



*Office of Protection and Safety
Nebraska Department of Health
and Human Services*

Christine Z. Peterson, Acting Director, Health and Human Services
Todd Reckling, Administrator, Office of Protection and Safety

2005 Annual Report





INTRODUCTION

Message from Acting Director Peterson

The Department of Health and Human Services is committed to helping children be healthy and safe. The HHS Office of Protection and Safety is making progress on ensuring the outcomes of safety, permanency and well-being for children who are state wards and their families.



As part of our efforts towards permanency, we are increasing the focus on adoption. This report features representative photographs of Nebraska children who are free for adoption. It's possible that some of these beautiful children featured have found an adoptive family, but there are many other children looking for a permanent family. I encourage anyone interested in learning more about a particular child, or the process for adoption of a state ward, to go to www.hhss.ne.gov to see additional photographs and get more information.

As we work to improve the quality of child welfare services, HHS is using the values, principles and beliefs of Family Centered Practice. Family centered practice is at the heart of our desire to improve outcomes for families and children. I strongly believe that day-to-day work with families is more successful when staff use this individualized, strengths-based and outcome-focused approach.

Family centered practices respect, support and strengthen families. Families know best what they need, and the best outcomes occur when we have the active involvement and assistance of the family. This approach helps the child welfare system do a better job of ensuring the safety, permanency and well-being of children by identifying family strengths and how to best address unmet needs.

This annual report for the Office of Protection and Safety includes data, accomplishments and challenges in four areas: safety, permanency, well-being and community safety. It includes information about both child welfare services (child abuse and neglect, status offenders) and the Office of Juvenile Services (misdemeanor and felony delinquency). I look forward to using our annual reports to show trends and successes in achieving safety, permanency and well-being for Nebraska's children.

A handwritten signature in black ink. The signature is cursive and appears to read "Cheryl Peterson".



The Department of Health and Human Services (HHS) is the state agency in Nebraska responsible for addressing the needs of children: where abuse or neglect is suspected or adjudicated; who are dependent or voluntarily relinquished; who fall under Interstate Compact for the Placement of Children and Interstate Compact for Juveniles; or who come to the agency through the court as juvenile offenders and status offenders. On any given day, the Office of Protection and Safety is working with approximately 7,500 children and their families through a state run system. Because of this public trust and our commitment to these children, our paramount concern is their safety, permanency, and well-being, and the safety of communities.

HEALTH AND HUMAN SERVICES SYSTEM MISSION:

We help people live better lives through effective health and human services.

OFFICE OF PROTECTION AND SAFETY MISSION: (CHILD WELFARE AND JUVENILE JUSTICE)

We use family-centered practices to provide for the safety, permanency and well-being of children and the safety of communities.

The Office of Protection and Safety, in HHS, is committed to improving the work it does with children and families, and to evaluating results it achieves in order to make these improvements. In an effort to report findings about service delivery to key stakeholders as well as to maintain public and legislative accountability, this report will be produced annually.

The Office of Protection and Safety's three priority outcomes:

SAFETY: Children are, first and foremost, protected from abuse and neglect and children are safely maintained in their homes whenever possible and appropriate.

PERMANENCY: Children have permanency and stability in their living situations and the continuity of family relationships and connections are preserved for families.

WELL-BEING: Families have enhanced capacity to provide for their children's needs. Children receive appropriate services to meet their educational needs. Children receive adequate services to meet their physical and mental health needs.

The data in this report are from Health and Human Services' Nebraska Family Online Client User System (N-FOCUS) unless otherwise specified. The data reflect the period from January 1, 2005 until December 31, 2005, unless otherwise specified. N-FOCUS collects and reports federally mandated Adoption and Foster Care Analysis and Reporting System (AFCARS) and voluntary National Child Abuse and Neglect Data System (NCANDS) data, as well as other information and electronic communications which is useful to workers, supervisors and administrative staff responsible for decision-making and quality assurance. N-FOCUS is a fully automated source of information regarding referrals; case related activities, contracts, and licensing actions as well as other case specific data. The Office of Protection and Safety continually strives to improve data collection and tabulation methods in an effort to ensure data integrity and quality.



Chavon

The need for safety guides what we do and family centered practice guides how we do our work.

-Todd Reckling, Administrator for the Office of Protection and Safety

SAFETY

Nebraska law requires any person who has reason to believe that a child has been physically or sexually abused or neglected to make a report to the Nebraska Department of Health and Human Services or Law Enforcement. Referrals of suspected abuse come from neighbors, relatives, professionals and others concerned about the welfare of specific children.

Intervening in a family’s life is very intrusive. The primary concern of intervening in the life of a child and family is to assure the safety of the child. Child safety is the primary factor in determining appropriate response by Protection and Safety staff, and is continually evaluated throughout the life of the case.

Help **STOP** Child Abuse

Call the Abuse/Neglect Hotline at
1-800-652-1999

*Do not use e-mail to report cases of abuse.
If there is an emergency call local law enforcement immediately*



INVESTIGATED CASES

In 2005, there were 13,897 reports of child abuse and neglect assessed by the Office of Protection and Safety. In 2003, there were 9,296 investigations, which reflects a 49% increase in the number of investigations over the past two years. In July 2003, Nebraska implemented a new Intake Tool and process.

In 2004, under LB 1089, \$100,000 was designated to fund public service announcements through a partnership with the Nebraska Broadcasters Association. The campaign theme was, “You Have the Power to Protect a Child” and focused on specific themes: the requirement to report child abuse and neglect to the CPS hotline; never shake a baby; domestic violence; and methamphetamine abuse. It was accompanied by brochures, posters and stickers. These public awareness campaigns, the implementation of the new Intake Tool and process, the Governor’s Children’s Task Force in 2003, media attention and the heightened community awareness may have contributed to an increase of reports regarding child abuse and neglect.

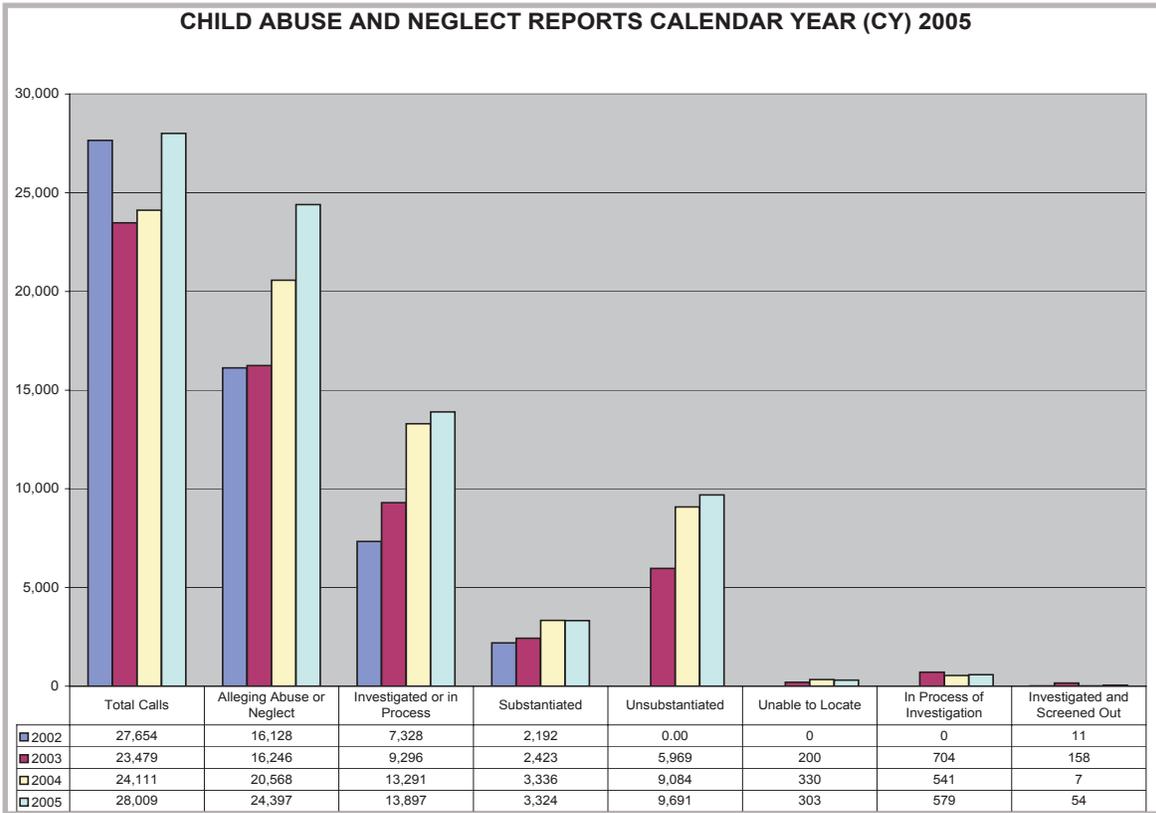


CHART 1

TYPES OF SUBSTANTIATED ABUSE AND NEGLECT

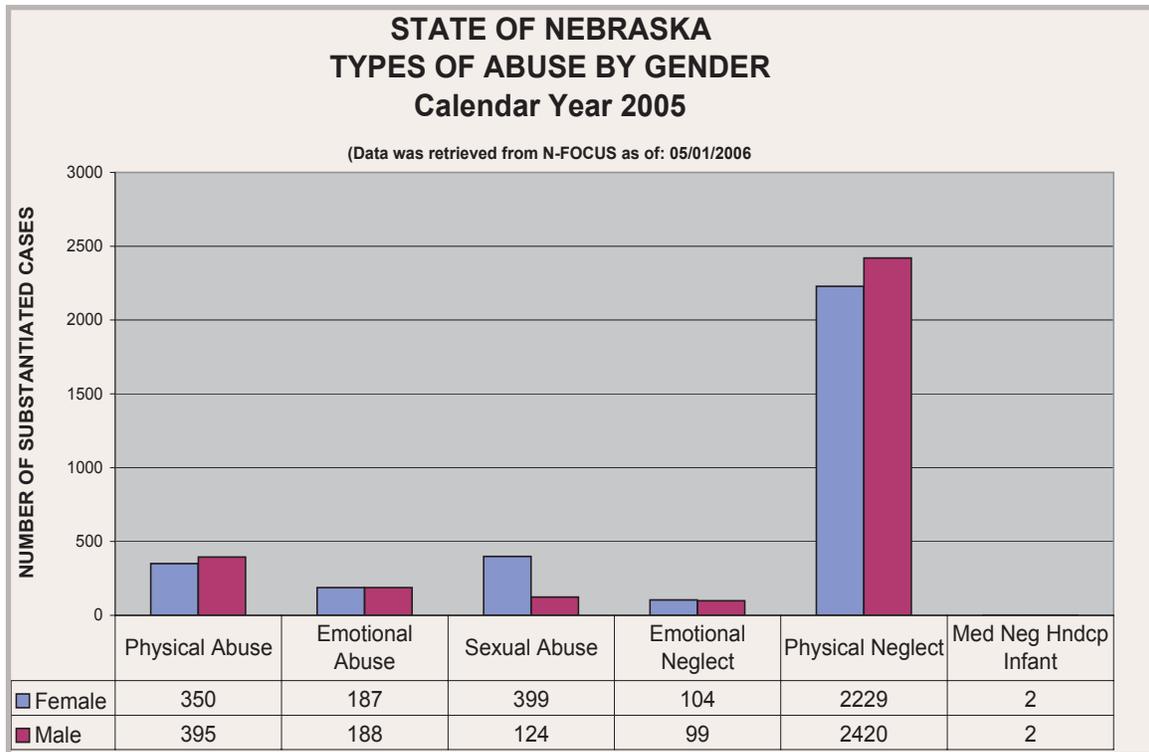


CHART 2

SAFETY PERFORMANCE ACCOUNTABILITY MEASURES

In July 2004, HHS took steps to increase the state's accountability for protecting children and ensuring safety by establishing performance evaluation measurements focusing on safety and permanency of children.

Chart 3 shows calls received and prioritized by CPS Hotline staff and supervisors. The chart show progress staff have made in achieving the established goals.

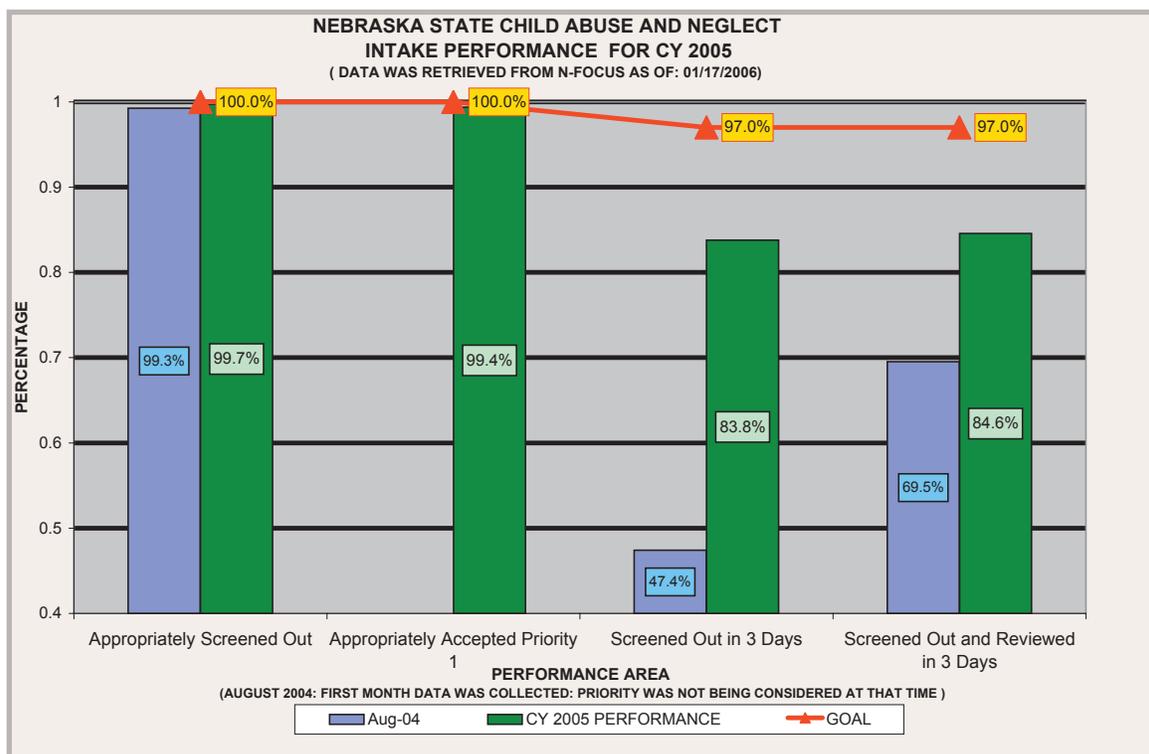


CHART 3

Chart 4 on page 9 reflects progress staff have made in responding to reports of Abuse and Neglect within the established timeframes.

