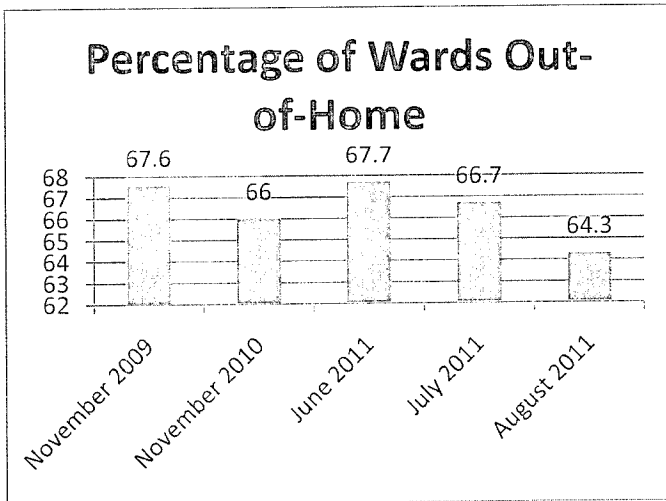
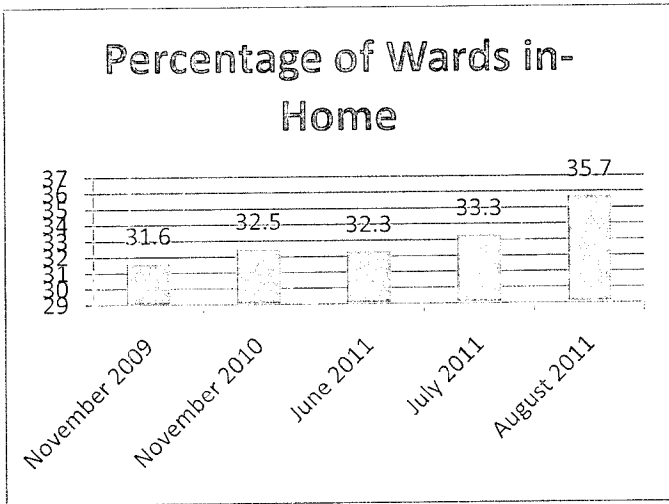
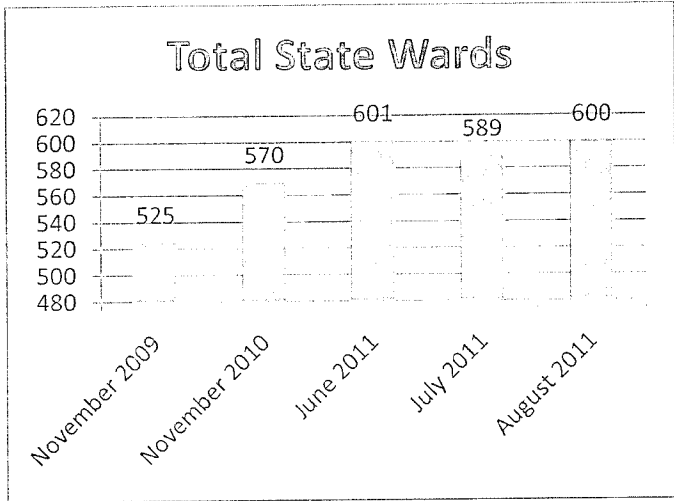
Families Matter is a statewide reform initiative of the child welfare and juvenile services system. The NSA is committed to making Families Matter succeed and believe that we can safely serve more children in their home or in Kinship care and have fewer children in the state's care. As our staff completes the Proficiency Development Training, which is part of our State's PIP, we will continue to increase our safety assessment and evaluation skills in every situation without compromising children's safety.

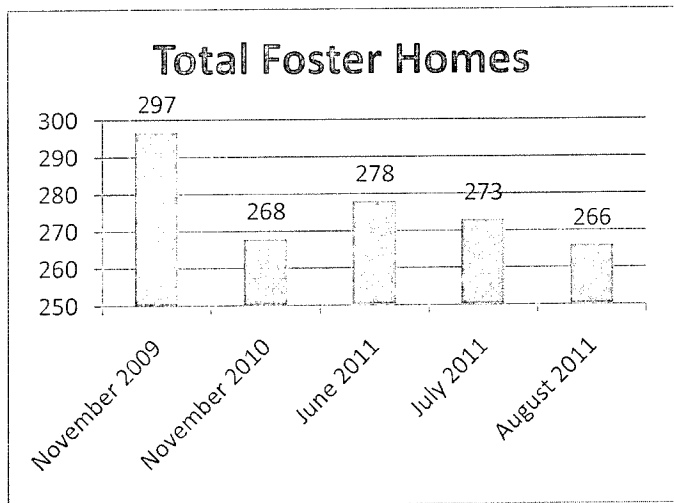
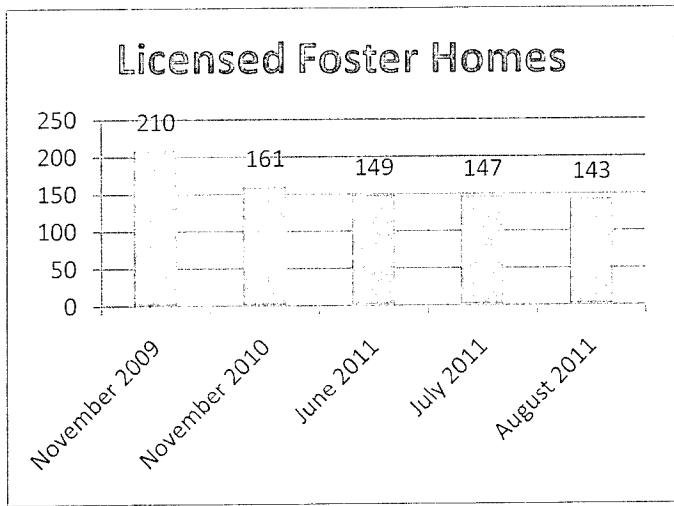
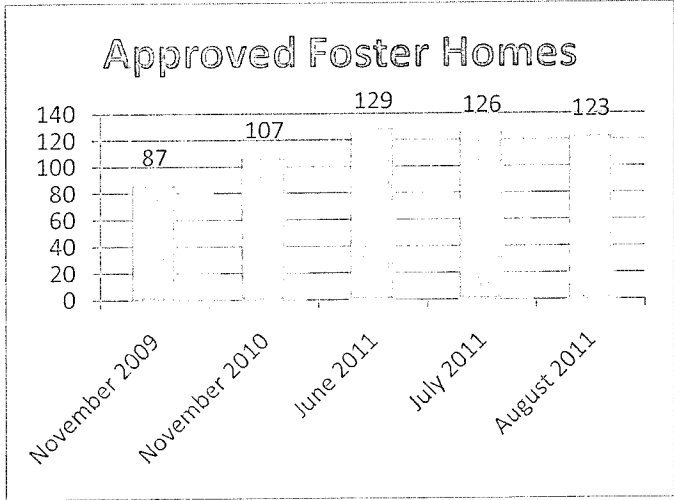
The Northern Service Area is committed and responsive to the children and families we serve as well as our community stakeholders. We have high standards and hold ourselves accountable to those standards. We will continue to have challenges but I believe that we will meet and excel in our efforts to overcome these challenges.

If you have questions, I will do my best to answer them.

Thank you.

