



State of Nebraska Foster Care Review Office

ANNUAL REPORT 2017-2018



Issued September 1, 2018

pursuant to Neb. Rev. Stat 43-1303(4)

LB1078 (2018) effective July 19, 2018 changed the due date of the FCRO annual report from December 1 to September 1 of each year.

This Annual Report is dedicated to the 350+ Foster Care Review Office local board members that meet each month to review children’s cases; the FCRO staff members that facilitate the citizen review boards, enable the collection of the data described in this report, and promote children’s best interests; and everyone in the child welfare system who works each day to improve conditions for children in out-of-home care.

Advisory Committee Members

(All Volunteers)

<u>Member</u>	<u>Represents</u>	<u>Term Expires</u>
Michael Aerni, Fremont	Local Board	March 1, 2021
Michele Marsh, MD, Omaha	At Large	March 1, 2021
Noelle Peterson, Lincoln (vice-chair)	Local Board	March 1, 2021
Timothy Robinson, PhD, JD, Omaha	Data Analysis	March 1, 2020
Peggy Snurr, Beatrice (chair)	Local Board	March 1, 2020

Table of Contents

Executive Summaryiv
 Recommendations..... x
 Action on FY 2017-18 recommendations.....xiii

Section One: All Nebraska Children in Out-of-Home Care
 Children under State Custody..... 1
 Trends by System..... 2
 Child Welfare trends 2
 Probation trends..... 6
 YRTC trends 8
 Map of all in out-of-home or trial home visit June 30, 2018..... 10
 Snapshot of population numbers 11

Section Two: NDHHS Wards **12**
 Data on NDHHS Wards..... **13**
 Demographics..... 13
 Placements 15
 Caseworker changes 17
 Re-entries into NDHHS care 19

FCRO review data..... **20**

Safety..... 20
 Reasons for removal 21
 Caseworker contact 22
 Placements 23
 Continued need for care 25

Permanency 25
 Barriers to permanency..... 25
 Parental engagement with visitation 27
 Parental incarceration 29
 Case planning 29
 Court-ordered permanency objectives 31
 Progress towards permanency 34
 Progress to primary permanency objective 34
 Relative identification 35
 Court and legal system issues 36
 Termination of parental rights 40
 Permanency plan of adoption 42
 Permanency plan of guardianship..... 43

Well-being 44
 Sibling connections 44
 Children’s health 45

Young children in child welfare	49
Education	49
Older youth preparation for adult life	52
Section Three: Youth in Out-of-Home Care Supervised Solely by Probation	54
Data on Probation Supervised Youth	55
Demographics	55
Placements	58
FCRO review data	59
Offense types	59
Community based services	60
Placements	60
Plans and services	62
Progress	63
Risk to re-offend: YLS	64
Barriers to completing probation	65
Prior involvement with child welfare	66
Youth mental health issues	66
Education	67
Legal representation	68
Contact with family	68
Youth with intellectual disabilities	69
Section Four: Youth in Care Placed at the Youth Rehabilitation and Treatment Centers	71
Data on Youth Placed at the YRTCs	72
Demographics	72
FCRO review data	75
Progress towards completing probation	75
Barriers to completing probation	75
Information provided to the FCRO	76
Section Five: Dually Involved Youth	77
Demographics	77
Placement Types	80
Requesting Data from the FCRO	81
Appendices	
Appendix A: County to Service Area or Judicial District chart	82
Appendix B: Background on the FCRO	84
Index	86

Foster Care Review Office Annual Report on the Status of Nebraska's Children and Youth in Foster Care

Respectfully submitted as required under Neb. Rev. Stat. §43-1303(4)

Executive Summary

In fiscal year 2017-18 (July 1, 2017-June 30, 2018), the Foster Care Review Office (FCRO) tracked information regarding the experiences of **7,967 children who were removed from their home** and put in to state custody or care through the child welfare or juvenile probation systems. This tracking is facilitated by an independent data system, through collaboration with our partners at NDHHS and the Administrative Office of Probation. Every episode in care, placement change, and worker change is tracked; relevant court information for each child is monitored and entered into the data system by dedicated FCRO support staff. This allows us to analyze large scale system changes and select children for citizen review based on their time in care and upcoming court hearings.

Once a child is selected for review, FCRO review specialists track children's outcomes and facilitate citizen reviews. Local board members, who are community volunteers that have successfully completed required instruction, conduct case file reviews and make required findings. In fiscal year 2017-18, local board members:

- Conducted **4,448 reviews of cases involving 3,600 NDHHS wards**¹ in out-of-home care² or trial home visit placement³, and
- Conducted **314 reviews of 287 youth in out-of-home care supervised by the Office of Probation Administration** that had no simultaneous child welfare system involvement.
- Conducted **29 reviews of 29 youth placed at the YRTC** that had no simultaneous child welfare system involvement.

The oversight role of the FCRO is two-fold. During each case file review, the needs of each specific child are reviewed, and if the system is not meeting those needs, the FCRO will

¹ Children are typically reviewed once every six months for as long as they remain in out-of-home care; therefore, some children will have two reviews during a 12-month period.

² Out-of-home 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. Children placed with their parents but under the supervision of the courts or NDHHS are not included as they are no longer in substitute care away from their parents. 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.

³ A trial home visit is the placement of a court-involved child who goes from an out-of-home placement back to his or her legal parent or parents or guardian but remains a ward of the state. [Source: Neb. Rev. Stat. 43-1301(11)] This applies only to NDHHS wards, not to youth who are only under Probation.

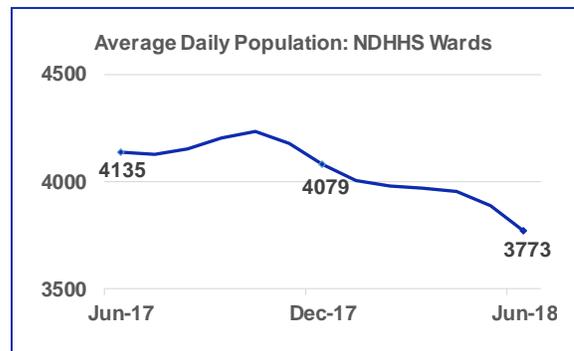
advocate for the best interest of the individual child. Simultaneously, the data collected from every case file review is used to provide a system-wide view of changes, successes, and challenges of the complicated worlds of child welfare and juvenile justice.

Our role is to push the system to best meet the needs of all children, and to ensure that children are better off when they leave out-of-home care than when they entered. The recommendations in this report are based on the careful analysis of the FCRO data that follows. We look forward to the opportunity to work with our system partners to improve the lives of Nebraska's most vulnerable citizens.

Child Welfare

Decrease in state wards in out-of-home or trial home visit placement

The most significant finding about the child welfare population is the rapid decline in the number of children out-of-home. From June of 2017 to June of 2018, there has been an **8.8% decrease in the number of NDHHS state wards in care** (page 2). The decline has been most significant for the Central Service Area (**-13.2%**). For several years, the FCRO has recommended that child welfare stakeholders collaborate to innovate system improvements that leave more children safely in their homes while ensuring that those children whose safety cannot be assured are placed in temporary foster care. At the current time, however, we are not able to state confidently that the decrease in the number of children in out-of-home care is a reflection of an improved system. The FCRO asks that all stakeholders reflect on the following:



- NDHHS-CFS data indicates that approximately the same number of children are coming in to the child welfare system, however more families are receiving non-court, voluntary services. On its face, this can be a positive change, wherein families do not unnecessarily penetrate the system, and access to specific services, provided by NDHHS-CFS, can alleviate safety concerns. However, the FCRO is unaware of any specific policy changes that would lead to more families receiving non-court voluntary services. Simultaneously, we are not aware of any stakeholder input on these shifts.
- One of the most common concerns expressed to the FCRO by stakeholders throughout the State is the lack of services and service providers, especially in the rural areas. To our knowledge, there has not been an increase in services or service providers for court-involved families, so it is unclear what services are being offered to non-court families.
- In addition, there is no external oversight for the screening process used to decide if families are best served by the court or non-court system, and there is no external oversight for non-court cases. If a family enters the court system, the courts provide oversight to NDHHS-CFS and the FCRO provides oversight to the child welfare system as a whole. This oversight does not occur in non-court cases. While the

FCRO is not prepared to recommend that all non-court cases receive the same level of oversight as court cases, without a complete understanding of the policy shifts it is impossible to assess if this change best serves Nebraska families.

- There is some indication that at least part of the decrease in population is due to the concerted effort on the part of NDHHS-CFS to find permanency for children in out-of-home care 2 years or more. The average days in care for children who achieved permanency during Fiscal Year 2017-18 (*page 4*) was longer than the average days in care for children who achieved permanency in Fiscal Year 2016-17 (**508 days and 488 days, respectively**). Even though the number of days in care was longer, there was no increase in the number of children leaving foster care without a permanent family in place. This successful effort on the part of NDHHS-CFS should be commended.

Children and their experiences in care

- Children continue to be placed in family-like settings at high rates (**96.5%**), which is a positive indicator that children are placed in the least restrictive setting (*page 15*). As has been the trend for the past few years, nearly half (**46.0%**) of all children placed in a family like setting are placed with relatives or kin. While the FCRO is encouraged that children are often placed with persons known to them, thus reducing the trauma of removal, we recommend licensing for relative and kin placements. This will provide a standardized training for these caregivers, increase knowledge of available supports, reduce placement changes, and increase the amount of Federal Title IV-E funds accessed by the State.
- Caseworker changes remain all too frequent for children in foster care, with **27.2% of children out-of-home or in trial home visit having 5 or more caseworkers** (*page 17*). The Eastern Service Area, which is served by the private contractor PromiseShip, has the second highest proportion of children with 5 or more caseworkers (**27.5%**). The Northern Service Area, which has had the most stable caseworker population for the last several years, now has the highest proportion of children with 5 or more caseworkers (**29.8%**).
 - The Northern Service Area also had a lower rate of caseworker contact with children every 60 days (**93.9%** compared to a state average of **98.4%**).
- Far too many children have multiple episodes in foster care (**23.7%**), including **9.2% of children 5 or younger** (*page 17*).
- **Nearly 40.0%** of children reviewed had a mental health diagnosis at the time of review (*page 46*). Additionally, **33.9%** of the children reviewed had a chronic impairment, and **5.4%** qualified for disability services (*page 47*). **More than 1/3 of the children who qualified for disability services were not receiving those services through the NDHHS Division of Disability Services.**
- Both school performance and negative behaviors at school vary by gender (*page 49*). For children reviewed, **13.1% of girls and 18.7% of boys were not on target to graduate**. Boys were more likely than girls to have occasional and consistent behavior problems at school.

Parents of Children in Care

- The most common reason children were removed from their homes was parental neglect (**63.5%**). Neglect is often a symptom of an underlying condition, most commonly drug use, violence in the home, and parental mental health. Therefore, neglect needs to be targeted in child abuse prevention efforts (*page 21*).
- **About 1/3** of children's parents court-ordered to have visitation were not consistently visiting their children (*page 27*).

The Child Welfare System

- The FCRO was unable to determine if **7.4%** of children reviewed were safe in their current placement (*page 23*). This was due to a lack of critical documentation about the placement, often due to a lack of a completed home study.
- Nearly **10% (435 of 4,448)** of children reviewed changed placements within the prior six months (*page 23*). Most concerning, **24.4% of placement moves were due to provider request**, up from 19.9% in the prior fiscal year. Additionally, **7.4% of placement changes were due to allegations of abuse/neglect in the foster home**.
- Children in a trial home visit at the time of review were less likely than children placed out-of-home to have safety measures in their case plan (**88.0% and 96.1%, respectively**). Given that children in a trial home visit are returning to a setting that was at one point deemed unsafe and that trial home visits are less likely to be monitored by outside contractors for safety, it is especially critical that safety measures are well-thought out and documented for this population (*page 30*).
- **For over half of the children in out-of-home care reviewed, cases were stagnating and permanency is still far away** (*page 34*). For **29.2%** of children out-of-home, there was no progress toward the primary permanency goal, and for an additional **24.3%** progress was minimal. Furthermore, **more than 20% of 14 to 18 year olds with a permanency objective of reunification did not want to return home (190 of 865)**.
- In FY 2017-18, **152 youth left the child welfare system on the day they reached legal adulthood having never reached permanency** (*page 52*). Improvement is needed in preparing older children for adult lives, given that **28.9%** of those required to have a completed independent living assessment did not, **only 38.4%** of older youth identified their required transition team, and a significant number of older children were either not obtaining skills for adulthood (**16.3%**) or the FCRO could not determine if they were (**28.5%**).

Courts

- For approximately **1 in 3 children** reviewed, adjudication occurred more than 3 months after removal (*page 36*). Of the 1,140 reviews of children who should have an exception hearing in court, **for 36.1% the exception hearing had not occurred**

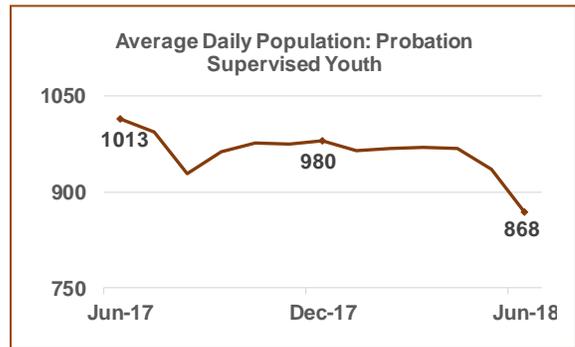
(page 38). The FCRO was unable to determine if the exception hearing had occurred for an additional **24.5%** of children.