Priority 1:

- Face to face contact with a child in 24 hours
- Completed documentation in 10 working days

Priority 2:

- Face to face contact with a child in 5 working days
- Completed documentation and service provision in 20 days

Priority 3:

- Face to face contact with a child in 10 working days
- Completed documentation and service provision in 30 days

The ability to meet some of the response time measures can be impacted by external factors. There are times when Law Enforcement asks Health and Human Services to delay our response time because a criminal case they are conducting may be impacted. There are also situations where the child and family cannot be located.

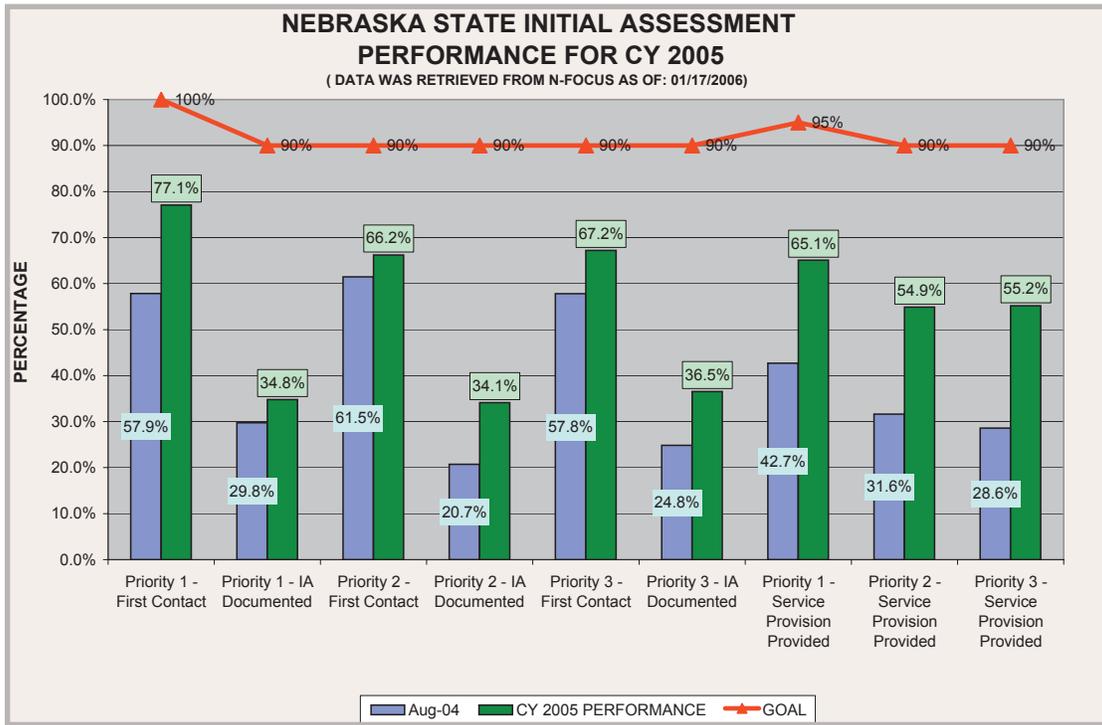


CHART 4

FEDERAL SAFETY MEASURES

There are two federal safety standards: recurrence of maltreatment within six months and abuse in foster care. Nebraska continues to see a slight increase in both measures, possibly due in part to improved data collection and data quality.

Chart 5 shows the percent of cases where a second report of abuse or neglect occurred.

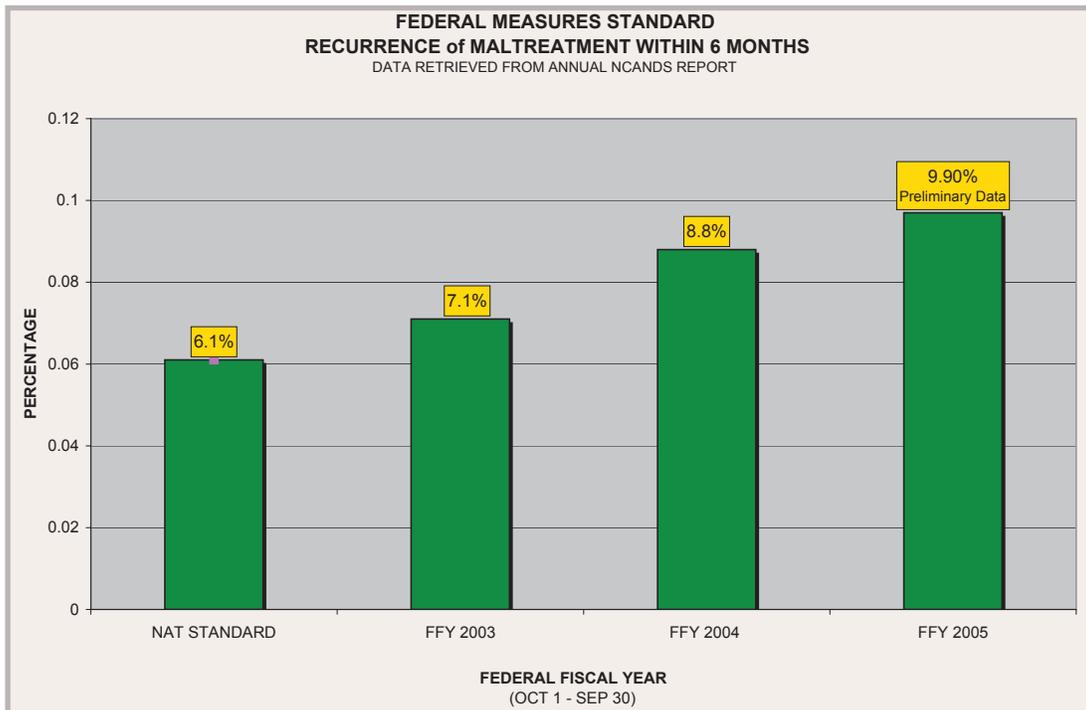


CHART 5

Chart 6 shows the percent of youth who were abuse or neglected while in foster care.

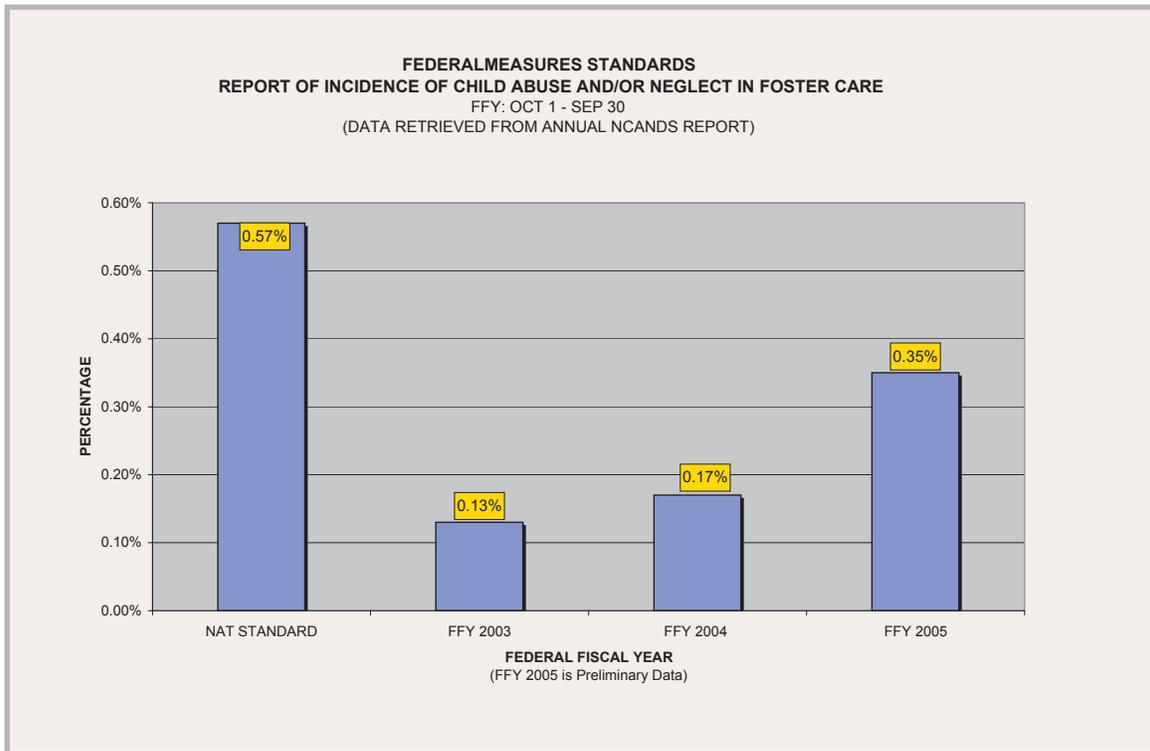


CHART 6



Jeremy



Montae

CHILD ABUSE AND NEGLECT CENTRAL REGISTER

The Department is required by state law to maintain a computerized record of individuals found to have committed child abuse or neglect. This computerized record is called the Central Register. The Office of Protection and Safety conducts Central Register checks when a request has been received in writing. This request must include the individual's signature allowing their name to be checked in the register. A majority of the checks are completed as a requirement for employment. Employers most often making the request are Group Home Providers, Schools, Day Cares and other entities that work with children. In 2005, there were 59,497 Central Register checks processed in comparison to 45,876 processed in 2003. This reflects a 29.7% increase.

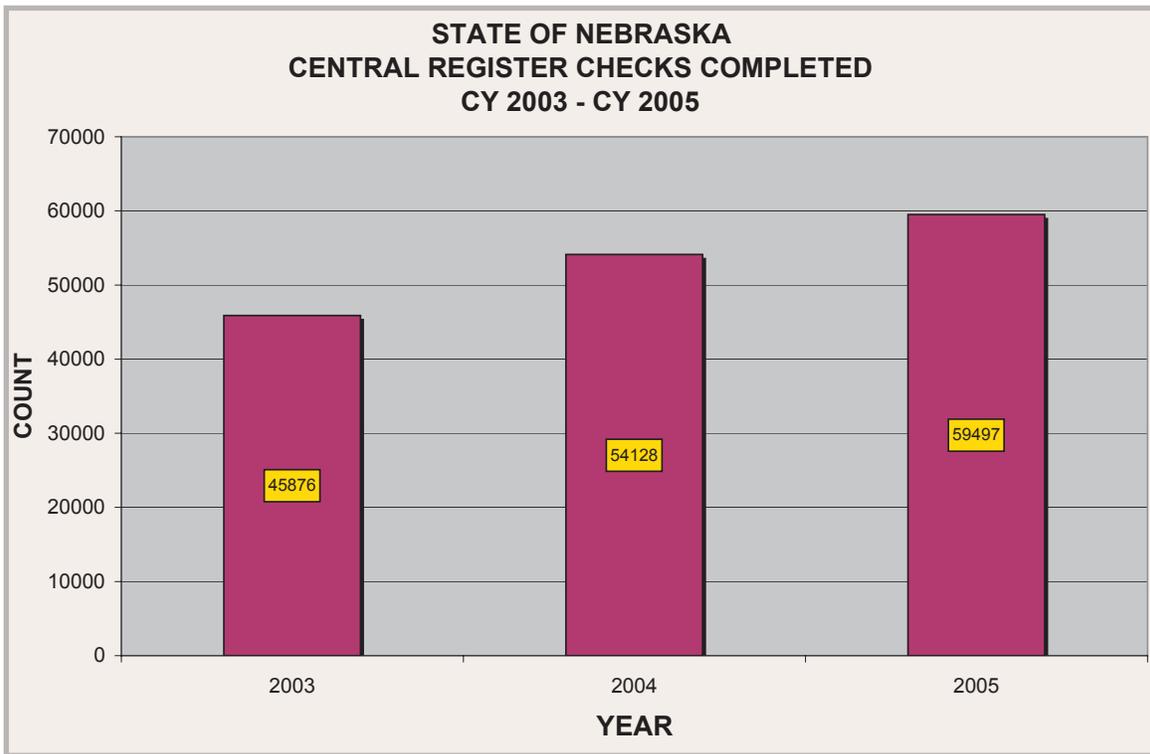


CHART 7



Kaelani



Kyle and LaJay

Expungements

Individuals are notified in writing when their name has been entered into the Central Register. Individuals are provided the opportunity to request their name be removed, or the entry amended if they believe the information is not accurate or has not been maintained in a manner consistent with the law. The case review process is a three-tiered one. The first step is an internal review of all available information about the incident by a Program Specialist in Central Office. If the individual's name is not removed following this review, they have the right to request an administrative hearing. If not satisfied with the result, the individual has the right to appeal the hearing decision to District Court. In 2005 there were 993 expungement reviews requested, 547 expungements granted, 430 denied, and 16 other. Individuals can request review of the entry of their name on Central Register at any time. Many expungements pertain to incidents that occurred years earlier than the request.



Jaryd

Office of Juvenile Services

The Office of Juvenile Services (OJS) community based services and programs are included in the Health and Human Services' Office of Protection and Safety. OJS is designed to work with those children, and their families, who have committed a criminal act. The functions of OJS include administration of the Youth Rehabilitation and Treatment Centers (YTRC) in Kearney and Geneva and juvenile community supervision services. These services include: case management, direct supervision of youth paroled from the YTRC's and juveniles committed by the courts for direct community placement. There are a range of contracted residential and non-residential services and programs utilized to meet the custody and treatment needs of juveniles and their families.

