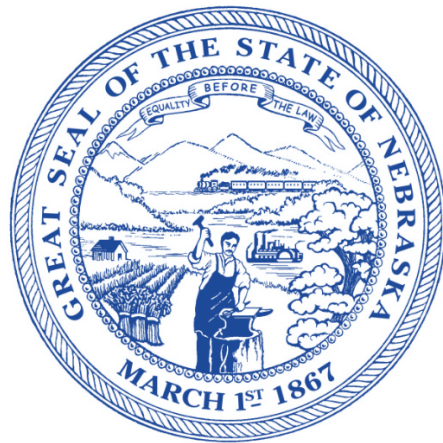


The Nebraska Foster Care Review Office Quarterly Report



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Executive Summary

The Foster Care Review Office (FCRO) provides this Quarterly Report to inform on identified conditions and outcomes for Nebraska's children in out-of-home care [aka foster care] as defined by statute, as well as to recommend needed changes as mandated.¹ The target audience for this Report includes the Nebraska Legislature, child welfare system stakeholders, juvenile justice system stakeholders, other policy makers, the press, and the public.

Special Study on Children with Extended Episodes of Foster Care

For the past several months, the FCRO has been working on a study of the population of children out-of-home for five years or more and their experiences prior to and during foster care. The project merges FCRO case reviews and longitudinal data from the FCTS data base to identify the barriers to permanency in these children's cases, identify system gaps in services for families, and improve individual and system-wide advocacy for children.

The cohort includes **93 children in care five years or more as of 1/31/19**. This special study is the first in a series of reports on children with extended episodes in foster care and will include demographic characteristics, reasons children in the cohort entered foster care, system experiences, and indicators of the children's current well-being. Some of the main findings thus far include:

Demographics

- **65.6%** of children in care five years or more reside in the Eastern Service Area, which is Douglas and Sarpy Counties (**page 12**). In comparison approximately 46% of all state wards reside in the Eastern Service Area, so the ESA is heavily over-represented in the cohort.
- **55.9%** of the children in the cohort are boys, and 44.1% are girls (**page 13**). In comparison, the ratio is normally 50/50 for all state wards.
- Racial disproportionality is even more acute for this population (see **page 13-14** for specific details).
- By age at entry:
 - **18.3%** were under 4 years of age when they entered foster care,
 - **34.4%** were between the ages of 4 and 7, and
 - **47.3%** were between the ages of 8 and 13 on entry (**page 14**).

¹ See Appendix B for more information about the FCRO. Contact information is on the last page.

Reasons for being in foster care

- The most common reason the children in this study were removed from their parents' care is neglect,² and neglect is present more frequently for this population than the population of all state wards reviewed in fiscal year 2017-18 (**81.7%** compared to **63.5%**) (**page 16**).³ Physical abuse and sexual abuse are also more common among the children who have been in care five or more years (**page 16**).
- All children in foster care have experienced some level of trauma, and that is true for this cohort as well. Trauma in early childhood can manifest itself as behavioral or mental health concerns, so it was not surprising that those issues were present at removal for **49.5%** of the children in the cohort.

Children's system experiences and system gaps

- **Over 1/3** of the children in this study had a previous removal from the home prior to this extended episode (**page 15**).
- **Nearly 85% of the children in this cohort changed placements more than 5 times while in foster care (page 17).**
 - For the **9.7%** of children with over 30 placements, their average time in each placement is less than 3 months.
 - For the **17.2%** of children with 21 to 30 placements, their average time in each placement was approximately 4 months.
- **81.7%** of the children in foster care for 5 years or more are diagnosed with a disability, as compared to 35.2% of all state wards (**page 19**).
- After five years in care, there are 4 children whose fathers are not legally identified (**page 21**).

Children's current well-being

- **30.1%** of the children in this study have been missing from care at least once, which put them at considerable risk (**page 18**).
- The majority of children (**84.9%**) with extended stays in foster care have a verified mental health diagnosis (**page 19**).
- **51.9%** are on target to graduate, a lower rate than their peers in foster care (**page 19-20**).
- **11.8%** of the children had plans indicating that they would likely age out of foster care without a safe permanent family (**page 20**).

² Neglect is a broad category of serious parental acts of omission or commission resulting in the failure to provide for a child's basic physical, medical, educational, and/or emotional needs. This could include a failure to provide minimally adequate supervision.

³ See FCRO Annual Report. Available at: <http://www.fcro.nebraska.gov/pdf/FCRO-Reports/2018-annual-report.pdf>

Other findings from this Quarterly Report

As in past reports, the FCRO shares average daily populations and point-in-time data for Nebraska's children in out-of-home or trial home visit care, both through child welfare and through juvenile justice. The following are some main points.

Indicators of System Improvements

- There were **4,270 Nebraska children** in out-of-home or trial home visit placements under DHHS/CFS, DHHS/OJS, and/or the Office of Juvenile Probation on 3/31/19, a 10.5% decrease from the 4,722 children on 3/31/18.⁴ Most of the decrease was in DHHS/CFS wards (**page 23**)
- Probation continues to reduce the number of youth placed in congregate care placements out of state. On 3/31/2019, **90.6%** of youth in congregate care were placed in Nebraska, compared to **85.4%** on 3/31/2018 (**page 44-45**).

Indicators with Little or No Change

- DHHS/CFS wards continue to be placed in the least restrictive, most family like settings at very high rates (**96.9%**). (**page 29**)
- In every population examined in this report, minority children and youth continue to be overrepresented. (**page 13-14, 28, 38, 43, 48-49**)
- Rates of re-entry into care remained the same for DHHS/CFS wards (**23.5%**). (**page 33-34**)

Indicators of System Concerns

- Just over half of the youth in home-like settings are placed with relative or kin placements, but only **20.6%** of the relative homes and **5.1%** of the kinship homes are licensed (**pages 30-31**).
- **28.0%** of DHHS/CFS wards have had more than four placement moves (moves between foster caregivers), including **148** children under age 6 (**page 32**). That is an increase from previous reports.
- **Over 20%** of the DHHS/CFS wards in the Northern and Southeast Service Areas have had more than 4 workers since the most recent removal (**page 33**). All areas of the state have had an increase in the numbers with 4 or more workers.
- **The percentage of DHHS/CFS wards in congregate care placed out-of-state has doubled from 9.4% (8 of 85 on 12/31/18) to 18.7% (17 of 91) in the last quarter.** While only **2.8%** of DHHS/CFS wards are placed in congregate care settings, it is best to serve children nearest to their home communities whenever possible. (**page 31**)

⁴ See Appendix A for definitions and explanations of acronyms.

Recommendations

There has been little or no progress made on any of the specific recommendations the FCRO made in its last Quarterly Report (3/1/19). All still remain valid and are considered re-issued.⁵

Since that Report, the Nebraska Legislature has put forward a number of Interim Study Resolutions that address many of the concerns the FCRO has identified over the last year. The FCRO, therefore, encourages DHHS/CFS, DHHS/OJS, DHHS/Behavioral Health, DHHS/Developmental Disabilities, Probation, and system stakeholders (as appropriate) to provide their perspectives and ideas on how to improve in these critical areas.

The FCRO recommends that a formal hearing be set for the following Legislative Resolutions:

Behavioral and mental health services

- **LR 156**, strategies to prevent suicide by youth in the juvenile justice system, which includes access to behavioral and mental health services.
- **LR 160**, assess the mental and behavioral health needs of Nebraskans and the current shortages of services and resources.
- **LR 208**, safe and positive school learning environments, including mental and behavioral health support and resources.

Developmental disability services

- **LR 105**, eligibility requirements for disabled persons, including children.
- **LR 216**, options to better serve state wards who have developmental disabilities.
- **LR 250**, comprehensive strategic plan for providing services to persons with disabilities.

DHHS/CFS practices

- **LR 88**, kinship navigator services and barriers facing grandparents and other relatives in and out of child welfare.
- **LR 134**, recent changes in the drug testing protocol used by DHHS/CFS.
- **LR 158**, adoption practices, including foster and adoption processes.
- **LR 193**, implementation of the federal Family First Prevention Services Act in Nebraska, and strategies for appropriate oversight.
- **LR 239**, examination of standards and oversight for non-court cases in the child welfare system.

⁵ See Appendix C for those recommendations.

Juvenile Justice Issues

- **LR 176**, juvenile justice recidivism rates.
- **LR 200**, programming at the Youth Rehabilitation and Treatment Centers, including mental health treatments and re-entry planning.
- **LR 201**, school truancy.

Prosecution

- **LR 146**, transparency of prosecution.

The FCRO thanks the members of the Legislature for their on-going concern for Nebraska's vulnerable children and youth, and looks forward to providing relevant information on these and other study resolution topics.

***“There can be no keener revelation of
a society’s soul than the way in which
it treats its children”***

-Nelson Mandela

Special Study on Children with Extended Episodes of Foster Care

Children in Care Five Years or Longer. Preliminary Federal AFCARS data indicate that U.S. children who exited foster care in FY2017 spent an average of 19.2 months in care.⁶ And while data indicate that the proportion of children who remain in the foster care system five years or more has decreased by half from 1998 to 2016,⁷ approximately 4% of U.S. children who enter foster care will still be in foster care after five years. **On 1/31/19, there were 93 Nebraska children who had been in foster care for at least 5 continuous years.**

For the past several months, the FCRO has been working to better understand this population of children and their experiences prior to and during foster care. The Nebraska FCRO is uniquely positioned to analyze children in out-of-home care for extended periods to identify the barriers to permanency, identify system gaps in services for families, and improve individual and system-wide advocacy for children. The current project merges content analysis from FCRO case reviews and longitudinal data from the FCTS database.

The overarching goal of the study is to identify key indicators for extended periods in foster care and critical turning points in cases that require intensive case management and advocacy with the long-term goal of improving the child welfare system.

The study information below is the first in a series of reports on children with extended episodes of foster care. It will introduce the population of children in care for five years or more, identify the reasons they came in to care, outline their system experiences, and provide information on current well-being measures. The experiences of the children in this study must be contextualized by the research on trauma caused by childhood abuse and growing up in the foster care system.

Child Abuse and Trauma. Childhood trauma is an emotional reaction to an event that causes a child to feel intensely threatened.^{8,9} This event could be something that a child is directly involved in, such as experiencing childhood abuse, or something that is witnessed, like seeing a parent abused or witnessing community violence.

All children who enter foster care have experienced trauma. These children likely experienced repetitive, severe, and pervasive trauma, such as an environment of domestic violence, parental drug abuse, and/or serious parental mental illness. This type

⁶ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau. 2018. "The AFCARS Report: Preliminary FY 2017 Estimates as of August 10, 2018 – No.25." <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport25.pdf>

⁷ Child Trends Databank. 2018. "Foster Care." <https://www.childtrends.org/?indicators=foster-care>.

⁸ American Psychological Association. 2019. "Trauma." Available at: <https://www.apa.org/topics/trauma/>

⁹ National Childhood Traumatic Stress Network. "Trauma Types." Available at: <https://www.nctsn.org/what-is-child-trauma/trauma-types>

of trauma is termed “complex trauma” by the National Children’s Traumatic Stress Network (NCTSN)¹⁰ and has significant developmental consequences.

The American Academy of Pediatrics¹¹ identifies several behavioral issues as manifestations of trauma. Children with significant trauma histories:

- Are more likely to misread facial and non-verbal cues, and think there is a threat where none is intended. They also respond more quickly and forcefully than other children to anything perceived as a threat.
- Have a greater likelihood of attention deficits, emotional dysregulation, and oppositional behaviors, which may have been adaptive to the threatening environment but are not appropriate in a safe environment.
- Are more likely to have developmental or educational delays.
- Have a greater chance of short-term memory issues.
- Often challenge their caregiver in ways that may threaten the stability of the placement.
- May present sleep problems, food issues, toileting problems, anger, aggression, detachment, hyper-arousal, depression, or chronic medical issues.
- Do not know how to vocalize their feelings.
- Lack the skills for self-regulation or for calming down once upset.
- May have issues related to adverse brain development.
- Need to be redirected or behavior may start to escalate.

Even though children enter into foster care to alleviate, and hopefully, remedy the conditions that lead to their removal and the trauma they have experienced, the process of removing a child from their family home is also traumatic. Further, many children in out-of-home placements feel stigmatized, or internalize messages that because they were the ones forcefully taken out of the home that they must be “bad.” Children who have already experienced trauma in the home of origin are often additionally traumatized by placement into foster care.

System Stability and Trauma. Federal and state law establish three goals for the child welfare system: safety, permanency and well-being. Children enter into out-of-home care because of real threats to their safety, and once in out-of-home care, it is the state’s responsibility that children in their custody remain safe. Second, children need permanency; they need a family with secure attachments that they can trust to keep them safe. And third, children should leave the foster care system better off than when they entered.

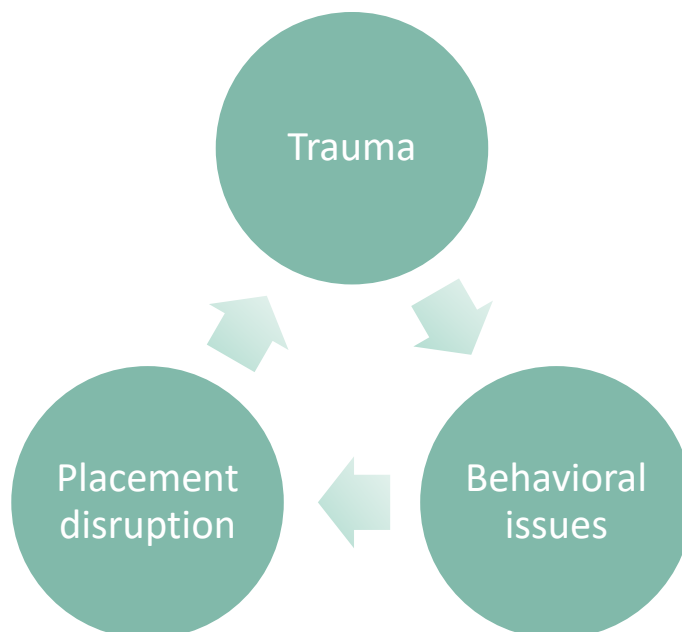
¹⁰ NCTSN was established by Congress in 2000 as a collaboration of frontline providers, researchers, and families. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children’s lives by changing the course of their care. Available at <https://www.nctsn.org/>.

¹¹ American Academy of Pediatrics, 2013 “Helping Foster and Adoptive Families Cope With Trauma,” American Academy of Pediatrics and Dave Thomas Foundation for Adoption.

In order to meet these three goals, children must enter into a stable foster care system with the resources to meet their needs. The most critical resource for a child in foster care is a safe, stable placement that can meet the child's needs and allow for the development of secure attachments. It is critical that DHHS places children in homes that can manage behaviors that manifest from trauma. The impact of placement stability for children in foster care cannot be overstated. Placement instability has negative impacts on safety, permanency, and wellbeing.¹²

For many children in foster care, and especially those with extended episodes, an unfortunate cyclical pattern occurs (**Figure 1**). Trauma leads to behavioral issues, behavioral issues are frequently identified as the reason placement disruption occurs, and placement disruption causes more trauma.