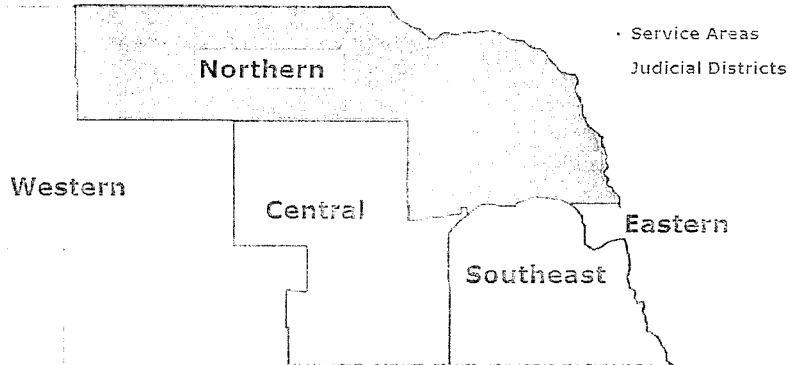






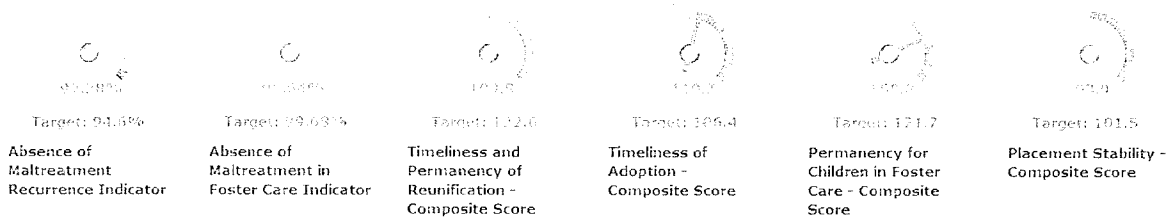
Missouri DHS Service Areas

Move the mouse over the shaded words in the map to display the Federal Measures in the gauges below. You can choose either Service Areas map or Judicial Districts map by selecting the radio button on the right.



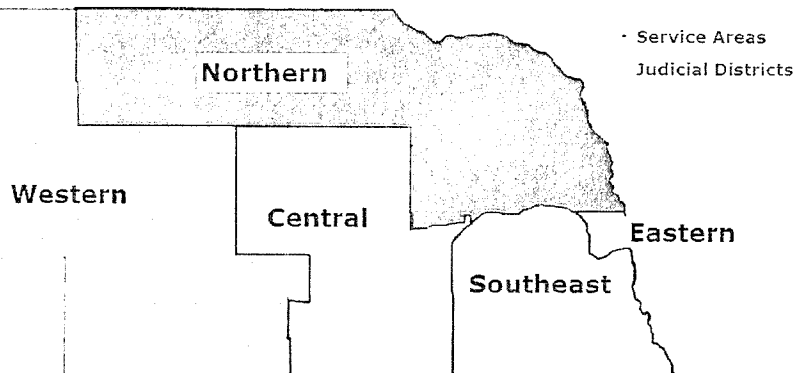
The gauges below display the actual measure along with the the National Standard target for your reference.

Northern Service Area - JAN 2011



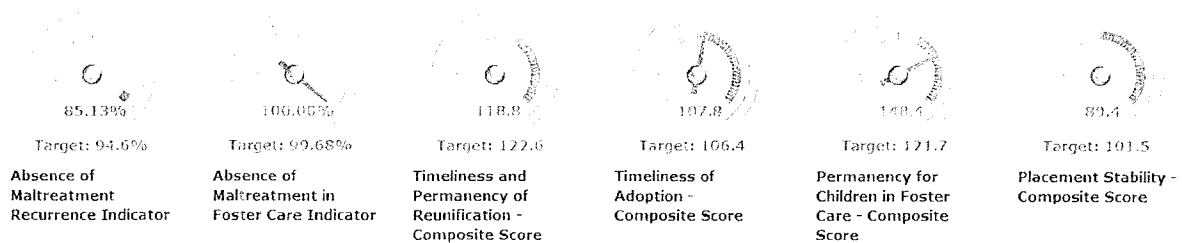
Nebraska DHS Service Areas

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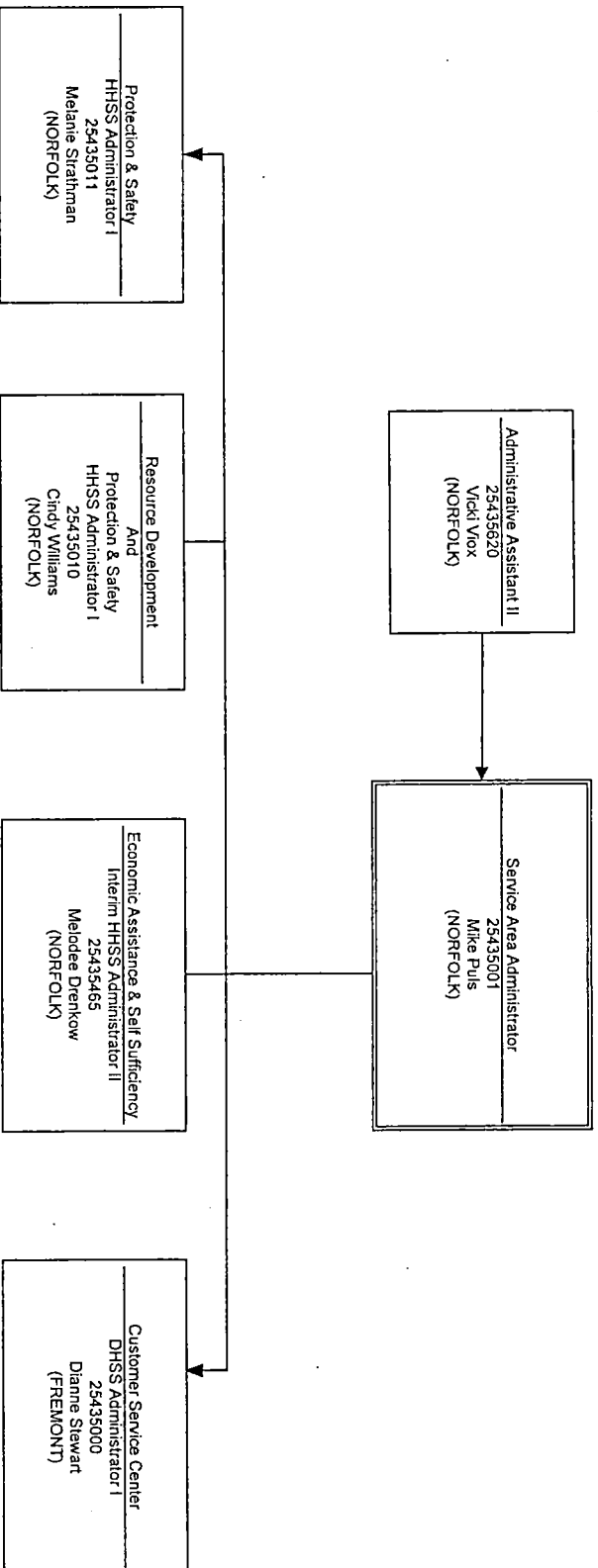


The gauges below display the actual measure along with the the National Standard target for your reference.

Northern Service Area - JAN 2011



Health & Human Services System Health & Human Services Northern Service Area



Non Placement Services

The chart below is a breakdown of the service contracts for non-placement services in the Northern Service Area.