Youth are paroled when they have completed their youth treatment program and are released with conditions of liberty under the supervision of an HHS/OJS Juvenile Services Officer. Parole may be revoked, either after a revocation hearing or waiver of the hearing, when a youth has violated their conditions of liberty.

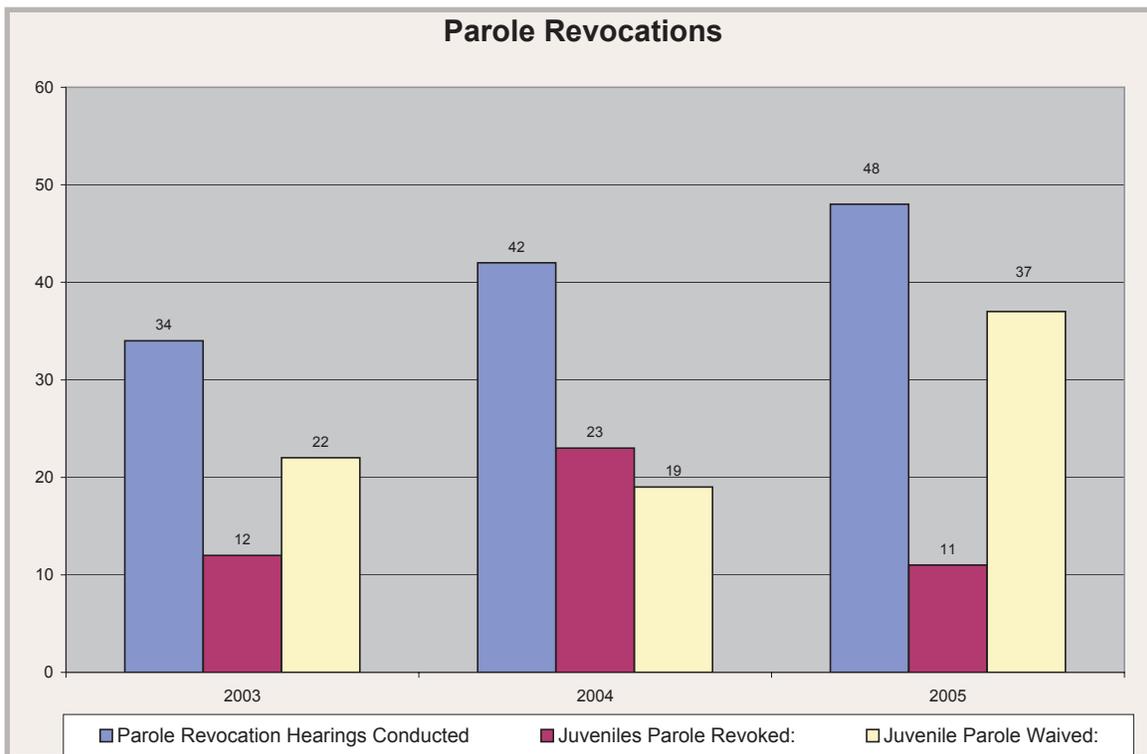


CHART 8

YOUTH REHABILITATION AND TREATMENT CENTERS (ALL DATA FROM 2004/2005 ANNUAL REPORTS)

Youth Rehabilitation and Treatment Center’s Mission:

To provide individualized supervision, care, accountability, and treatment in a manner consistent with public safety to those youth committed to a Youth Rehabilitation and Treatment Center.

Youth Rehabilitation and Treatment Centers (YRTC) are for youth who are between the ages of 12 and 18 who have been adjudicated as a juvenile offender and committed to HHS/OJS custody. HHS/OJS wards may also be detained in a YRTC for safe keeping before the hearing process for juvenile offenders.

YRTC-Kearney is the rehabilitation and treatment center for males. There were a total of 453 youth admissions to YRTC-Kearney and a total of 440 were released.



Andre

The average length of stay increased for the third year to nearly 7 months. The YRTC-Kearney youth performed 3,856 community service hours at an estimated benefit of \$17,355 of in-kind service. Examples of community service included: Adopt a Road, City landfill clean up, Goodwill store cleaning, Habitat for Humanity Home Building, etc.

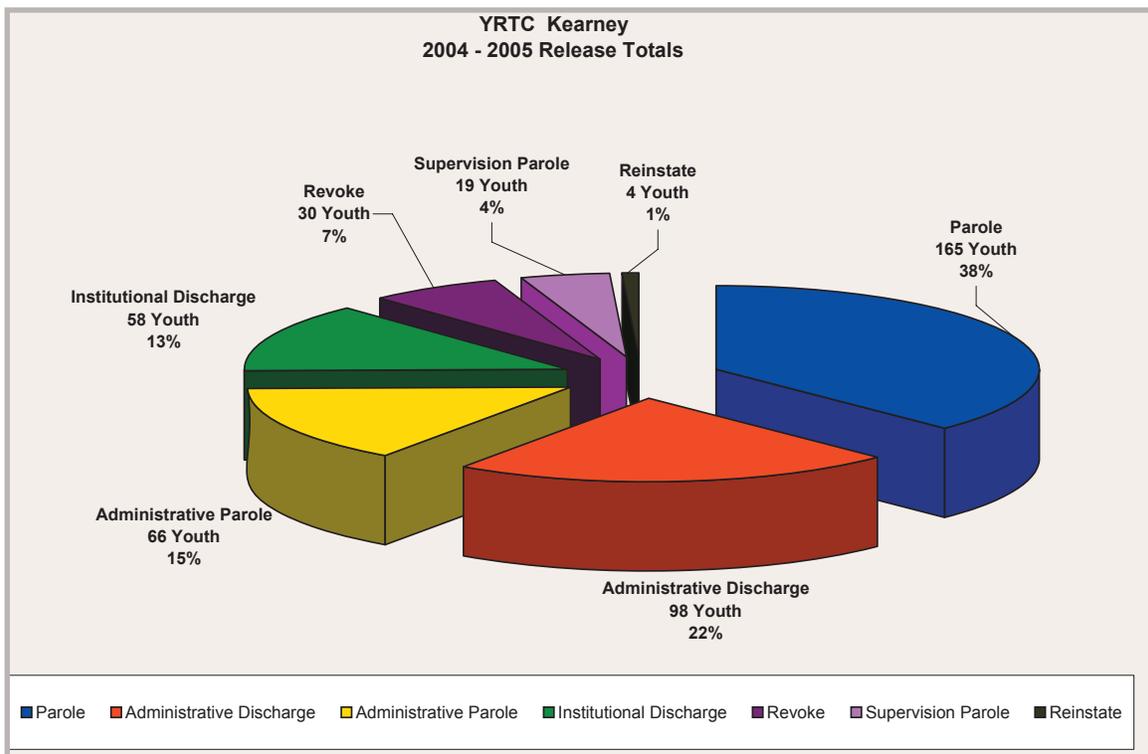


CHART 9

YRTC-Geneva is the rehabilitation and treatment center for females. During 2005, there were 132 youth admissions to YRTC-Geneva and 142 were released. The average length of stay was 9 months.



Crystal

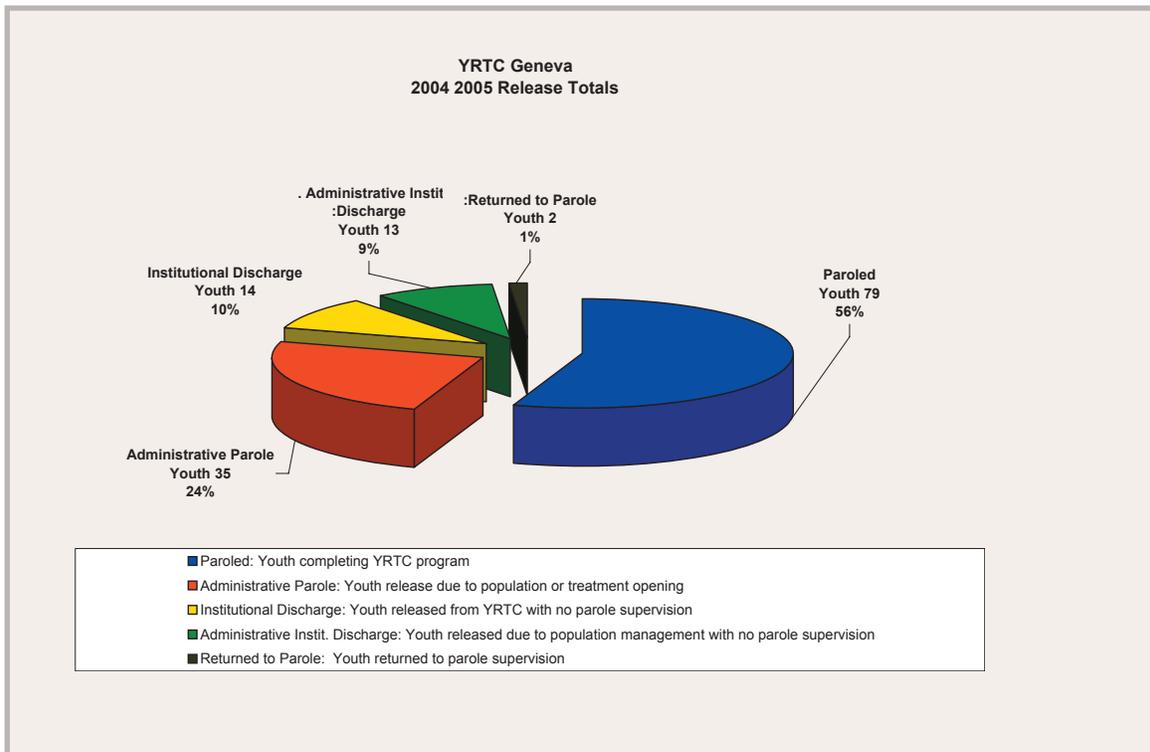


CHART 10

VIOLENT OFFENDER INCARCERATION AND TRUTH IN SENTENCING

HHS/OJS was awarded federal funding through the Violent Offender Incarceration and Truth in Sentencing (VOI/TIS) incentive federal grant to develop a juvenile offender transitional living treatment program and sex offender treatment program for youth committed to the YRTC-K. The transitional program began in Omaha in June 2005 and served 18 youth. The sex offender program became operational April 15, 2006.

YOUTH LEVEL OF SERVICE / CASE MANAGEMENT INVENTORY

The Department collaborated with State Probation Administration to implement a unified assessment tool - the Youth Level of Service/Case Management Inventory (YLSI/CMI) for juvenile delinquents. State wide implementation of this tool occurred in March 2006. The YLSI / CMI is a dynamic, comprehensive, and research-based risk and needs assessment. The YLSI /CMI helps identify the factors that are important for the rehabilitation of a particular juvenile offender. The offender may have problems related to physical health, mental health, substance abuse, education, social skills, etc. The results of a needs assessment help determine which interventions or programs would be most beneficial for the youth (e.g., social skills training, anger management, remedial education, substance abuse treatment). A needs assessment provides concise information for the case manager and other staff regarding what issues the youth needs to work on most and drives treatment planning and resource allocation.



We need to move very quickly, but safely, to get children to permanency so children and families can get on with their lives.

-Todd Reckling, Administrator for the Office of Protection and Safety

PERMANENCY

Shane

Every child has the right to live in a safe, supportive, stable, and permanent home. Preservation of the family and a permanent home are very important to the well-being of a child. Maintaining the child in the family's home, whenever possible, is prioritized if the child's safety can be assured. When safety cannot be established in the home, out of home placement becomes necessary.

HHS and HHS/OJS State Wards

Children who are HHS and HHS/OJS state wards enter the Protection and Safety System through the court system. Protection and Safety continues to experience an increase in the total number of children and youth committed to its care. Since 2003, the number of State Wards served has increased 12%. In October 2005, the number of State Wards reached 7,700.

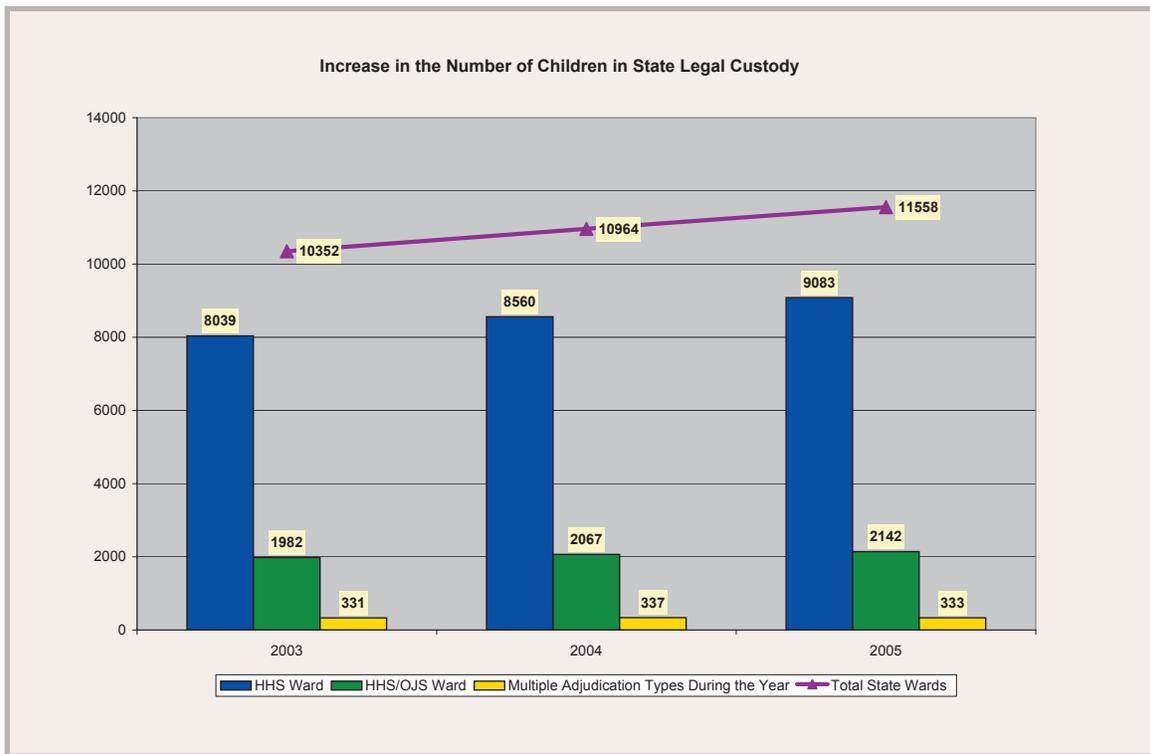


CHART 11

OUT-OF-HOME-CARE

Nebraska continues to experience a high proportion of youth placed in Out-of-Home care and has one of the nation's highest rates of Out-of-Home placement. Out-of-Home settings include: Residential Treatment Centers, Group Homes, Foster Care and relatives. Assessment of a youth's individual needs determines the placement setting. According to the 2003 Child Welfare League of America report, out of every 1,000 youth in Nebraska, 13.8 are in Out-of-Home care. From 2003 to 2005 there was a 12% increase in the number of youth in Out-of-Home care in Nebraska.