Figure 1: Cycle of Trauma



Long Term Effects of Childhood Trauma. The Adverse Childhood Experiences (ACE) study¹³ and subsequent research dispelled the myth that childhood trauma stays in childhood. An increase in the number of ACEs increases the risk for a myriad of adult health problems. It is absolutely critical that once a child enters into foster care, the adults charged with their safety, permanency, and well-being “do no more harm.”

¹² Casey Family Programs. 2018. “What Impacts Placement Stability?” Available at: <https://www.casey.org/placement-stability-impacts/>

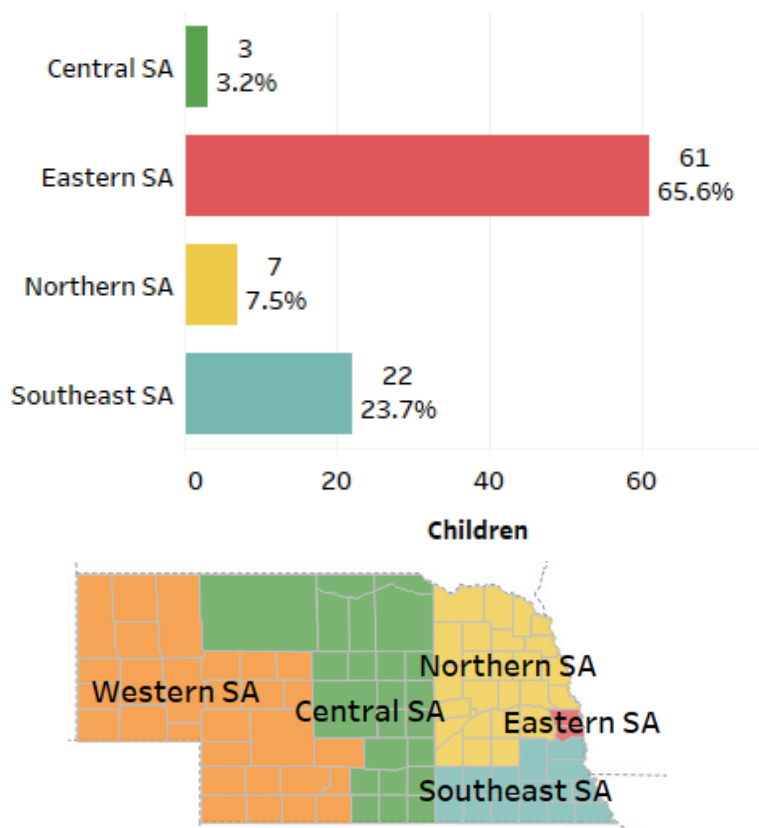
¹³ Felitti, Vincent et al. 1998. “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study.” *American Journal of Preventative Medicine*. Available at: [https://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/pdf](https://www.ajpmonline.org/article/S0749-3797(98)00017-8/pdf)

Demographics

Service area.¹⁴ Children with extended episodes in foster care are disproportionately from the more urban areas of the state. This includes:

- **65.6%** of the children in care for five years or more live in the Eastern Service Area, compared to 46% of all state wards (**Figure 17, p 27**),
- **23.7%** from the Southeast Service Area, which includes Lancaster County and southeast Nebraska, compared to 17.1% of all state wards residing in the area, and
- No children from the Western Service Area, which includes the panhandle and southwest Nebraska, are in this study.

Figure 2: Service Area of Children with Extended Episodes of Foster Care, n=93



¹⁴ County level data will not be provided for children in study due to the small number of children outside of Douglas and Lancaster counties.

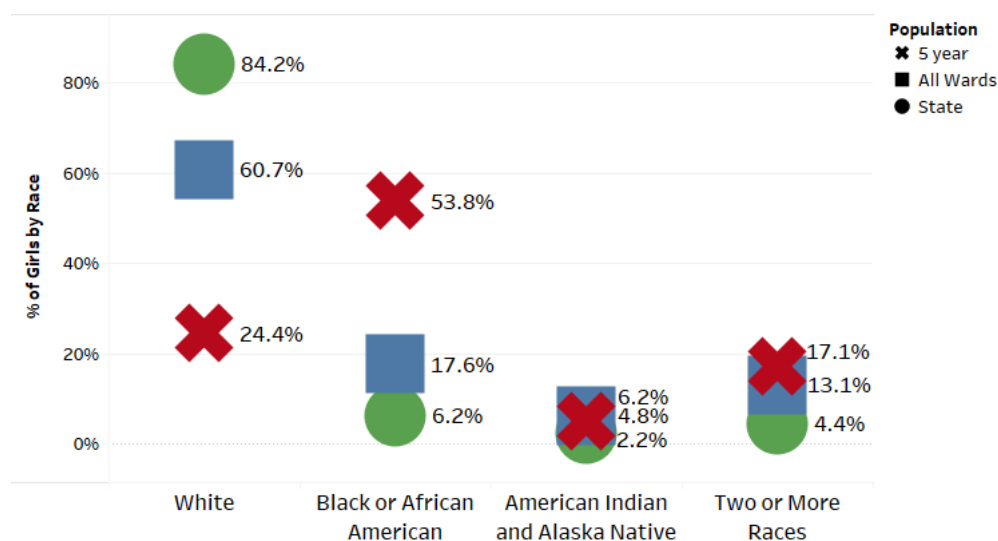
Age. The children in this population currently range in age from 6 to 19,¹⁵ with a median age of 16.

Race and Gender. There are more boys (52, 55.9%) than girls (41, 44.1%) in this cohort.

Regardless of gender, Black and multi-racial children are disproportionately represented in the population of children in care for five or more years (43.0% and 16.1%, respectively). As shown in **Figures 3** and **4** there is some variation in disproportionality by gender. Disproportionality was greater for girls than for boys:

- **More than half of the girls in out-of-home care for 5 or more years are Black or African American (53.8%),** compared to 17.6% of the out-of-home population and 6.2% of the population of girls in Nebraska.
- **17.1%** of the girls in out-of-home care for 5 years or more are multiracial, compared to 13.1% of the out-of-home population, and 4.4% of the population of girls in Nebraska.

Figure 3: Race of Girls with Extended Episodes of Foster Care, n=41

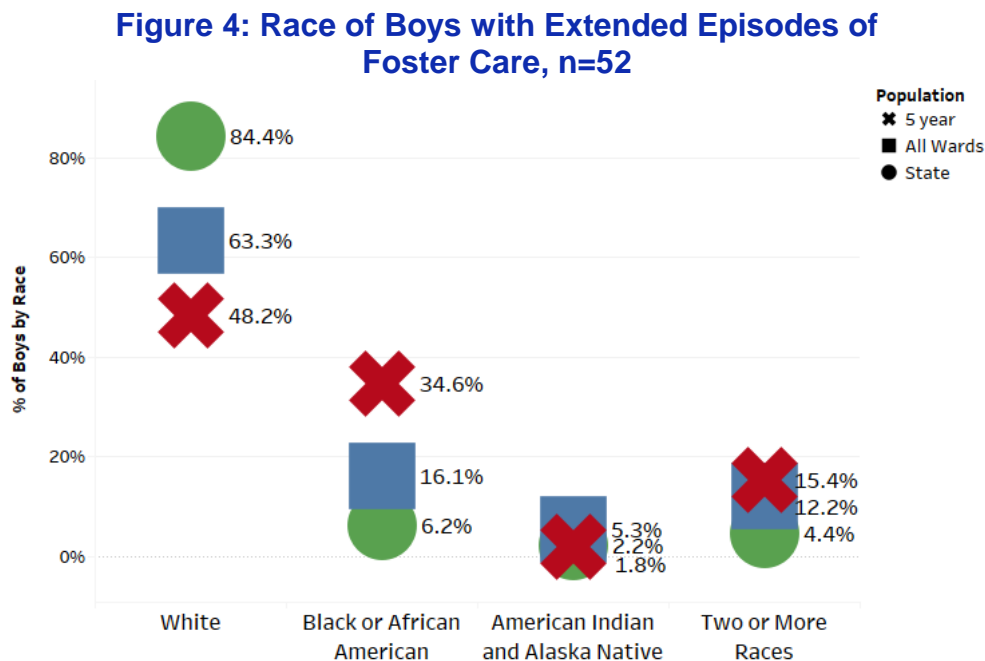


American Indian girls make up 2.2% of all girls in Nebraska, 6.2% of all girls in out-of-home care, and 4.8% of girls in care five years or more. These numbers do not include American Indian girls involved in tribal courts.

¹⁵ The children in this study were all in care five years or more on January 31, 2019. As of May 15, 2019, 6 of the 93 children have exited care: 3 through adoption, 1 through guardianship; and 2 children aged out of foster care without permanency.

Black or African American and multiracial boys are overrepresented in the population of boys in out-of-home care five years or more:

- **Over 1/3 of the boys in out-of-home care for 5 or more years are Black or African American (34.6%)**, compared to 16.1% of all boys in out-of-home care, and 6.2% of all Nebraska boys.
- **15.4%** of boys in care 5 or more years are multiracial, compared to 12.2% of the out-of-home population, and 4.4% of all Nebraska boys.



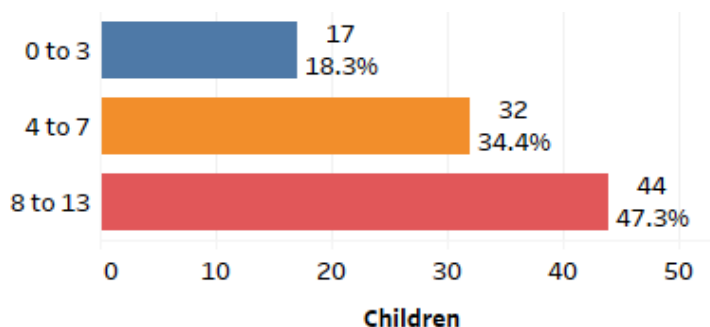
American Indian boys are 2.2% of all boys in Nebraska, 5.3% of all boys in out-of-home care, and 1.8% of boys in care five years or more. These numbers do not include American Indian boys involved in tribal courts.

System Experiences

Age at Entry. On average, the children with extended stays in foster care entered care at age 7. As shown in **Figure 5**:

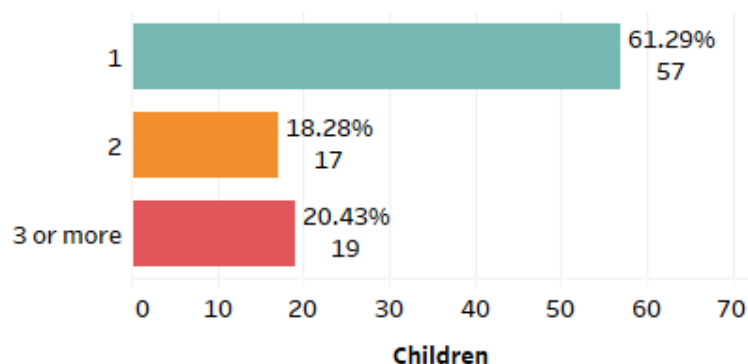
- **18.3%** were under 4 years of age when they entered foster care,
- **34.4%** were between the ages of 4 and 7, and
- **47.3%** were between the ages of 8 and 13.

Figure 5: Age Entered Care for Current Episode for Children with Extended Episodes of Foster Care, n=93



Previous Episodes in Care. Over 1/3 of the children in this study had a previous removal from the home (Figure 6). This is higher than the 23.5% for all state wards (See Figure 25, p 34).

Figure 6: Lifetime Removals for Current Episode for Children with Extended Episodes of Foster Care, n=93



Of the 36 children with multiple removals from the home, **16 (44.4%)** were under the age of 4 when first removed, **14 (38.9%)** were between age 4 and 7, and **6 (16.7%)** were over the age of 8 when they first entered care. The majority (**32, 88.9%**) of the children with a previous episode in care had reunified with their parents after their previous removal. Two of the children in this study had been previously adopted, and two had previously entered into a guardianship.¹⁶

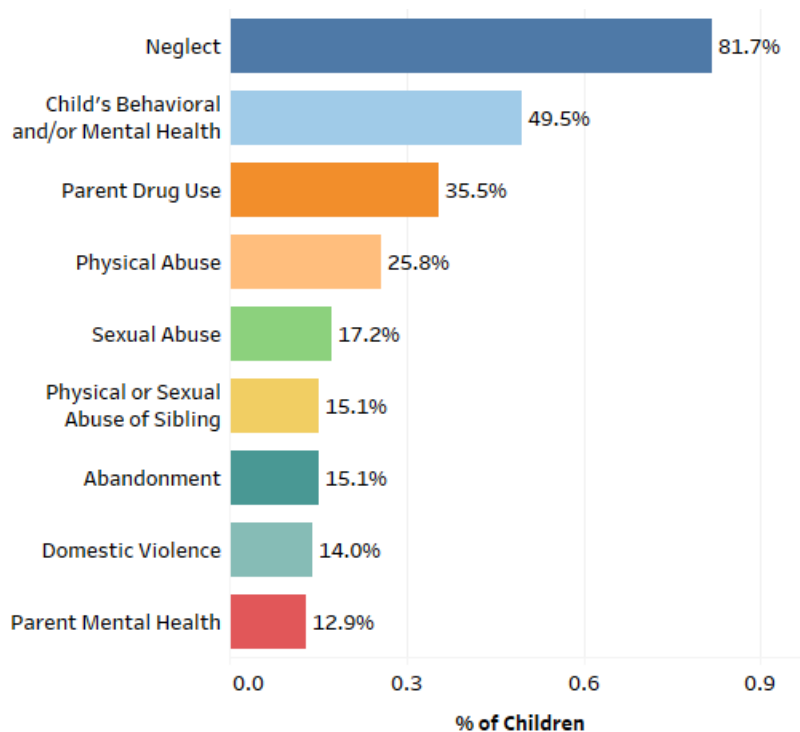
Reasons Entered Care. The most common reason the children in this study were removed from their parents' care is neglect,¹⁷ and neglect is present more frequently for

¹⁶ The March 2019 FCRO Quarterly Report includes a special study on children who re-entered care after a previous adoption or guardianship. Available at: <http://www.fcro.nebraska.gov/pdf/FCRO-Reports/2019-q1-quarterly-report.pdf>.