Contractor	Service	Service Area
Apex Therapy Services – Norfolk	Family Support Services/Supervised Visitation Services	NSA
Behavioral Health Specialists	Drug Screening /Testing	NSA
	Family Support Services/Supervised Visitation Services	NSA
	Tracker	NSA
Beneficial Behavioral Health	Family Support Services/Supervised Visitation Services	NSA
	In-Home Safety Services	NSA
	Tracker	NSA
Better Living	Drug Screening/Testing	NSA
	Electric Monitoring	NSA
	Family Support Services/Supervised Visitation Services	NSA
	Intensive Family Preservation Services	NSA
	Tracker	NSA
	In-Home Safety Services	NSA
Boys Town	Family Support Services/Supervised Visitation Services	NSA
Counseling and Enrichment	Family Support Services/Supervised Visitation Services	NSA
	Tracker	NSA
Family Resource Inc	Family Support Services/Supervised Visitation	NSA

	Services	
	Tracker	NSA
Family Skill Building	Drug Screening/Testing	NSA
	Family Support Services/Supervised Visitation Services	NSA
	In-Home Safety Services	NSA
	Tracker	NSA
Good Life Counseling Services	Drug Screening/Testing	NSA
	Electronic Monitoring	NSA
	Family Support Services/Supervised Visitation Services	NSA
	In-Home Safety Services	NSA
	Tracker	NSA
Heartland Family Service	Family Support Services/Supervised Visitation Services	NSA
	Drug Screening/Testing	NSA
	Electronic Monitoring	NSA
	Tracker	NSA
Jean Hunt	Drug Screening/Testing	NSA
Mercy Medical Center Sioux City	Drug Screening/Testing	NSA
Nebraska Justice Center	Family Group Conferencing	NSA
Oasis Counseling	Family Support Services/Supervised Visitation Services	NSA
	Intensive Family Preservation Services	NSA
	In-Home Safety Services	NSA
Occupational Health Services	Drug Screening/Testing	NSA
On Call Employee Health	Drug Screening/Testing	NSA

Owens and Associates	Drug Screening/Testing	NSA
	Family Support Services/Supervised Visitation Services	NSA
	Drug Screening/Testing	NSA
	Electronic Monitoring	NSA
	Tracker	NSA
Pathfinders	Drug Screening/Testing	NSA
	Family Support Services/Supervised Visitation Services	NSA
	Intensive Family Preservation Services	NSA
	Tracker	NSA

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Written Testimony on LR37
Submitted by Connie L. Barnes
Executive Director
Behavioral Health Specialists, Inc.



YOUTH AND FAMILY SERVICES



FOSTER CARE

Integrity • Excellence • Dedication • Compassion

September 15, 2011

Good Morning Senators. My name is Connie Barnes and I am the Executive Director of Behavioral Health Specialists, Inc. (BHS). In addition to BHS being a foster care provider organization since 1991, BHS is also the largest community based behavioral health organization in Northeast Nebraska providing a large continuum of care for mental health and addiction treatment needs. I have worked in the Nebraska behavioral health field for over 30 years, having worked the last 23 years at BHS. I also serve on the Executive Committee for the Nebraska Association of Behavioral Health Organizations (NABHO).

BHS is one of many area organizations/providers (i.e., Good Life Counseling, The Wesley Center, Oasis Counseling, Norfolk Group Home and others) that have worked together as a coalition over the last year to try and bring a solution forward to apply in the Northern Service Area. We worked to gather data on the numbers of youth/families served through child welfare (in the Northern Service Area) and in what various, collective, simultaneous co-occurring modes of care, to analyze best practices known for children and family services, models of case management, and administrative infrastructure (leadership/workforce/financial accounting/IT/communications, etc.) needs for a partnership attempt by any entity to be successful in achieving the outcomes desired within Nebraska –for our most vulnerable population: our children in need. We each have a strong belief that providers within the community possess a greater commitment to accomplishing the healthy outcomes needed versus do those who travel from outside the area to attempt the same. Our motivation is enhanced by our living in and raising our children within the same communities/schools/faith activities/athletic & art events as those we serve. We discovered that even with all our organizations combined and being inclusive of other providers, we simply did not collectively possess the means to consider taking on a full risk-bearing contract without there being a substantial infusion of start-up funding (rather than a bail-out at a later date). Likewise, we determined that funding for ongoing care would need to be in the form of a case rate. While we have not yet concluded our efforts, neither have we committed to anything beyond continued research & development.

Top 3 Issues Experienced with Boys & Girls Home (BGH) as a Lead Agency

1. From the beginning, BGH lacked clear and effective delineation of roles/responsibilities, insufficient policies & procedures for managing essential functions of care delivery, quality assurance, AR/AP & all accounting activities, essential communications internally and externally, and lacked the proper workforce.

For the NSA, two initial Lead Agency's had been selected: BGH and Omni. I recall quite well the joint meeting BGH and Omni held together with subcontractors in which Omni mapped out clearly that the contract DHHS offered would not cover the costs of services needed, nor would it cover their (Omni) costs if they were to subcontract services out unless they substantially lowered rates to subcontractors. They noted they needed the subcontractors in order to carry out the contract, but simply could not make it work unless DHHS would negotiate further. At this juncture it was clear to all parties—BGH, Omni, DHHS and subcontractors, that some services would no longer occur, subcontractor rates would diminish and a lone lead agency (BGH) with no experience in foster care would take the helm.

2. BGH lacked experience and knowledge of foster care services. As our agency was the most experienced foster care organization in the NSA, BGH approached us to become the lone entity to subcontract with for foster care services. We did not agree with their terms offered which was that they wanted us to provide copies of all our P&P's, training manuals for staff, training manuals and materials for foster parents, etc., as their stated intention would then be to bring all foster care into their organization to eliminate the need for subcontracting such out. Eventually, BGH awarded subcontracts for various foster care services to multiple entities. Additionally, we previously had a long history of providing Family Support and Supervised Visitation services. Our provision of these services ended under BGH as we would not agree to "lease" our staff to them. This service has not yet been rebuilt within our organization although it is our intent to try and do so.

Our agency and others experienced staff being recruited away by BGH through their offering positions of higher authority/responsibility and significantly higher wages. Their recruitment resulted in 10% of our overall employees at the time shifting over to BGH (50% of our foster care staff are included in that number). The next issue was then that of B&GH laying off all the employees they hired, and our then being responsible for unemployment claims of the staff they recruited away and then let go.

3. BGH lacked appropriate financial controls. To date, we are still unpaid for \$61,086.56 for foster care and related services we provided . **Despite our not being paid, we always paid our foster parents.** Our agency suffered through not being able to provide cost of living increases to our employees, our need to place a hold on continuing education opportunities for staff, our restricting purchases/expenditures agency-wide on everything we could -including delaying building improvements, etc.

Attached is a listing provided by DHHS of BGH Subcontractors unpaid claims. This was sent to subcontractors late Friday of the last week following a statewide telephone conference call the DHHS Legal Department and CFS staff held with providers.

Top 3 Issues currently facing our organization

1. It remains a financial strain to not be paid that of what we are owed. During and since BGH's role as the Lead Agency -- higher demands are placed on providers with lower reimbursements then existed previous to the Lead Agency implementation. It is disheartening to read about the extra millions that DHHS infuses into eastern Nebraska Lead Agency's but isn't ensuring that providers such as those of us in the NSA/CSA/WSA and beyond are being made whole. BHS and many others here have been longstanding providers of excellent care and we hope to continue with doing so for a long time to come.
2. A toll has been taken throughout the state and here in the NSA in the recruitment and retention of foster parents. The hesitation individuals and families display when they're asked to consider opening their hearts and homes to take in foster children actually quickly diminishes once we talk about the rewards for the child and for them. However, we do encounter people everyday who state they have always thought about fostering a child, but... all the news of what's not occurring well within child welfare reform is and has taken its toll.