- The FCRO is adamant that children’s voices need to be heard throughout the entirety of a case, especially older children. **Yet, during FY 2017-18 just 12.4% of children aged 10-18 attended court hearings** (page 39). Furthermore, the court is to inquire if children 14-18 were involved in developing the case plan, however the FCRO could confirm this occurred in **only 14.5% of cases**. Similarly, only **1/3 of court orders contained the required Strengthening Families Act (SFA) findings**.

Youth in Out-of-Home Care Supervised by the Office of Probation Administration

Decrease in the population of Probation supervised youth in out-of-home care

The most significant trend in the Juvenile Probation population is the decrease in youth in out-of-home placement. **From June 2017 to June 2018, the population of Probation supervised youth in out-of-home care has decreased by 14.4%** (page 6). This overall decrease is largely driven by the **26.8% decrease of youth out-of-home in Lancaster County**. Important considerations about the decrease in population include:



- Unlike the decrease in the child welfare population, the decrease in the juvenile probation population coincides with a public, stakeholder-reviewed expansion of existing in-home services and implementation of new ones (MST and Boys Town Ecological In-Home Family Treatment Model).
- Additionally, the Robert F. Kennedy National Resource Center for Juvenile Justice, external experts in Juvenile Justice, conducted a system review in Lancaster County⁴ with specific recommendations for system improvements. This type of intentional reflection and assessment demonstrates the commitment of Lancaster county stakeholders in reducing the number of youth out-of-home.
- Some areas of the state have not seen a decrease in the number of children out of home, including Districts 1, 7, 10, and 12. These districts tend to be more rural, highlighting the importance of bringing in-home services across the state.
- District 4J, Douglas County, has only recently seen a decrease in the population of youth out-of-home. On June 30, 2018, **36.4% of the probation youth in out-of-home care in Nebraska are from Douglas County**.

⁴ Robert F. Kennedy Children’s Action Corps. “Lancaster County, NE Juvenile Probation System Review.” RFK National Resource Center for Juvenile Justice. https://supremecourt.nebraska.gov/sites/default/files/Probation/juvenile/probation_system_4-2018.pdf

Probation Supervised Youth in Out-of-Home Care

- Racial disproportionality in the juvenile justice population continues to be a concern (*page 56*). Youth who are Black or African American make up 6.0% of Nebraska's population, but 23.6% of the Probation supervised youth in out-of-home care. American Indian youth are 2.0% of Nebraska's youth population, but 7.0% of the out-of-home population.
- The majority (**61.2%**) of Probation supervised youth in out-of-home care are in a non-treatment congregate (group) care facility (*page 58*). Considering **84.4%** of reviewed Probation supervised youth have a professionally identified mental health condition (*page 66*) and **55.4%** have a substance use issue (*page 67*), treatment-centered facilities are vital to meeting the needs of the population.
- While it is not surprising that the most common barrier for returning home is a youth needing time to complete services or treatment (**76.8%**), it is concerning that for **22.0%** of youth reviewed, their parents' inability to manage the youth's behaviors was a barrier to returning home (*page 65*). For **16 youth** their parents were unwilling to take them home and for **6 youth** their parents were not engaged in services. These issues are beyond the control of the individual youth, and it is important that the juvenile justice system identify concrete action steps when parents' issues prevent youth from returning home.
- **Roughly one-third (31.8%) of the Probation supervised youth reviewed had a previous out-of-home care episode with NDHHS-CFS** (*page 66*). Additionally, the safety of the youth or their family members was a barrier to returning home for **3.5%** of youth reviewed.
- IQ scores were available for 69 of the 287 youth reviewed (*page 69*). It is important to note that IQ scores are likely only recorded for youth who present with cognitive concerns or needs, but it is still concerning that **52 youth had an IQ score of less than 100**.

The Juvenile Probation System

- A significant number of Probation supervised youth out-of-home (**41.1%**) did not receive community-based services prior to being placed out-of-home (*page 60*).
- Local boards were consistently unable to determine important findings because of a lack of appropriate documentation and FCRO staff made corrections to the placement history of **26.0%** of the reviewed youth (*page 61*). Improved documentation is not only beneficial to the FCRO, but improves internal consistency and reduction of duplicative work if probation officer changes are necessary.

FY2017-18 RECOMMENDATIONS

Based on the above and other factors described throughout this Annual Report, the FCRO has makes the following recommendations.

Legislative:

1. Conduct a legislative study examining changes needed to the juvenile court jurisdiction statute found at Neb. Rev. Stat. §43-247 and ways to improve the prosecutorial model used in Nebraska to effectively address the needs of children and families. This study must include the following: a) the scope of the legal ability of the court in delinquency actions to require parents to participate in services; b) the legal definitions regarding a no-fault abuse/neglect filing and a status offender filing; c) the legal definitions regarding a juvenile mental health commitment filing; and d) ways to achieve consistency in the filing of juvenile court actions.
2. Conduct a legislative study to assist in developing an external oversight system for non-court child welfare families, which would include compliance with NDHHS-CFS policy and Nebraska statutes and the need and availability of services statewide to ensure children remain safe and their best interests remain at the forefront.
3. Enact legislation requiring that all children/youth involved in the child welfare and juvenile justice system must attend every court hearing after adjudication unless the court waives their presence after a court hearing. By keeping the child/youth at the forefront, this requires all parties to be trauma-informed and sensitive to their needs.
4. Enact legislation requiring that all relative and kinship placements must obtain a child-specific foster care license within 120 days of placement. This legislation must include the requirement that NDHHS, through its regulations, create the process for obtaining a child-specific foster care license.
5. Enact legislation ensuring that all youth involved in the juvenile justice system have access to court-appointed legal counsel unless waived by the youth.
6. Enact legislation amending the Nebraska statutes regarding the legal basis for the termination of parental rights and the process for the filing of these legal actions.

Judicial System:

1. Require that all guardians ad litem must receive a copy of the home study prior to placement of a child in a home or within 60 days if the placement is the first placement of a child.

2. Ensure compliance with the Supreme Courts' Progression Standards for juvenile court.
3. Explore the feasibility and impact of court review hearings held every three months instead of every six months to increase accountability across the system.
4. Ensure that the child/youth's voice is integrated into all legal proceedings including appearance at court hearings and involvement in all aspects of case planning.

NDHHS:

1. Establish an effective, evidence-supported, goal driven, out-come 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. Preventative services for neglect and substance use in collaboration with NDHHS Behavioral Health;
 - b. Out-of-home services such a family support and parenting time services that have the least traumatic impact on children.
 - c. Stabilization of placements and recruitment of foster parents based upon the needs of the child/youth in collaboration with foster care providers;
 - d. Creation of treatment foster care services which actively engage families and would meet the needs of older youth;
 - e. In-home supports for foster parents especially relative/kin placements;
 - f. Mental and behavioral services for children/youth in collaborations with NDHHS Behavioral Health;
 - g. Developmental disability services for children/youth in collaboration with NDHHS Developmental Disabilities; and
 - h. Enhanced services and case management for older youth.
2. Establish clear and concise policy and procedures with regard to effective safety planning to include clear expectations for the families and mechanisms to ensure compliance with the safety plan. This is true whether the safety plan involves a court-involved case or non-court case or out-of-home placement.

Juvenile Probation:

1. Determine the feasibility of replicating the Robert F Kennedy National Resource Center for Juvenile Justice System's Assessment in District 4J (Douglas County).
2. Establish an effective, evidence-supported, goal driven, out-come 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 prior to being placed out-of-home;
 - b. Recruitment and retention of foster homes to meet the needs of probation youth;
 - c. Creation of services for parents to assist in managing the behaviors of their youth;
3. Creation of concrete action steps when parents' issues prevent a youth from returning home in collaboration with all juvenile justice stakeholders.

Multi-System Stakeholders:

1. Complete a collaborative study on how children move from the child welfare system to the juvenile justice system to the adult correctional system.
2. 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. 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. This study should include ways to break down silos within NDHHS to ensure that the most appropriate NDHHS division is meeting the short-term and long-term needs of the child and family. 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 NDHHS divisions as needed.

The FCRO encourages everyone involved in the child welfare system to consider all 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.

Similarly, the FCRO encourages all involved with youth in juvenile justice who are placed out-of-home to consider policies and practices to safely reduce risk while maintaining more youth in the familial home.

ACTION ON FY2016-17 RECOMMENDATIONS

Based on factors described through each Annual Report, the FCRO carefully analyzes and makes recommendations each year as required by statute. The following chart describes progress made on the major recommendations from the 2017 Report.

2017 Recommendation	Status as of 6/2018
Conduct a legislative study with the assistance of the Legal Parties Taskforce for the Nebraska Children’s Commission examining changes needed to the juvenile court jurisdictional statutes found at Neb. Rev. Stat. §43-247 in order to appropriately meet the best interest of children and families.	No Progress Legal Parties Taskforce has been diligently working on other statutory issues such as bridge orders and termination of parental rights/exception hearing changes. If requested, they would work on this recommendation in the next year.
Amend legislation ensuring that all youth involved with the juvenile justice system have access to court-appointed legal counsel unless waived by the youth.	No Progress A bill was debated last legislative session but failed to pass the Unicameral.
Enact legislation requiring that all children involved in the child welfare system must attend every court hearing after adjudication. This would require all parties to be trauma-informed and sensitive to the needs of the children and youth.	In Process A workgroup for the Governor’s Commission for the Protection of Children has begun work on this area and court guidelines are being drafted. Decisions have included the need for statutory changes in this area.
Conduct a study on why some children in trial home visits do not achieve prompt permanency and consider either requiring court hearings every 90 days or requiring case closure after a certain length of time.	In Process The FCRO has continued to complete case file reviews on children in trial home visits. Within the next year, data should be available in order to assist in further next steps regarding this recommendation.
Improve documentation in court orders regarding findings entered as to the statutorily required exception hearing for those children who have been in out-of-home care for 15 out of the past 22 months.	In Process Court orders in juvenile cases do now contain a section for judges to complete for the statutorily required exception hearing. Next steps are ensuring that these hearings are being held throughout the State by each court. The Legal Parties Taskforce is also working on needed statutory amendments to these statutes in order to ensure these are meaningful hearings impacting permanency for children.

2017 Recommendation	Status as of 6/2018
<p>Conduct court review hearings every three months and specify in court orders what services are required for cases to be successfully completed.</p>	<p>In Process Some areas of the State are holding review hearings every three months and have seen positive steps towards quicker permanency for children. Next steps include an evaluation of the data in order to determine its impact on the timeliness of permanency for children.</p>
<p>Ensure that all relative and kinship placements are required to attend specific training programs, have an avenue by which to attain a child-specific license in order to qualify for federal IV-E funding, and have necessary agency-based supports at the same level as non-relative licensed foster homes. Contracts with providers should specify these requirements including incentives for licensing.</p>	<p>In Process This past legislative session the law was amended to require DHHS-CFS to report to the FCRO whether a foster home is licensed and what non-safety requirements were waived. This law went into effect in July 2018. Further work has been completed by a workgroup for the Nebraska Children’s Commission regarding what changes to DHHS-CFS regulations are needed in order to license relative and kinship placements. DHHS-CFS has also begun work on redesigning the contracts with providers for foster care services with implementation in 2019.</p>
<p>NDHHS needs to complete implementation of internal processes to ensure contractual compliance by providers.</p>	<p>In Process DHHS-CFS has started the process by which to assess performance measures for specific types of services through provider improvement data.</p>
<p>NDHHS ensure through its contracts that all services, particularly parenting time services, are goal-orientated and progress-driven surrounding three core principles: strengthening core life skills, developing appropriate relationships, and reducing external sources of stress. These contracts should include the utilization of outcome-based uniform reports by all service providers to effectively gauge parental progress and ability to parent their child.</p>	<p>In Process DHHS/CFS is just beginning to look at its current service array and ways to improve both its contracting with providers and performance measures with providers.</p>

2017 Recommendation	Status as of 6/2018
<p>Conduct a fidelity study into the evidence-based Structured Decision-Making assessments utilized by on-going caseworkers in order to ensure that NDHHS and lead agency staff are appropriately completing these tools and utilizing the results to complete their statutorily required case plans.</p>	<p>No Progress</p>

Further information is available.

The FCRO has further data and information available on its website (www.fcro.nebraska.gov), or through the contact information on the last page of this Annual Report.

SECTION 1

ALL NEBRASKA CHILDREN IN OUT-OF-HOME CARE

CHILDREN AND YOUTH UNDER STATE CUSTODY DURING FY 2017-18

“State custody” as defined here includes children and youth⁵ served by one or both of the two major programs (child welfare/foster care and juvenile justice) that have children placed out-of-home.

The population described consists of:

- NDHHS⁶ child welfare wards in out-of-home care or trial home visit.
- Office of Probation Administration supervised youth in out-of-home care.
- NDHHS Office of Juvenile Services [OJS] youth in out-of-home care (primarily at the Kearney and Geneva Youth Rehabilitation and Treatment Centers).

This report does not include any children placed out-of-home through the Developmental Disabilities program unless there is simultaneous child welfare involvement.

Per Neb. Rev. Stat. §43-1303(2)(b)(iv), the FCRO is to include in each Annual Report the number of children supervised by the foster care programs in the state annually. It is a thought-provoking statistic.