¹⁷ Neglect is a broad category of serious parental acts of omission or commission resulting in the failure to provide for a child's basic physical, medical, educational, and/or emotional needs. This could include a failure to provide minimally adequate supervision.

this population than the population of all state wards reviewed in fiscal year 2017-18 (**81.7%** compared to **63.5%**).¹⁸

Figure 7: Reasons for Removal for Children with Extended Episodes of Foster Care, n=93
(Multiple Reasons per Child)



During fiscal year 2017-18, approximately 18% of children reviewed were removed for reasons related to the child's needs, most commonly access to behavioral and mental health services. For children with extended stays in foster care, nearly half (**49.5%**) entered care in at least some part because of behavioral or mental health concerns. **It is important to recognize that 2/3 of the children who enter care because of behavioral or mental health concerns are coming from environments where neglect is also present.**

Physical abuse and sexual abuse are also more common among the children who have been in care five or more years:

- **25.8%** of the children in this study entered care because of physical abuse, while only 13.1% of all reviewed children in fiscal year 2017-18.
- Similarly, **17.2%** of children with extended episodes of foster care entered care because of sexual abuse, compared to 6.0% of all reviewed children.

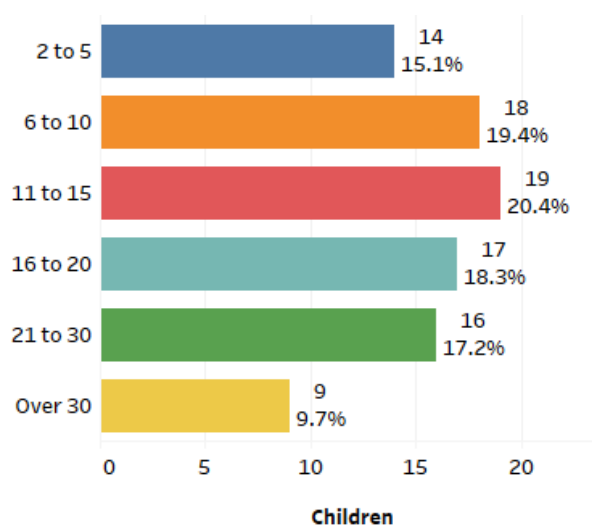
¹⁸ See FCRO Annual Report. Available at: <http://www.fcro.nebraska.gov/pdf/FCRO-Reports/2018-annual-report.pdf>

Over half (58.3%) of the children who were physically abused and 62.5% of the children who were sexually abused have behavioral or mental health concerns as a reason for entering care.

Foster Care Placements. All children, and especially those in out-of-home care, need secure attachments to adults in order to thrive. As shown in **Figure 8**, the children with extended stays in foster care are unlikely to build those attachments with their caregivers due to the frequency of placement changes.¹⁹ **Nearly 85% of the children in this cohort changed placements more than 5 times while in foster care.**

- For the **9.7%** of children with over 30 placements, their average time in each placement is less than 3 months.
- For the **17.2%** of children with 21 to 30 placements, their average time in each placement was approximately 4 months.

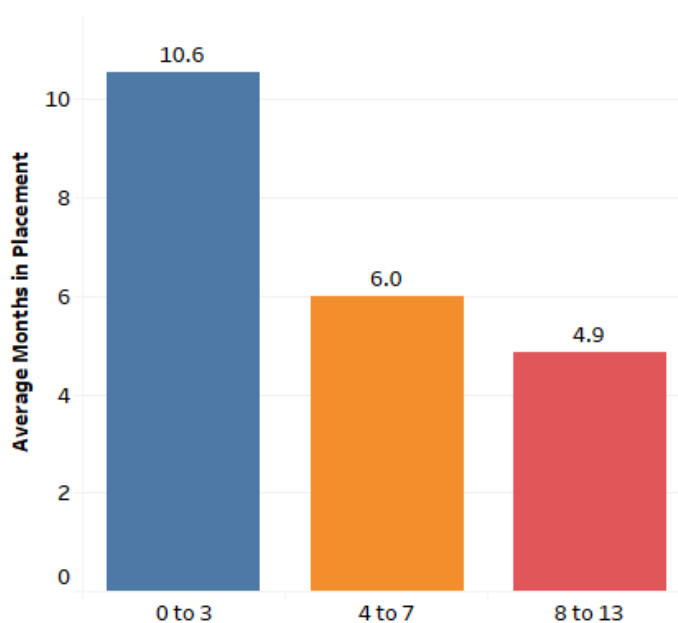
Figure 8: Lifetime Number of Foster Care Placements for Children with Extended Episodes of Foster Care, n=93



As shown in **Figure 9**, the older a child is when they enter foster care, the less time they spend in each placement. But even those children who enter care while between the ages of 0 and 3 spend less than a year in each placement, on average.

¹⁹ The FCRO does not count hospitalizations of three days or less as a placement. Many children in this study have also experienced multiple hospitalization in addition to the placement changes discussed here.

Figure 9: Average Months in Placement by Age Entered Care for Children with Extended Episodes of Foster Care, n=93



Missing from Care. In addition to placement instability, **30.1%** of the children in this study have been missing from care at least once, including **4 boys** and **6 girls** who have been missing from care five or more times. Previous research finds that girls are more likely to run away from a placement than boys, and that placement instability is correlated to running away.²⁰

In general, children in out-of-home care are at an increased risk for human trafficking, with conservative estimates that half of the victims of human trafficking were involved with the child welfare system. Children with a history of running away are also at an increased risk to be victims of human trafficking.²¹ Other risk factors include self or familial substance use or mental health problems, unmet intangible needs like love, belonging, affection, and protection, low self-esteem, and a lack of identity. All of these factors combined make the population of children with extended episodes of foster care a vulnerable population.

²⁰ Courtney, Mark E, Ada Syyles, Gina Miranda, Andrew Zinn, Eboni Howard, and Robert M. George. 2005. "Youth Who Run Away from Out-of-Home Care." Chapin Hall: Center for Children at the University of Chicago. Available at: https://www.chapinhall.org/wp-content/uploads/Courtney_Youth-Who-Run-Away_Brief_2005.pdf

²¹ Child Welfare Information Gateway. 2017. "Human Trafficking and Child Welfare: A Guide for Caseworkers." Children's Bureau/ACYF/ACF/HHS. Available at: https://www.childwelfare.gov/pubPDFs/trafficking_caseworkers.pdf

Well-Being

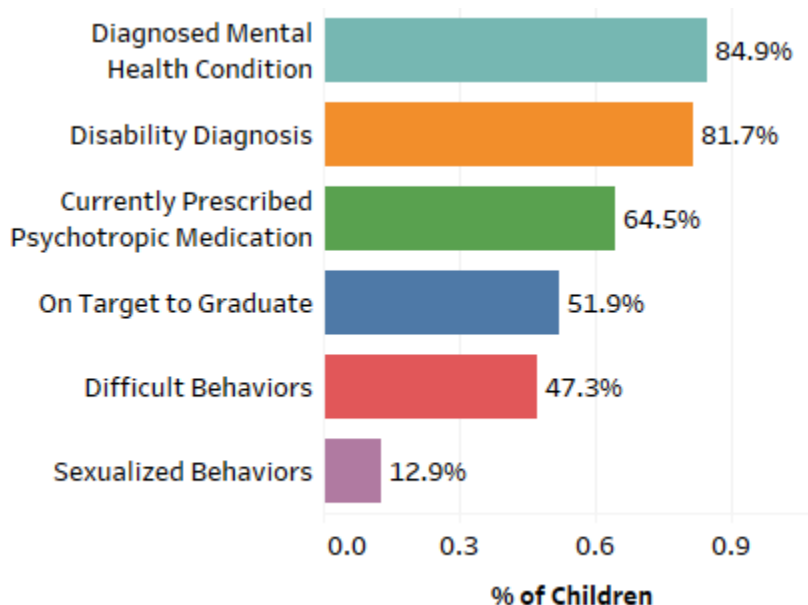
Mental Health Diagnoses and Disability Diagnoses. The majority of children (84.9%) with extended stays in foster care have a verified mental health diagnosis (Figure 10). This is a much higher rate than the 39.7% of all children reviewed in fiscal year 2017-18. Similarly, approximately 20% of all children reviewed were prescribed psychotropic medication. For children with extended stays in foster care, the number jumps to 64.5%.

Disability diagnoses are more common for children with extended stays in foster care. **Of the children in care 5 years or more, 81.7% are diagnosed with a disability,** compared to 35.2% of all reviewed children in out-of-home care.

Among the most vulnerable children who experienced abuse and neglect are those that also meet the strict criteria for qualification for Developmental Disabilities Services through NDHHS. Those criteria were met by 5.4% of all reviewed children with a disability diagnosis in 2017-18, but **19.7% (15 of 76) of the children with a disability diagnosis in this study.**

- **Of the 15 children who qualify for Developmental Disabilities Services through NDHHS, only 5 (33.3%) are receiving those services.**

Figure 10: Current Well-Being Measures for Children with Extended Episodes of Foster Care, n=93



The children in this study are less likely to be on target to graduate (**51.9%**) than their peers in out-of-home care. Educational disruption is often a consequence of placement changes.²²

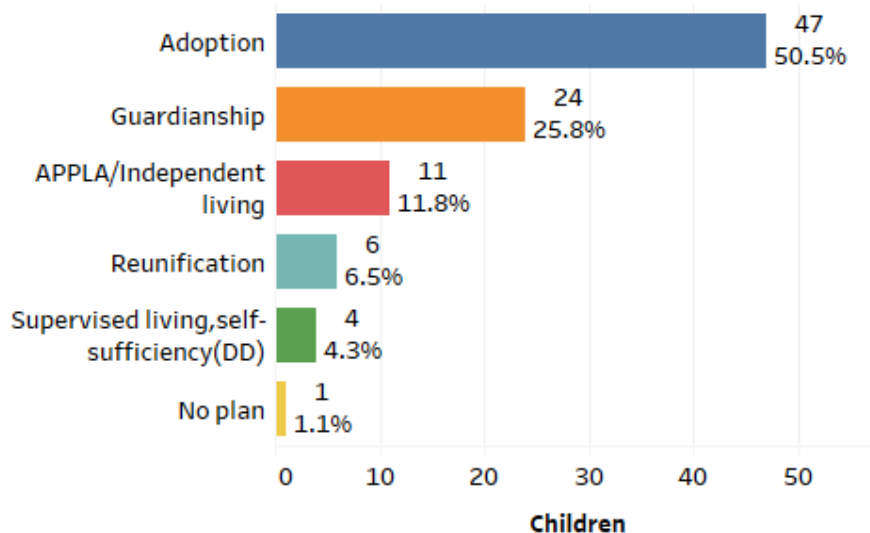
Compared to all reviewed children in foster care, children with extended stays are:

- more likely to display behaviors that make caregiving difficult (**47.3%**, compared to 15.2%),
- more likely to be involved with juvenile probation (**26.9%** of the children over age 11, compared to 11.2% of reviewed teenagers), and
- more likely to have displayed sexualized behaviors within the 6 months prior to review, excluding developmentally appropriate behaviors (**12.9%** compared to 9.1%).

Current Status

Primary Permanency Objective. The permanency objective, ordered by the court, determines the planning and services required to ensure a child receives permanency. For children reviewed by the FCRO, reunification with parents is the most common permanency objective (**65.5%**). For the children in care five years or more, adoption is the most common permanency objective. For **6 (6.5%)** of the children in care five or more years, the current goal is reunification with the parent.

Figure 11: Primary Permanency Objective for Children with Extended Episodes of Foster Care, n=93



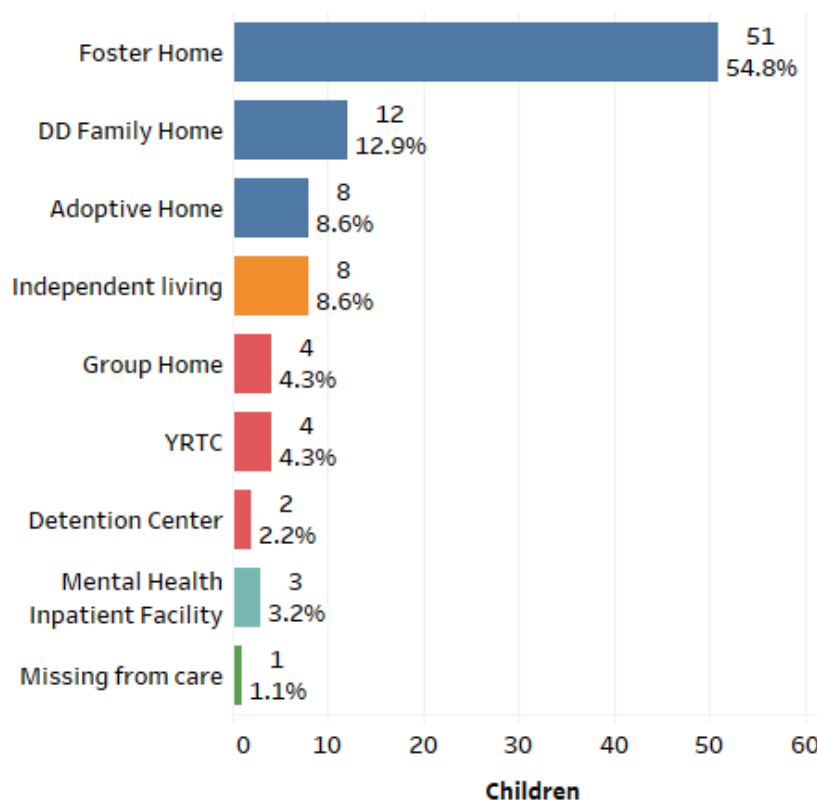
²² Casey Family Programs. 2018. "What Impacts Placement Stability?" Available at: <https://www.casey.org/placement-stability-impacts/>

Parents Rights Status. For **75 of the 93 (80.6%)** children in this cohort, both parents have either relinquished parental rights or had their rights terminated by the courts. For **14 (15.1%)**, at least one parent has intact parental rights. For the remaining **4 (4.3%)** children, mother’s rights are no longer intact, but the father is either currently unknown or has not been legally established.

As discussed in the 2018 FCRO Annual Report, the federal *Fostering Connections to Success and Increasing Adoptions Act* (PL 110-351, 2008) requires that NDHHS apply “due diligence” in identifying relatives within the first 30 days after a child is removed from the home. Whether or not a father is a suitable caregiver for his child, the father’s due process and constitutional parental rights must be addressed. **It is simply unacceptable that after five years of foster care any child would have unaddressed father’s rights.**

Current Placement. More than half (**54.8%**) of the children in this cohort are placed in a foster home, and an additional **8.6%** are in a foster home that intends to adopt the children. For the eight children currently in Independent Living, it is anticipated that they will age out of foster care without a permanent family in place. Ten (**10.8%**) of the children are currently placed in juvenile justice focused facilities: YRTCs, detention centers, and group homes.

Figure 12: Current Placement for Children with Extended Episodes of Foster Care, n=93



Court Appointed Special Advocates. Court Appointed Special Advocates (CASAs) are available in some parts of the State. CASA volunteers work with the court and guardian ad litem to continually gather information relevant to the progress of the case and to advocate for the child. CASA volunteers are often assigned to the most intensive cases. Statewide, approximately 29.2% of the cases reviewed by the FCRO had a CASA appointed. For children in care 5 or more years, **51.6%** were working with a CASA volunteer.