RECOMMENDATIONS:

1. I think it would be good to consider and weigh the pros and cons to employ a “regional” model for child welfare reform efforts. There are certain strengths present in different regions within Nebraska. For example, I believe providers in Northeast Nebraska work very well together to try and ensure that the best services and best practices possible are offered and available. When I think of the area’s regional behavioral health administration there is administrative structures already in place that could perhaps lead or administer reform within the region—I wonder if such could occur through the regional BH admin offices. They were successful previously in operating the ICCU’s and they’ve demonstrated proven outcomes through their work in their Professional Partners program. They have the administrative experience base and they are well informed of all supports and strengths within the communities served. I would caution that I do not think it is good to have an entity administer that also is going to be a direct provider of care.
2. I do recommend, support and believe in the merits of any organization providing direct care services be required to attain and maintain National Accreditation. This provides an extra measure of independent review of the organizations performance in ensuring quality client care, environmental care, client safety standards, record-keeping, effective administrative controls & functioning, and HR practices connected to staff training and credentialing.
3. In behavioral health, there is heavy emphasis on “consumer driven and involved care”. I think it could be beneficial to the reform for DHHS to be inviting of individuals who have received care through child welfare to have a seat at the table when DHHS is reviewing options and opportunities to move forward with such as if there is further pursuit of Lead Agency to occur.
4. In closing, I will offer the recommendation my mother-in-law frequently quoted to me: “If it’s worth doing, it’s worth doing right.”

Thank you so much for your leadership and service to Nebraska.

Connie Barnes, LADC
Executive Director

PS: September is Foster Parent Appreciation Month and I’d like to thank all foster parents that may be present for their gift of a family home for a child.

Agency	Per Agency Amount Owed	Yes	No	Undecided
Albin, Mark D.	\$ 500.00	yes		
Apex Foster Care	\$ 19,044.00	yes		
Apex Therapy	\$ 7,237.17	yes		
Behavioral Health Specialists	\$ 61,086.55			undecided
Beneficial Behavioral Health	\$ 18,701.25	yes		
Better Living Counseling Service Inc.	\$ 72,325.05		no	
Boys Town / Father Flanagan's Boys Home	\$ 225,807.75			undecided
Boys Town National Research Hospital	\$ 21,956.38			undecided
Bryan LGH Medical Center	\$ 13,041.40	yes		
Building Blocks for Community Enrichment	\$ 105,754.32	yes		
Catholic Charities	\$ 23,853.00			undecided
Cedars Youth Services, Inc.	\$ 8,919.00		no	
Central Mediation Center	\$ 8,132.00	yes		
Che, Myhanh Interpreter	\$ 175.00	yes		
Child Saving Institute	\$ 7,590.00	yes		
Children's Square U.S.A / Child Connect	\$ 12,558.00	yes		
Children's Hospital & Medical Center	\$ 1,278.00	yes		
Christian Heritage Childrens Homes	\$ 118,937.50	yes		
Colorado Boys Ranch	\$ 16,263.51	yes		
COMMUNITY ACTION PARTNERSHIP OF WESTERN NEBR	\$ 46,339.75			undecided
COMPASS	\$ 54,422.94	yes		
Cooper Village	\$ 32,309.67			undecided
Counseling and Enrichment Center	\$ 83.42	yes		
DeLaet, Theodore, PhD.	\$ 1,253.00	yes		
Developmental Services of Nebraska	\$ 13,384.50			undecided
Encor Medical Support	\$ 1,836.00			undecided
Envison of Norfolk, Inc.	\$ 44,242.86	yes		
Epworth Village	\$ 157,556.12			undecided
FAMILY RESOURCES, INC	\$ 7,874.00	yes		
FAMILY SKILL BUILDING SERVICES	\$ 507,448.53	yes		
Gingerbread Playschool Inc.	\$ 276.00	yes		
Good Life Counseling & Support, LLC	\$ 167,681.86		no	
Grace Children's Home	\$ 56,640.00		no	
Great Plains Regional Medical Center	\$ 626.25	yes		
HANSON, JUANA I	\$ 743.00	yes		
Harvest Haven Group Home, LLC	\$ 2,592.00	yes		
Heartland Behavioral Health Services	\$ 6,375.60	yes		
Heartland Boys Home, LLC	\$ 9,027.00	yes		
Heartland Family Service	\$ 208,818.51		no	
Home Health Solutions	\$ 1,705.70			undecided
Human Services, Inc.	\$ 26,053.53			undecided
Indiana Developmental Training Center of Lafayette	\$ 27,398.15	yes		
LanguageLinc Interpretation SE	\$ 231.50	yes		

181,093.87

Agency	Per Agency Amount Owed	Yes	No	Undecided
Mark of Honor Youth Lodge	\$ 31,665.00		no	
McConaughy Discovery Center / BSM	\$ 616,597.75	yes		
MEADOWS BEHAVIORAL HEALTH, INC.	\$ 336.00	yes		
Meldinger, John	\$ 4,695.00		no	
Mercy Medical	\$ 1,380.00			undecided
Michaelsen, Rick & Betty	\$ 1,242.74	yes		
Mid Plains Center	\$ 136,198.00	yes		
Midwest Special Services	\$ 26,548.97	yes		
Mosaic - Grand Island & Res. Care	\$ 25,620.34	yes		
Nebraska Children's Home Society	\$ 1,290.00		no	
Nebraska Foster & Adoptive Parent Association	\$ 39,718.83	yes		
Norfolk Group Home	\$ 133,851.00	yes		
North Star Services	\$ 41,767.34	yes		
NORTHEAST NEBRASKA JUVENILE SERVICES INC	\$ 12,495.00	yes		
Nova Therapeutic Community	\$ 15,525.00	yes		
Oasis Counseling Intl.	\$ 24,770.30	yes		
Occupational Health Services / Columbus Community Hospital	\$ 108.50		no	
OGALLALA COUNSELING	\$ 455.00	yes		
Omni Behavioral Health	\$ 63,735.00			undecided
On Call Employee Health (Urgent Care Center)	\$ 1,360.00	yes		
OPTIONS IN PSYCHOLOGY, LLC	\$ 640.20	yes		
Owens & Associates	\$ 2,425.25			undecided
Panda Transportation	\$ 872.10	yes		
Panhandle Mental Health Center	\$ 51,761.75			undecided
Pathfinder	\$ 166,547.89		no	
Prairie Fields Family Medicine	\$ 165.00	yes		
Prince of the Road	\$ 118,521.64	yes		
R & A Transport, LLC	\$ 2,039.82		no	
Richard H Young Hospital / Good Samaritan Hospital	\$ 44,162.30	yes		
South Central Behavioral Health Services	\$ 280,155.34	yes		
St. Monica's	\$ 10,633.72		no	
The Pines Residential Treatment Centers	\$ 20,806.94	yes		
Townsend, Jeanna LMHP	\$ 581.00		no	
Tuggle, Donald	\$ 1,461.60	yes		
Uta Halee Girls Village	\$ 4,314.00			undecided
Villezas, Raquel	\$ 220.00	yes		
Wesley Center Inc. Child Care & Crisis Nursery	\$ 17,673.00		no	
WICS Residence for Girls	\$ 1,224.00		no	
YES House	\$ 4,932.00			undecided
		\$ 2,535,297.79	\$ 750,842.35	\$ 740,436.95
	\$ 4,026,576.09	50	15	17

Good morning Senators. My name is Jessica Paul. I am so honored to be speaking here today. I entered foster care at age 14 and dipped in and out of the system until aging out at age 19 following an unhealthy end to a subsidized guardianship.