- **7,967** individual (non-duplicated) Nebraska children or youth were in out-of-home care through a state system for one or more days during FY2017-18.⁷
- **520 (6.5%)** of the 7,967 (children left care and returned to care during that same 12-month fiscal year.

⁵ In Nebraska a “child” becomes a legal adult on their 19th birthday. The majority involved in the juvenile justice system are age 14-18, therefore in deference to their developmental stage, we generally refer to them as “youth” rather than “children.”

⁶ The Nebraska Department of Health and Human Services, Children and Family Services Division.

⁷ The State of Nebraska’s fiscal year is July 1-June 30th.

TRENDS BY SYSTEM

CHILD WELFARE TRENDS

Figure 1 below shows the average daily population (ADP) per month of all NDHHS involved children in out-of-home care or trial home visit (including those simultaneously served by the Office of Probation) during FY2017-18.

The annual pattern in the figure below is distinct from the previous year. During FY2016-17, the number of wards decreased in December and January, then began to increase again in February (See FCRO 2017 Annual Report, page 2). During FY2017-18, the number of wards has steadily decreased from October, with the largest single decrease in the last two months of the fiscal year. **Overall, there has been an 8.8% decrease in state wards** in out of home care when comparing June 2017 to June 2018.

Figure 1: Average Daily Population of NDHHS Wards

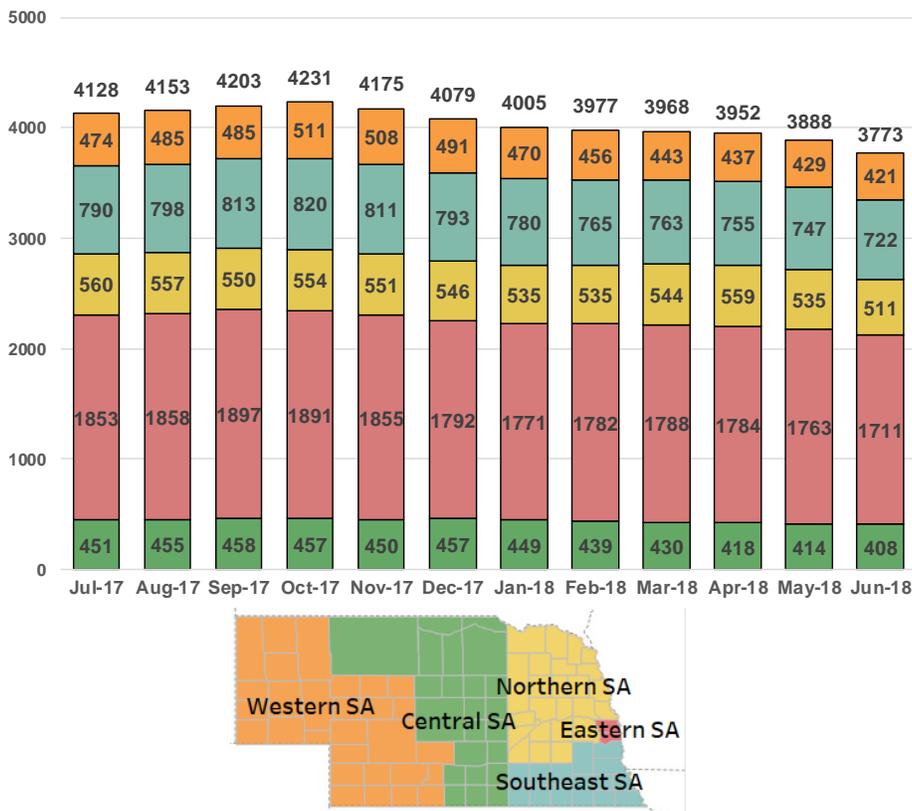
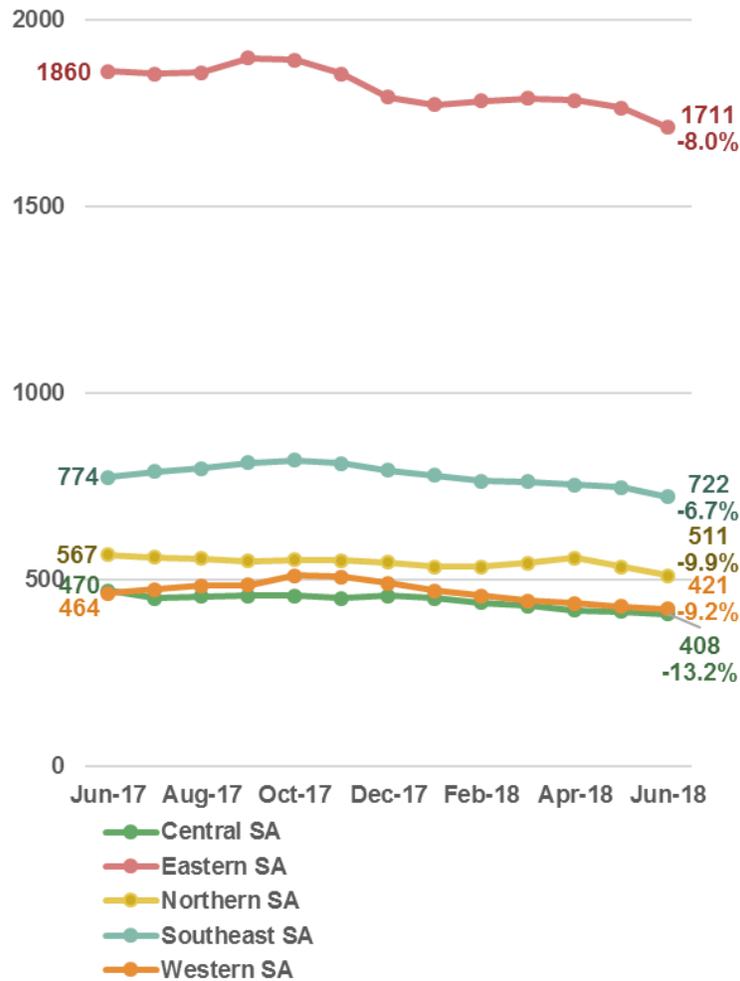


Figure 2 demonstrates that all areas of the state saw a decrease in the number of NDHHS wards, though at different rates.⁸ The Central Service Area had the largest rate of decrease (**13.2%**), followed by the Northern Service Area (**9.9%**). In both of these regions, the rate of decrease has been largely consistent in the past year. For the Eastern, Southeastern, and

⁸ See Appendix A (p 91) for a complete list of counties and corresponding NDHHS-CFS Service Areas and Judicial Districts.

Western Service Areas, the pattern is slightly different, with peak numbers of state wards in the fall of 2017 and reductions in the out-of-home and trial home visit population thereafter.

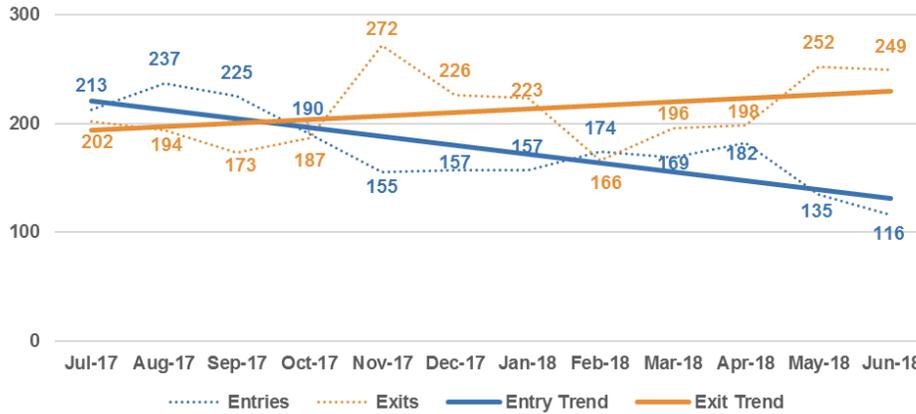
Figure 2: Percent Change in Average Daily Population of NDHHS Wards by Service Area, June 2017 to June 2018



The reduction in the population of children in out-of-home and trial home visit can be influenced by many factors, including a decrease in the number of children entering the system, an increase in the number exiting the system, and a decrease in the amount of time a child spends in the system.

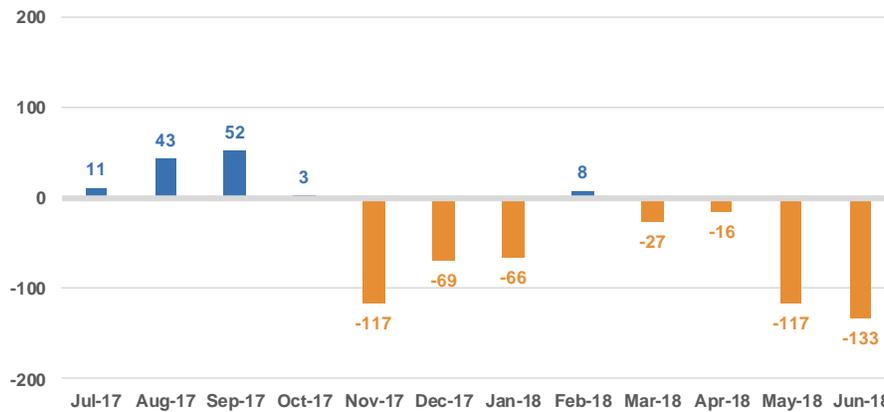
Statewide, the number of exits from the foster care system began to surpass the number of entries into the foster care system in October of 2017 (**Figure 3**). With the exception of February 2018, this pattern remained consistent through the end of the Fiscal Year. Exits increased by **23.2%**, and the number of children entering the foster care system decreased by **45.5%** from July 2017 to June 2018.

Figure 3: Monthly Entries and Exits of NDHHS Population, FY2017-18



As shown in **Figure 4**, the pattern of more children exiting the foster care system than entering the foster care system leads to the decrease in the overall population.

Figure 4: Net Monthly Changes in the NDHHS Ward Population, FY2017-18



Next year, the FCRO will be able to analyze the re-entry rate of the cohort of children who exited during FY2017-18 compared to children who exited in FY2016-17 to see if the increase in exits has affected the overall re-entry rate. The FCRO is unable to review prior to removal, so we are unable to analyze the reasons for fewer children entering out-of-home care, however NDHSS CQI data indicates that much of the reduction in entry is due to more children being served through non-court cases.⁹

⁹ http://dhhs.ne.gov/children_family_services/Documents/CFS%20Point%20in%20Time%20Dashboard%20Report.pdf

Figure 5 demonstrates the monthly entry trends by service area. In all areas of the state, there has been a decrease in the number of NDHHS wards entering the foster care system in the last fiscal year. **Figure 6** demonstrates the monthly exit trends by service area. At the same time that fewer children are entering the system, the number of children exiting the system has also increased, particularly from February 2018 to June of 2018, and most dramatically for the Eastern Service Area.

Figure 5: Entries of NDHHS Wards by Service Area

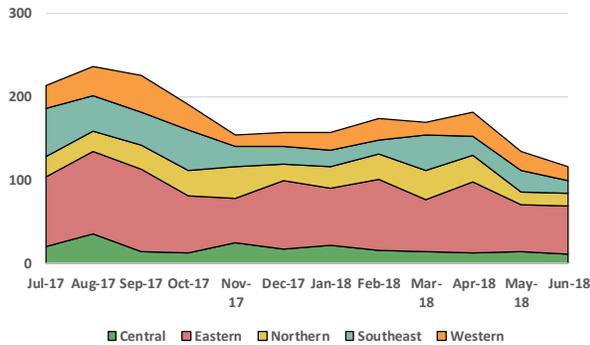
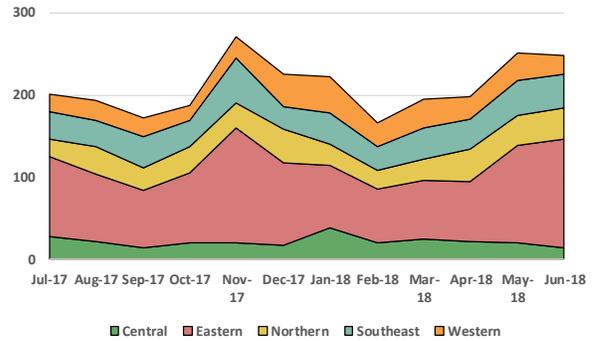
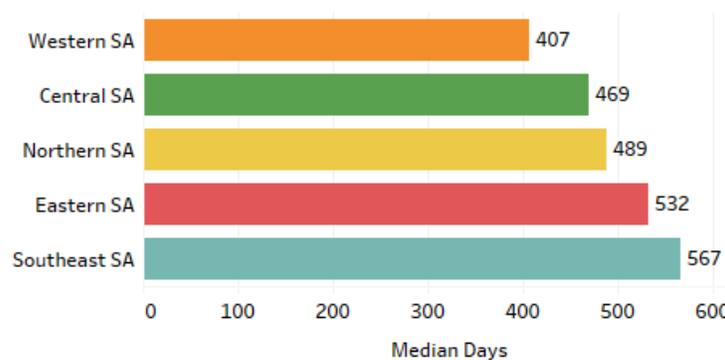


Figure 6: Exits of NDHHS Wards by Service Area



The amount of time children spend in care also affects the overall population of children in care. An analysis of all children who left care during the 2017-18 Fiscal Year shows that the median number of days a child spends in care in Nebraska is **509**, with **29.6%** leaving care after two or more years. This varies by region, from a low of 407 days in the Western Service Area to a high of 567 days in the Southeast Service area (**Figure 7**).