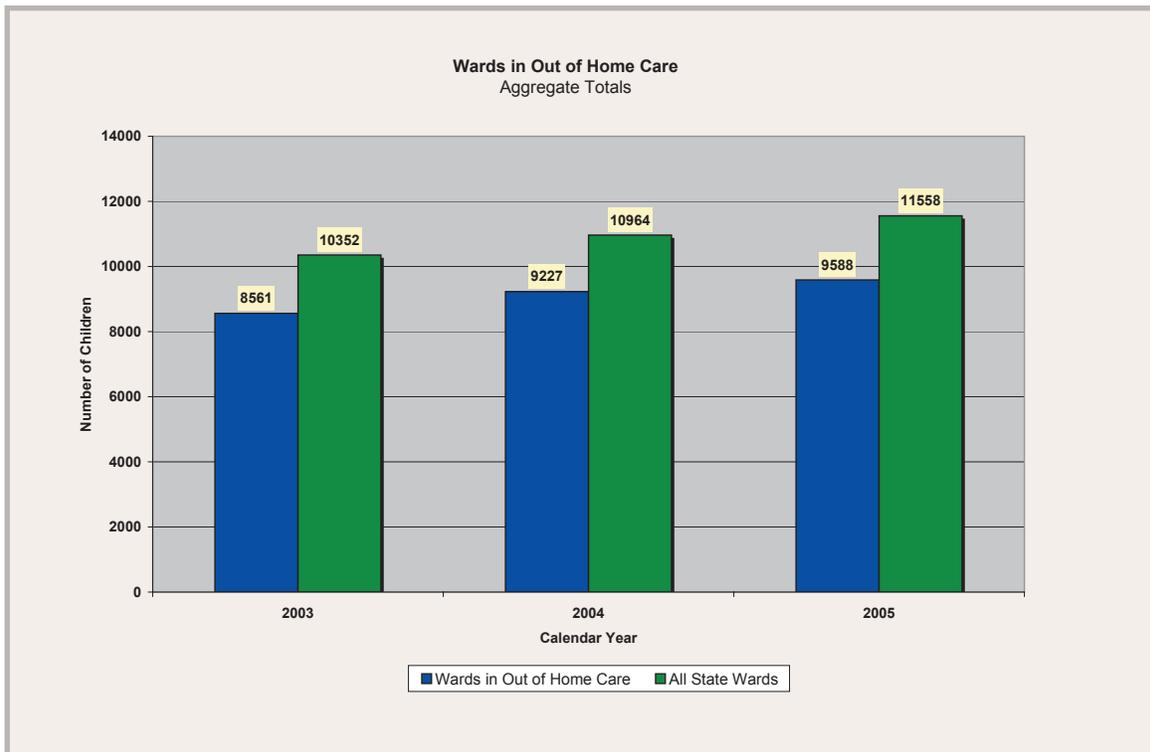


CHART 12



Tiffany

YOUTH PLACED WITH RELATIVES

Placement with a relative often helps to decrease the psychological trauma of being removed from home and provides a child with familiarity, permanency, predictability, a sense of belonging and roots. A home of a relative is a preferred placement option when compared to the prospect of being placed with a total stranger. Shared history alone helps a child maintain a sense of personal identity and connectedness to the only world he or she has known. Relative placements are also likely to serve as far more permanent placements than their unrelated foster home counterparts.

Nebraska continues to improve identifying relatives and placing children with their relatives. There has been a 35% increase in children placed with relatives from 2003 to 2005.

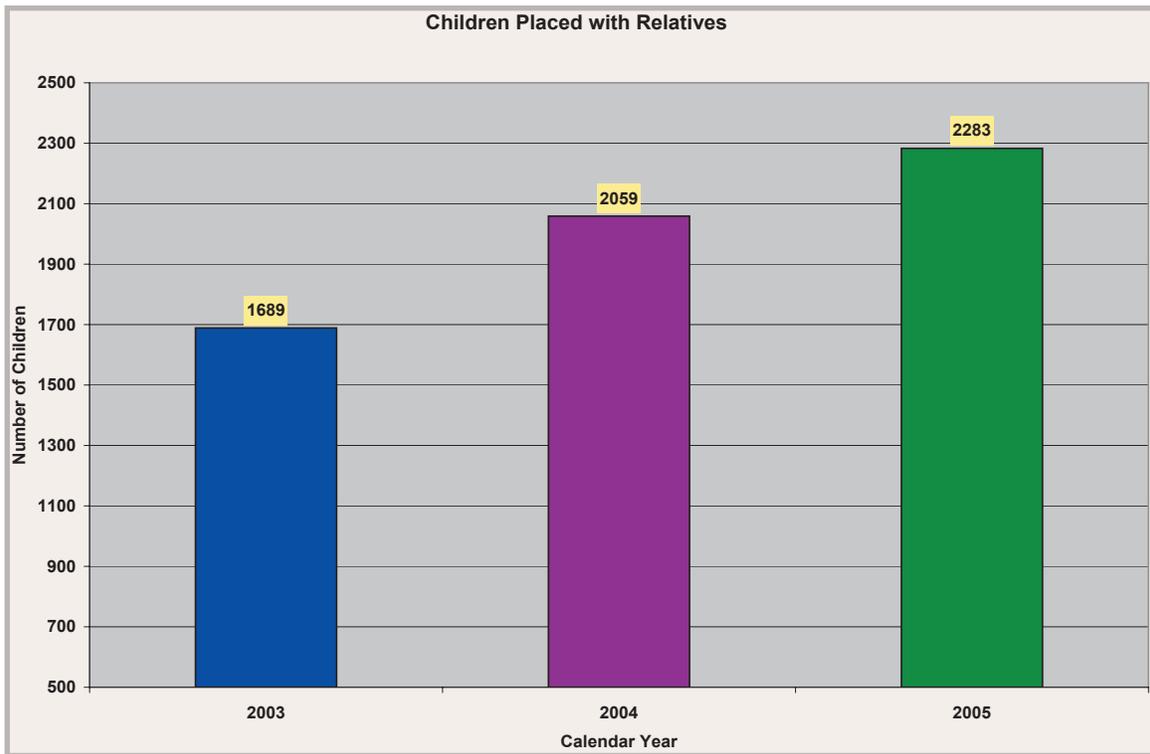


CHART 13



Belinda and Gretchen

ADOPTION

There are times when reunification with the family of origin is simply not in the best interest of a child, despite the best intentions of workers and struggling families. In such a case, adoption is most often the preferred placement option as it is likely to be the most permanent and will serve as the placement alternative that provides children with the greatest sense of belonging.

Nebraska has increased emphasis on adoption and continues to increase the number of adoptions finalized each year. Data show 342 adoptions finalized in 2005, which is 29 more finalized adoptions than 2004 and 45 more than 2003. As of December 31, 2005, there were 225 children free for adoption, with 154 children currently placed in adoptive homes. Nebraska was one of 24 states to receive an Adoptive Incentive Award payment from the Administration for Children and Families in 2005.