I understand that one of the overall goals is to decrease the amount of youth placed in the system, however, I believe that the main focus should be on the well-being of these children. In my family, I and my siblings needed the safety and protection of being removed from the harm and abuse at home.

The three main issues I want to bring to your attention, and that which I have personally experienced, are the need for protecting and ensuring sibling connections are maintained, that resources intended for youth who are aging out are truly available, and that there is "positive" permanency (as there can be negative permanency) in the lives of the children.

Keeping siblings together or maintaining constant contact is crucial for all youth in care. Often times the only people we can trust are our brothers and sisters as we are the ones that survived the "un-survivable" together. Having this connection also helps the child more easily go through the transitions experienced in the system. I have two brothers and two sisters. I can honestly say that I can't remember the last time I saw or spoke with my sisters. As for my brothers, we maintain contact via phone calls and emails. I was able, a few months ago, to see my younger brother for the first time in three years. I am still awaiting a visit with my older brother—who I have not seen in a little over eleven years. My thoughts on preventing a lack of sibling contact are to have DHHS go the extra mile to ensure visits are in fact happening regularly. Please make it required that phone calls are to be occurring between siblings. Also, it would be very helpful if it were required that the child's contact list be updated regularly and that the siblings would be notified of any changes in their siblings address, phone #, caseworker or placement.

Thank you very much!

Jessica

Foster Care Legislative Hearing (Norfolk, Ne 9/15/11)

Hi, I'm Megan Beed; I am 27 years old, I've been married for 3 years, and I was born, raised, and currently reside in West Point Ne. My husband is Jeromy Beed and we started the foster care process 2 years ago in the midst of years of unsuccessful fertility treatments. With the common knowledge of private adoption agencies being so over run with desperate families looking to adopt and become parents, we decided that we would try to be parents another way. Jeromy was definitely not sold on the idea of foster care as a means to be a parent and the foster care "horror stories" that run rampant through small towns certainly did not help the. When I asked the details of these "horror stories" he had heard, he went on to tell me of a coworker's experiences as a recent foster parent. I don't want to tell a story second hand but what it really came down to was this foster parent having little to no control over what was happening with the children and with her own life in relation to the foster program. Children were being dropped off at her home without her consent at all hours of the night and day and there was really no support from the system (among other things).

I told Jeromy that this may have been an isolated incident and that we needed to make this judgment for ourselves, so with some reassurance from myself and some very long discussions we contacted DHHS, filled out the mountain of paperwork, and attended the 27 hours of classes needed for licensing. The paperwork seemed to go on forever ,it was extremely repetitive, and dug into some of our very personal business. Next we attended the classes in Feb of 2011 in Norfolk Ne. Little did I know, not only did they not put Jeromy's concerns to ease but strummed up some serious concerns with me as well.

The instructors were very informational and a little intimidating. They definitely told it to us like it was, hoping that we as foster parents would not be caught off guard in the future. Had we not taken these classes, that is exactly what would have happened. What was drilled into our heads is the fact that foster parents really do have so little say. Yes, these are not our (foster parents) children, however before we volunteered to be foster parents we did have a life and we would like to continue to live that same life to some degree while incorporating the foster children into it. The way things are now in the system simply do not allow for that. For me as a potential foster parent, I feel that foster parents are just instruments or tools that are being USED (not heard or appreciated) by the system. You, the families of Ne, the state, and the DHHS, need and are begging for help but in essence want foster parents to do so with their mouths shut. You can not really expect people to volunteer themselves to be foster parents, have their whole lives turned upside down, and not have issues arise when you expect them to keep their mouths shut. Issues for my husband and I that arose while completing the licensing process were (and are not limited to): the rights of the foster parents/biological parents, Nebraska's current and rough transition from DHHS to an agency based system, and the individual agencies rules and requirements.

The rights of the foster family have always been marginal at best and they are just getting worse. Foster families are allowing their licenses to lapse as a result and that is why you are here today. When you ask a family to change their day to day routines to not only help these children but to help DHHS, you have to allow room for each separate family to tell you what is going to work for them. Not all rules and regulations are going to fit into every family who tries to be a foster home. It is highly unlikely that a family

can realistically pull this off if you (the state of Ne, DHHS, and the agency) are making all the calls. These "calls" include visitation with the biological family, respite time, where the child goes to school, how involved the foster parent is with the "professional team", etc. If one is in fact a licensed foster home and children have been placed in their home, then the state has not only found them to be of sound and competent mind but has also found them able to be that nurturing, loving, stable environment that the state sought out to find to begin with. With this foster home now being all of the above and a so called member of the child's professional team, then one would believe that what works for the foster home, in regards to caring for this child effectively, would be taken into consideration. Instead the foster home is told what, where, when, and how- with no regard to how this will affect the foster home. For instance, visits with biological families should be allowed but not up to 6 hours a day 7 days a week, that is not realistic for any foster parent (and if the parent does not show up then they should have to wait until the next scheduled visit- not be able to reschedule at the cost of state money and everyone else's time). Also, respite should be decided by the foster parents and only by the foster parents, the agency should never be able to tell you when your respite is going to be or is being used simply because it benefit's the agency financially to do so. As well, the child's school needs to be decided in relation to the where the foster home is located; there are very few foster homes mid to western Ne, so for instance and as an example, if there is no foster homes for a child near Omaha and that child needs to be placed in West Point, then it is not realistic that the foster parent would drive that child an hour both ways everyday just for school (also the child will endure bullying as he or she is now marked the problem/foster child in that community). Most importantly, the professional team is very

important and should be comprised of equal parts; however, the foster parents are the ones with the least amount of say when it comes to how the child's needs are being met. The foster parent spends every day with this child and most likely knows them much more in depth than say the child's social worker. Time and time again I have heard first hand that the foster parent's suggestions and thoughts are thrown to the way side by the agency and the social worker involved. You, the state, put all this responsibility in the foster parents' hands and expect them to do so much for these children but then don't allow them to be included in the making of decisions for them (such as schools, teachers, teaching methods, therapists, etc.) No one, especially the foster parents, are going to want to participate in a team where they really are not an equal and their words are never really heard by the rest of the team.

The transition from DHHS to and agency based system has been rough at best. We (my husband and I) unfortunately got caught in the middle of the transition and not only did we fill out one mountain of paperwork, but we received two mountains of paperwork. We were told that we were in the middle of the transition and that in fact we filled out DHHS paperwork and then had to fill out the agency paperwork. The paperwork we filled out, both times, was literally the same thing over and over, just worded differently. None the less, we were told we had to do it all over again and the state not only contacted our references once but the agency then re-contacted our references. On top of that we had to again provide the agency with copies of our insurances, tax forms, and drivers licenses- not a very efficient process.