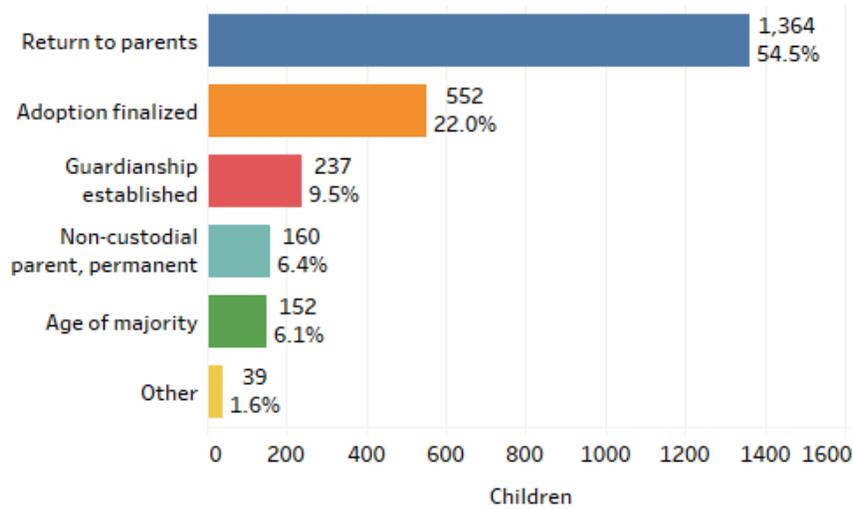
Figure 7: Median Days in Care for NDHHS Children Exiting FY 2017-18, n=2,504



Analysis of the exiting population does not indicate that the decrease in the population of state wards is due to a shortening of the days children spend in care. **In fact, children who exited in the 2017-18 Fiscal Year averaged more days in care than children who exited care in the 2016-17 Fiscal Year (508 days and 488 days, respectively).**

Similarly, the reason children exit the system has not changed significantly over the past two Fiscal Years. Approximately **61%** of the children who leave foster care return to a parent, **22%** are adopted, **9%** enter into a guardianship, and **6%** reach the age of majority without a permanent family structure in place (**Figure 8**).

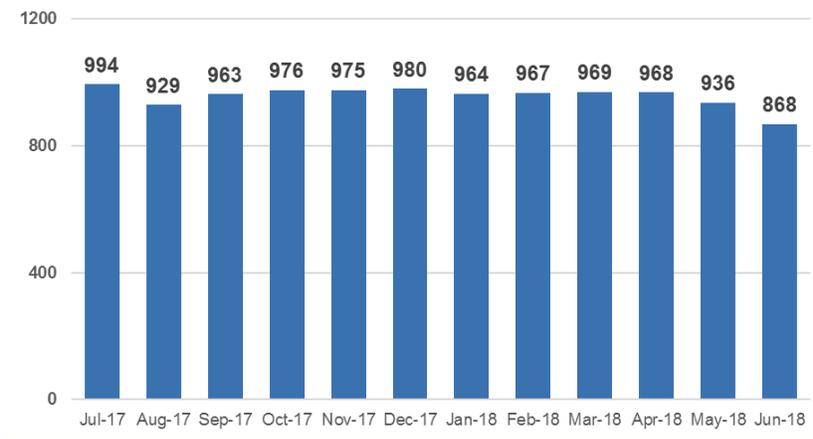
Figure 8: Exit Reason for NDHHS Children Exiting FY 2017-18, n=2,504



PROBATION TRENDS

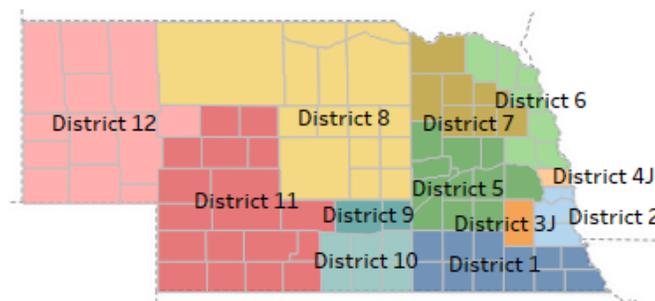
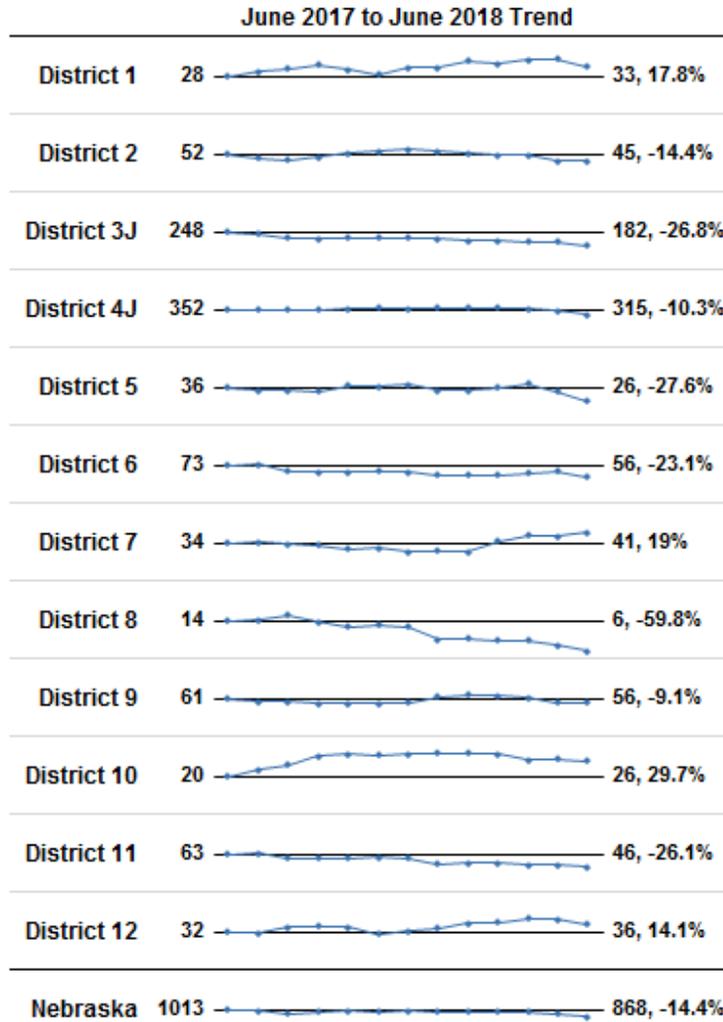
Figure 9 shows the relative stability of the population of Probation supervised youth in out-of-home care throughout the majority of FY2017-18 (including those with simultaneous involvement with NDHHS and those placed at the YRTC). The average daily population of Probation youth in out-of-home care decreased most significantly in May and June of 2018.

Figure 9: Probation Average Daily Population in Out-of-Home Care, FY2017-18



When comparing June 2018 to June 2017, the population of Probation supervised youth in out-of-home care has decreased by 14.4%. As shown in **Figure 10**, the change in the out-of-home population varies throughout the state.¹⁰

Figure 10: Percent Change in Average Daily Population of Probation Youth in Out-of-Home Care by Judicial District, June 2017 to June 2018



¹⁰ See Appendix A (p 91) for a complete list of counties and corresponding NDHHS-CFS Service Areas and Judicial Districts.

The population of youth out-of-home has consistently declined in **Districts 3J, 6, 8, and 11** over the last year. While District 4J has had a 10.3% decrease in the number of youth out-of-home, that decrease can be attributed entirely to the population decrease that occurred in June. Similarly, the large decrease in population for District 5 is related to the decline in the number of youth out-of-home in May and June of 2018.

YRTC TRENDS¹¹

Figure 11 shows the average daily population of OJS wards at each of the Youth Rehabilitation Treatment Centers (YRTC) for FY 2017-18.

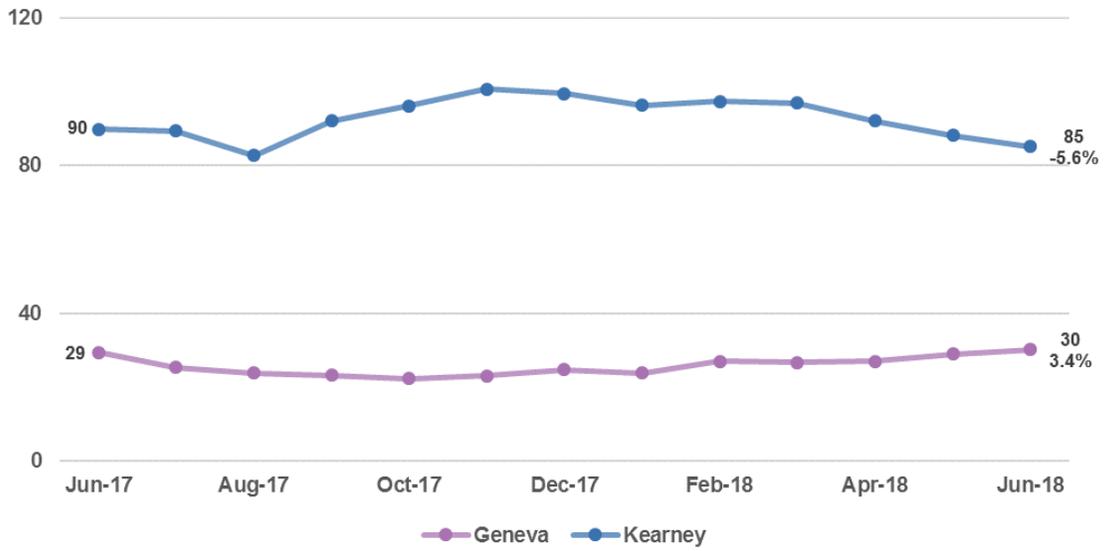
Figure 11: Average Daily Population of OJS Wards Placed at a Youth Rehabilitation and Treatment Center, FY2017-18



While there have been as many as 127 youth placed at a YRTC and as few as 107 youth, the annual trend for both the Kearney (boys) and Geneva (girls) YRTC has remained stable (**Figure 12**).

¹¹ Per Neb. Rev. Stat. 43-186 "...When it is alleged that the juvenile has exhausted all levels of Probation supervision and options for community-based services and section 43-251.01 has been satisfied, a motion for commitment to a youth rehabilitation and treatment center may be filed and proceedings held...." Youth placed at the Youth Rehabilitation and Treatment Centers (YRTCs) are in the care and custody of the Office of Juvenile Services (OJS) of the Department of Health and Human Services.

Figure 12: Percent Change in Average Daily Population Youth at the YRTC's, June 2017-June 2018

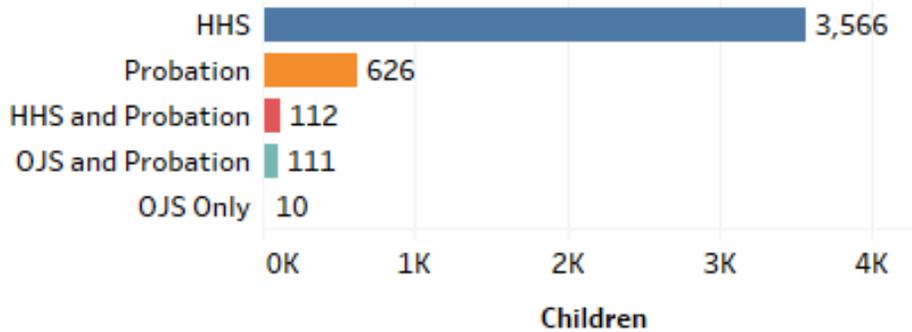


AGENCY SNAPSHOT (POINT IN TIME) POPULATION NUMBERS ON JUNE 30, 2018

Analysis of a snapshot, or point in time, of the data on children can be helpful in several ways. Every day, children and youth move in and out of Nebraska’s out-of-home care structure. By pulling information on all children in care on a single day, we are able to provide a basic demographic breakdown of who is in the system on a given day, which types of out-of-home care are being utilized on a given day, and what is the distribution of children and youth between the different stakeholders (Child Welfare, Juvenile Probation, Office of Juvenile Services, or any combination thereof).

It is also important that snapshot data is from a point in time that occurred far enough in the past to provide stakeholders ample opportunity to input and report the required information for all children in care on that day. For this reason, **Figure 14** provides a breakdown of all children in care on June 30, 2018, the last day of FY2017-18.

Figure 14: Agency Count on June 30, 2018, n=4,425



Further details about the above agencies will be provided in the appropriate sections of this report.

SECTION 2 – CHILDREN IN CARE THROUGH THE CHILD WELFARE SYSTEM (NDHHS – STATE WARDS)

This section describes Nebraska Department of Health and Human Services (NDHHS) wards (children) in out-of-home care¹² or in a trial home visit.¹³ The data points are separated by population-wide data and additional data gathered during FCRO case file review research.

¹² Out-of-home 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. Children placed with their parents but under the supervision of the courts or NDHHS are not included as they are no longer in substitute care away from their parents. 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.

¹³ Neb. Rev. Stat. §43-1301(11) defines a trial home visit as “Trial home visit means a placement of a court-involved juvenile who goes from a foster care placement back to his or her legal parent or parents or guardian but remains as a ward of the state.”