Web site: www.hhss.ne.gov

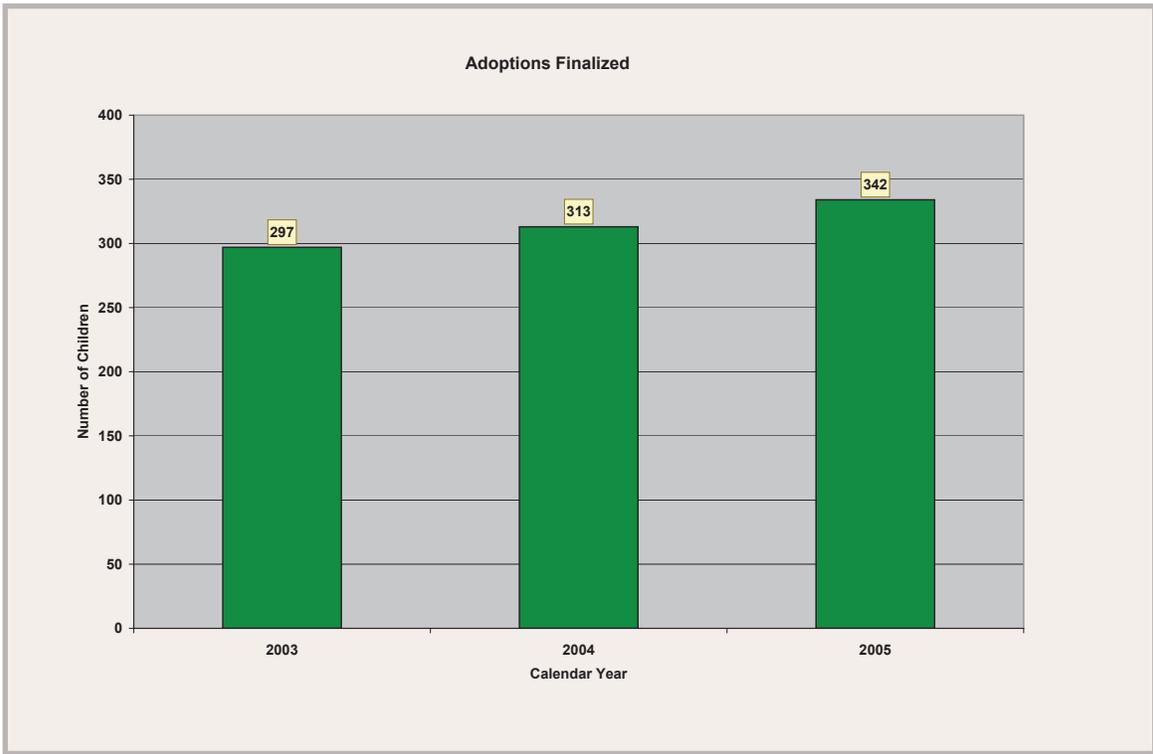


CHART 14

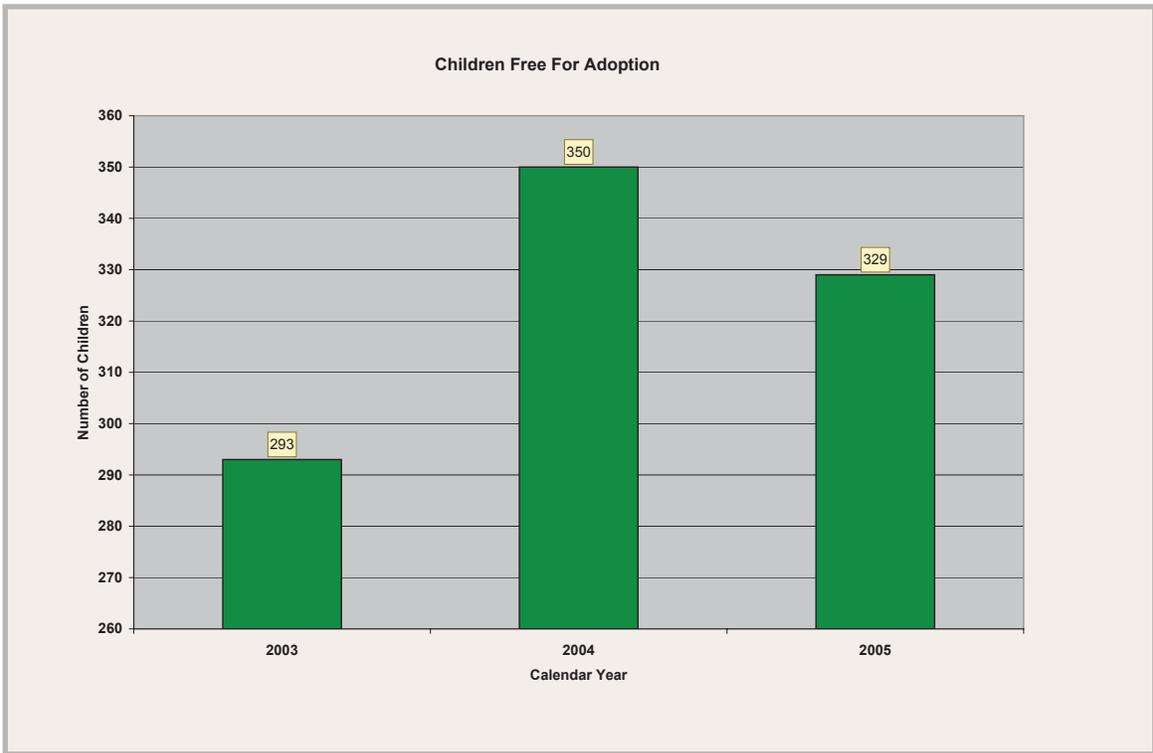


CHART 15

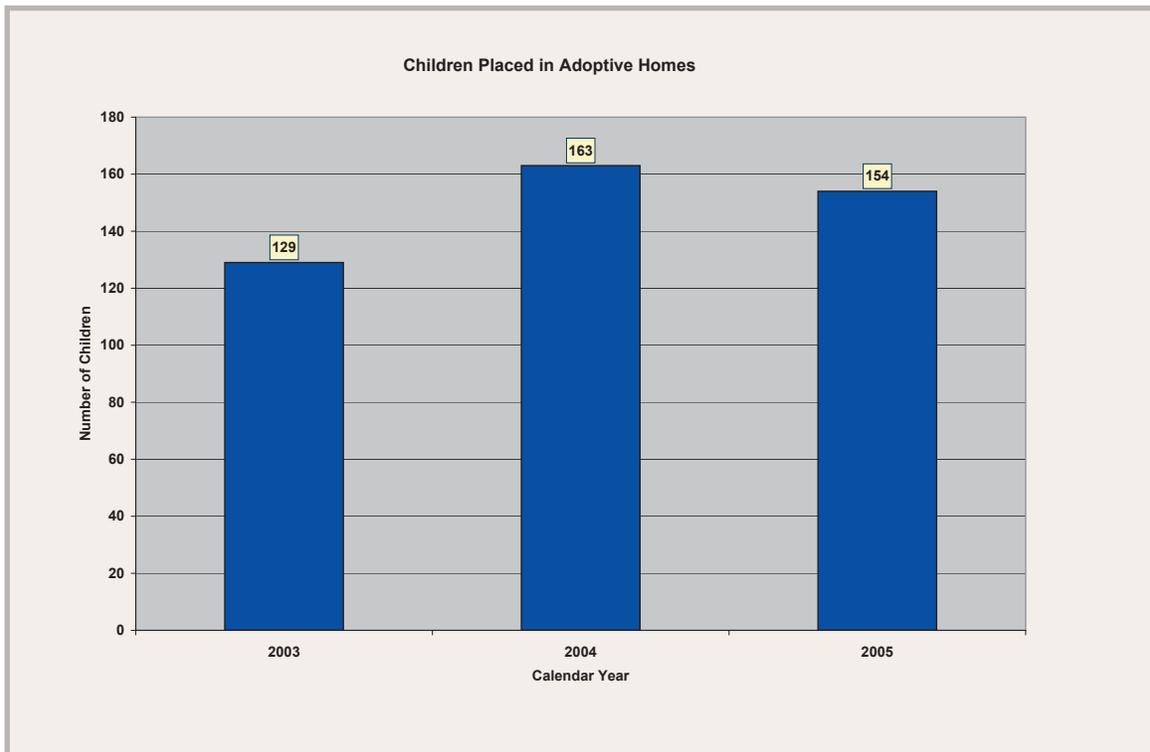


CHART 16

PERMANENCY PERFORMANCE ACCOUNTABILITY MEASURES

State Performance Measures that directly relate to the permanency for children were established and implemented in July 2004. We believe that plans for children and families must be created timely and kept current. We also look at the length of time between the child’s removal from home and return to parents, and between the child becoming legally free for adoption and finalization of the adoption.



Brittany

FEDERAL PERMANENCY MEASURES

The Federal Performance Measures address permanency and stability for children in out-of-home care. Nebraska submits this data to the Federal Government twice a year. The Federal Government uses this data for a number of purposes including the Annual Child Welfare Report to Congress, the data profile related to the Child and Family Services Reviews, and funding allocations for the Chafee Independent Living Program and the Adoption Incentive Program.

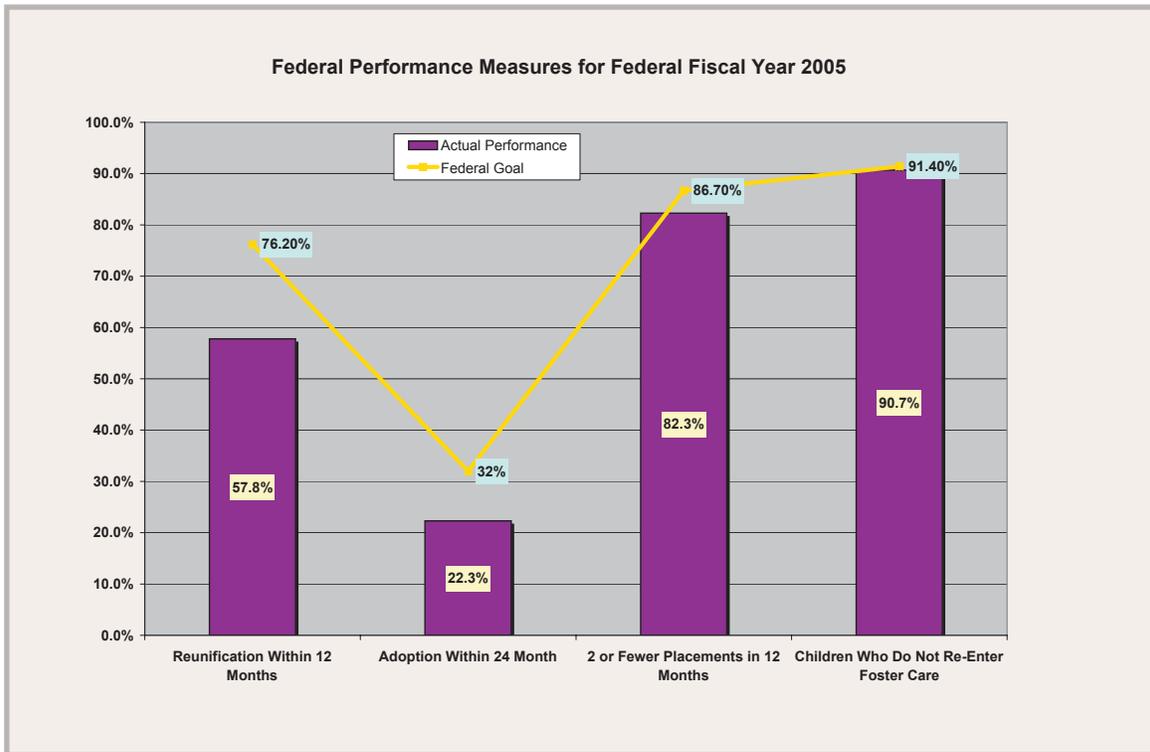


CHART 17

INDEPENDENT LIVING

The John H. Chafee Foster Care Independence Program (CFCIP) offers assistance to help current and former foster care youths achieve self-sufficiency. The total number of youth served by the Preparation for Adult Living Skills (PALS) Specialists was 566. Nebraska's Chafee Program also includes 6 Transitional Living Programs, where 153 youth were served in semi-independent living in Scottsbluff, Kearney, Norfolk, North Platte, Omaha and Lincoln. Each of the programs offers life skills training, housing, educational assistance, transportation as needed and vocational training and support. All of the contractors are using the Ansell Casey Life Skills assessment, followed by the development of an Individual Transitional Living Plan.

The Educational and Training Vouchers Program (ETV) provides resources specifically to meet the education and training needs of youth aging out of foster care. During 2005, 197 Nebraska foster and former foster care youth have gone on to post secondary education using ETV funds. In 2005, to increase awareness of the ETV program, we put an emphasis on providing information to school counselors in Lincoln and Omaha schools. These city schools have over 300 state ward youths between the ages of 17½ and 19.

The Former Ward Program assists former wards of the State in continuing their education through room and board assistance. Youth may also be in the Former Ward Program while completing high school if they had their 19th birthday while still attending high school. The plan is for youth to complete high school and continue their education or remain in a foster home while finishing high school. An average of 124



Zachary

youth received monthly assistance through the former ward program in 2005. The total amount of assistance given in 2005 was \$565,299 and \$68,000 in Medicaid coverage for these youth.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

The Interstate Compact on the Placement of Children (ICPC) is statutory law in all 52 state member jurisdictions and establishes uniform legal and administrative procedures governing the interstate placement of children. ICPC processing is required for all children under the jurisdiction of the court or who are in the custody of an agency. The law also applies to private parent placements into licensed facilities in another state, and private adoptions across state lines. In 2005, the State of Nebraska placed 406 children out of state and received 312 children into Nebraska through the ICPC process. The majority of placements, both into and out of Nebraska, were to a parent, relative, or adoptive home.



Chalonda



If we are doing individual, comprehensive, strength based and outcome focused needs assessments and case plans, children and families have a greater chance for success! *-Todd Reckling, Administrator for the Office of Protection and Safety*

WELL-BEING

Laura

Research on family connections and visitation cited by the National Resource Center for Family-Centered Practice and Permanency Planning have shown that frequent, purposeful and consistent visitation for children in foster care constitutes best practices in child welfare. These practices are as follows: visitation helps maintain the parent-child connection and preserves the continuity of the relationship; more frequent parent-child visitation is associated with shorter placements in foster care and children more likely to be returned to their parents' care; and visitation decreases a child's behavioral problems in foster care when visits are provided on a regular basis.

Caseworker visitation with the child and parent helps the caseworker assess, plan for and deliver services. It provides opportunities for the worker to understand the strengths and needs in the parent's ability to care for the child. It is an opportunity to understand the nature of the bond and relationship between the parent and child. Assessment of parent-child visitation becomes a key component for determining services that can improve, strengthen and enhance family relationships and which will lead to a resolution of safety and risk concerns.

One of our performance accountability goals is to increase worker visitations with children. Workers are expected to visit with the child and the child's parent at least monthly. We continued to see improvement in increasing worker visitation with children and parents.

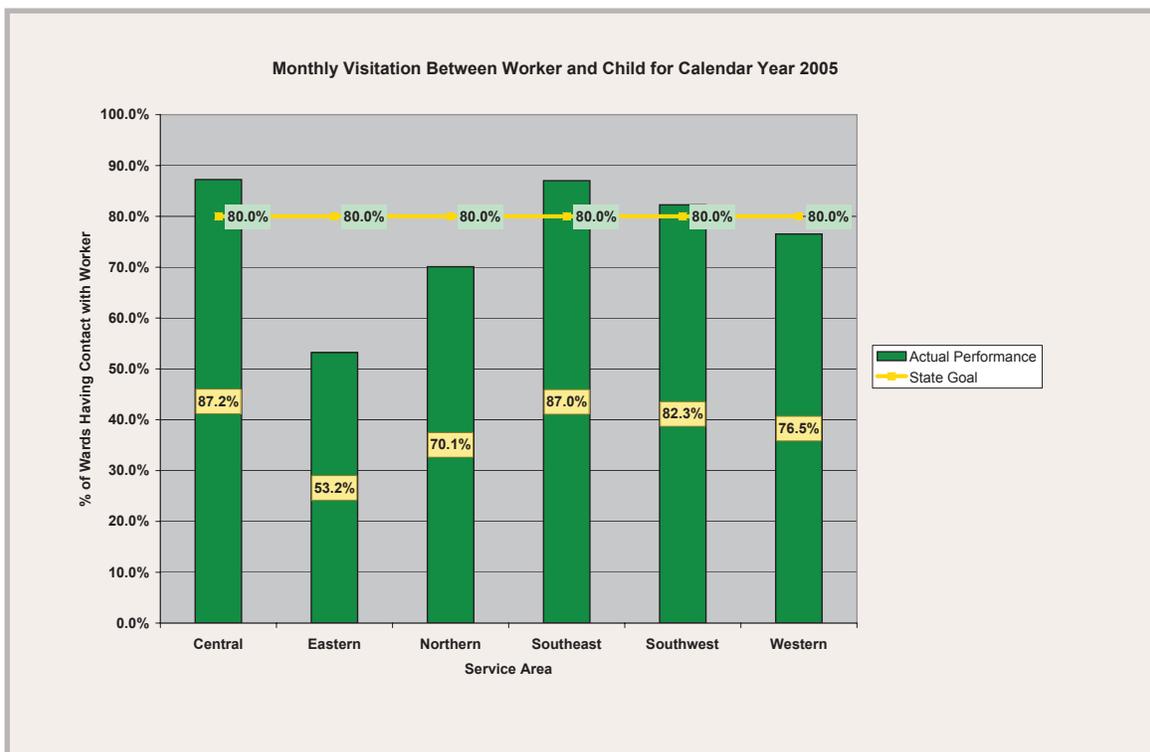


CHART 18

Drug Endangered Children's Group

In 2005, the State Patrol, Crime Commission and Health and Human Services (HHS) collaborated to form the Drug Endangered Children's Committee. This group addresses methamphetamine laboratories and other substance abuse to which children could potentially be exposed. Currently there is a plan to train law enforcement, HHS, and the medical community. The group is also working on enhancing Nebraska's Chem-L protocol which defines "best practice" for law enforcement, Health and Human Services case workers, the medical community, and foster care providers to coordinate efforts on behalf of children who have been exposed to the clandestine manufacture of methamphetamine.

Education Task Force

HHS participated in a Nebraska Department of Education Task Force regarding children in out-of-home care along with representatives of public schools, group homes operating schools within their programs and representatives of detention facilities. The task force took an active role in the development of the Nebraska Department of Education's (NDE) standards for interim schools last year. The standards provide for NDE's recognition of schools located in detention facilities and other facilities such as group homes. This recognition assures, for the first time, that school credits earned while a youth resides in such facilities are recognized to transfer to public school credits toward graduation.

Child Abuse Prevention Treatment Act (CAPTA) provides Federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations for demonstration programs and projects. CAPTA funds in Nebraska support:

Grants for Child Protection Centers (Child Advocacy Centers)

CAPTA funds in the past helped establish Child Protection Centers in several sites across the State. CAPTA funds will continue to support continuation and further development of centers in Lincoln, Omaha, Scottsbluff, Kearney, Grand Island, North Platte and Norfolk. The Centers provided 1,699 forensic interviews and 407 medical examinations in 2005.

Training for Protection and Safety Supervisors

A conference was held in December 2005 to provide supervisors and administrators with information that will enable them to better support Protection and Safety staff who work with children and families.

Prevent Child Abuse Nebraska Annual Conference

CAPTA funds are used to support the annual conference. The conference is open to nurses, educators, protection and safety staff and other service providers who work with children and child abuse and neglect issues. Individuals with expertise in the area of child abuse and neglect or related topics speak at the conference.

Child Abuse Activities

CAPTA funds continue to be used to support Child Abuse Awareness Month activities.

Child Abuse Prevention Fund Board

CAPTA funds paid for a part-time staff person to support the work of the Nebraska Child Abuse Prevention Fund Board. The staff person provides technical assistance to grantees, evaluates programs that received grants, assists the Board in reviewing proposals for grants and assists in preparing the Board's annual report.