The agencies themselves are new to the system and with every new venture comes bugs that must be worked out of the system. There are many issues already arising in the

agencies including their lack of supervision on the states part, the agencies ability to freely “make up” requirements for the foster families as they please, and their un-timely manner in which they operate. They are “suppose” to follow the guidelines that DHHS has implemented but instead have done whatever they please. The agencies were put into place to aid the children, the foster families, and the biological families; however, these agencies do not follow these DHHS guidelines but instead have taken the phrase “suppose to” and have run with it. The state should set strict guidelines to which each and every agency in the state of Nebraska HAS TO FOLLOW. For one agency to require the foster home to have A, B, and C complete to be licensed and then the next agency to require A, B, C, D, and E to be complete to be licensed is ridiculous. The agency should be required by law to have the same things completed by the foster homes regardless of who they are; it should be uniform. Our agency requires us to be CPR certified, we had to provide more private/financial copies in our paperwork, and I’ve now been informed that our agency is now making the use of respite time their decision- without the foster home having any say (because it benefit’s the agency financially). That seems unreasonable that the agencies can do and make their foster homes do whatever they please. The state needs to implement into law what they expect of the agencies, what the agencies are to require to have the foster parents licensed, and it must be the same across the state. DHHS cannot say “Sure you can be a foster parent if you do this” and then once a person starts the process have the agency come in and say “Well now you also have to do this, as well, in order to be licensed”... that is so contradictive and confusing to the prospective foster parent.

All in all, the state of Nebraska is in a huge time of change in the foster care

system. I, as the next generation of prospective foster parents, have little good things to say about the system at this time. That is not reassuring to me nor is it reassuring to those who may want to look into being foster parents. I know of so few foster families especially in my home town or small towns state wide, and it's only getting worse. Foster parents of ten years plus have decided to allow their foster parent licenses to lapse because they've had enough and do not like where things are going in the foster care system currently. They have wisdom and insight into these issues far past what you will hear and see today; they are who you need to listen to right now... not the agencies or those who have just started down the path of being part of the foster child's professional team. I come to you today as someone who truly wanted to help these children, but with all this change and uncertain and impending future change, I cannot commit to this right now. It should be simply people trying to help these children but right now it's really only a power struggle between everyone involved whether it be you the state, DHHS, the agencies, or the foster parent. We cannot morally win a battle when the lives of children on the line. We are here today- to improve the lives of these children and the whole foster care system. My husband and I intended to do just that but somewhere along the way it became too complicated and as a result we have now decided that we are only open to adoption. With that I would like to close by thanking you for your time and I am open to any questions you may have at this time.

Megan Beed

My name is Pauline Williams. I was a Review Specialist for the State Foster Care Review Board for 16+ years and have been the Supervisor for the past two years. I supervise the Northern area of the state of Nebraska, which includes Dakota City, Ainsworth, Center, Norfolk, Columbus, and Fremont areas. This includes two part-time review specialists who manage 6 volunteer board meetings on a rotating basis. They review approximately 40 children in this area per month.

The Foster Care Review Board reviews and makes recommendations and findings of children who have been placed in out of home care. I would like to provide the committee with information that the FCRB has received through our reviews, GAL/attorneys, providers and foster parents.

I would first like to start with the numbers from the map. In August there were 388 children from the northeast area in out-of-home placement – 143 of these children have been in care at least once before, 126 have had four or more DHHS workers while in out-of-home care, and 170 of the children have been in four or more placements while in out-of-home care.

Top 3 Issues Experienced with Boys & Girls Home as a lead agency:

1. Speed at which cases transferred to lead agency. Boys & Girls Service Coordinators (case managers) lacked knowledge of job responsibilities, familiarity with the child welfare and legal system, and were not provided adequate time to assume case responsibilities. Information regarding the Roles and Responsibilities of DHHS and the Lead Agencies was not disseminated to legal and non-legal parties. During the review of cases and in conversations with case professionals, the confusion regarding who to call or was in charge was apparent. This resulted in delays in resolving issues and/or obtaining services.
2. It also resulted in a high turnover of Boys & Girls Home workers who were not prepared to deal of the stress of case management, travel, and coverage for vacant caseloads. Any change in case management affects a family, the provision of services, and permanency. It also resulted in the loss of history of a case and knowledge regarding progress or the lack thereof. Nationally recognized researchers have found that caseworker stability increases children's well-being and decreases costs.¹
3. Family support/visitation service providers were solely being provided by Boys & Girls Home. Due to privatization, many local service providers either closed or had to reduce staff. During this time there was also a noted lack of stability of family support workers. It is difficult to determine progress or the lack thereof if a case has 5 – 7 different visitation/family support workers assigned during the history of a case. The lack of

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

continuity is also stressful for the children who must constantly interact with different strangers and for the families.

Top 3 Issues facing child welfare since the lead agency left:

1. Lack of stability in case management. Many experienced case managers within the DHHS system have resigned due to the uncertainty of future employment stability. This has resulted in high case loads for remaining workers, as well as cases being transferred to different offices within the service area to balance out the case loads. The change in case management is also an additional change for the family, often resulting in the loss of case knowledge and delaying permanency.
2. Placement Issues:
 - a) Loss of placements for children at all levels of care. This would include shelter care, foster home, group homes, treatment group home, etc. Children are being placed further from their home communities. Youth are placed in the shelter in Scottsbluff when the shelters in Norfolk and Fremont are full.

The number of licensed foster homes has decreased due to payment issues, being required to transport children to visits and services at a time when gas is high, and the extra demands this places on their personal families. Per HHS statistics, there were **2025** licensed foster homes in the State of Nebraska in November 2009. As of January 2011, there were **1690**. It is unclear if the foster homes whose license remains current, but are not longer accepting children into their homes, are included in this number. It has become difficult to maintain children in their communities.

- b) Lack of direct oversight of placements. Previously a Resource Development Unit of DHHS existed. Their job was to locate placements for children, as well as monitor the number and mixture of children in the home. NDHHS remains the licensing agency for the State. However, in the Northern Area they no longer locate placements for youth. All foster homes must be affiliated with either Building Blocks or Behavioral Health. Whichever agency locates a placement first for the child, receives placement of the child. Foster parents reported that the agencies often lack information regarding the placement history of the case and/or if the child was previously in care. The previous foster home might not even be considered because the agency might not be aware of the placement or the placement might be with the other agency.
3. Lack of infrastructure of availability of treatment providers. Unless one is fortunate to live close to a metropolitan area, such as Omaha or Sioux City, abundant services are not available.

Recommendations for child welfare in the future:

PREVENTION:

- There needs to be a statewide network of proven prevention services in place, such as visiting home nurses, that are readily accessible to the public.
- Wrap around services and access to other in-home or day services is also necessary.

OVERSIGHT:

- Fiscal Oversight and in the Provision of Services. DHHS, as custodian of the child, should be aware of concerns before they become safety problems. NDHHS needs to strengthen their oversight of contract providers and increase communication.
- Rebuild placement infrastructures including foster homes, placements for older youth, as well as placements for youth entering Independent Living. Help ensure that youth aging out of the system have a support system in place and are prepared to live independently. Provide support for retention.
- Case managers/CFS Specialists have manageable case loads so that they can oversee services and placement for children and families. Caseloads should not exceed 12 families, and preferably be in the range of 8-10 families, as this can still mean responsibility for up to 40 children. Workers need time to authorize and arrange services, to visit with children and families, to keep vital documentation, and to effectively attend court hearings regarding these families.