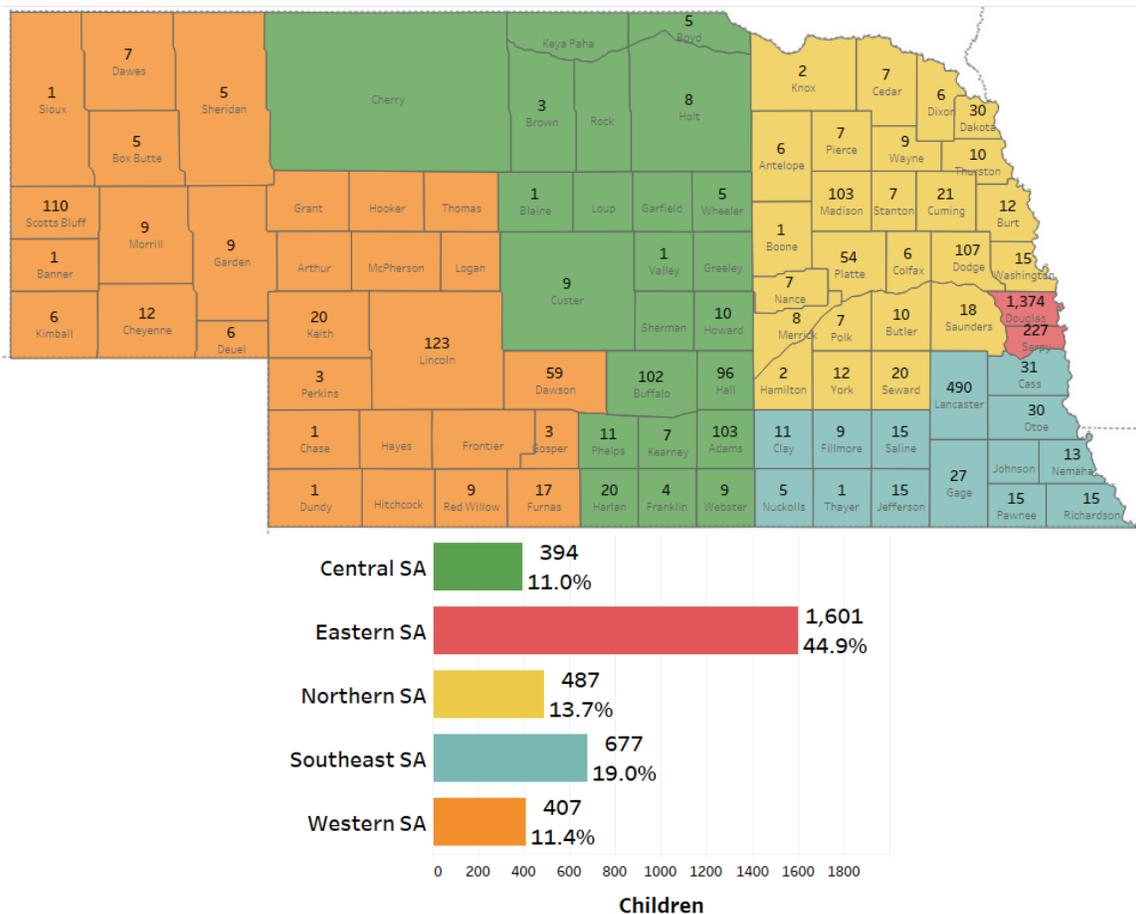
DATA ON NDHHS WARDS IN OUT-OF-HOME OR TRIAL HOME VISIT PLACEMENTS ON JUNE 30, 2018

On June 30, 2018, 3,566 NDHHS wards (children) were in out-of-home care or trial home visit in Nebraska, most of whom had experienced a significant level of trauma and abuse prior to their removal from the parental home.¹⁴

DEMOGRAPHICS

County. No area of the state or nation is immune from child abuse and neglect. It is neither an urban nor a rural issue – it is a human issue. **Figure 15** shows the location of origin for those 3,566 children and also serves to illustrate the counties included in each statutorily required NDHHS Service Area (SA). As anticipated, the counties with the largest populations also have the largest number of children in out-of-home care.

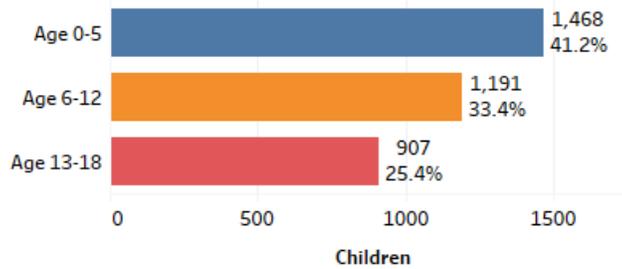
Figure 15: Location of NDHHS Wards in Out-of-home Care on 6/30/2018, n=3,566



¹⁴ Some reports on children entering or leaving care are delayed; therefore, the number known to be in care at a particular point depends on the date on which the data was queried.

Age. Figure 16 shows where children fall across the age spectrum. Nationally, 39% of children in foster care on September 30, 2015, were age 0-5.¹⁵ The increased prevalence of children in this age group is likely due to their vulnerability and inability to protect themselves from parental abuse or neglect.

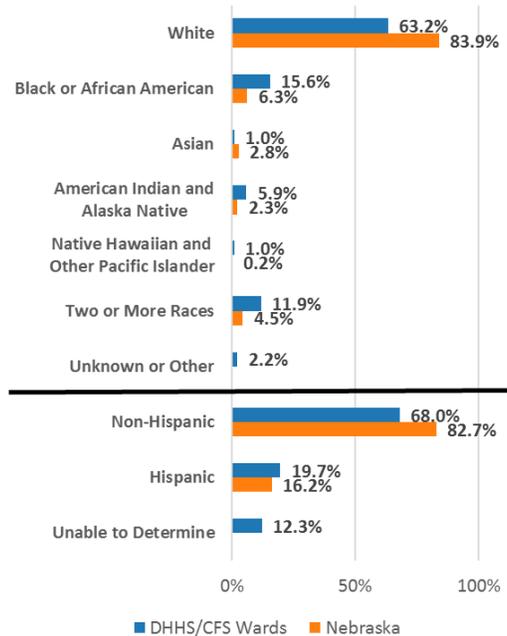
Figure 16: Age Group of NDHHS Wards in Care on 6/30/2018, n=3,566



Gender. There is an equal number of **boys (1,783)** and **girls (1,783)** in care.

Race and Ethnicity. Minority children continue to be overrepresented in the out-of-home population. Figure 17 compares the racial and ethnic categories of children in out-of-home placement to the number of children in the state of Nebraska.¹⁶

Figure 17: Race and Ethnicity of NDHHS wards in Out-of-Home Care on 6/30/2018 Compared to Census, n=3,566



¹⁵ U.S. Department of Health and Human Services, Administration for Children and Families, AFCARS Report.

¹⁶ U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2017.

PLACEMENTS

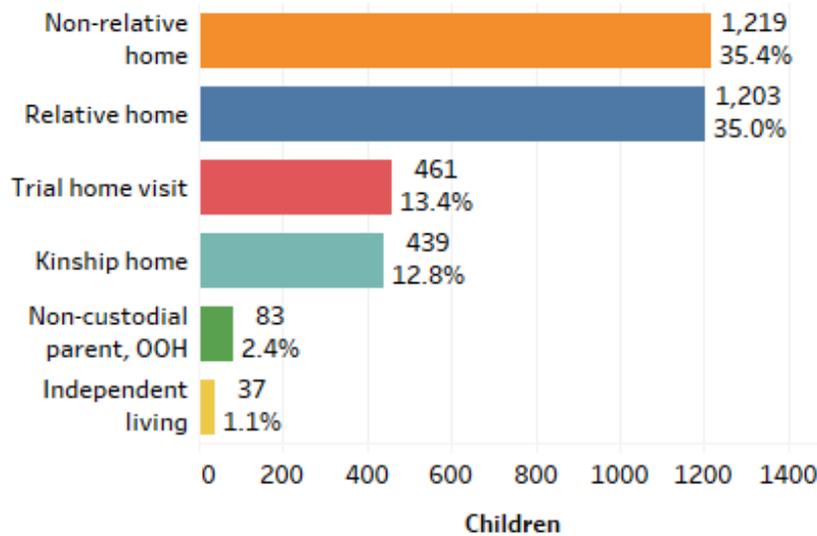
Placement Restrictiveness. Foster care should always be considered a temporary solution. It is without question that “children grow best in families.” Children need to live in the least restrictive, most home-like temporary placement possible in order for them to grow and thrive, thus placement “type” matters.

The least restrictive placements are home-like settings, 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.

The vast majority of NDHHS state wards (**96.5%**) are placed in the least restrictive placement (the same as the previous fiscal year). Only **1.1%** are in moderately restrictive placements, and **1.6%** in the most restrictive settings. On June 30, 2018, 27 children (0.8%) were missing from care.

On June 30, 2018, **46.0% (1,642 of 3,566)** of children in out-of-home care were in a relative or kinship placement.¹⁷ **Figure 18** provides additional detail on the types of least restrictive placements.

Figure 18: Least Restrictive Placement Type for NDHHS Wards in Care on 6/30/2018, n=3,442



Whether relative or kinship care, this type was put in place to allow children to keep existing and appropriate relationships and bonds with family members or similar important adults, thus lessening the trauma of separation from the parents. If a maternal or paternal relative

¹⁷ In Nebraska, relative care is placement with a relative through blood, marriage or adoption. Kinship is with a fictive relative, someone with whom the child has had a significant relationship with prior to removal from the home. Other states may use different definitions of kin, making comparisons difficult.

or family friend is an appropriate placement, children suffer less disruption and are able to remain placed with persons they already know that make them feel safe and secure. Thus, relative/kinship care can be especially beneficial when children have a pre-existing positive relationship with a particular relative/kin.

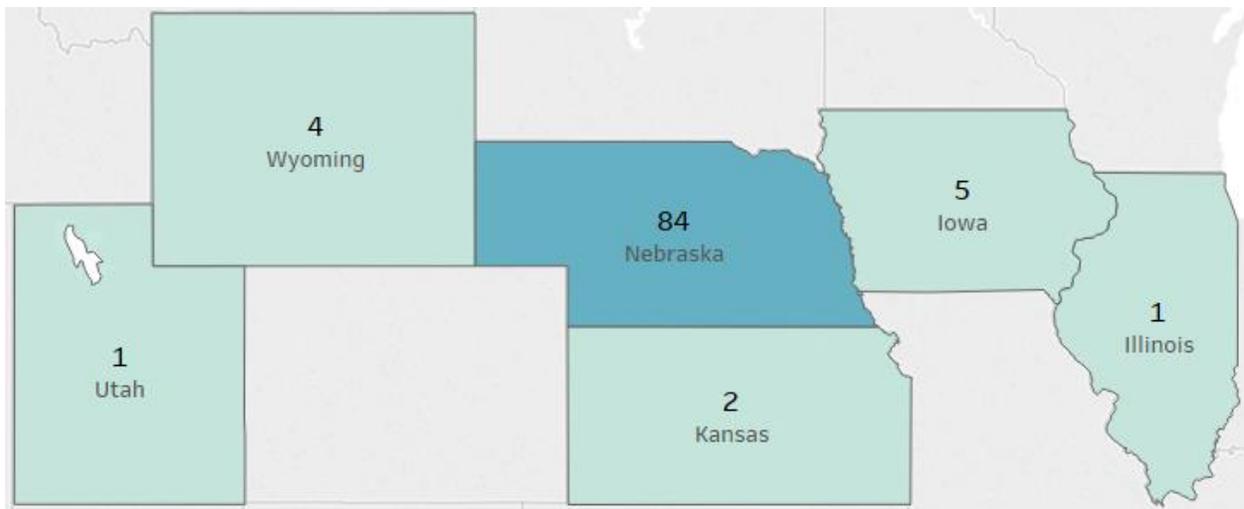
It appears that nearly all relative or kin homes are approved, rather than licensed. No standardized training is required in an approved home, so most relative caregivers do not receive specific and needed information on the workings of the foster care system, coping with the types of behaviors that abused or neglected children can exhibit, or the intra-familial issues present in relative care that are not present in non-family situations.

LB1078 (2018), requires NDHHS to report the license status of relative and kinship placements to the FCRO effective July 2018. NDHHS worked collaboratively with the FCRO on developing the reports and reporting began as this Report was being written. Therefore, in the next FCRO Annual Report an analysis of the data gathered from this information should be available for consideration.

Of additional concern, at the present time, **Federal Title IV-E funding for otherwise eligible children is not available if the child is in a non-licensed facility/home**, so state funds must be used for a variety of expenses that would be fully or partially covered with federal funds if the caregiver’s home was licensed. The failure to require adequate training, and therefore the lessening of licensing options, is unwise both in terms of children’s outcomes and the state’s financial situation.

Congregate Care. The majority of Nebraska wards in congregate care facilities are placed in Nebraska (**Figure 19**).