Technical Assistance, Consultation, and Training for Child Abuse and Neglect Investigation and Treatment Teams

Funds continue to support the Nebraska Children and Families Foundation's collaboration with the Center on Children, Families and the Law at the University of Nebraska to provide technical assistance, consultation, and training for Child Abuse and Neglect Investigation and Treatment Teams.

Domestic Violence and Sexual Assault Programs

HHS administers funding to provide support for domestic violence intervention programming throughout Nebraska. Grantees include 22 community-based domestic violence programs and three Native American tribes for a combined total of \$2,279,302. Domestic violence programs operated 41 shelter sites statewide and provided a toll-free crisis line, temporary housing, emergency transportation, crisis counseling and support, emergency financial assistance, access to medical treatment and legal advocacy, including assistance with obtaining domestic violence protection orders. The total number of people served in 2005 was 8,995 receiving 66,041 hours of face-to-face services.



Crystal

SYSTEMIC FACTORS

2005 Caseload				
	CWLA Standard (Standard established in 2003)	NE Standard (Standard established in 1992)	State	
			Current Average Caseload	Workers Required by Function According to NE Standards
Intake Screening	None Established	None Established		2.49 (estimated)
Intake Reports	85 Families	97 Families	110.8	20.94
Initial Assessment	12 Families	10 Families	11.4	115.74
In Home Services	17 Families	14 Families	16	110.95
Out of Home Placement with Reunification Plan	12 Families	15 Families	17.1	153.13
Out of Home Long Term or Independent Living	17.5 Children	18 Children	20.6	99.09
Total Workers Required According to NE Standards				502.34
Workers Available*				439.75
Caseload as a % of Standard				
2005			114%	
2004			119%**	
2003			129%	

*Number does not include workers in training **LB 1089 funded 120 new positions

Chart 19

In order to provide quality services and to achieve positive outcomes for children and families related to safety, permanency and well-being, the Office of Protection and Safety has to have the resources to meet the demand. Not just financial resources, but more importantly human resources. “Front line workers and supervisors are definitely the key to our success,” according to Todd Reckling. Workers and supervisors must make extremely difficult and critical decisions each and every day in order to keep children safe and to move them to permanency. The work is intense and demanding, but can be highly rewarding.

Standards for how many children and families can be served by a worker were established in 1992 for the State of Nebraska. The national standards established by the Child Welfare League of America that are used by states as guides vary slightly from the Nebraska standards. As can be seen by the above chart, the caseload has decreased over the last 3 years, but Protection and Safety exceeds the standards statewide by 14% at the end of 2005.

The decrease in caseloads is a direct result of the 120 new positions allocated by the Legislature as a result of LB 1089 in 2004. The Department is deeply appreciative of the 120 new positions and has fully utilized the new staff. LB 1089 funded 78 new Protection and Safety Workers, 6 new Protection and Safety Supervisors, 27 new Case aides/support staff, 8 new Quality Assurance Specialists, and an Indian Child Welfare Specialist.

While the additional staff assisted in starting to help reduce caseloads, the system was ever changing. Between 2003 and 2005 there was a significant increase in the demand on HHS to conduct assessments/ investigations on reports of child abuse and neglect. HHS experienced a 49% increase in the number of child abuse and neglect assessments it conducted in 2005 (13,897) compared to 2003 (9,296). There was also an increased demand on HHS to serve a growing number of children committed to the care and custody of HHS as state wards. HHS experienced a 16.4% increase in total state wards between 2005 (7,636) compared to 2003 (6,557).

Protection and Safety Employees

	Turnover Rate in NE (Nationally 30 – 40% Range 0 – 600%)				
YEAR	2001	2002	2003	2004	2005
P&S Worker	18%	19%	13.3%	13%	15%
P&S Supervisor	8%	13%	11.1%	7.7%	8.1%

Chart 20



David

Another significant factor besides caseload size in providing quality services and supports to children and families is related to staff turnover. A worker’s knowledge, skill and ability develop and grow over the years through experience and applied practice so retention of staff is critical. Nebraska continues to maintain workers. Nebraska’s staff turnover rate of 15 percent in 2005 for a protection and safety worker is well below the national average of 30 to 40 percent.

Turnover Rate - Nebraska continues to see significant improvement in maintaining both front line protection and safety workers and supervisors.

Quality Assurance: Building Links

Safety ↔ Permanency ↔ Well-Being

QUALITY ASSURANCE

Developing a cohesive Quality Assurance System for Protection and Safety that can be used to measure the quality of service provision and outcomes realized is key to ensuring practice and policy are being implemented and strengths and needs are identified. QA staff have been hired and are located across the state. Formal QA reviews have been conducted on the Intake Process, Initial Assessment, Out-of-Home Setting Assessments, Home Studies and Criminal Background Checks. There are also local QA protocols being established.

On-going case file reviews are being conducted and a Nebraska version of the federal Child and Family Services Review was completed in 2005 and will be repeated in 2006. By mirroring the federal review, Nebraska will continue to measure our effectiveness in meeting the outcomes of safety, permanency and well-being while preparing for our next federal review anticipated in 2008. The Child and Family Services Reviews are an important tool and process that will enable the Office of Protection and Safety to accomplish the following: (1) evaluate conformity with federal child welfare requirements; (2) determine what is actually

happening to children and families as they are engaged in services; and (3) enhance our capacity to help children and families achieve positive outcomes.

Protection and Safety began conducting parent satisfaction surveys on a quarterly basis beginning in March 2005. Each quarter 350 parents are randomly selected to participate. This information is aggregated for Protection and Safety to analyze, identify trends and establish any necessary improvements based upon the results of the survey.

SERVICE ARRAY

Nebraska continues to focus on developing a full continuum of services in every part of the state to meet the individual needs of children and families. The Nebraska Children and Families Foundation was approached to partner with HHS in expanding the use of the service array tool to other communities across Nebraska and enhancing the entire process to build a foundation for on-going community planning. This process will assist areas in the state to determine what services and supports are available for children and families as well as what additional services might be needed. Since service array looks different from state to state and community to community, the assessment instrument is organized around a continuum of services and supports required in child welfare-from prevention to exiting the system.

FOSTER CARE

The Office of Protection and Safety is responsible for licensing and approving foster homes for the placement of children. Foster care is designed to be a temporary placement for children when their own families are in crisis and unable to provide for their essential needs. As of December 2005 there were 2,398 licensed foster homes and 2,305 approved homes. Approved homes must meet established criteria and are designed for the placement of children with their relatives or a family friend.

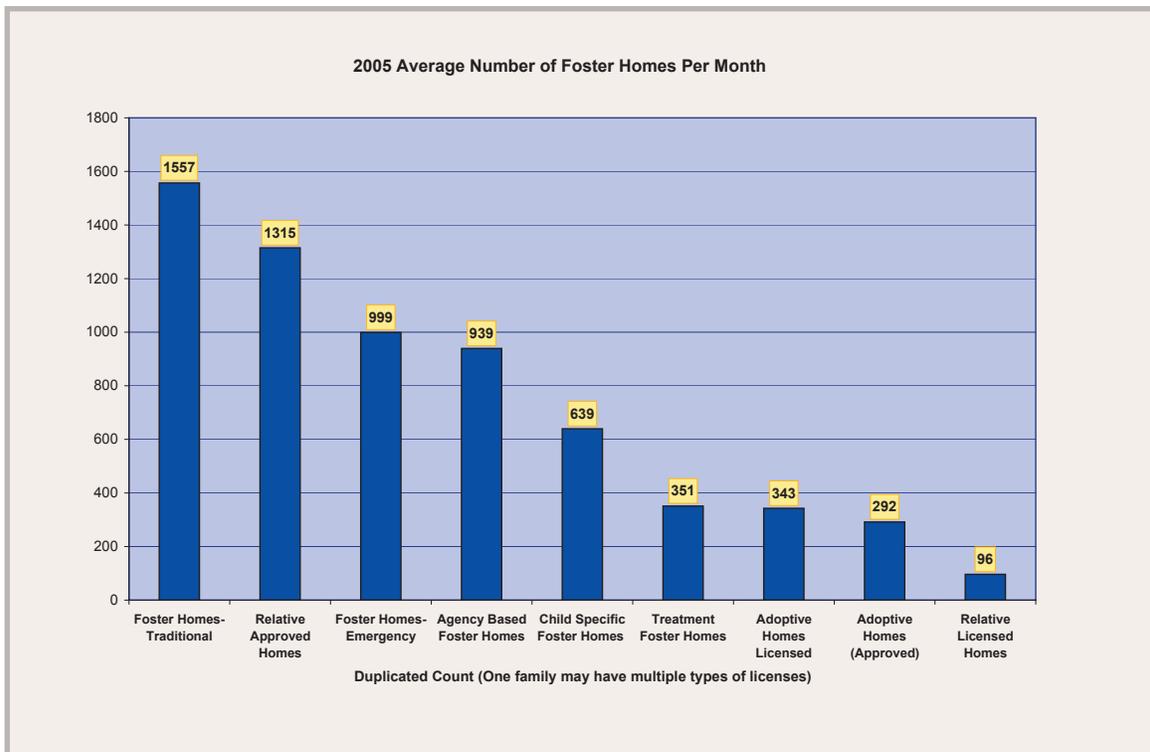


CHART 21

BUDGET

The Office of Protection and Safety 2005-2006 expenditures are mainly from two primary budgets (child welfare and juvenile services) composed of state dollars and some federal dollars.

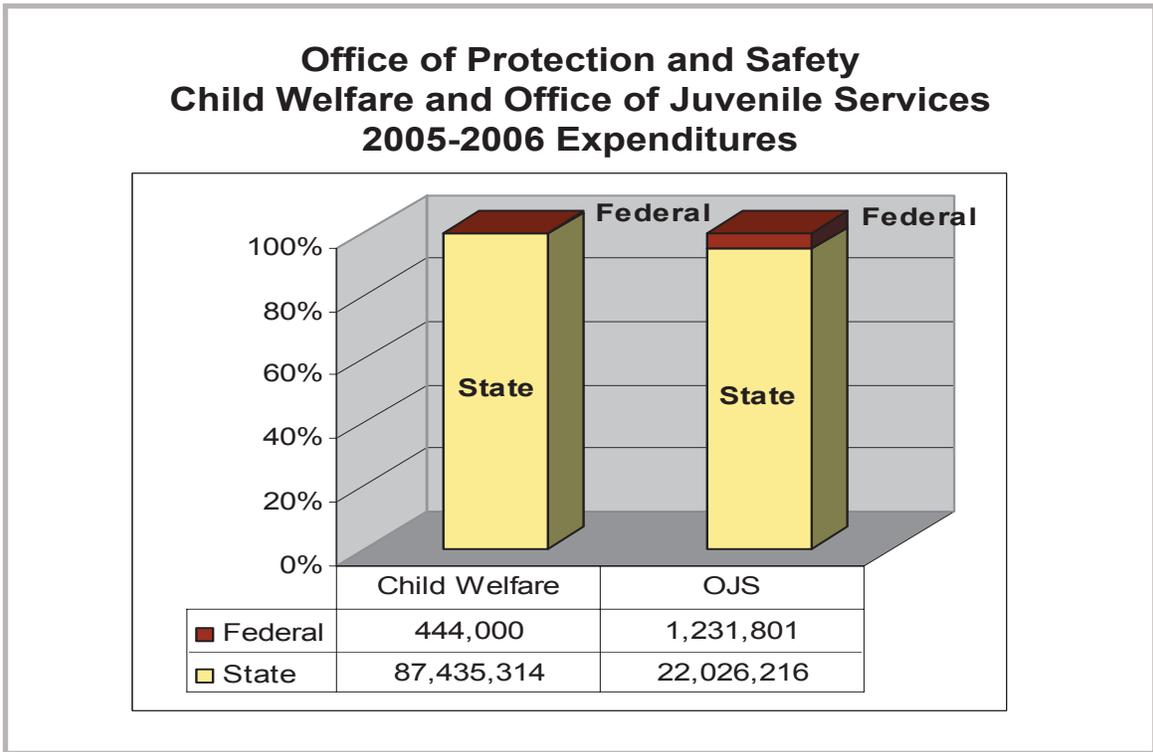


CHART 22



Sage and Tiffany



OFFICE OF PROTECTION AND SAFETY MAJOR ACCOMPLISHMENTS - 2005

Jeremy

- We continue to build capacity for the use of Family Centered Practice (FCP). At the very foundation of FCP is our expectation that all individuals engaged in doing business with HHS are treated with respect and dignity. We build on the unique strengths and values of each person and family as we participate in the planning process with them. Currently all of Protection and Safety staff have received FCP training and we have 46 internal Protection & Safety FCP master trainers.
- HHS completed the Request for Proposals process for a Home Visitation Program. This is an early intervention program in which parents and children are visited in their home by trained personnel who provide a combination of information, support or training regarding child health, development and care. Services have begun in Omaha and Western Nebraska.
- HHS is contracting with the Lincoln Child Advocacy Center to conduct 8 law enforcement training sessions across the state over the next two years.
- Protection and Safety will pilot the use of video conferencing between P&S workers and youth in distant locations to provide an appropriate, acceptable, and cost-effective way to conduct monthly face-to-face meetings. The video conferencing will initially be available in Omaha, Gering and both YRTCs in Kearney and Geneva.
- The HHS Grand Island Office recently co-located two Law Enforcement Officers in their local Protection and Safety office.
- Through September 30, 2005 over 200 in-service training sessions were provided to P&S staff.
- The development of a statewide Child Abuse Prevention Plan was a project between Prevent Child Abuse Nebraska, the HHS Offices of Protection and Safety, Family Health, and the Nebraska Child Abuse Prevention Fund Board.
- YRTC-Geneva passed the American Correctional Association Audit receiving 100% on all 33 mandatory standards and 97% on the remaining non-mandatory standards.
- Reduction in length of stay for youth in detention and reduction in the number of youth entering detention.
- Increased the Hastings Regional Center Juvenile Chemical Dependency Program by 10 beds for youth committed to YRTC-Kearney who need specialized treatment. Collaborated with HRC to place the Juvenile Sexual Offenders Treatment Program under the federal VOI/TIS program on this campus.
- Nebraska HHSS received an infrastructure grant to develop a statewide Children's Mental Health and Substance Abuse delivery system. The grant will address the service delivery for the following populations: children age birth to 5; Youth; Youth with co-occurring disorders; Substance abuse; Transition age youth.
- The Office of Protection and Safety developed and/or strengthened 32 policies and procedures during 2004 and 2005. These clarifications provide the system with clear expectations that continue to provide the foundation for our work and help shape practice that will ultimately improve outcomes for children and families.