DHHS Office	# in out of home care	# w/ 4 or more placements	# w/ 4 or more workers
Dakota City	77	26 (34%)	25 (32%)
Pierce	22	15 (68%)	10 (45%)
Norfolk	98	48 (49%)	22 (22%)
Columbus	92	29 (32%)	33 (36%)
Fremont	71	32 (45%)	28 (39%)
Statewide	4271	1946 (46%)	1970 (46%)

*These statistics are as of 9/12/11

In addition to these challenges, statewide there are 115 children who have been placed in other states, including seven from the northeast area. Sometimes this occurs to accommodate relative placements, in other instances it is due to a lack of a particular type of placement.

Commendations:

*In the Northern Service Area, we commend County Attorney Joe Smith and Deputy County Attorney Gail Collins for the extra work to ensure timely permanency hearings are being held as well timely TPR filings.

* In the Northern Service Area , there has been a significant increase in relative placements, and with the contract agencies, it appears that they are provided with more support.

*The Northern Service Area, is having pre-conference hearings at the onset of the case which has made a positive difference. Services are being identified and provided immediately. Concerns regarding child's placement, relatives, health and educational needs are also being identified in a more timely manner.

*The Through the Eyes of the Child team in Norfolk, led by Judge Ross Stoffer, has been very active, usually meeting bi-monthly. Recently the team focused on increasing the number of timely permanency hearings. The team consists of local judges, GAL's, defense attorneys, FCRB, and other service providers.

*The FCRB and the NSA have a great working relationship. The FCRB and NSA also staff cases of concern to come up with plans and ways to address concerns. The NSA staff are receptive to the FCRB's recommendations.

Thank you for taking the time to hold a hearing regarding the child welfare system. I appreciate being given the opportunity to be heard regarding child welfare issues we face in the northern service area.

Madison County / 7th Judicial District Bar Association

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Dear Governor Heineman, Mr. Kerry Winter, Mr. Todd Reckling, Senators Flood, Heidemann and Gay, Honorable Justice Heavican and Mr. Bartle,

In 2008, the Department of Health and Human Services (DHHS) announced an initiative called Out-of-Home Care Reform (Reform). The Reform was intended to improve how the State of Nebraska purchases services for Child Welfare and Office of Juvenile Service clients. DHHS entered into contracts with five agencies to provide safety and in-home services to Nebraska's children, families, and foster families. The lead agency in the Northeast Nebraska service area was Boys and Girls of Nebraska, Inc. (Boys and

Girls). The service coordination for the Nebraska children in out-of-home care began transferring to Boys and Girls starting in November 2009 and was reported to be complete around April 2010.

The Master Operations Manual, as updated July 2010, describes DHHS being responsible for primary case management, with Boys and Girls responsible for services and reporting to DHHS. The services provided by Boys and Girls included out-of-home placements (identification of foster families and foster placements); transportation; home studies; visitation of children, families and foster families; and other services. Also, according to the contract, Boys and Girls received payment for these services and were responsible for paying all subcontractors, including foster parents.

The implementation of the Reform over the entire State of Nebraska has been problematic, as evidenced by CEDARS withdrawing from its contract on April 2, 2010, Visinet declaring bankruptcy and subsequently ceasing operations on April 16, 2010, and Boys and Girls terminating its contract effective October 15, 2010. The failure of these lead agencies has resulted in serious disruptions to the system of care for Nebraska's children and families.

We, as the 7th Judicial District / Madison County Bar Association, bring to DHHS's attention the following problems regarding the DHHS's Reformation effort:

1) Late and Reduced Payments There have been numerous reports of payment delays to foster families and service providers such as psychologists, counselors, doctors, dentists, and others who provide regular and needed services to Nebraska's children and families. Foster parents and other foster placements are being paid less to do more work, such as supervising parental visitations. Due to these issues, there has been difficulty finding appropriate placements for children since current foster parents are not taking additional children and new foster families have not been recruited. These same concerns with placement extend to service providers. In addition, there is an ongoing concern that these service providers, due to lack of payments, may not contract or work with DHHS or the lead agencies in the future, thus limiting the services available to families.

2) Lead Agency and Casework Turnover Over 4400 children in Nebraska have been directly affected by having their lead agency change at least once, and 87 of those children are from Madison County. These changes result in having to work with new staff that lack case knowledge resulting in key documentation not being kept and services not being delivered. Of Madison County foster children, 13% have had 3 or more service coordinators and 4% have had 4 or more over the short period of time that Boys and Girls was involved in their cases. And with the upcoming drastic layoffs planned by DHHS, the juvenile system will lose a lot of experienced caseworkers for "green" workers who are not equipped to handle the pressures (i.e. difficult families) that caseworkers deal with regularly.

3) Lack of Contact with Service Coordinators Of the cases assigned to Boys and Girls and other lead agencies, 13% did not have contact with the children within a period of 30

days, and 20% had no documentation in the files showing any contact with the children in foster care. In addition, parents, foster parents, attorneys, subcontractor staff, therapists, and other professionals have expressed a lack of communication regarding the cases in general and a lack of communication regarding the roles of caseworkers, service coordinators, and subcontractors. Upon termination of the Boys and Girls contract, any service coordination that was taking place ended. With the recently announced layoffs of DHHS personnel, there is little incentive for the current staff to take on the added work or stay with the agency until there has been appropriate transition to other service providers.

4) **Misplaced Credit Given to the Reform** DHHS gives credit to the Reform for decreasing the number of state wards from 7800 in 2006 to 6300 in October 2010. DHHS also gives credit to the Reform for decreasing the percentage of state wards served in out-of-home care from 70% to 65%. DHHS finally gives the Reform credit for a number of different efforts put in place by the Nebraska Supreme Court and local teams between the years of 2006 and 2010. However, credit to the Reform for all of these changes is most likely misplaced. These improvements are more likely due to recent changes by DHHS to seek more in-home services for families as well as the hard work provided by attorneys and other stake holders in the juvenile system including the Through the Eyes of the Child Initiative.

In light of these issues, we make the following recommendations regarding DHHS' Reformation effort:

1) **Immediate, Thorough Review of the Reform Effort:** To stabilize the current system, a thorough review of the Reform effort to date needs be conducted. DHHS in conjunction with all stakeholders, including the court system, must acknowledge and analyze the failures related to the implementation of the Reform and provide solutions. Through hard work by all parties involved, including DHHS, changes have been and can continue to be made.

2) **Phase In Changes:** If, after review, privatization is still deemed best for Nebraska and the children and families involved with DHHS, it should be reintroduced using a phased-in approach. This will minimize disruptions to the system and allow for easier analysis of outcomes.

3) **Increase Transparency:** Transparency is important in government. To allow for a more comprehensive evaluation, DHHS will need to provide more details in future Reform plans. Thus far, DHHS has not demonstrated that it has a structure to provide meaningful oversight for the existing contracts. Future plans should also involve more input from a variety of people that are regularly involved in the day to day details of cases.

We must keep in mind that DHHS has the ultimate responsibility for children's safety and needs to provide vigilant oversight accordingly.

The above issues and concerns show the need for a reinvestigation of the Reform and a possible movement away from the Reform. We request that DHHS slows down and considers the impact that these radical changes can and will have on both the children involved in the court system as well as the families.

Sincerely,

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On behalf of the Madison County / 7th Judicial District Bar Association

The first name in second chances.SM



Written Testimony of
Ron Zychowski
Chief Operation Officer
Eckerd

Before the Nebraska Legislature, Health and Human Services Committee

Hearing on Legislative Resolution 37

September 15, 2011

The first name in second chances.SM



INTRODUCTION

Chairwoman Campbell and members of the committee, thank you for the opportunity to submit written testimony for today's hearing on behalf of Eckerd. I'm Ron Zychowski, Chief Operating Officer of Eckerd – one of the nation's leading nonprofit providers of behavior health, juvenile justice and child welfare services.