Figure 19: NDHHS Wards in Congregate Care on 6/30/2018, by State of Placement, n=97



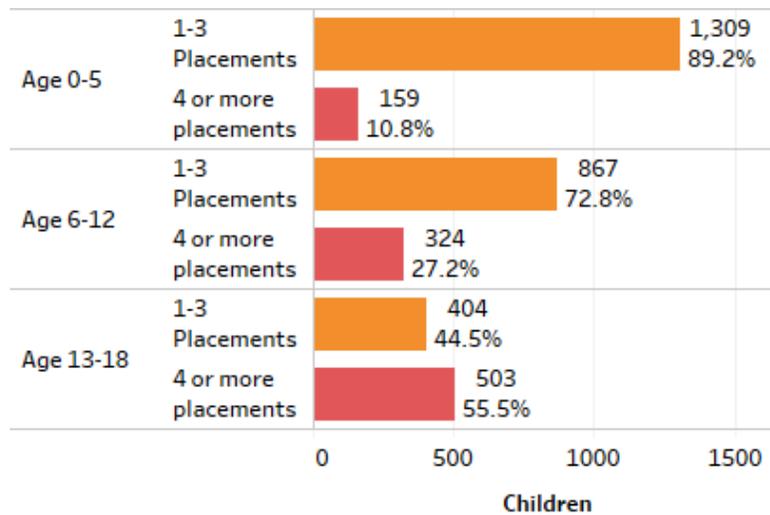
Placement Changes. Placement changes in this section refer to moves between foster caregivers, not removals from the family home which is described elsewhere in this report. National research indicates that children experiencing **four or more placements** over their

lifetime are likely to be permanently damaged by the instability and trauma of broken attachments.¹⁸

However, **children that have experienced consistent, stable, and loving caregivers are more likely to develop resilience to the effects of prior abuse and neglect, and more likely to have better long-term outcomes.**¹⁹

Figure 20 shows the number of lifetime placements for NDHHS wards by age group. By the time children reach their teen years, over half have exceeded the recommended maximum lifetime placement changes.

Figure 20: Lifetime Placements for NDHHS Wards in Care 6/30/2018, n=3,566



CASEWORKER CHANGES

Caseworkers are charged with ensuring children’s safety while in out-of-home care, and they are critical for children to achieve timely and appropriate permanency. The generic term “caseworker” is used throughout this report and includes both DHHS Case Managers and, in the Eastern Service Area, NDHHS contractor PromiseShip’s Family Permanency Specialists.

The number of different caseworkers assigned to a case is significant because worker changes can create situations where there are gaps in the information, relationships with clients must be rebuilt, and funding is directed to training new workers instead of serving families.

One often-quoted study from Milwaukee County, Wisconsin, found that children that only had one caseworker achieved timely permanency in 74.5% of the cases, as compared with

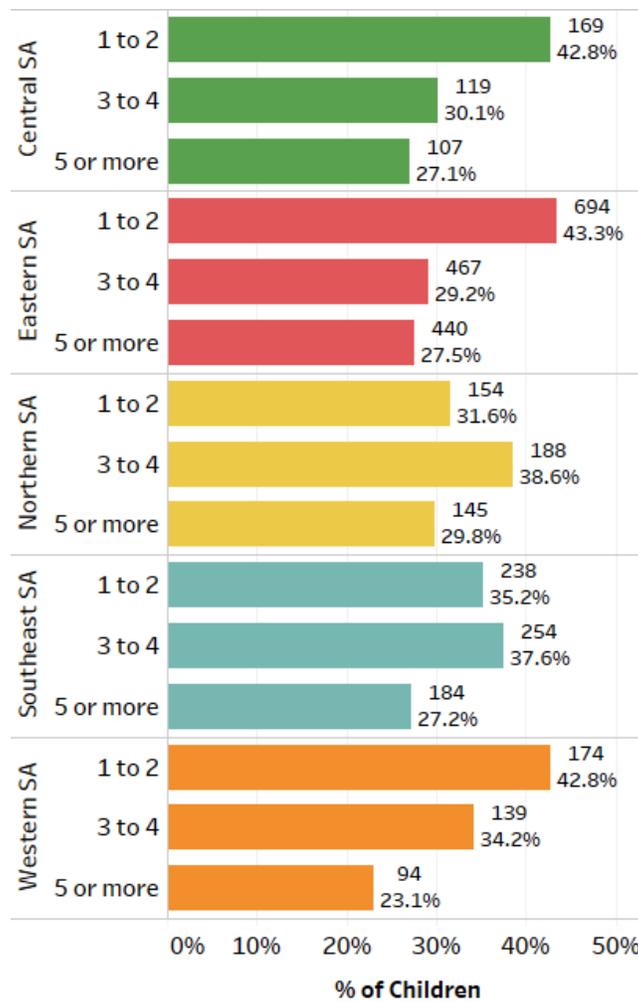
¹⁸ Examples include: Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

¹⁹ Ibid

17.5% of those with two workers, and 0.1% of those having six workers.²⁰ The University of Minnesota also found that caseworker turnover correlated with increased placement disruptions.²¹

The FCRO receives information about the number of caseworkers children have had while in out-of-home or trial home visit during their current episode, as reported by NDHHS.²² For children who reside in the Eastern Service Area and were served by PromiseShip, the data in **Figure 21** represent the number of Family Permanency Specialists (or FPS) assigned to the case. For children who resided outside of the Eastern Service Area, the data represent the number of NDHHS Case Managers assigned to a case.

Figure 21: Number of Caseworkers This Episode for NDHHS Wards in Care 6/30/2018, n=3,566



²⁰ Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff, January 2005.

²¹ PATH Bremer Project – University of Minnesota School of Social Work, 2008.

²² The FCRO has determined that there are a number of issues with the way that NDHHS reports the number of caseworker changes. Therefore, this information is issued with the caveat “as reported by NDHHS.”

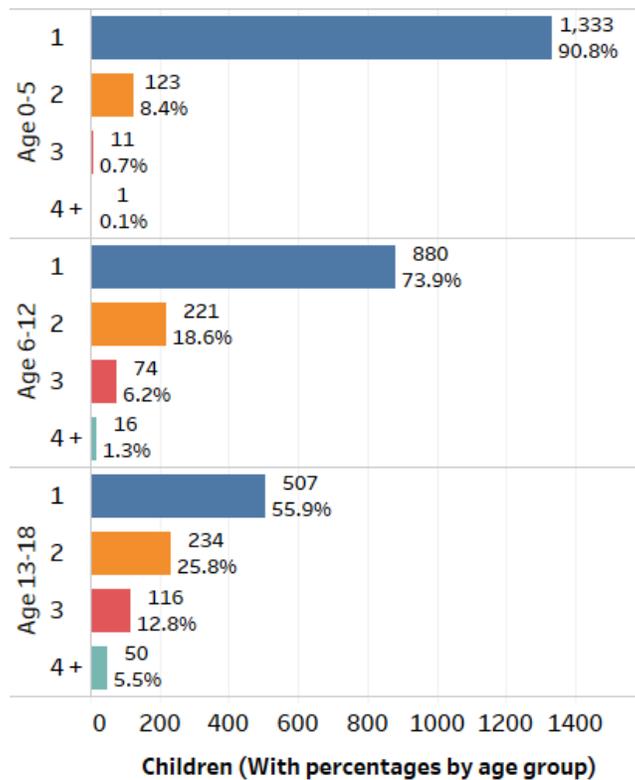
Over ¼ (27.2%) of the children served by NDHHS have had 5 or more caseworkers during their current episode in care.²³ For many of the children in care, they may have worked with additional caseworkers during a previous episode in out-of-home care or a voluntary case. These instances are not included in the data above. **The Eastern Service Area, which is served by the private contractor PromiseShip, has a slightly higher worker change rate compared to the rest of the rate.**

RE-ENTRIES

Many children enter foster care, go home to bio-parents, adoptive parents, or legal guardians, and then are removed from home again. Repeat removals from home can be damaging to children for many reasons. Prior to a re-entry, children may have experienced another episode of abuse or neglect. Children that re-enter care may have unmet needs (such as treatment for trauma).

Statewide **23.7%** of NDHHS wards in care on June 30, 2018, had more than one episode in care (**Figure 22**), including **9.2%** of the youngest children. That is the same rate as the prior fiscal year. Children’s past traumas as manifested in behaviors or mental health issues are a more frequent reason for a second removal than for a first.²⁴

Figure 22: Times in Care (Episodes) for NDHHS Wards, n=3,566



²³ In the 2017 Annual Report, caseworker change data was pulled using an exit sample. This data compares caseworker changes for children in care on June 30, 2018. Comparisons cannot be made between the two reports.

²⁴ See page 21 for more information about reasons for removal.

NDHHS WARD DATA GATHERED FROM FCRO REVIEWS CONDUCTED DURING FY2017-18

The Foster Care Review Office (FCRO) **conducted 4,448 case file reviews on 3,600 children** in out-of-home care or trial home visit under NDHHS custody during FY2017-18.²⁵ This is an **18.4% increase** from the 3,757 case file reviews conducted in the previous fiscal year.

During each, a substantial amount of critical data is gathered. Due to the number of children's cases reviewed each year, the aggregate data can tell the child welfare system a lot about current conditions for NDHHS wards and about the wards' outcomes.

The data described in the remainder of this analysis is arranged according to the three main missions of child welfare:

1. Child safety.
2. Establishing a timely permanent living situation for the children (called "permanency").
3. Ensuring child well-being, both while in care and after leaving the system.

These are the same broad categories that federal officials use when measuring every state's effectiveness on certain statistical measures for state wards.²⁶

SAFETY

There is a predictable intersection of the child welfare system's core responsibilities of safety, permanency, and well-being. Thus, while the data points discussed in this section have much to do with safety, there are also ties to permanency and well-being.

Providing for safety is the core mission of all stakeholders in the child welfare system. Children deserve to live in a safe home whether with their own families or with others. Safety needs to be continually assessed throughout all phases of the court proceeding.

²⁵ For information on additional reviews of youth in out-of-home care through the Office of Probation see page 59.

²⁶ Federal Administration for Children and Families Executive Summary Data Indicators and National Standards for Child and Family Services Reviews, amended May 13, 2015.

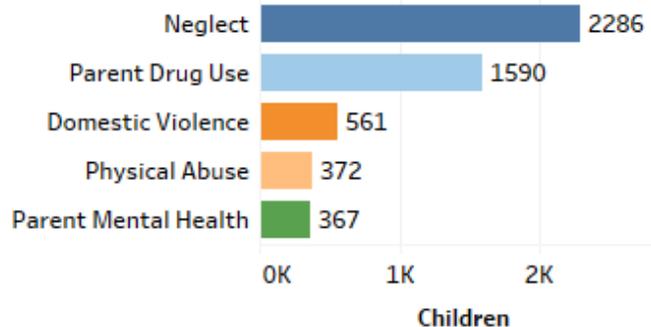
REASONS CHILDREN ARE REMOVED FROM PARENT(S)

Children’s on-going safety, well-being, and plans for their future are all impacted by the reason(s) for which they were removed from the parental home. It is the responsibility of the child welfare system to examine the reasons behind children’s current situation in order to inform the decisions made on the most efficacious distribution of resources to meet children’s best interest.

Adjudicated Reasons for Removal. Adjudication is the process whereby a court establishes its jurisdiction for continued intervention in the family’s situation. Issues found to be true during the court’s adjudication hearing are to subsequently be addressed and form the basis for case planning throughout the remainder of the case. Factors adjudicated by the court also play a role in a termination of parental rights proceeding should that become necessary.

Figure 23 shows the adjudicated reasons for removal of 3,600 children under NDHHS custody in FY2017-18, as identified through the 4,448 reviews on their cases conducted by the FCRO.²⁷ For children reviewed more than once the data reflects their most recent review. There may be multiple reasons identified for each child.

Figure 23: Most Common Adjudicated Reasons for Removal from the Home by Major Category, n=3,600



Based on an analysis of data, the following relevant facts emerged:

- **63.5% of children removed from the home enter out-of-home care for reasons that are adjudicated on the basis of parental neglect.**²⁸ Neglect is often a symptom of an underlying condition, most commonly drug use, violence in the home, and parent mental health²⁹. Therefore, neglect needs to be targeted in child abuse prevention efforts.

²⁷ Children are typically reviewed at least once every six months as long as a state ward.

²⁸ 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.

²⁹ Data on additional adjudicated and non-adjudicated reasons for removal for neglected children is available upon request from the FCRO.

- **Parental substance use is an adjudicated reason for removal for 44.2% of children reviewed.** The most common illegal drug affecting Nebraska's children and families is meth. All stakeholders need to come together to deal with this societal problem by ensuring appropriate services are available.
- **Domestic violence is an adjudicated reason for removal for 15.5% of children reviewed, and physical abuse is an adjudicated reason for removal for 10.3% of children reviewed.**

Non-Adjudicated Reasons for Removal. There may be reasons to remove a child from the home that are not adjudicated in court.³⁰ FCRO reviews of children's cases identify which, if any, additional issues contributed to the decision to remove a child from their home. Our data indicates:

- **In 2,720 of the 3,600 (75.6%) adjudicated cases,** there were additional reasons for the removal which were not part of the adjudication.

If the true issues behind a removal are not adequately addressed, it may be unsafe for the child to return home and his or her trauma may not be healed.

CASEWORKER CONTACT WITH CHILDREN

According to NDHHS policy, caseworkers, whether NDHHS or lead agency employees are required to, at a minimum, have personal face-to-face contact with each child every month.^{31,32} This is an important safeguard for children, particularly children under age six that may not be visible in the community.

During the FCRO case review process, staff document whether or not the child's caseworker had contact with the child within 60 days prior to the most recent review. The FCRO purposely elected to use a 60-day window in order to allow time for contact documentation to be completed. By doing so it is the fairest representation of what was actually happening for children and not merely a reflection of the documentation at a point in time.

The FCRO found that for reviews conducted in FY2017-2018:

- Worker-child contact was documented as occurring within 60 days of the review for **98.4% of children reviewed across the state.**
 - **The Northern Service Area³³ had a lower percentage, at 93.9%.**

³⁰ Plea bargains, insufficient evidence, or other legal considerations may result in an issue not being adjudicated.