CURRENT COLLABORATIONS

- The 7th Child Advocacy Center-Bridge of Hope is now operational in North Platte. The Bridge of Hope Child Advocacy Center Coordinator began in April 2005.
- Drug Courts allows for collaboration with system stakeholders to combine the best of Family Dependency Drug Treatment Court and the necessary skills sets for mothers to bond with their infants and toddlers. The best interests of children, safety, and timely reunification or adoption will be highlights of the project. Courts are located in Douglas and Sarpy County and one is starting in Scotts Bluff County (Gering).
- The Nebraska Supreme Court adopted a new rule requiring attorneys appointed to serve as guardians ad litem to receive specialized training. Training is to begin in late fall 2006.
- The Nebraska Children's Summit: Improving the Court System for Abuse/Neglect and Foster Care Children, scheduled for September 25 - 27, 2006, is a critical initial step in Nebraska's State Court Action Plan that was developed in Minnesota at the National Leadership Summit for Child Protection held in Minneapolis in September 2005. Replicating the state team model of the National Summit, Nebraska's Summit brought judge led local interdisciplinary (attorneys, child protection administrators, and child advocates) teams from across the state to learn about the Resource Guidelines for Abuse and Neglect that were developed by the National Council of Juvenile and Family Court Judges and that are considered to be a model for judicial best practice.



Charlotte and Derrick



FOCUS IN 2006

Jamel

Governor Heineman's priorities include:

1. Nebraska Health and Human Services (HHS) will place a priority on resolving the cases of children between the ages of zero and five. There are 1,455 such children in Nebraska.
2. HHS will place a priority on achieving permanent placements for children who have spent 15 or more of the last 22 months in state care. Nearly half of the children in Nebraska's child welfare system meet or exceed those parameters.
3. HHS will prioritize the resolution of the approximately 600 cases where children were never removed or have been living safely at home for seven months, but have not yet been released from state custody by the judicial system.
4. HHS will begin working with Nebraska's K-12 schools to decrease the number of truancy cases referred to the state so front-line workers can focus on protection and safety issues. In 2005, HHS caseworkers handled more than 750 cases involving truancy, curfew violations, ungovernable youth and runaways.
5. HHS will explore the feasibility of cross-training current workers for a concentrated, coordinated effort to decrease caseloads over a defined period of time.
6. HHS will work to build stronger relationships with other partners in the child welfare system to encourage greater cooperation and communication with Nebraska's courts, county attorneys and law enforcement agencies, Foster Care Review Board, guardians ad litem, court appointed special advocates, and other child advocates and system partners.

The HHS Office of Protection and Safety will give special attention to these areas along with the following:

1. Infusing family centered practice into everything we do – from hiring and training, to case management, decision making and policy revision.
2. Safety will continue to be the foremost outcome of Protection and Safety intervention.
3. Minimizing the number of moves or placements for children in Out-of-Home care.
4. Addressing the unnecessary removal and placement of children from their homes by keeping children and families safe and connected to their own communities where they can be supported and receive necessary services.
5. Staying focused on our outcomes of safety, permanency, well-being and community safety by using evidence-based, proven solutions and best practices.
6. Expanding our partnerships, communication and collaboration with all parts of the child welfare and juvenile justice system that affect Nebraska's children and families – law enforcement, the courts, providers and communities and most importantly the families themselves.

NEBRASKA HEALTH AND HUMAN SERVICES OFFICE OF PROTECTION AND SAFETY

at a glance Calendar Year 2005

Nebraska's Children

Child Population (2003)	440,840	United States	73.3 million
Child Poverty Rate (2003)	13.0%		17.6%

Child Abuse and Neglect

Child Abuse and Neglect Reports

Total Child Abuse and Neglect Reports Received: 24,397
 Total Child Abuse and Neglect Investigations: 13,897
 Substantiated Reports: 3,324
 *Reports may include multiple children

Number of Children By Types of Substantiated Abuse and Neglect

Types	Physical	Emotional	Sexual	Medical
Abuse	722	359	507	NA
Neglect	4,057	196	NA	4

Recurrence of Maltreatment: 9.9%

Permanency

Number of Exits from Foster Care

Exit	Percent
Reunification	72.5%
Adoption	10.3%
Legal Guardianship	7.7%
Other	9.5%

Percent of Children Reunified:

Within 0-11 months	58.6%
Within 12-23 months	27.4%
After 24 months	14.0%

Percent of Children Adopted:

Within 0-11 months	19.1%
Within 12-23 months	29.1%
After 24 months	51.8%

Number of Children Waiting for Adoption 329

Foster Care

Total Number of Foster Children 11,558

	HHS	OJS	Dual
Number of Children in Care	6014	1319	267
Average months in Care	20.98	16.16	18.95
Children with 2 or fewer Placements	5994	1158	184
Number of Children who Re-Entered Care less than 12 months	177	61	54

Percent Abused or Neglected While in Care: 0.35%
 Number of Licensed Foster Parents: 2398

Relative Caregivers

Number of Children Living with Relatives: 2283

Number of Licensed Relative Homes: 96
 Number of Approved Relative Homes: 1315

Office of Protection and Safety Spending SFY2005

Type	Federal	State	Total
IV-E Foster Care	8,993,095	6,060,871	15,053,965
IV-E Adoption Subsidy	6,726,963	4,900,201	11,627,164
State Subsidized Adoption	-	4,989,133	4,989,133
Domestic Violence Program	1,202,636	1,347,180	2,549,816
Ed Asst for State Wards		12,199,350	12,199,350
Child Welfare	444,000	87,435,314	87,879,314
Adoption & Safe Families Act	1,198,542	-	1,198,542
OJS	1,231,801	22,026,216	23,258,017
Medicaid - Child Welfare	50,280,614	33,941,520	84,222,134
Social Services Children & Family	-	316,279	316,279
Total	70,077,651	173,216,063	243,293,714

Federal Grant Awards FFY2005

Type	Federal	State
Title IV-B Subpart 1	1,835,046	611,682
Title IV-B Subpart 2	1,656,561	552,187
Chafee Foster Care	1,553,057	-
Family Violence Prevention Fund	930,232	-
Chafee Education and Training	530,721	-
Adoption Incentive	352,000	-
Child Abuse Prevention Funds	205,268	-
Child Abuse Inv & Prosec	140,331	-
Total	7,203,216	1,163,869



**Nebraska Health & Human Services
Child Abuse or Neglect Reports by County CY - 2005**

County	Total Reports Received	Total Reports Alleging Abuse or Neglect ₁	Total Abuse or Neglect Reports Investigated or in Process ₂	Total Abuse or Neglect Reports Investigated that were Substantiated ₃	Total Abuse or Neglect Reports Investigated that were Unsubstantiated ₃	Total Abuse or Neglect Reports Investigated that were Unable to Locate ₃	Total Abuse or Neglect Reports In Process of Investigation ₃
Adams	389	319 82.0%	264 82.8%	43 16.3%	198 75.0%	12 4.5%	11 4.2%
Antelope	32	32 100.0%	23 71.9%	2 8.7%	17 73.9%	0 0.0%	4 17.4%
Arthur	1	1 100.0%	1 100.0%	0 0.0%	1 100.0%	0 0.0%	0 0.0%
Banner	3	3 100.0%	2 66.7%	2 100.0%	0 0.0%	0 0.0%	0 0.0%
Blaine	3	3 100.0%	1 33.3%	1 100.0%	0 0.0%	0 0.0%	0 0.0%
Boone	15	15 100.0%	15 100.0%	1 6.7%	14 93.3%	0 0.0%	0 0.0%
Box Butte	175	161 92.0%	120 74.5%	21 17.5%	91 75.8%	0 0.0%	8 6.7%
Boyd	9	9 100.0%	9 100.0%	4 44.4%	4 44.4%	0 0.0%	1 11.1%
Brown	33	31 93.9%	25 80.6%	5 20.0%	18 72.0%	0 0.0%	2 8.0%
Buffalo	2043	1390 68.0%	508 36.5%	59 11.6%	431 84.8%	3 0.6%	15 3.0%
Burt	51	51 100.0%	41 80.4%	2 4.9%	36 87.8%	0 0.0%	3 7.3%
Butler	45	43 95.6%	40 93.0%	17 42.5%	20 50.0%	0 0.0%	3 7.5%
Cass	167	161 96.4%	144 89.4%	40 27.8%	95 66.0%	4 2.8%	5 3.5%
Cedar	28	28 100.0%	20 71.4%	2 10.0%	17 85.0%	1 5.0%	0 0.0%
Chase	17	17 100.0%	16 94.1%	1 6.3%	14 87.5%	1 6.3%	0 0.0%
Cherry	56	55 98.2%	46 83.6%	10 21.7%	36 78.3%	0 0.0%	0 0.0%
Cheyenne	143	136 95.1%	110 80.9%	12 10.9%	97 88.2%	0 0.0%	1 0.9%
Clay	34	34 100.0%	32 94.1%	6 18.8%	26 81.3%	0 0.0%	0 0.0%
Colfax	45	45 100.0%	40 88.9%	11 27.5%	26 65.0%	2 5.0%	1 2.5%
Cuming	44	44 100.0%	41 93.2%	5 12.2%	34 82.9%	1 2.4%	1 2.4%
Custer	160	145 90.6%	120 82.8%	27 22.5%	82 68.3%	2 1.7%	9 7.5%
Dakota	257	248 96.5%	208 83.9%	41 19.7%	151 72.6%	5 2.4%	11 5.3%
Dawes	80	78 97.5%	67 85.9%	5 7.5%	52 77.6%	5 7.5%	5 7.5%
Dawson	318	314 98.7%	274 87.3%	37 13.5%	229 83.6%	7 2.6%	1 0.4%
Deuel	6	6 100.0%	5 83.3%	1 20.0%	4 80.0%	0 0.0%	0 0.0%
Dixon	21	21 100.0%	18 85.7%	5 27.8%	12 66.7%	0 0.0%	1 5.6%
Dodge	378	372 98.4%	309 83.1%	66 21.4%	236 76.4%	1 0.3%	6 1.9%
Douglas	9828	8511 86.6%	4073 47.9%	999 24.5%	2877 70.6%	135 3.3%	62 1.5%
Dundy	12	12 100.0%	11 91.7%	2 18.2%	8 72.7%	0 0.0%	1 9.1%
Fillmore	31	30 96.8%	27 90.0%	4 14.8%	20 74.1%	0 0.0%	3 11.1%
Franklin	21	21 100.0%	19 90.5%	1 5.3%	18 94.7%	0 0.0%	0 0.0%
Frontier	16	16 100.0%	15 93.8%	4 26.7%	11 73.3%	0 0.0%	0 0.0%
Furnas	47	47 100.0%	42 89.4%	7 16.7%	32 76.2%	0 0.0%	3 7.1%
Gage	171	167 97.7%	158 94.6%	47 29.7%	82 51.9%	4 2.5%	25 15.8%
Garden	9	9 100.0%	8 88.9%	1 12.5%	6 75.0%	0 0.0%	1 12.5%
Garfield	10	10 100.0%	10 100.0%	2 20.0%	8 80.0%	0 0.0%	0 0.0%
Gosper	12	12 100.0%	11 91.7%	1 9.1%	10 90.9%	0 0.0%	0 0.0%
Grant	4	4 100.0%	4 100.0%	0 0.0%	4 100.0%	0 0.0%	0 0.0%
Greeley	16	16 100.0%	14 87.5%	3 21.4%	11 78.6%	0 0.0%	0 0.0%
Hall	684	639 93.4%	519 81.2%	107 20.6%	359 69.2%	10 1.9%	43 8.3%
Hamilton	24	24 100.0%	22 91.7%	5 22.7%	11 50.0%	0 0.0%	6 27.3%
Harlan	13	13 100.0%	11 84.6%	4 36.4%	7 63.6%	0 0.0%	0 0.0%
Hayes	3	3 100.0%	3 100.0%	1 33.3%	2 66.7%	0 0.0%	0 0.0%
Hitchcock	24	24 100.0%	21 87.5%	2 9.5%	19 90.5%	0 0.0%	0 0.0%
Holt	120	117 97.5%	101 86.3%	11 10.9%	77 76.2%	2 2.0%	11 10.9%
Hooker	6	6 100.0%	5 83.3%	0 0.0%	5 100.0%	0 0.0%	0 0.0%
Howard	32	32 100.0%	31 96.9%	5 16.1%	20 64.5%	0 0.0%	6 19.4%
Jefferson	50	50 100.0%	46 92.0%	7 15.2%	34 73.9%	0 0.0%	5 10.9%
Johnson	38	36 94.7%	27 75.0%	6 22.2%	16 59.3%	1 3.7%	4 14.8%
Kearney	36	36 100.0%	31 86.1%	3 9.7%	26 83.9%	0 0.0%	2 6.5%
Keith	117	111 94.9%	82 73.9%	8 9.8%	70 85.4%	4 4.9%	0 0.0%
Keya Paha	1	1 100.0%	0 0.0%	0 NA	0 NA	0 NA	0 NA
Kimball	38	38 100.0%	36 94.7%	5 13.9%	30 83.3%	1 2.8%	0 0.0%
Knox	80	79 98.8%	69 87.3%	14 20.3%	51 73.9%	4 5.8%	0 0.0%
Sub Total	15996	13826 86.4%	7895 57.1%	1675 21.2%	5755 72.9%	205 2.6%	260 3.3%