As a national leader in helping children and families have much-needed second chances for more than 40 years, Eckerd has worked to ensure that every child has the opportunity to succeed. Over the past three years, Eckerd has opened over \$60 million in innovative community based programming. Today, Eckerd serves more than 11,000 youth each year through a continuum of nearly 40 specialized services nationwide.

Eckerd is able to replicate these community-based models as appropriate in any community and also has expertise in developing specific innovative programming to meet the unique needs of states and localities to better serve children, youth and families. Eckerd is an experienced partner in helping states manage and transform publicly funded systems of care. Governed by a community-based board, Eckerd has developed a collaborative publicly funded system of care for the safety, well-being and permanency of vulnerable and at-risk children, while strengthening and supporting families.

The Eckerd Senior Management Team has over 70 years of experience in child welfare reform on both the state and national level. The team has served as senior leaders in both the government and private sectors during the 15 years of transformational reform in Florida. We currently operate the largest Community Based Care Lead Agency in Florida, serving more than 3,100 children daily with successful outcomes.

We are supporting reform efforts in Texas, Louisiana, New Hampshire and South Carolina. We have specific expertise in child welfare reform – and we're proud of our success in turning around broken foster care systems across this country – creating stable, caring environments for children and families, and bringing transparency, organization and efficiency to the process.

In the past year, Eckerd has met with state leaders and providers across Nebraska – we've thoroughly researched the inner workings of the Nebraska system of care and while some see a system beyond repair, we see solutions. We know that successful reform and improved outcomes is possible in Nebraska under a privatized system.

I feel very strongly about this state and have continuing personal ties to her which came about while serving in my last tour of duty with the United States Army. My six children, seven grandchildren and one great granddaughter currently reside in the Omaha, Council Bluffs, and Red Oak, Iowa areas. Their quality of life and the quality of life of the communities in which they live are personally important to me. Additionally, on a professional note, I was pleased to have the opportunity to consult with the Nebraska Family Collaborative as that organization was forming to undertake this work in the eastern service area of the state. I, along with Eckerd, want what's best for Nebraska's children in need and the selfless families and staff who devote their lives to them.

Nebraska is at a crossroads in its reform – and state leaders now have the opportunity to redirect the effort in a way that will improve outcomes for children and families, while reducing the demand for out-of-home placements. Eckerd stands ready to bring its expertise to Nebraska.



ECKERD EXPERIENCE IN FLORIDA

In 2008, Eckerd was brought in as a new entity to take on the role of the Lead Agency for a geographic area that had a struggling child welfare continuum. In less than three years, working hand-in-hand with the state and community, Eckerd took a system in shambles and created a successful, sustainable program that provides a continuum of care ranging from early intervention and prevention services, to out-of-home care, permanency through reunification, adoption or permanent guardianship and independent living services for those youth who age out of foster care.

Florida as a whole has successfully transitioned from one of the worst child welfare systems in the country to one of the best. This transition took time and we learned a great deal from the experience. Overall, Florida safely reduced the children in foster care by 45 percent without increasing the rate of re-abuse or re-entry and is ranked number one in the nation for the timeliness of adoptions achieved because of the transformation to community based care.

About the reformed system, George Sheldon, former Secretary of the Florida Department of Children and Families remarked, “we are setting an example for America in the preservation of families and the protection of children. Together, we have re-imagined and remade Florida’s child welfare system into a national model for reform.” What worked for Florida can work for Nebraska.

NEBRASKA CHALLENGES

The following table outlines current systems that are partially privatized. The table demonstrates the components and functions operated by the state agency and private providers in Tennessee, Florida and Nebraska. In Nebraska, there are several case management functions shared by the state and private providers. This shared case management function in Nebraska has resulted in a system that is inefficient and inconsistent.

CHILD WELFARE SYSTEM		CHILD WELFARE MODELS		
COMPONENTES	SAMPLE FUNCTIONS	TN	FL	NE
Investigations	Did abuse happen? Does family need assistance? Does Court need to be involved? Does child need to be removed?	ALL FUNCTIONS DONE BY STATE	ALL FUNCTIONS DONE BY STATE	ALL FUNCTIONS DONE BY STATE
Case Management	Achieve permanency with safety for the child. Perform Family Assessment. Develop case plan. Monitor case plan execution. Present case to the court	ALL FUNCTIONS DONE BY STATE	ALL FUNCTIONS DONE BY PRIVATE PROVIDERS	FUNCTIONS SHARED BY STATE & PRIVATE PROVIDERS
Services to Children and Families	Out of Home Care. Domestic Violence Services. Family Preservation Services. Parenting.	ALL FUNCTIONS DONE BY PRIVATE PROVIDERS	ALL FUNCTIONS DONE BY PRIVATE PROVIDERS	ALL FUNCTIONS DONE BY PRIVATE PROVIDERS

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I have evaluated the outcome of shared case management functions in Nebraska and have pulled together several areas of concern. Shared case management has led to serious confusion with parents, foster parents, courts and providers. It is difficult to determine who is in charge of the case and there is often duplication of effort and wasted resources.

In addition, the current financial methodology is fundamentally flawed. The method of payment in the contract was initially a fee-for-service with a small administrative allocation. These are risk-bearing managed care contracts and, as such, should be funded by either a case rate or a global transfer of funds where the unit of service is a month of child welfare services provided. The Department has addressed this particular issue in amendments to the current lead agency contracts, however the funding methodology of these contracts was not determined by rigorous analysis of what functions were being transferred to the lead agency and what the department was spending to provide these services in each of the regions. Additionally, the financing model for this reform does not contain a reinvestment strategy. Such a strategy would allow communities and lead agencies to reinvest savings achieved by reducing the number of children in out of home care due to more timely permanency and reinvest those savings to attack the problem of Nebraska's excessively high removal rate.

Due to the shared case management and flawed financial methodology, insufficient funds were available to do the work required and subcontractors and foster parents were not being paid in a timely manner. The lead agencies were forced to infuse cash or have no other option but to back out of the contract. In addition, lead agencies were forced to bring more and more services in-house to help make ends meet; causing a significant number of long-standing Nebraska providers and programs to close.

Finally, prior to the Families Matter transformation, a rigorous readiness assessment was not done to ensure that both the provider and the Regional Department staff were ready and capable to execute the new system of care.

ECKERD RECOMMENDATIONS

Nebraska leaders are working diligently to reform a decades-old, broken system. This reform, a partnership with local community based services and the State, with the right systems in place – works, and works well: reducing the number of children who are removed from their families and improving the lives of those children who must enter the foster care system, while quickly and safely achieving permanency. These are the central tenets of the best possible system for Nebraska's children.

The first step is ensuring that lead agencies have the programs, capacity, and organizational structure to take on the enormous task at hand. The agency must clearly identify how it contracts with existing providers to meet the needs of children and families. A rigorous readiness assessment must be in place to minimize service disruption, and ensure that staff is equipped to do the work, payments to vendors and foster parents are not delayed, and stakeholders and the community are properly engaged and informed.

It is essential that the roles of government and the private sector are clearly defined, with the state retaining certain functions but playing a limited role in the provision of service. Additionally, the state must effectively coordinate with child welfare and the other human services functions such as mental health, substance abuse, and juvenile probation.