Conclusions

Foster care is intended to be a **temporary** measure to ensure children's health and safety in instances where ongoing safety issues exist in the home of removal and/or the parents are unwilling or unable to voluntarily participate in services to prevent removal. Yet, for the children in this study, foster care is anything but temporary. Many have spent more than half of their young lives in foster care, and some their entire lives. Many of these children display behaviors associated with trauma, trauma that originates in the abuse and neglect experienced in their homes and is exacerbated by the trauma of instability in their out-of-home experience.

In the past, it was believed that children were resilient and thus able in most cases to recover quickly and easily from their experiences in an abusive or neglectful home and/or from moves between caregivers while in out-of-home care. National research has disproven that belief and found instead that these effects may impact children for the rest of their lives, even with the best of interventions.²³ Statistics alone cannot adequately communicate the complex trauma experienced by these children. Early maltreatment can result in long-term behavioral changes. These in turn draw responses from those around the trauma-adapted child, responses that can either help or hinder the child's attempts at re-adaptation to the non-traumatic world.²⁴

Next Steps. The goal of this study is not simply to identify a problem, but to work towards solutions. The next step of the project is to look at the lifetime of experiences of these children throughout their time in foster care in order to identify key indicators for extended periods in foster care and critical turning points in cases that require intensive case management and advocacy. All system partners must recognize where the system can be improved or where it may have failed entirely. This includes the FCRO, as the results from this study will be used to improve both oversight and advocacy for all children in out-of-home care. The preliminary results presented here identify the need for intensive trauma services, early interventions, and improved advocacy that are relevant to all child welfare stakeholders.

²³ An online search of "foster care alumni" will turn up hundreds of articles regarding the experiences of former wards who have now reached adulthood.

²⁴ American Academy of Pediatrics, Helping Foster and Adoptive Families Cope With Trauma, c 2013 American Academy of Pediatrics and Dave Thomas Foundation for Adoption.

The **4,270 children** in out-of-home or trial home visit care on 3/31/19 included the following groups:

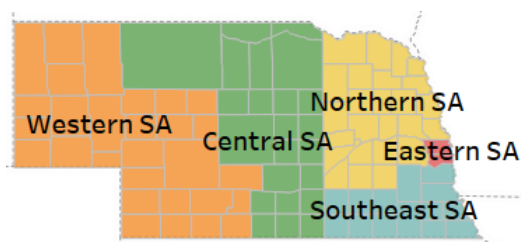
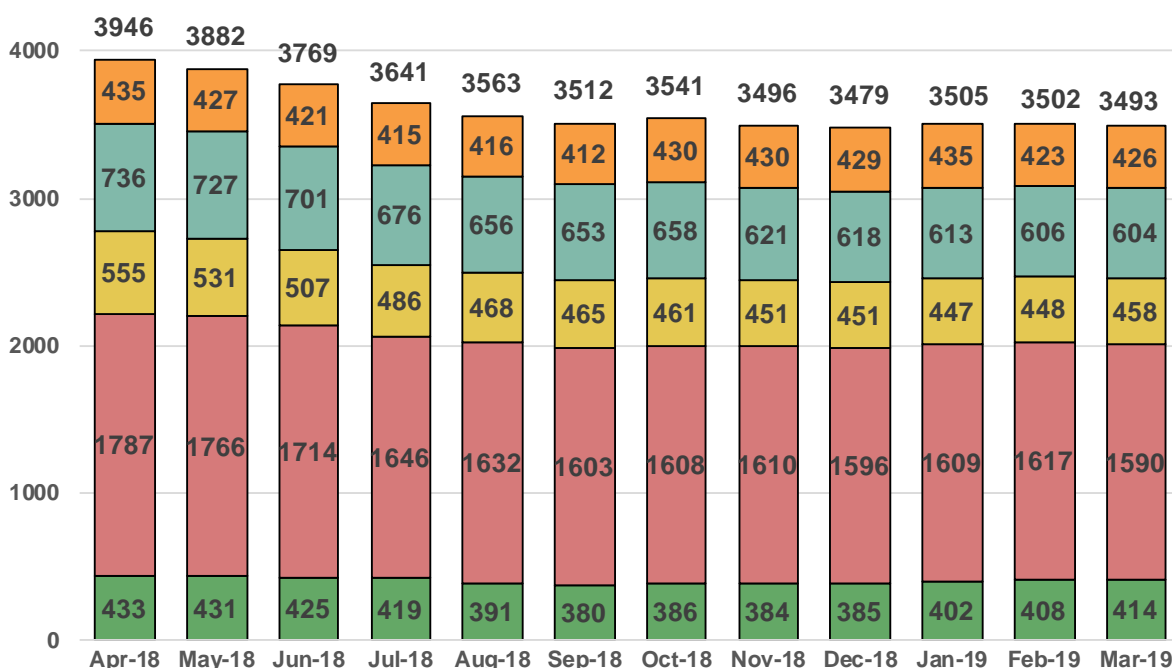
- **3,308 (77.5%) children** that were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with the Office of Juvenile Probation Administration (hereafter referred to simply as Probation).
 - This is a 13.4% decrease compared to the 3,822 children on 3/31/18.
- **715 (16.7%) youth** that were in out-of-home care while supervised by Probation, but were not simultaneously involved with DHHS/CFS or at the YRTCs.
 - A 3.2% increase from 693 youth on 3/31/18.
- **121 (2.8%) youth** in out-of-home care or trial home visits that were involved with DHHS/CFS and Probation simultaneously.
 - Little change from the 123 youth on 3/31/18.
- **113 (2.6%) youth** in out-of-home care who were involved with both DHHS/OJS and Probation, including **108** at the YRTCs and **5** in other placements.
 - This category had 126 youth on 3/31/18, with 115 at one of the YRTCs and 11 in other placements.
- **13 (0.3%) children** in out-of-home care that were served by DHHS/OJS only, including **12** at the YRTCS and 1 in another placement.
 - There were 8 children on 3/31/18.

Average Daily Population of Children with any DHHS/CFS Involvement

Daily population

Figure 14 shows the decline in average daily population (ADP) per month of DHHS/CFS involved children in out-of-home or trial home visit placements (including those simultaneously serviced by the Office of Probation) over the course of the last 12 months.

Figure 14: Average Daily Population of All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements –
(includes children with simultaneous involvement with Probation)²⁶



²⁶ The FCRO's FCTS data system is a dynamic computer system that occasionally receives reports on children's entries, changes, or exits long after the event took place. The FCRO also has a robust internal CQI (continuous quality improvement) process that can catch and reverse many errors in children's records regardless of the cause and that works to create the most accurate data possible. Therefore, due to delayed reporting and internal CQI some of the numbers on this rolling year chart will not exactly match that of previous reports.

Figure 15 compares the average daily populations from March 2018 to March 2019 by service area. In March 2019, there were **12.0%** fewer DHHS/CFS wards in out-of-home care or trial home visit than at the same time last year. The decrease in the number of children in out-of-home care varies by service area, with the Southeast service area seeing the largest rolling year drop (**-19.3%**).

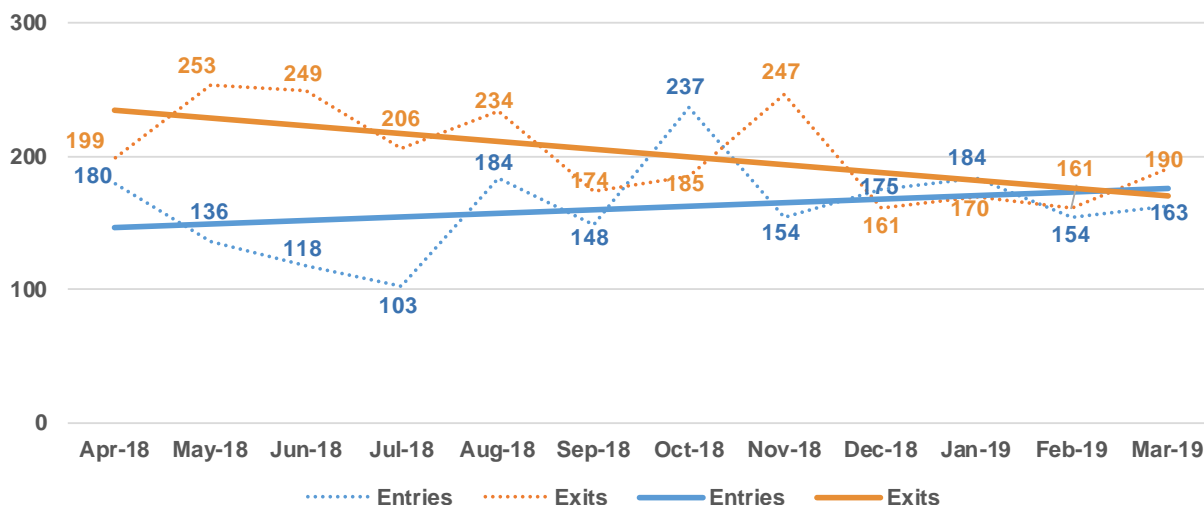
Figure 15: Percent Change in All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements

Service Area	March 2018 ADP	March 2019 ADP	% Change
Central SA	441	414	-6.0%
Eastern SA	1,793	1,590	-11.3%
Northern SA	544	458	-15.8%
Southeast SA	749	604	-19.3%
Western SA	441	426	-3.4%
Statewide	3,967	3,493	-12.0%

Entries and Exits

Figure 16 shows that in 9 of the last 12 months, more children exited the foster care system than entered, which leads to net decreases in the overall population of children in out-of-home and trial home visit placements. The number of children entering the foster care system dropped dramatically during July of 2018, but has since increased with a spike in entries during October 2018. As has been the case in previous years, the number of children exiting foster care increases in November, when many jurisdictions participate in adoption day.

Figure 16: Statewide Entrances and Exits of DHHS/CFS Involved Children



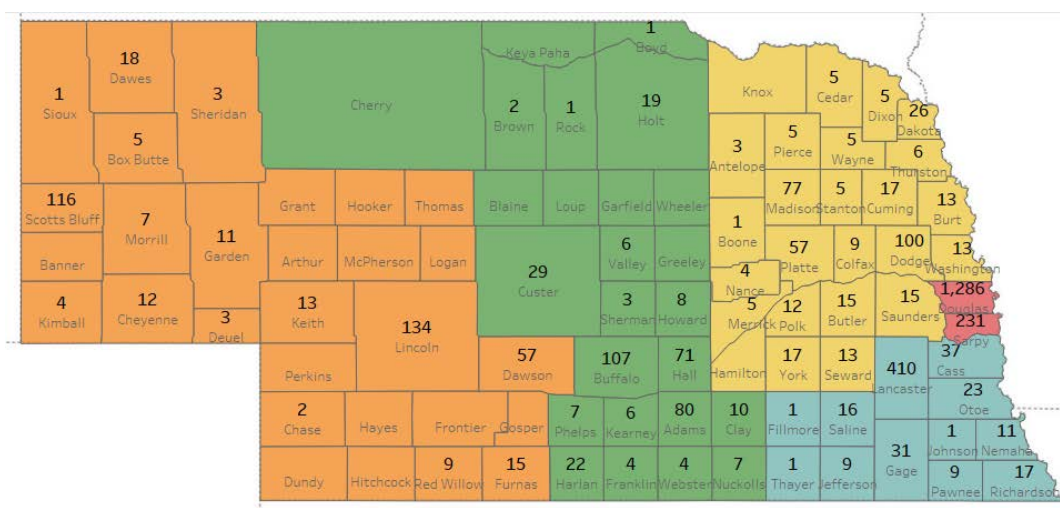
Children Solely Involved with DHHS/CFS – Point-in-time (Single Day) View

Single day data on DHHS/CFS wards in this section includes only children that meet the following criteria: 1) involved with DHHS/CFS and no other state agency and 2) reported to be in either an out-of-home or trial home visit placement.²⁷ **On 3/31/19 there were 3,308 children who met those criteria** – 32 fewer children than last quarter, and a 13.4% reduction when compared to the 3,822 on 3/31/18.

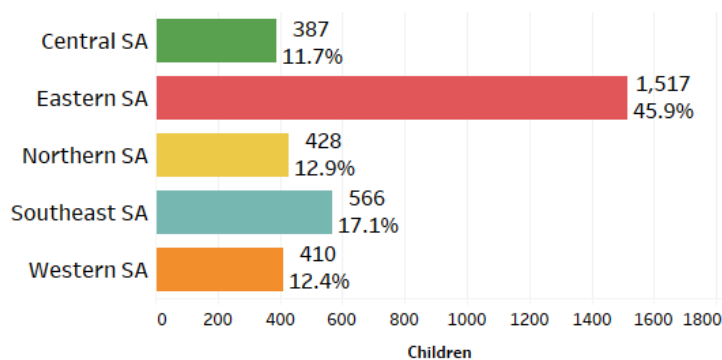
Demographics

County. Figure 17 shows the 3,308 DHHS/CFS wards by county and the region. Child abuse and neglect affects every region of the state, as shown by the distribution of children in care.

Figure 17: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement on 3/31/19 by DHHS/CFS Service Area, n=3,308



Counties without numbers had no children in out-of-home care or trial home visit.



²⁷ Youth at one of the YRTCs, youth only involved with Probation, or youth dually involved with Probation are not included, and are described elsewhere in this report.

As expected, most of the children are from the two largest urban areas (Omaha and Lincoln, in the Eastern and Southeast Service Areas, respectively). Perhaps more importantly, though, is the number of state wards in smaller counties with relatively few children in the population. When comparing the number of children in out-of-home care and trial home visit to the number of children in the population for the county, **the counties with the highest rates of children in out-of-home or trial home visit placement are Garden, Harlan, Pawnee, Lincoln, Furnas, Scotts Bluff, Custer, Dodge, Adams, and Richardson.**

Gender. Girls and boys are equally represented in the population of children in care on 3/31/19, as has been true for several years.

Age. Consistent with past reports, approximately

- **41% of children in care are 5 and under,**
- **34%** are between 6 and 12, and
- **25%** are teenagers.