Child Abuse or Neglect Reports by County CY - 2005

County	Total Reports Received	Total Reports Alleging Abuse or Neglect ¹		Total Abuse or Neglect Reports Investigated or in Process ²		Total Abuse or Neglect Reports Investigated that were Substantiated ³		Total Abuse or Neglect Reports Investigated that were Unsubstantiated ³		Total Abuse or Neglect Reports Investigated that were Unable to Locate ³		Total Abuse or Neglect Reports In Process of Investigation ³	
		Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Lancaster	5966	5134	86.1%	2090	40.7%	856	41.0%	1176	56.3%	30	1.4%	28	1.3%
Lincoln	1334	1283	96.2%	720	56.1%	99	13.8%	548	76.1%	8	1.1%	65	9.0%
Logan	8	8	100.0%	7	87.5%	0	0.0%	7	100.0%	0	0.0%	0	0.0%
Loup	1	1	100.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Madison	1196	890	74.4%	392	44.0%	50	12.8%	271	69.1%	2	0.5%	69	17.6%
McPherson	1	1	100.0%	1	100.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%
Merrick	41	41	100.0%	34	82.9%	3	8.8%	26	76.5%	4	11.8%	1	2.9%
Morrill	68	68	100.0%	66	97.1%	11	16.7%	51	77.3%	1	1.5%	3	4.5%
Nance	22	22	100.0%	20	90.9%	6	30.0%	13	65.0%	0	0.0%	1	5.0%
Nemaha	47	45	95.7%	41	91.1%	9	22.0%	30	73.2%	1	2.4%	1	2.4%
Nuckolls	18	18	100.0%	17	94.4%	4	23.5%	11	64.7%	2	11.8%	0	0.0%
Otoe	117	115	98.3%	103	89.6%	22	21.4%	75	72.8%	5	4.9%	1	1.0%
Pawnee	8	8	100.0%	8	100.0%	2	25.0%	6	75.0%	0	0.0%	0	0.0%
Perkins	12	12	100.0%	11	91.7%	2	18.2%	8	72.7%	0	0.0%	1	9.1%
Phelps	66	66	100.0%	63	95.5%	7	11.1%	55	87.3%	0	0.0%	1	1.6%
Pierce	95	93	97.9%	81	87.1%	12	14.8%	55	67.9%	0	0.0%	14	17.3%
Platte	321	298	92.8%	245	82.2%	51	20.8%	182	74.3%	4	1.6%	8	3.3%
Polk	15	15	100.0%	15	100.0%	5	33.3%	10	66.7%	0	0.0%	0	0.0%
Red Willow	203	196	96.6%	154	78.6%	12	7.8%	131	85.1%	2	1.3%	9	5.8%
Richardson	67	66	98.5%	64	97.0%	14	21.9%	44	68.8%	2	3.1%	4	6.3%
Rock	7	7	100.0%	7	100.0%	1	14.3%	6	85.7%	0	0.0%	0	0.0%
Saline	73	70	95.9%	65	92.9%	24	36.9%	37	56.9%	1	1.5%	3	4.6%
Sarpy	770	727	94.4%	630	86.7%	159	25.2%	443	70.3%	9	1.4%	19	3.0%
Saunders	95	95	100.0%	86	90.5%	24	27.9%	50	58.1%	2	2.3%	10	11.6%
Scotts Bluff	829	709	85.5%	591	83.4%	135	22.8%	424	71.7%	15	2.5%	17	2.9%
Seward	93	93	100.0%	79	84.9%	35	44.3%	35	44.3%	0	0.0%	9	11.4%
Sheridan	61	59	96.7%	52	88.1%	5	9.6%	45	86.5%	1	1.9%	1	1.9%
Sherman	13	13	100.0%	13	100.0%	5	38.5%	6	46.2%	0	0.0%	2	15.4%
Stanton	43	43	100.0%	41	95.3%	3	7.3%	30	73.2%	0	0.0%	8	19.5%
Thayer	12	12	100.0%	12	100.0%	2	16.7%	6	50.0%	1	8.3%	3	25.0%
Thomas	5	5	100.0%	4	80.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%
Thurston	153	113	73.9%	79	69.9%	33	41.8%	14	17.7%	4	5.1%	28	35.4%
Valley	31	31	100.0%	29	93.5%	10	34.5%	16	55.2%	1	3.4%	2	6.9%
Washington	99	97	98.0%	79	81.4%	13	16.5%	63	79.7%	1	1.3%	2	2.5%
Wayne	19	19	100.0%	15	78.9%	3	20.0%	10	66.7%	0	0.0%	2	13.3%
Webster	14	14	100.0%	13	92.9%	2	15.4%	10	76.9%	0	0.0%	1	7.7%
Wheeler	2	2	100.0%	2	100.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%
York	88	82	93.2%	72	87.8%	30	41.7%	35	48.6%	2	2.8%	5	6.9%
Total	28009	24397	87.1%	13897	57.0%	3324	23.9%	9691	69.7%	303	2.2%	579	4.2%

All Youth in State Legal Custody During 2005 by County of Committing Court

	HHS Wards	HHS/OJS Ward	Multiple Adjudication	Grand Total
Adams	167	57	5	229
Antelope	20	2	2	24
Arthur	1	0	0	1
Boone	6	2	0	8
Box Butte	11	13	3	27
Boyd	3	1	1	5
Brown	4	0	1	5
Buffalo	120	59	3	182
Burt	27	7	1	35
Butler	49	6	0	55
Cass	105	22	4	131
Cedar	28	0	0	28
Chase	13	0	1	14
Cherry	22	0	0	22
Cheyenne	62	13	1	76
Clay	25	7	1	33
Colfax	29	8	3	40
Cuming	11	3	1	15
Custer	64	7	2	73
Dakota	59	75	2	136
Dawes	16	7	0	23
Dawson	180	36	13	229
Deuel	4	4	0	8
Dixon	15	5	2	22
Dodge	265	56	7	328
Douglas	3092	633	88	3813
Dundy	3	0	0	3
Fillmore	56	3	0	59
Franklin	8	2	0	10
Frontier	7	2	2	11
Furnas	27	3	0	30
Gage	78	23	0	101
Garden	6	3	0	9
Garfield	7	2	0	9
Gosper	10	3	0	13
Greeley	9	1	0	10
Hall	333	79	10	422
Hamilton	30	7	0	37
Harlan	9	1	0	10
Hayes	0	0	1	1
Hitchcock	11	1	0	12
Holt	38	3	0	41
Hooker	1	0	0	1

All Youth in State Legal Custody During 2005 by County of Committing Court

Howard	24	8	1	33
Jefferson	36	20	1	57
Johnson	29	2	1	32
Kearney	15	6	0	21
Keith	49	7	0	56
Kimball	36	3	0	39
Knox	8	0	0	8
Lancaster	1507	452	33	1992
Lincoln	370	45	6	421
Logan	1	0	0	1
Loup	1	0	0	1
Madison	199	82	13	294
Merrick	37	4	0	41
Morrill	19	5	0	24
Nance	9	5	0	14
Nemaha	13	6	0	19
Nuckolls	11	1	0	12
Otoe	41	17	0	58
Out of State	4	2	1	7
Pawnee	3	0	0	3
Perkins	3	1	0	4
Phelps	36	15	3	54
Pierce	25	3	1	29
Platte	102	25	2	129
Polk	11	7	0	18
Red Willow	52	12	8	72
Richardson	21	5	0	26
Rock	2	1	0	3
Saline	81	24	5	110
Sarpy	614	52	15	681
Saunders	55	22	0	77
Scotts Bluff	276	69	7	352
Seward	82	15	2	99
Sheridan	11	11	0	22
Sherman	8	1	0	9
Sioux	7	7	0	14
Thayer	3	7	0	10
Thomas	0	0	1	1
Thurston	0	0	0	0
Thurston	61	3	74	138
Valley	25	1	1	27
Washington	45	21	3	69
Wayne	7	2	0	9
Webster	4	0	0	4
York	109	17	1	127
Total	9083	2142	333	11558

OFFICE OF PROTECTION AND SAFETY ADMINISTRATION

CHRISTINE Z. PETERSON, *ACTING DIRECTOR*

DENNIS LOOSE, *CHIEF DEPUTY DIRECTOR FOR HEALTH AND HUMAN SERVICES*

TODD RECKLING, *OFFICE OF PROTECTION AND SAFETY ADMINISTRATOR*

KIM HAWEKOTTE, *OFFICE OF JUVENILE SERVICES ADMINISTRATOR*

CHRIS HANUS, *DEPUTY ADMINISTRATOR OF PROGRAMS*

SHERRI HABER, *DEPUTY ADMINISTRATOR OF OPERATIONS*

MARGARET BITZ, *UNIT ADMINISTRATOR*

LORI HARDER, *PROTECTION AND SAFETY ADMINISTRATOR*

DAN SCARBOROUGH, *YOUTH REHABILITATION TREATMENT CENTER- GENEVA ADMINISTRATOR*

TIM O'DEA, *YOUTH REHABILITATION TREATMENT CENTER-KEARNEY ADMINISTRATOR*

TERRI FARRELL, *ADMINISTRATOR, QUALITY ASSURANCE*

MICHELLE EBY, *ADMINISTRATOR, INTEGRATED CARE COORDINATION UNIT*

HEALTH AND HUMAN SERVICES SYSTEM POLICY CABINET

The three agencies of the System (Services, Regulation and Licensure, and Finance and Support) are governed by the Policy Cabinet. The Policy Cabinet is made up of the directors of the three agencies, the Policy Secretary, and a separate Chief Medical Officer if the Director of Regulation and Licensure is not a physician.

POLICY CABINET:

CHRISTINE Z. PETERSON, *POLICY SECRETARY*

DICK NELSON, *DIRECTOR, HHS FINANCE & SUPPORT*

CHRISTINE Z. PETERSON, *ACTING DIRECTOR, HEALTH & HUMAN SERVICES*

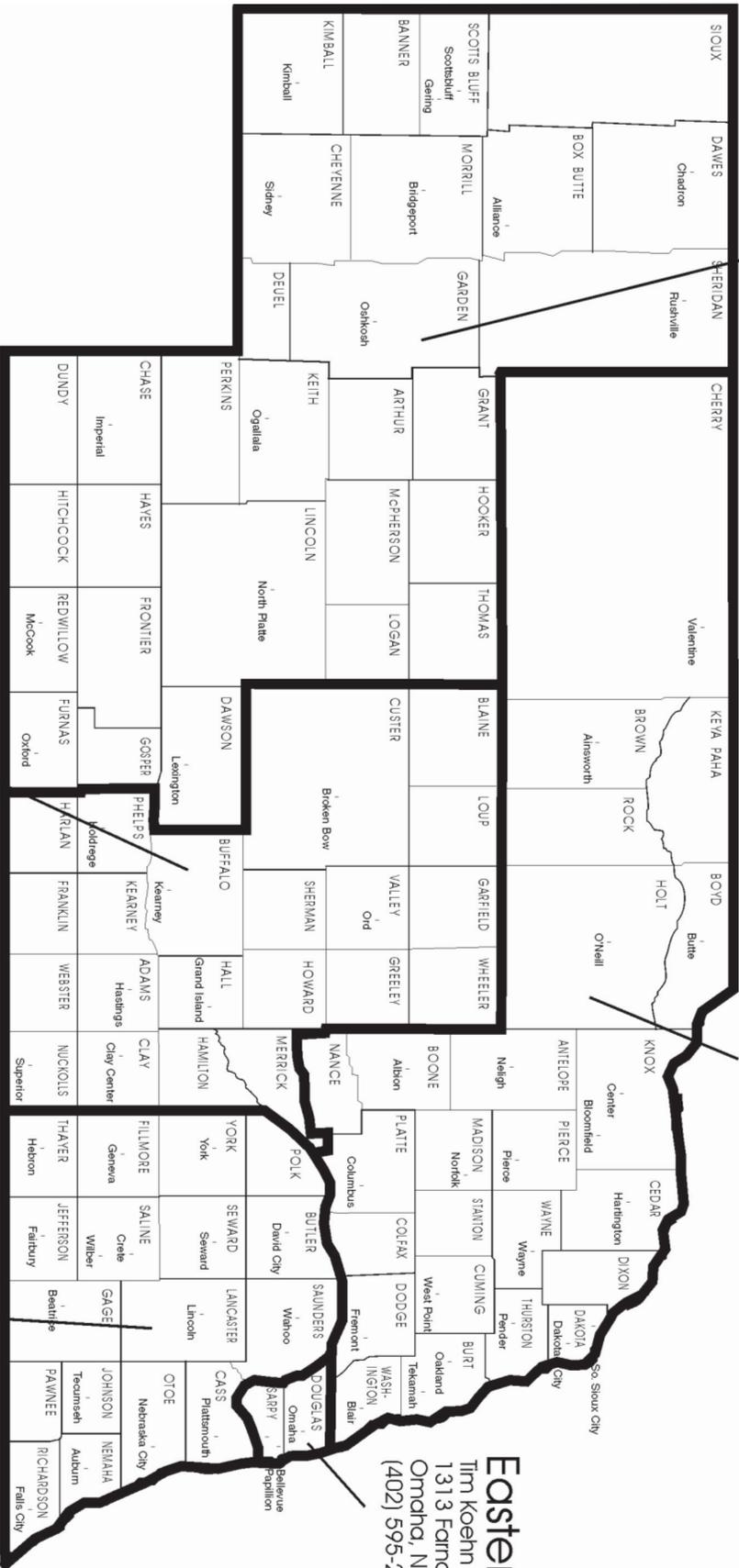
DR. JOANN SCHAEFER, *DIRECTOR, HHS REGULATION & LICENSURE / CHIEF MEDICAL OFFICER*

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Norfolk, NE 68702
(402) 370-3359

Eastern
Tim Koehn
1313 Fairnam
Omaha, NE 68102
(402) 595-2880



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Central
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Grand Island, NE 68802
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Southeast
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*Thank You from the Administrator of the
Office of Protection and Safety*

This annual report reflects progress that has been made to achieve better outcomes for children and families and acknowledges that more improvements are necessary, expected and will be accomplished.

Partnerships have made progress and success possible. I would like to extend a special and heartfelt “thank you” to all staff, organizations, advocates and individuals. Their willingness to work with us to meet the challenges associated with the outcomes of safety, permanency and well-being are making a positive difference every day for children and their families throughout the state.

Todd C Reckling





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THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM IS COMMITTED
TO AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY
AND DOES NOT DISCRIMINATE IN DELIVERING BENEFITS OR SERVICES

AA/EOE/ADA

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF HEALTH AND HUMAN SERVICES