³¹ State IV-B agencies [child welfare] must ensure that the total number of monthly caseworker visits to children in foster care is not less than 95 percent (ACYF-CB-IM-11-06). Federal HHS Administration for Children and Families. NDHHS reports it is achieving that goal.

³² Per NDHHS Policy Memo 28-17, frequency is based on risk levels, with low-moderate risk having at least one contact per month, and high or very high risk having at least two contacts per month.

³³ See page 2 for a map of the Service Areas.

PLACEMENTS (LIVING ARRANGEMENTS)

Safety and Appropriateness. The State's primary responsibility is to ensure every child in custody is safe. Under both federal regulations and state law, the FCRO is required to make findings on the safety and appropriateness of the placement of each child in foster care during each case file review.

Documentation of safety must be readily available to other workers, supervisors, and oversight entities. In order to assess safety, the FCRO's Review Specialists research whether any abuse allegations have been made against the child's placement and the system's response to those allegations. This information, along with a summary of the results from the home study,³⁴ is utilized by the local review boards to make the finding regarding safety. In order to determine appropriateness, consideration is given to the consideration is the impact on the children's care if there is not a good match between caregiver strengths identified in the home study and the needs of all children placed in that particular home.

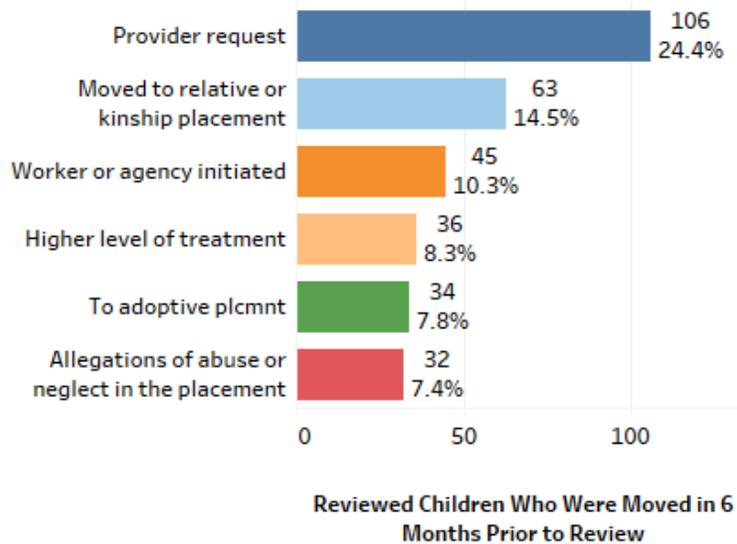
The FCRO does not assume children to be safe in the absence of documentation. If documentation does not exist, the "unable to determine" category is utilized. For those placements determined to be unsafe, the FCRO **immediately** advocates for a change in placement. A child that is missing from care is automatically deemed unsafe, and the FCRO responds accordingly.

- In FY2017-18, **91.3% of the children were in a safe placement, 1.3% were in an unsafe placement, and for 7.4% safety could not be determined due to a lack of critical documentation.**
- **Of the children who were determined safe, 94.7% were in an appropriate placement, 3.5% were inappropriate, and 1.7% could not be determined.** Appropriateness includes if the child is in the least restrictive placement possible and that the placement can meet the child's needs.

Placement Stability. Of the 4,448 reviews, **435** children had changed placements within 6 months. **Provider requests were the most frequent reason for changes (24.4% of those moved).** Provider requests were also the most frequent in previous years, but this was an increase from the 19.9% identified in the prior fiscal year. **(Figure 24)**

³⁴ A home study measures the suitability of each foster family placement.

Figure 24: Most Common Reason for Most Recent Placement Change Within the Six Months Prior to Review, n=435



A contributing factor to provider requests that children be removed from their care is child behaviors; with **37.3%** of children age 10-18 that were moved exhibiting difficult behaviors. Such behaviors can stem from untreated past traumas, mental health challenges, the disruptive nature of multiple moves, or anger and frustration with their current situation.

Foster parents have different skill sets and abilities just as children have different abilities and needs. Children should be placed with those caregivers best suited to meet their needs, but matching children and caregivers prior to placement can be challenging. However, suitability of placement impacts both children’s safety and well-being and thus must be a consideration. Matching needs to go beyond there was a bed available.

Of note, 7.4% of placement changes were due to allegations of abuse/neglect in the foster home. Abuse in a foster home may be related to whether or not adequate supports are available for caregivers of children who show predictable, albeit challenging, behaviors. Other cases may involve relatives or kin that were approved without adequate consideration of their abilities to care for children with high need levels.

Impact of Placement Stability: School and Daycare. One additional consequence must be considered when looking at children changing placements – a placement change frequently involves a simultaneous change in schools. Changes in schools greatly impact a child’s ability to maintain and improve academically and stable connections to school communities can be vital to their mental health and well-being.

The FCRO has identified several instances of school-aged children who have changed placements also changed school. At the current time, however, it is difficult to assess the full impact of placement changes because the FCRO was **not able to determine if a placement change led to a school change for 62.9% of school-aged children who moved placements within the prior six months.**

Consideration must also be given to how placement moves may affect very young children. A majority (**67.6%**) of the children reviewed between the ages of 0-3 attend daycare. Frequent moves between foster placements and child care placements, combined with the constant connecting and withdrawal from parents through visitation, may further reduce children's ability to develop secure healthy attachments and social-emotional health.³⁵

CONTINUED NEED FOR CARE

Foster care is meant to act as a safety net for children so that they can be safe and have all their needs met while adults in the family address the issues that led to children's removal. At the same time, it is imperative that children not remain in temporary care (foster care) longer than necessary.

Statute requires the FCRO to determine if there is a continued need for state oversight at every review conducted.

- In **86.0%** of reviews of children placed out-of-home at time of review, such care was still needed.
- In **76.3%** of reviews of children on a trial home visit, continued court oversight was needed.

PERMANENCY

While the data points discussed in this section have much to do with permanency, there are also ties to safety and well-being.

Permanency is a term used in child welfare to describe the safe and successful exit from the foster care system. There are different ways this can be achieved, primarily through reunification with parents, legal adoption, or legal guardianship.

The longer it takes for a child to obtain permanency the more the child is exposed to potential institutional neglect.

Ideally, children that achieve permanency have at least one committed adult that provides a safe and stable home that includes a sense of belonging.

BARRIERS TO PERMANENCY RELATED TO PARENTS AND CAREGIVERS

Prior to discussing parental issues that are current barriers to permanency, it is helpful to look at who children were living with prior to removal from the home as this can impact steps to achieve permanency. Most children were removed from the mother (**60.8%**), while **28.3%**

³⁵ *Meeting the Special Needs of Foster Children in Child Care*. Project Play, University of Arkansas Department of Family and Preventive Medicine.

were removed from the home of both mother and father, **6.8%** were removed from the home of the father, and the remainder of children were removed from other caregivers.

For the 3,600 children reviewed during FY2017-18, at the time of the most recent review:

- **2,848** children's mothers had intact parental rights, and
- **2,503** children's fathers had intact parental rights.

Parental Mental Health. A professionally diagnosed mental health issue was present for:

- 1,161 (**40.8%**) of the 2,848 children's mothers, and for 721 of those children's mothers mental health continued to impact the ability to safely parent, and
- 382 (**15.3%**) of the 2,503 children's fathers, and for 231 of those children's fathers mental health continued to impact the ability to safely parent.

Parental Substance Use. When parents frequently use drugs or alcohol, their children's lives may become chaotic and unpredictable, often leading to children's basic needs going unmet.³⁶ Frequent substance use rarely occurs in a vacuum, typically other problems are present, like mental illness and domestic violence – also discussed in this report.

During FY2017-18 reviews, the FCRO found:

- 1,410 (**49.5%**) of the 2,848 children's mothers with intact parental rights had a documented substance use issue, and for **1,045 of those children's mothers**, it continued to impact parenting.
- 685 (**27.4%**) of the 2,503 children's fathers with intact parental rights had a documented substance use issue, and for **231 of those children's fathers**, it continued to impact parenting.

Parental Domestic Violence Issues. Based on the research, in addition to the immediate risk of physical or emotional harm, there can be long-term consequences from domestic violence exposure.^{37,38}

- Domestic violence is an issue that continued to impact parenting for **312 children's mothers** and **219 children's fathers**.

Parental Intellectual Disabilities. For 2017-18 reviews:

- **129 children's** mothers with intact rights (**4.4%**) and **45 children's fathers (1.7%)** were identified as having some level of intellectual disability that continued to impact the ability to parent.

³⁶ Parental Substance Use, Child Welfare Information Gateway. <https://www.childwelfare.gov/pubPDFs/parentalsubabuse.pdf>.

³⁷ Domestic Violence, National Child Traumatic Stress Network, <https://www.nctsn.org/what-is-child-trauma/trauma-types/domestic-violence>.

³⁸ *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

Other Parental Issues. Additional issues facing parents that may impact a child's permanency include cultural issues, language barriers, and chronic physical health issues.

- The number of **children's mothers (29) and children's fathers (24)** impacted by cultural issues may be small, but for those parents and their children, cultural advisors can assist in helping the parents understand American expectations.
- Slightly more are impacted by language barriers (**48 children's mothers and 65 children's fathers**). Ensuring these parents have access to interpreters for all services, not only in court, is important if children and parents are to be reunited.
- In FY2017-18, **69 children's mothers and 24 children's fathers** had identified one or more chronic physical health issues.³⁹

PARENTAL ENGAGEMENT WITH VISITATION

One of the clearest indicators of parental improvement and engagement is whether or not they are visiting their children and the quality of those interactions.

Research shows children that have regular, frequent contact with their family while in foster care experience a greater likelihood of reunification, shorter stays in out-of-home care, increased chances that reunification will be long-term, and overall improved emotional well-being and positive adjustment to placement.⁴⁰ National research found that the likelihood of reunification for children in care increased tenfold when mothers visit regularly as recommended by the court.⁴¹ Presumably, there would also be a benefit from visitation with fathers.

In order to best facilitate family visitation, there needs to be a well-trained workforce that is knowledgeable regarding parenting practices and child development. Additionally, all referrals to service providers by caseworkers need to contain specific visitation goals that can be measured. This ensures both parents and their visitation supervisors know what is expected of them and enables the determination of progress levels.

Figures 25 and 26 show children's parents by whether ordered to visitation and, if so, compliance with the court order to maintain visitation. About **1/3rd of children's parents court-ordered to have visitation were NOT consistently visiting their children.**⁴²

³⁹ When reviewing such a case some of the things that local FCRO boards consider include: what physical limitations are occurring as a result of the disease/injury, what is the expected trajectory of the disease/injury, is the condition fatal, are there supports that could keep the family intact, are such supports available, what type of safety planning would there need to be, and do the children/parent need some assistance with coping with the disease/injury.

⁴⁰ Family Visitation in Child Welfare, Partners For Our Children, Washington State, April 2011.

⁴¹ Davis et al, in Parent-Child Visiting, by Amber Weintraub, April 2008, National Resource Center for Family-Centered Practice and Permanency Planning, at the Hunter College School of Social Work, a service of the Children's Bureau/ACF.

⁴² See page 34 for additional information on progress towards permanency.

Figure 25: Children’s Mother’s Compliance with Court-Ordered Visitation (mothers had intact rights), n=2,976

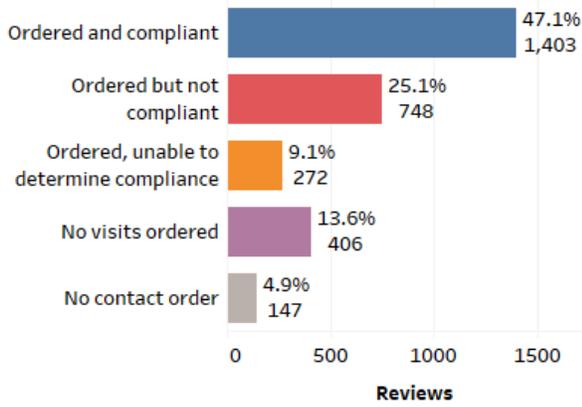
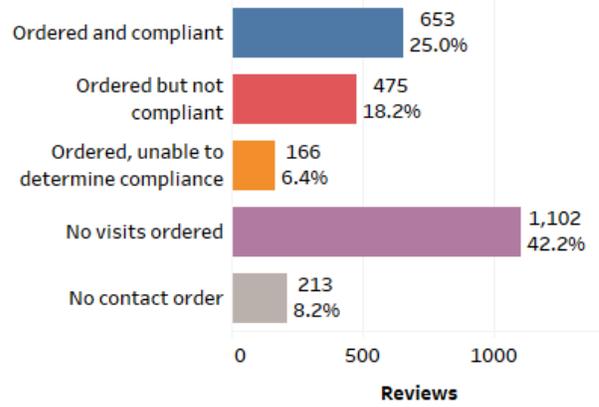


Figure 26: Children’s Father’s Compliance with Court-Ordered Visitation (fathers with intact rights), n=2,609



When children’s mothers did not regularly visit, **84.3% did not appear (“no-showed”)** for visitation without citing a particular reason. **For children’s fathers, it was 78.6%.**

Whenever parents are not consistently visiting their children, the system needs to determine whether there is a barrier to the visits that needs correction (e.g., parents needing help to obtain transportation or visitation being scheduled during the parent’s work hours) or whether underlying issues regarding the parents need to be addressed. If no such barrier exists, then the system needs to seriously consider other permanency objectives or concurrent objectives.