Race and Ethnicity. As the FCRO and others have consistently reported, minority children continue to be overrepresented in the out-of-home population (**Figure 18**). As reported in the 2018 Annual Report, the Census estimates that 6.3% of Nebraska's children are Black or African American, 2.3% are American Indian or Alaska Native, and 4.5% are multiracial. **Yet, for all three groups, their percent of total DHHS/CFS wards is substantially more than their representation in the general population of children.**

Figure 18: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement on 3/31/19 by Race or Ethnicity, n=3,308

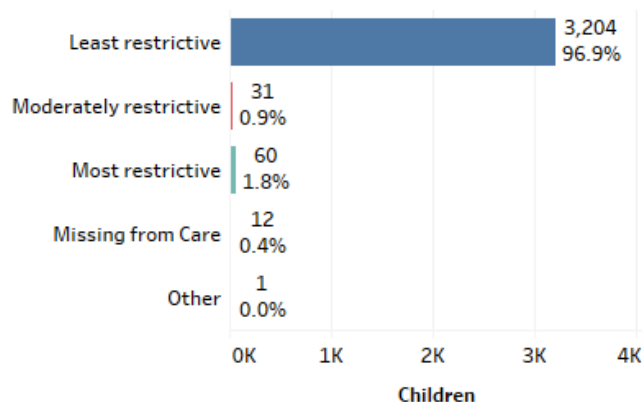
White	2,043	61.8%
Black or African American	558	16.9%
Two or more races	418	12.6%
American Indian and Alaska Native	195	5.9%
Asian	21	0.6%
Native Hawaiian and Other Pacific Islander	7	0.2%
Unknown or Other	66	2.0%
Hispanic	635	19.2%
Not Hispanic	2,353	71.1%
Unable to determine	320	9.7%

Placements

Placement Restrictiveness. Children in foster care need to live in the least restrictive, most home-like temporary placement possible in order for them to grow and thrive. Some children need congregated care, which could be moderately or most restrictive. A more moderate restrictiveness level includes non-treatment group facilities, and the most restrictive are the facilities that specialize in psychiatric, medical, or juvenile justice related issues and group emergency placements.

Figure 19 shows that most (**3,204 or 96.9%**) DHHS/CFS wards in out-of-home placements or trial home visits were placed in a family-like, least restrictive setting. **The proportion of children in the least restrictive setting has remained above 95% for over the past two years.**

Figure 19: Placement Restrictiveness for DHSS/CFS Wards in Out-of-home or Trial Home Placements on 3/31/19, n=3,308



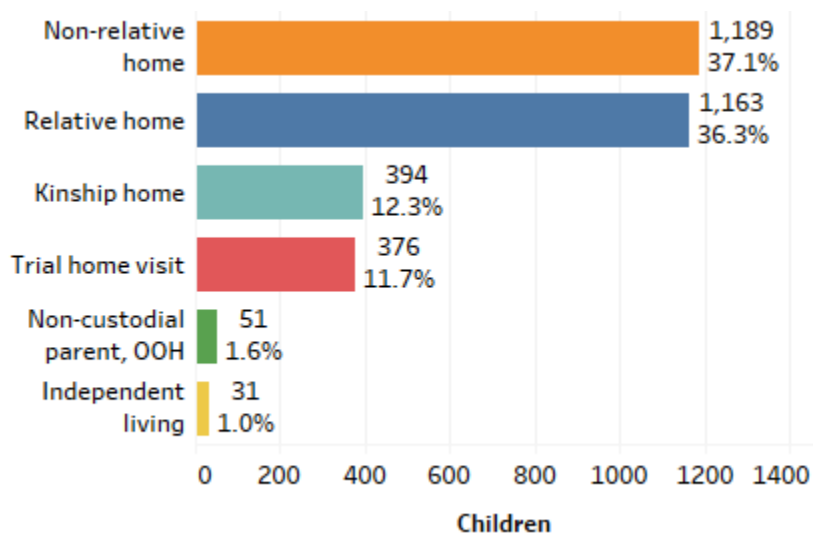
Children “**missing from care**” must always be a top priority as their safety cannot be assured. This was tragically illustrated when one of the 12 children missing from care on 3/31/19 died in a car accident on 4/26/19 in Lincoln while still missing.

Least Restrictive Placements. There are several different types of least restrictive placements, which provide care to children in home-like settings. Nebraska defines some of these placements differently than other states:

- “Relative” is defined in statute as a blood relationship, while “kin” in Nebraska is defined as fictive relatives, such as a coach or teacher, who by statute are to have had a prior positive relationship with the child.
- “Non-custodial parent out-of-home” refers to instances where children were removed from one parent and placed with the other but legal issues around custody have yet to be resolved.
- “Independent living” is for teens nearing adulthood, such as those in a college dorm or apartment.
- “Trial home visit” (THV) by statute is a temporary placement with the parent from which the child was removed and during which the Court and DHHS/CFS remain involved.

The majority of children in a foster home are placed with relatives or kin (**Figure 20**). These percentages are very similar to those a year prior, on 3/31/18.

Figure 20: Specific Placement Type for DHHS/CFS Wards in the Least Restrictive Placement Category on 3/31/19, n=3,204



Notably, **8 (25.8%)** of the 31 children in independent living had been in care for five years or more (**See Figure 12, p 21**).

Licensing of relative and kinship foster homes. Under current Nebraska law, DHHS can waive some of the licensing standards and requirements for relative (not kin) placements. Even though this option is statutorily available, DHHS is instead just approving these relative placements rather than licensing them. That practice creates a twofold problem:

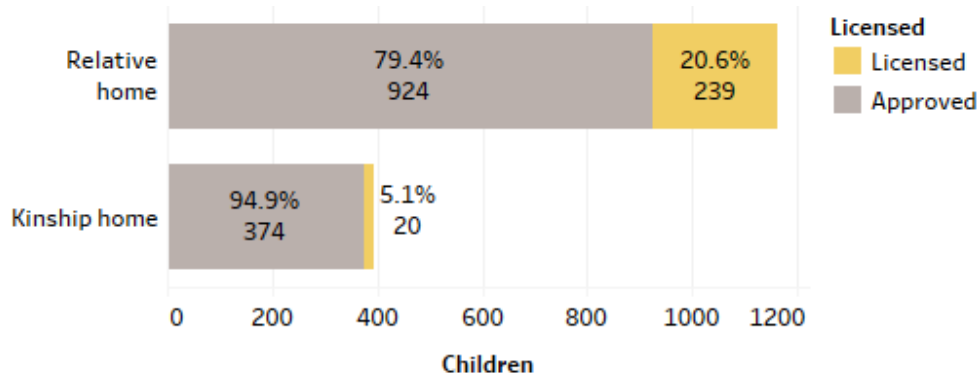
- 1) approved caregivers do not receive the valuable training that licensed caregivers get on helping children who have experienced abuse, neglect, and removal from the parents, and
- 2) in order to receive Federal Title IV-E funds, otherwise eligible children must reside in a licensed placement, so Nebraska fails to recoup a significant amount of federal funds.

Kinship homes cannot receive a license waiver, but a relative can be granted a waiver of one or more of the following requirements:

- That the three required references come from no more than one relative.
- The maximum number of persons for whom care can be provided.
- The minimum square feet per child occupying a bedroom and minimum square footage per individual for areas excluding bedrooms, bathrooms, and kitchen.
- That a home have at least two exits on grade level.
- Training.

Current License Status. Due to the fiscal impact and training issues, the FCRO looked at the licensing status for these specific types of placement. As shown in **Figure 21**, in keeping with the FCRO’s focus on individual children, we see that few of those children are in a licensed placement.

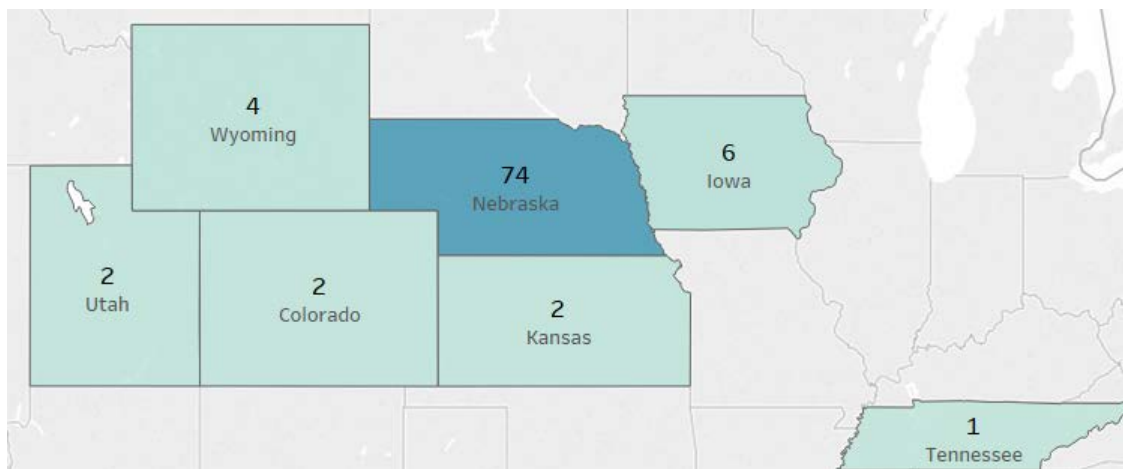
Figure 21: Licensing for DHHS/CFS Wards in Relative or Kinship Foster Homes on 3/31/2019, n=1,163 (relatives) and n=394 (kinship)



The FCRO will continue to monitor and report on the licensing of relative and kinship foster placements.

Congregate Care. On 3/31/19, less than 3% of DHHS/CFS wards were placed in moderately or most restrictive congregate care facilities. **Figure 22** shows that of the 91 DHHS/CFS wards in congregate care, **most (74, 81.3%) are in Nebraska. The percentage of DHHS/CFS wards in congregate care placed out-of-state has doubled from 9.4% (8 of 85 on 12/31/18) to 18.7% (17 of 91) in the last quarter.** Congregate care facilities should be utilized only for children with significant mental or behavioral health needs, and it is best when those needs can be met by in-state facilities in order to keep children connected to their communities.

Figure 22: State of Placement for DHHS/CFS Wards in Congregate Care on 3/31/19, n=91

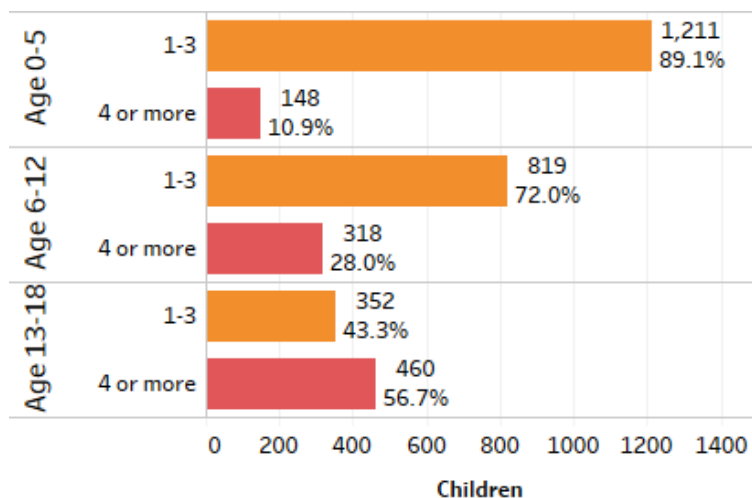


Multiple placement moves

Over the last year, there has been a slight increase in the proportion of children with four or more placements (caregivers) while in state custody – 25.5% on 3/31/18, 27.7% on 6/30/18, 27.5% on 9/30/18, and 27.7% on 12/31/18.

Of the 3,308 children in care on 3/31/19, 926 children (**28.0%**) had experienced four or more placement moves over their lifetime (**Figure 23**).²⁸ It is very concerning that **10.9% of young children** have experienced a high level of placement change while simultaneously coping with removal from the parent(s).²⁹ For further information on trauma, (**see page 9-11**), the special study on children in care for five years or more.

Figure 23: Lifetime Placement Moves for DHHS/CFS wards in Out-of-Home or Trial Home Visit on 3/31/19, n=3,308



Number of Workers During Current Episode of Care

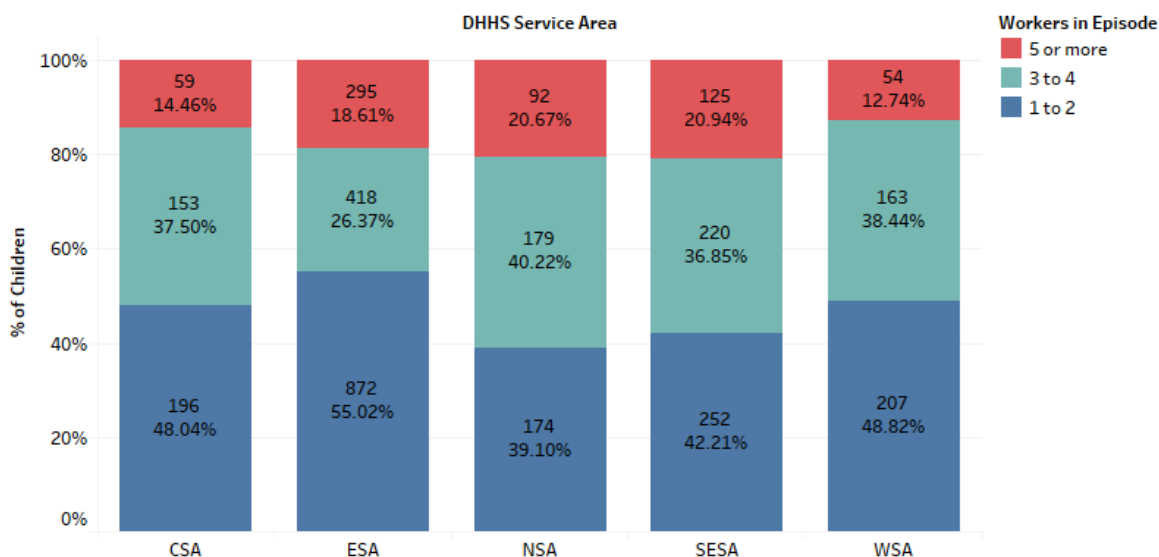
Figure 24 shows the number of workers during the current episode of care for 3,308 children in out-of-home or trial home visit placement on 3/31/19 as reported by DHHS. Workers here include PromiseShip (formerly NFC) Permanency Specialists in the Eastern Service Area where DHHS/CFS contracts for such services, and DHHS/CFS case managers elsewhere.

²⁸ This does not include placements with parents, respite short-term placements (such as to allow foster parents to jointly attend a training) or episodes of being missing from care.

²⁹ The [FCRO 2017 Annual Report](#) included information on the effects of placement changes on children, and is still valid today.

More than four workers is considered an unacceptable number of worker transfers that likely significantly delays permanency.³⁰ Depending on the area, between 12.7% - 20.9% of the children have had five or more workers since most recently entering the child welfare system. Each area has a higher percentage with five or more workers than true a year ago.

Figure 24: Number of Workers for DHHS/CFS Wards 3/31/2019 in Current Episode, n=3,308



Lifetime episodes involving a removal from the home

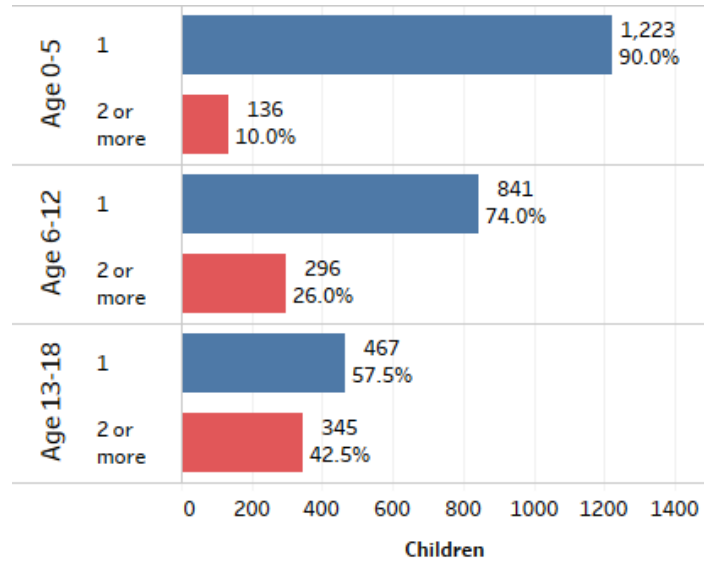
Figure 25 shows that **777 (23.5%)** of the DHHS wards in care on 3/31/19 had experienced more than one removal from the parental home, an increase from 22.8% on 12/31/18, but nearly the same as the 23.2% of those in care on 3/31/18. Each removal can be traumatic and increases the likelihood of additional moves between placements.

Child abuse prevention efforts need to include reducing or eliminating premature or ill-planned returns home that result in further abuse or neglect.

The State must do more to address why more than 1 in 5 children currently in the system had a prior removal, and why with so many fewer children in care this critical indicator has not improved.

³⁰ Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff, January 2005.

Figure 25: Lifetime Removals for DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placements on 3/31/19, n=3,308

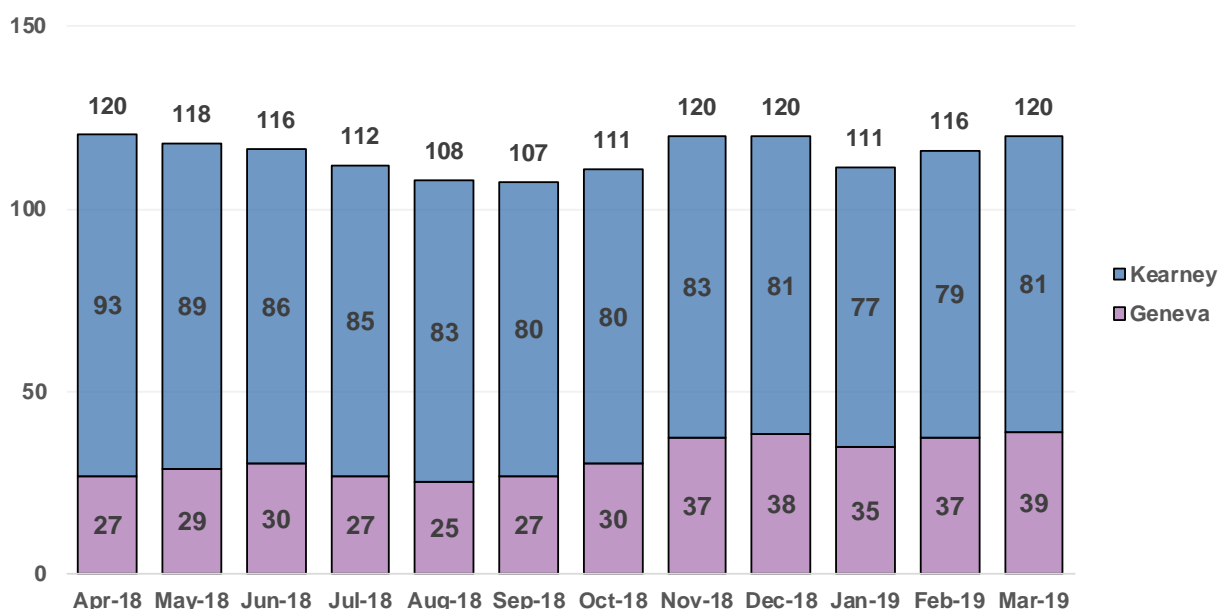


Average Daily Population of DHHS/OJS Youth Placed at a Youth Rehabilitation and Treatment Center (YRTC)

Placement at a Youth Rehabilitation and Treatment Center (YRTC) is the most restrictive type of placement, and by statute, a judge can order a youth to be placed at a YRTC only if the youth has not been successful in a less restrictive placement. The DHHS Office of Juvenile Services (DHHS/OJS) is responsible for the care of youth at the YRTCs in Kearney where boys are placed and Geneva where girls are placed.

Figure 26 shows the average daily number of DHHS/OJS wards at each of the YRTCs for the last rolling year.

Figure 26: Average Daily Number of DHHS/OJS Wards Placed at a Youth Rehabilitation and Treatment Center



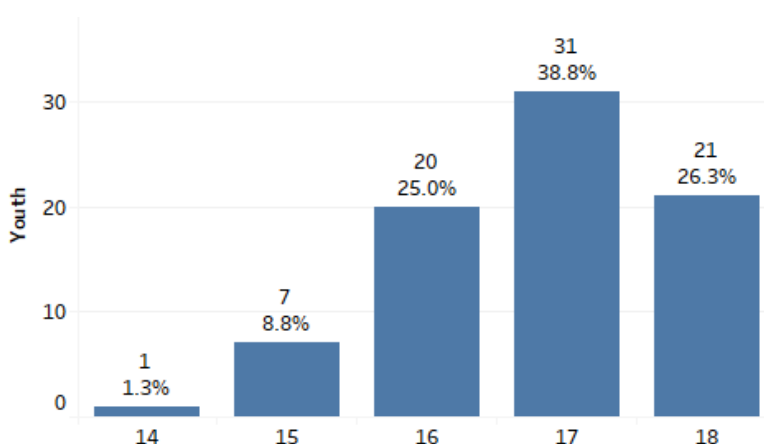
The average daily population of girls placed at the Geneva YRTC facility has **increased by 44.4%** while the average daily population of boys placed at the Kearney YRTC facility has **decreased by 12.9%** (Figure 27).

Figure 27: Percent Change in Youth Placed at the YRTC

YRTC Facility	March 2018 ADP	March 2019 ADP	% Change
Geneva (Girls)	27	39	+44.4%
Kearney(Boys)	93	81	-12.9%

Age and Gender. On 3/31/18, 80 of the youth placed at a YRTC were at the Kearney facility (**Figure 29**).

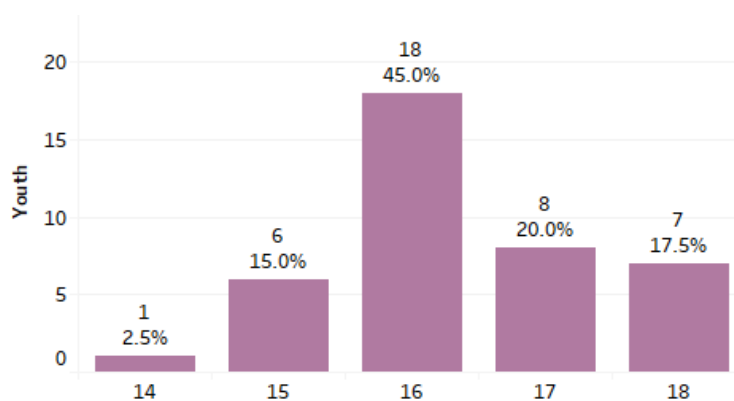
Figure 29: Ages of Youth Placed at the Kearney YRTC under DHHS/OJS on 3/31/19, n=80



Per Neb. Rev. Stat. §43-251.01(4), youth committed to a Youth Rehabilitation and Treatment Center must be at least 14 years of age. The majority (**65.1%**) of boys placed at the Kearney YRTC are 17 and 18 years old. Eight (**10.1%**) of the youth at the facility are under aged 16. There can be challenges when serving troubled youth from such a wide age, and therefore, developmental, range.

National research indicates that girls are less likely to be a part of the juvenile justice population; the number of girls placed at the Geneva YRTC (40) reflects this pattern (**Figure 30**).

Figure 30: Ages of Youth Placed at the Geneva YRTC under DHHS/OJS on 3/31/19, n=40



On average, the girls at Geneva are slightly younger than the boys at Kearney (16.0 years and 17.0 years, respectively).

Race and Ethnicity. There is significant racial and ethnic disproportionality in the YRTC populations at Geneva and Kearney (**Figures 31 and 32**). **Black or African American youth** make up 6.0% of Nebraska's youth population, but **are 12.5% of the boys** placed at the Kearney facility and **15.0% of the girls** at the Geneva facility.

American Indian and Alaska Native youth are 2.0% of Nebraska's population, but **are 16.3% of the boys** placed at the Kearney facility and **20.0% of the girls** placed at the Geneva facility.

Figure 31: Race and Ethnicity of Youth Placed at Kearney YRTC under DHHS/OJS on 3/31/19, n=80

Kearney/ Boys	American Indian and Alaska Native	13	16.3%
	Black or African American	10	12.5%
	White	40	50.0%
	Two or more races	7	8.8%
	Unknown or Other	10	12.5%
Total		80	100.0%
Kearney/ Boys	Hispanic	22	27.5%
	Not Hispanic	45	56.3%
	Unable to determine	13	16.3%
	Total	80	100.0%

Figure 32: Race and Ethnicity of Youth Placed at Geneva YRTC under DHHS/OJS on 3/31/19, n=40

Geneva/ Girls	American Indian and Alaska Native	8	20.0%
	Asian	1	2.5%
	Black or African American	6	15.0%
	White	13	32.5%
	Two or more races	8	20.0%
	Unknown or Other	4	10.0%
Total		40	100.0%
Geneva/ Girls	Hispanic	9	22.5%
	Not Hispanic	22	55.0%
	Unable to determine	9	22.5%
	Total	40	100.0%

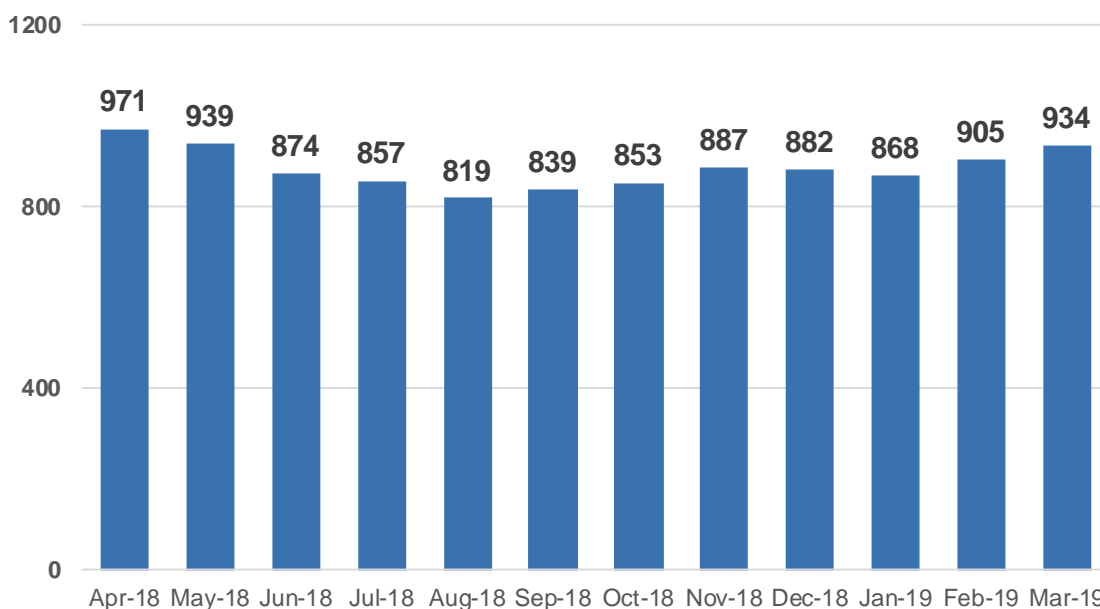
Average Daily Population for Youth With Any Probation Involvement

Average daily population

Figure 33 shows the average daily population (ADP) per month of all Probation-involved youth in out-of-home placements for the last 12 months (including those with simultaneous involvement with DHHS/CFS and DHHS/OJS). In that rolling year there has been a 3.8% decrease in the number of youth placed out-of-home.

Figure 33: Average Daily Population of Youth in Out-of-Home Care Supervised by Probation

(includes children with simultaneous involvement with DHHS/CFS and DHHS/OJS)



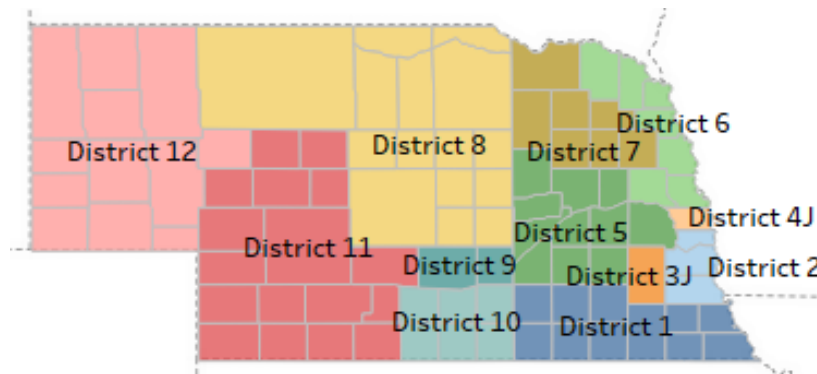
As shown in **Figure 34**, there are **3.6%** fewer youth in out-of-home care than a year ago, though there is significant variation throughout the state.

- The most populous regions of Districts 4J (Douglas county) and 3J (Lancaster county) have seen decreases of **5.2%** and **8.4%**, respectively. Both areas have seen consistent, significant decreases in youth out-of-home for over a year.
- The largest decreases of youth in out-of-home care are from Districts 1 (**20.0%**), District 7 (**16.7%**), and District 6 (**12.7%**).
- The increase in youth out-of-home in District 8 (**55.6%**) largely reflects the sparse population in the area – a small number of youth changes the overall percentage significantly. The Panhandle (**District 12, 21.1%**) and southwest Nebraska (**District 11, 11.8%**) increased the number of youth in out-of-home care.

Figure 34: Percent Change in Probation Involved Youth in Out-of-Home Placement

(includes children with simultaneous involvement with DHHS/CFS)

Judicial District	Mar-18 ADP	Mar-19 ADP	% Change
District 1	30	24	-20.0%
District 2	47	51	8.5%
District 3J	203	186	-8.4%
District 4J	363	344	-5.2%
District 5	34	32	-5.9%
District 6	55	48	-12.7%
District 7	36	30	-16.7%
District 8	9	14	55.6%
District 9	68	70	2.9%
District 10	36	33	-8.3%
District 11	51	57	11.8%
District 12	38	46	21.1%
State	969	934	-3.6%



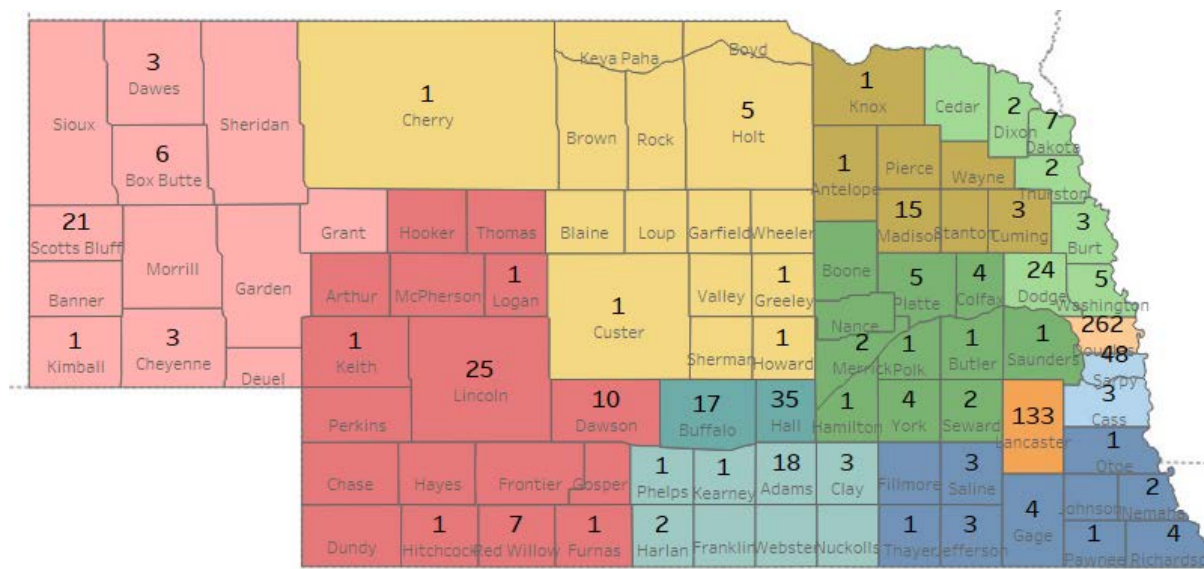
Youth in Out-of-Home Care Supervised by the Office of Juvenile Probation - Point-in-time (Single Day) View

Single-day data on Probation involved youth in an out-of-home placement here includes only those youth whose involvement is solely with Probation.

Demographics

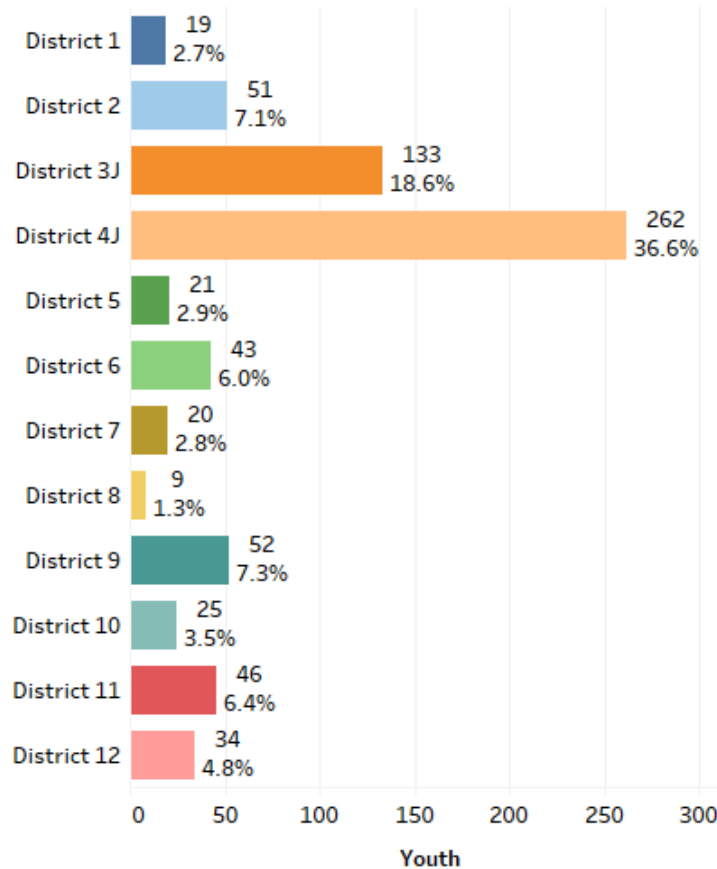
County. Figure 35 shows the Probation district and the county of court for the **715 Probation youth** in out-of-home care on 3/31/19 that are not involved with either DHHS/CFS or DHHS/OJS, a substantial increase from 12/31/18 when 620 Probation youth were out-of-home. Juvenile Probation Districts by statute are different than the regions used for DHHS wards. Aggregated totals by District are on the next page in Figure 36.

Figure 35: County of Origin for Probation Supervised Youth in Out-of-Home Care on 3/31/19, n=715



Counties without numbers have no youth in out-of-home care on 3/31/19.

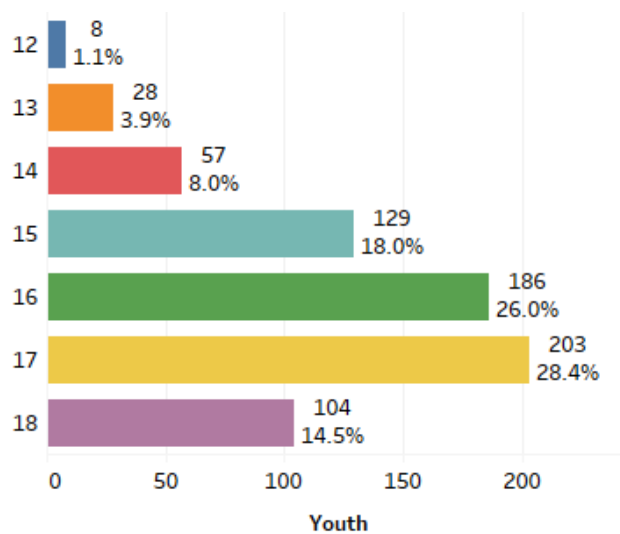
Figure 36: District for Probation Supervised Youth in Out-of-Home Care on 3/31/19, n=715



Age. Figure 37 shows the ages of Probation youth in out-of-home care on 3/31/19. The average age of boys was 16.0 years, girls was 16.1 years, similar to last quarter.

For the past two years, between 27 and 31% of probation youth have been under the age of 16, and this pattern continues to hold true for the youth out of home on 3/31/19, where **222 (31.0%) were under age 16.**

Figure 37: Age of Probation Supervised Youth in Out-of-Home Care on 3/31/19, n=715



Gender. There are twice as many boys (**67.1%**) in out-of-home care served by Probation as there are girls (**32.9%**). Current percentages are similar to the numbers throughout 2017 and 2018.

Race and Ethnicity. Disproportionate representation of minority youth continues to be a problem (See **Figure 38**). Black youth make up **6.0%** of the Nebraska youth population and **25.3%** of the Probation youth out-of-home. Native children are also represented at a rate twice their proportion of the general population.

Figure 38: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Care on 3/31/19, n=715

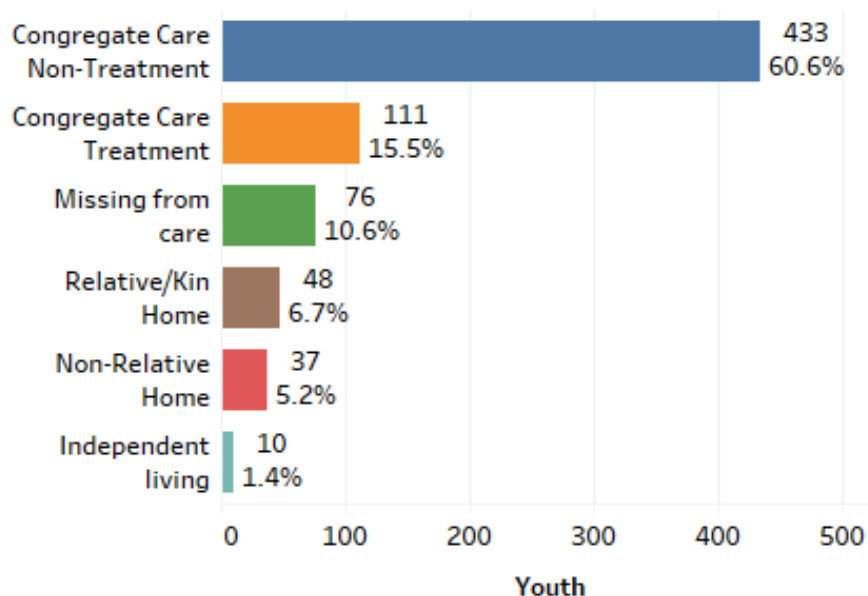
White	371	51.9%
Black or African American	181	25.3%
American Indian and Alaska Native	37	5.2%
Asian	5	0.7%
Two or more races	20	2.8%
Unknown or Other	101	14.1%
Hispanic	137	19.2%
Not Hispanic	531	74.3%
Unable to determine	47	6.6%

Placements

Placement Type. Figure 39 shows that **15.5%** of Probation youth in out-of-home care on 3/31/19 are in congregate treatment placements. This compares to 12.3% on 3/31/18. Congregate treatment placements include acute inpatient hospitalization, psychiatric residential treatment facilities, short term residential and treatment group home.

Non-treatment congregate care would include crisis stabilization, developmental disability group home, enhanced shelter, group home (A and B), maternity group home (parenting and non-parenting), independent living and shelter. Non-treatment congregate care is where **60.6%** of the youth were placed. That compares to 64.2% on 3/31/18.

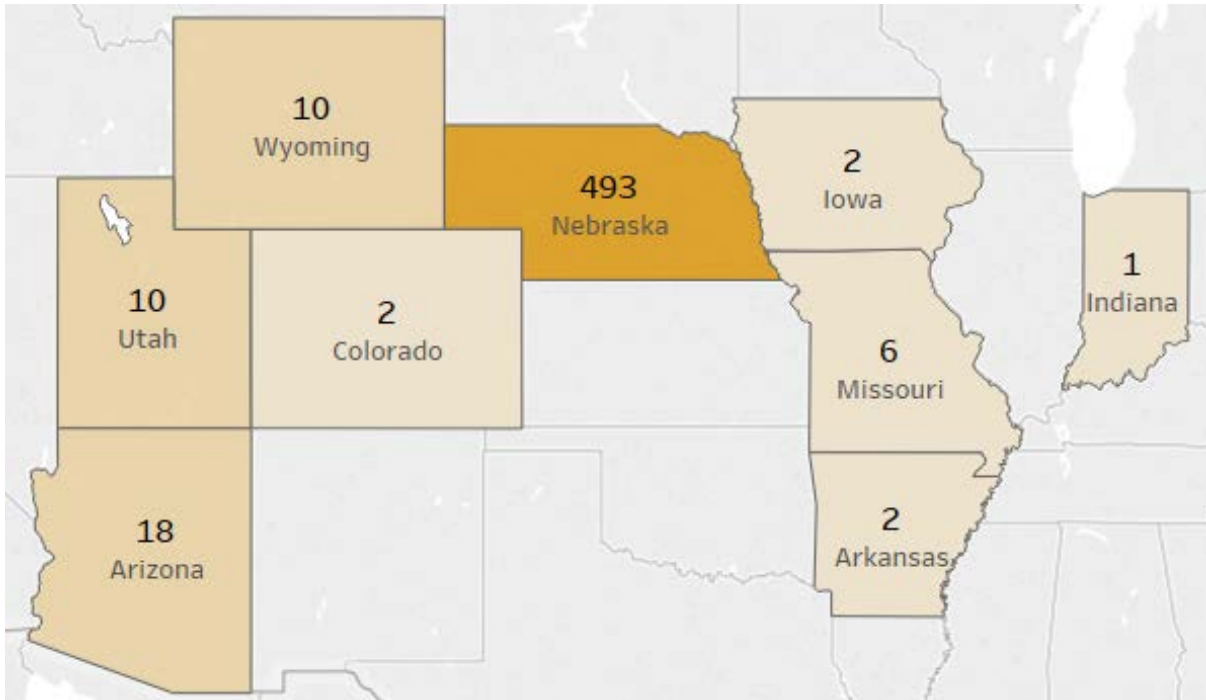
Figure 39: Treatment or Non-Treatment Placements of Probation Supervised Youth in Out-of-Home Care on 3/31/19, n=715



Youth missing from care must always be a top priority as their safety cannot be assured.

Congregate Care. When congregate care is needed, Probation most often utilizes in-state placements, and has been doing so at an increased rate. Per **Figure 40, 90.6% of youth in congregate care were placed in Nebraska.** In comparison, 85.4% of youth in congregate care on 3/31/18 were placed in-state, and 89.4% were placed in-state on 12/31/18.

Figure 40: State Where Youth in Congregate Care Supervised by Probation were Placed on 3/31/19, n=544



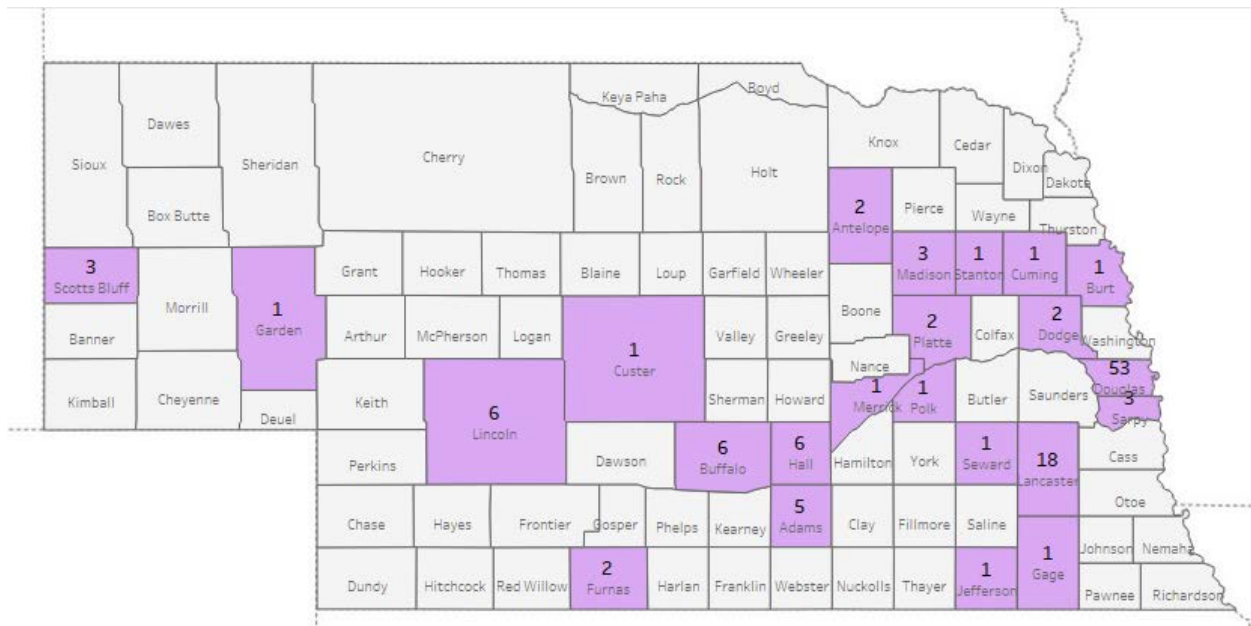
Youth in Out-of-Home Care with Simultaneous DHHS/CFS and Probation Involvement – Point-in-time (Single Day) View

On 3/31/19, **121 youth were involved with both** DHHS/CFS and the Office of Juvenile Probation (dually-involved youth), which is about the same as the 123 such youth on 3/31/18. The percent of youth dually involved has consistently remained around **2.8%** of the total out-of-home population.

Demographics

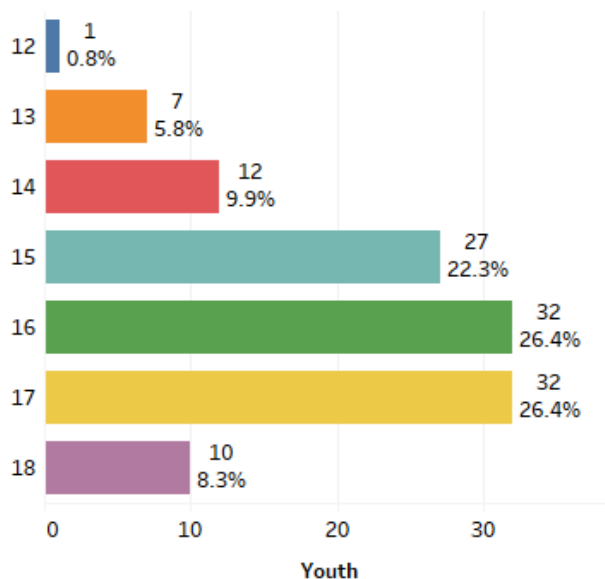
County. Dually-involved youth come from all parts of the state, as illustrated in **Figure 41** below, with the majority from the most populous areas (Douglas and Lancaster counties) as would be expected.

Figure 41: Dually-Involved Youth in Out-of-Home or Trial Home Visit Placement on 3/31/19, n=121



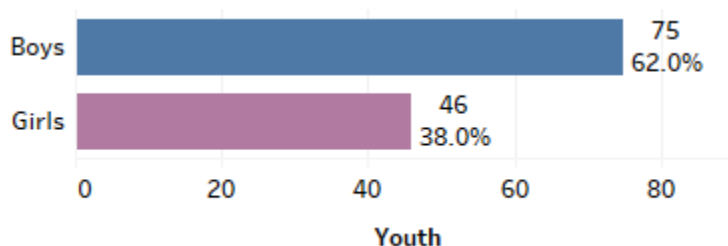
Age. Figure 42 indicates that most dual-agency youth are teenagers. As with Probation only youth, over 1/3 (38.8%) were under the age of 16, which is the same as on 3/31/18.

Figure 42: Ages of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/19, n=121



Gender. Figure 43 shows that, as is true with other juvenile justice populations, there are more boys in this group than girls. Currently 62.0% of the dually involved population is male. A year ago it was 66.7%.

Figure 43: Gender of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/19, n=121



Race and Ethnicity. Black, American Indian, and multi-racial youth continue to be overrepresented in the dually-involved population (Figure 44), and at higher rates than on 3/31/18 when 18.7% were Black, 12.2% were American Indian, and 10.6% were multi-racial.

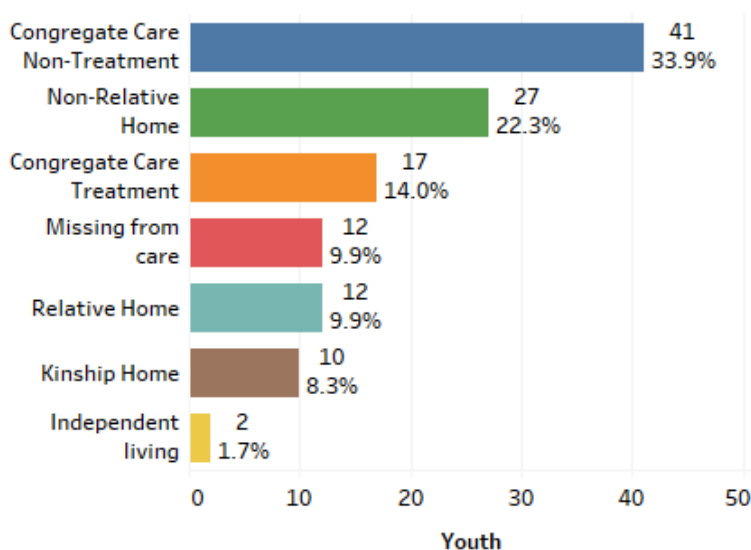
Figure 44: Race and Ethnicity of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/19, n=121

White	54	44.6%
Black or African American	39	32.2%
American Indian and Alaska Native	8	6.6%
Asian	2	1.7%
Two or more races	15	12.4%
Native Hawaiian and Other Pacific Islander	1	0.8%
Unknown or Other	2	1.7%
Hispanic	21	17.4%
Not Hispanic	83	68.6%
Unable to determine	17	14.0%

Placements

Placement Type. Figure 45 shows the placement types for youth with dual agency involvement, using Probation’s definitions of treatment and non-treatment found on page 44.

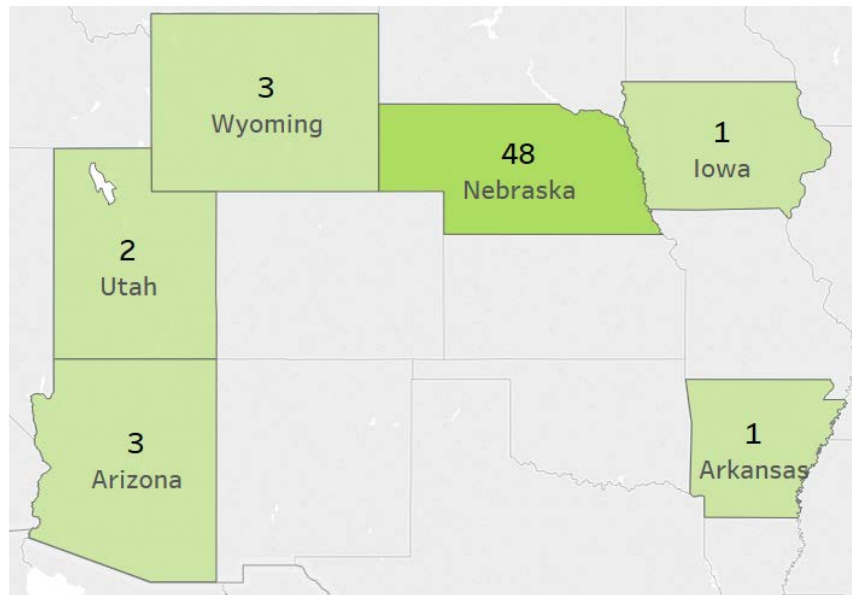
Figure 45: Placement Types for Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/19, n=121



Youth missing from care must always be a top priority as their safety cannot be assured.

Congregate Care. Figure 46 shows the state where dual served youth in congregate care are placed. Similar to the pattern with Probation only supervised youth, the proportion of dually-involved youth placed in state is increasing (**82.7%, an increase from the 75.4% on 3/31/18**).

Figure 46: Placement State for Youth in a Congregate Care Facility on 3/31/19 that are Served by both DHHS/CFS and Probation, n=58



APPENDIX A: Definitions

- **FCRO** is the Foster Care Review Office, author of this report.
- **DHHS/CFS** is the Department of Health and Human Services (**DHHS**) Division of Children and Family Services.
- **DHHS/OJS** is the Department of Health and Human Services (DHHS) Office of Juvenile Services. **OJS** oversees the **YRTCs**, which are the Youth Rehabilitation and Treatment Centers at Geneva (girls) and Kearney (boys).
- **Probation** is a shortened reference to the Administrative Office of Juvenile Probation Administration.
- **Child** is defined by statute as being age birth through eighteen; in Nebraska a child becomes a legal adult on their 19th birthday.
- **Youth** is a term used by the FCRO in deference to the developmental stage of those involved with the juvenile justice system, who are normally ages 14-18.
- **Out-of-home care** (OOH care) is 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to, foster family homes, foster homes of relatives, group homes, emergency shelters, residential treatment facilities, child-care institutions, pre-adoptive homes, detention facilities, youth rehabilitation facilities, and runaways from any of those facility types. It includes court ordered placements and non-court cases.

The FCRO uses the term “out-of-home care” to avoid confusion because some researchers and groups define “**foster care**” narrowly to be only care in foster family homes, while the term “**out-of-home care**” is broader.

- A **trial home visit** (THV) by statute is a temporary placement with the parent from which the child was removed and during which the Court and DHHS/CFS remain involved.
- Neb. Rev. Stat. 71-1901(9) defines “**relative placement**” as that where the foster caregiver has a blood, marriage, or adoption relationship, and for Indian children they may also be an extended family member per **ICWA** (which is the Indian Child Welfare Act).
- Per Neb. Rev. Stat. 71-1901(7) “**kinship home**” means a home where a child or children receive foster care and at least one of the primary caretakers has previously lived with or is a trusted adult that has a preexisting, significant relationship with the child or children or a sibling of such child or children pursuant to section 43-1311.02.

APPENDIX B: Background on the FCRO

Role

The FCRO's role under the Foster Care Review Act is to: 1) independently track children in out-of-home care, 2) review those children's cases, 3) collect and analyze data related to the children, 4) identify conditions and outcomes for Nebraska's children in out-of-home care, 5) make recommendations to the child welfare and juvenile justice systems on needed corrective actions, and 6) inform policy makers and the public on issues related to out-of-home care.

The FCRO is an independent state agency not affiliated with DHHS/CFS, DHHS/OJS, PromiseShip or other contractors, Courts, the Office of Probation, OIG, or any other entity.

Mission

The FCRO's mission is to provide oversight of the child welfare and juvenile justice systems by tracking and reviewing children in out-of-home care, reporting on aggregate outcomes, and advocating on individual and systemic levels to ensure that children's best interests and safety needs are met.

Vision

Every child involved in the child welfare or juvenile justice system becomes resilient, safe, healthy, and economically secure.

Purpose of FCRO Reviews

The FCRO was established as an independent agency to review case plans of children in foster care. The purpose of reviews is to assure:

- that appropriate goals have been set for the child,
- that realistic time limits have been set for the accomplishment of these goals,
- that efforts are being made by all parties to achieve these goals,
- that appropriate services are being delivered to the child and/or his or her family, and
- that long range planning has been done to ensure timely and appropriate permanency for the child, whether through a return to a home where conditions have changed, adoption, guardianship, or another plan.

Purpose for the FCRO Tracking/Data System

The FCRO is mandated to maintain an independent tracking/data system of all children in out-of-home placement in the State. The tracking system is used to provide information about numbers of children entering and leaving care, children's needs, outcomes, and trends in foster care, including data collected as part of the review process, and for internal processes.

About this Report

Data quoted within this Report are from the FCRO's independent data tracking system and FCRO completed case file reviews unless otherwise noted.

Neb. Rev. Statute §43-1303 requires DHHS/CFS (whether by direct staff or contractors), courts, the Office of Probation, and child-placing agencies to report to the FCRO any child's out-of-home placement, as well as changes in the child's status (e.g., placement changes and worker changes). By comparing information from multiple sources the FCRO is able to identify discrepancies. When case files of children are reviewed, previously received information is verified, updated, and additional information is gathered. Prior to individual case review reports being issued, additional quality control steps are taken.

Please feel free to contact us if there is a specific topic on which you would like more information, or check our website (www.fcro.nebraska.gov) for past annual and quarterly reports and other topics of interest.

APPENDIX C: Recommendations from the March 2019 Quarterly Report

DHHS:

1. Establish an effective, evidence-supported, goal-driven, outcome based service array throughout the State to meet the needs of children and families involved in the child welfare system to include the following:
 - a. Mental and behavioral services for children/youth in collaboration with DHHS Behavioral Health.
 - b. Re-examination and improvement of services for children who experienced serious levels of abuse or neglect prior to removal from the home, including any needed on-going supports.
 - c. Enhanced preparation for pre-adoption or guardianship caregivers on children's likelihood of on-going needs and where/when/how to seek services.
 - d. Post-adoption and post-guardianship supports for families with youth needing services or at crisis points.
 - e. Services for children who re-enter care after adoption or guardianship to address the reasons that led to re-entry and issues created by rejection, or perceived rejection, by adoptive or guardianship parents. This needs to include any youth's issues regarding their first rejection by the bio-parents.
 - f. Stabilization of placements and recruitment of foster parents based upon the needs of the child/youth in collaboration with foster care providers.
 - g. Creation of treatment foster care services which actively engage families and would meet the needs of older youth.

Juvenile Probation:

1. Establish an effective, evidence-supported, goal driven, outcome based service array throughout the State to meet the needs of youth involved in the juvenile justice system to include the following:
 - a. Community based services, especially behavioral and mental health services, prior to being placed out-of-home.
 - b. Creation of services for parents and guardians to assist in managing the behaviors of their youth.

- c. A continuation of current efforts to place youth who need congregate care in state. This effort must include ensuring a sufficient array of placements are available to meet the needs of Nebraska youth.

Stakeholders Across Systems:

1. Complete a collaborative study regarding creation of a systemic response when a child or family is in crisis. This must be based on the needs of the child and not just on the fastest or easiest way to access services.
 - a. Too often, the child welfare system is the quickest way to access services but not always the most appropriate and even sometimes can do the most harm to the child.
 - b. This study should include ways to break down silos within DHHS to ensure that the most appropriate DHHS division is meeting the short-term and long-term needs of the child and family.
 - c. The study must include children and youth being served by either child welfare or juvenile justice.
 - d. This study must also include an evaluation of the various state and federal funding sources for each of these divisions and re-appropriation of funds between DHHS divisions as needed.
 - e. Service providers and front-line staff need to be included in this process.
2. Utilize collaborative efforts across systems, such as Crossover Youth Practice Model and System of Care that can assist children and youth with complex needs, their families, and their communities.

The FCRO encourages all stakeholders to consider their policies and practices:

- **To ensure that each child is better off when he or she leaves out-of-home care than they were when they entered and**
- **To safely reduce risk for system-involved children and youth who are in the familial home.**

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