As reported in the June 2017 FCRO Quarterly Report, lack of visitation with mother has a statistically significant impact on the amount of time a child spends in care.⁴³

Stakeholders need to consider how a healthy and permanent relationship can form and grow between a parent and child when a parent does not see their child, particularly if the only impediment is the parents desire to do so. Another consideration is why the practice is to transport children to the site of the supervised visitation, often at considerable distance, instead of transporting the parents.

It is very difficult for the children when parents do not attend scheduled visits, and stakeholders need to reconsider their response to those situations. Children can view such instances as repeated abandonment or sadly relive the original separation experience. Children can feel they are unable to trust adults (“you said my mom would be here!”). Children may also fear for their parent’s safety and well-being. Children can act on these hurts in numerous ways, which can impact themselves, foster parents, other children in the foster home (both foster and biological), caregiver support needs, and caseworkers.

⁴³ Available at <http://www.fcro.nebraska.gov/pdf/FCRO-Reports/2017-q2-quarterly-report-2.pdf>.

PARENTAL INCARCERATION OR PENDING CRIMINAL CHARGES

When parents are incarcerated, children need to be placed with a relative, kin, or non-family foster caregivers during the incarceration period. After release, the parent may lack access to legal income and housing and may need treatment for mental health, substance use, domestic violence, or other issues.

During FY2017-18 reviews, the FCRO found:

- **171 (6.0%)** of the 2,848 children's mothers with intact rights were incarcerated at the time of review. **50** of the 171 were expected to be incarcerated for at least another year.
- **437 (17.4%)** of the 2,503 children's fathers with intact rights were incarcerated at the time of review. **177** of the 437 were expected to be incarcerated for at least another year.

Another condition impacting permanency is when parents face pending criminal charges, as that can often involve potential incarceration, sometimes for a considerable period of time.

- **268 (9.4%)** of the 2,848 children's mothers had pending charges, and
- **299 (11.9%)** of the 2,503 children's fathers had pending charges.

CASE PLANNING

After adjudication NDHHS is to prepare and submit to the court a complete dispositional plan with services, timeframes, and tasks. Courts can order the plan as is, modify it, or order NDHHS to create a new plan.

Case planning should detail appropriate, realistic, and timely steps toward the rehabilitation of parents (if reunification is the objective) based on reasons for court involvement. This should always be based upon findings of evidence-based tools utilized by NDHHS known as the Structured Decision Making (SDM) assessments and in conjunction with continuous interactions with the parents.⁴⁴

Case plans and services provided must work towards these outcomes:

1. Strengthen core life skills;
2. Develop responsive relationships; and
3. Reduce external sources of stress.

A completed case plan with thorough documentation of parents' progress toward rehabilitation is a critical tool for courts and legal parties to ensure parental accountability and direct the next steps in the case. Case plans are updated at each court review hearing.

The NDHHS Case Plan. At each review the FCRO assesses two main aspects of the NDHHS plan submitted to the court: safety measures and completeness of the plan. A complete plan includes safety measures, services, timeframes, and tasks specified. The

⁴⁴ Structured Decision Making is a proprietary set of evidence-based assessments that NDHHS uses.

FCRO determines whether appropriate safety planning has occurred, either through the NDHHS case plan or in a separate more specific safety plan.

If the FCRO finds that safety measures have not been included in the plan, the FCRO immediately communicates this to all parties so that deficits can be promptly remedied.

- Safety measures were in place for **96.1%** (3,706 of 3,858) of out-of-home children and **88%** (519 of 590) of children on trial home visit.
 - It is concerning that children who are on a trial home visit are more likely than children placed out-of-home to have a missing or incomplete safety plan. Further, trial home visits are less likely to be monitored by outside contractors for safety.
- Plans were complete in **92.8%** (4,126 of 4,448) of cases. There was no variation between children out-of-home and children on trial home visit.
 - This is a significant improvement from the last fiscal year, wherein 87% of cases had a complete plan.

NDHHS should establish clear and concise policy and procedures with regard to effective safety planning to include clear expectations for the families and mechanisms to ensure compliance with the safety plan. Other areas that still need improvement include the following situations:

- A plan or concurrent plan is adoption, but all goals reflect reunification.
- A plan does not address a non-custodial parent.
- A plan does not address paternity, if not already established.
- A service to address an adjudicated issue is not included in the plan.
- A plan is missing goals, or timeframes, or tasks.
- A plan does not include all children that should be in the plan.

The Court-Ordered Plan. Once a NDHHS case plan is submitted to the courts, the court is to order a rehabilitative plan. Even if the NDHHS plan is incomplete, the court-ordered plan needs to be complete, as this is what controls the actions various parties need to take in order for children's cases to move forward to a timely conclusion. Local boards determine if courts have effectively ordered services to meet the permanency objective and made sure plans are complete.

- Plans were complete for **97.3%** of children.⁴⁵ This is a slight improvement from last year, when about 96% had a complete plan.

⁴⁵ Excluding children whose cases have not yet reached disposition. The disposition hearing is the first hearing in which a case plan is ordered. It is then updated and approved by the court at each subsequent review hearing.

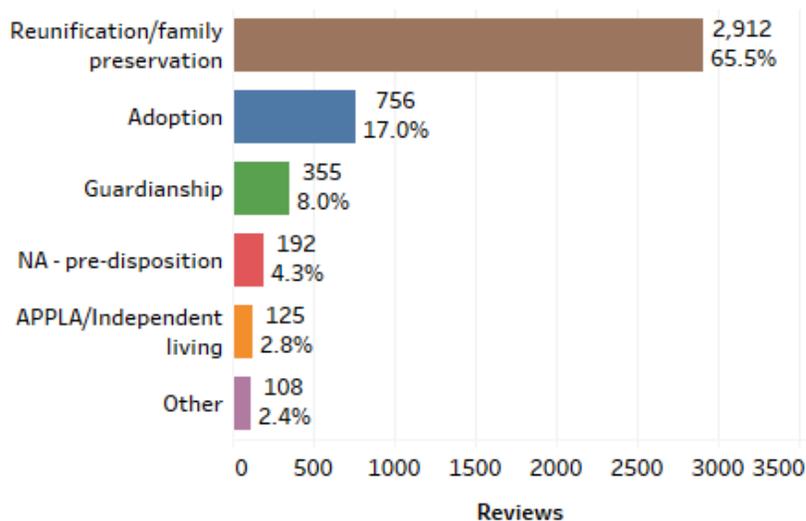
COURT-ORDERED PERMANENCY OBJECTIVES

Primary Permanency Objective. The Court-ordered permanency plan lists one of several possible primary objectives. Typical objectives include reunification, adoption, guardianship, or APPLA (another planned permanent living arrangement). Courts have the authority to order two different permanency objectives – a primary permanency objective and an optional concurrent objective. We will discuss the primary permanency plan first.

Figure 27⁴⁶ shows the primary objective ordered by the court for children at the time of review. The majority of children reviewed have a plan of reunification (**65.5%**) with one or both parents followed by adoption (**17.0%**) and guardianship (**8.0%**). This data is consistent with data from the previous fiscal year.

This is simply a measure of which written objectives (goals) exist, not the appropriateness of that goal. The appropriateness of the goal is discussed later.

Figure 27: Primary Plan Objective at Time of Review, n=4,448



Appropriateness of Primary Permanency Objective. Courts are to determine the appropriate permanency objective at each and every review hearing. After a thorough analysis of available information about the child’s case, local boards determine whether or not the primary permanency objective or goal (reunification, adoption, guardianship, etc.) is the most fitting for the individual child being reviewed and should be continued as shown in **Figure 28**.⁴⁷

⁴⁶ The category of “Other” includes children with complicated legal issues (including appeals, deportations, etc.) delaying the adoption of a plan and children with developmental impairment with a plan of self-sufficiency.

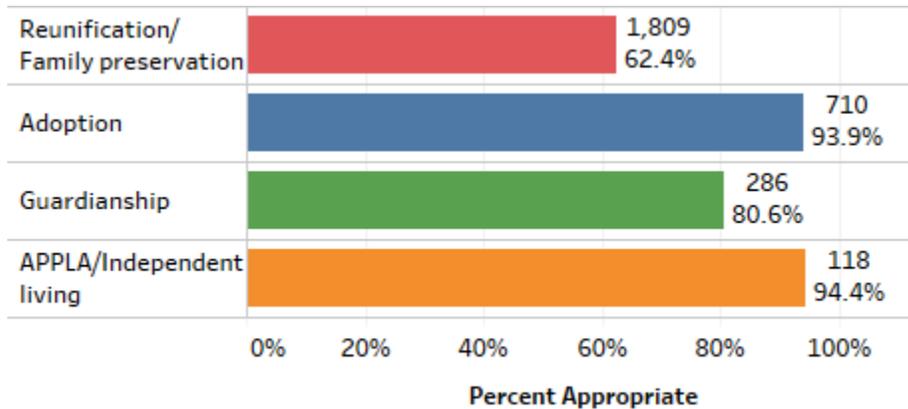
⁴⁷ Unable to be determined may include when there are pending evaluations that could change case goals, or a lack of documentation regarding progress, or the objective was only recently ordered by the courts and services are still being arranged.

For cases with a plan of reunification a key piece of data considered during reviews is whether the child wants to return home. If he or she does not, it can be an important indication of unresolved issues with the parents or past trauma that has yet to be healed, and thus impacts recommendations made upon that youth’s behalf.

- In FY 2017-18, 190 of the 865 (22.0%) children reviewed who were age 14-18 did not want to return home.

If the goal in effect at the time of review does not match the circumstances of the case then the board would find that goal inappropriate to continue. Since reviews are timed to occur before court hearings, this finding is made to assist the legal parties in determining future case direction.

Figure 28: Appropriate to Continue Primary Plan Objective in Effect at Time of Review, n=4,448



FCRO staff actively advocate with all stakeholders involved in cases where a local board feels a permanency objective is not appropriate in order to ensure that the best interests of children are being met.

Goals that the FCRO have found to be inappropriate include:

- The goal is reunification, but the child has been in out-of-home care for 24 months and the parent has not yet demonstrated any increased capacity to keep the child safe.
- The goal is adoption, but the child is 17 and no adoptive family has been identified.
- The goal is guardianship, which may not be permanent, and the child is very young.
- The goal is reunification, but the older teen adamantly does not want to return home.

Court-Ordered Concurrent Permanency Objective. The purpose of concurrent planning is to shorten children’s stay in care by allowing the system to work on two permanent solutions simultaneously. For example, while working on reunification the parties can also be working on adoption should reunification efforts not be successful, such as taking care of

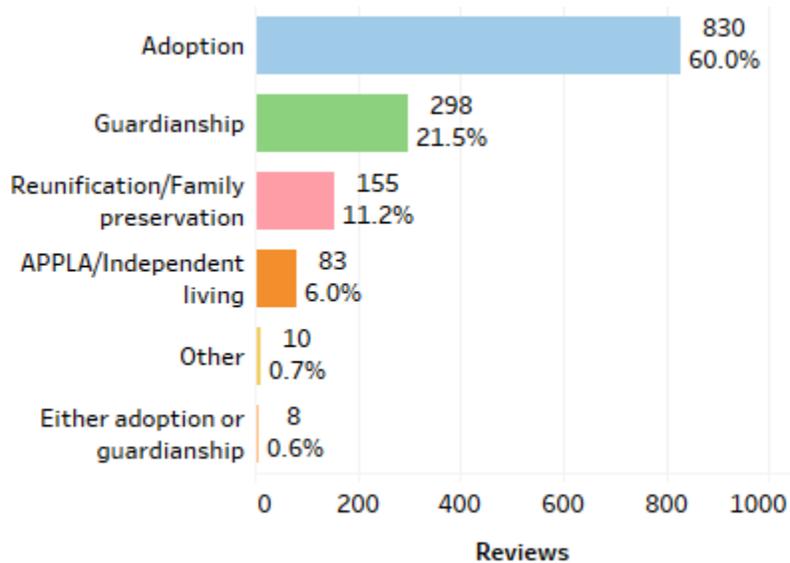
any needed paternity paperwork, identifying a potential adoptive home, and possibly holding discussions with the parents on relinquishing their parental rights.⁴⁸

To be successful there needs to be a focus on clear goals and timeframes. Ideally, it should begin with initial contacts and continue throughout the case. There must be continued reassessments of whether reunification is likely and continuous efforts to engage the family.⁴⁹

Nebraska statute permits but does not require, courts to include a concurrent permanency objective in its court-ordered plan. There were concurrent plans in place for **1,384 (31.1%)** of the 4,448 reviews conducted (**Figure 29**).

When there is a concurrent plan in the court order, NDHHS must make reasonable efforts towards this plan as well as the primary plan. For example, if there is a concurrent plan of adoption then NDHHS needs to begin or complete the process of determining if there is a potential adoptive home identified, ensuring that paternity issues have been addressed, and possibly discuss a relinquishment of parental rights with parents. By doing so, if reunification is no longer a viable goal, then no time is wasted in shifting to a plan of adoption.

Figure 29: Concurrent Plan Objective in Effect at Time of Review, if One Had Been Ordered, n=1,384



⁴⁸ *Concurrent Planning for Timely Permanence*, Children’s Bureau, July 2018. https://www.childwelfare.gov/pubPDFs/concurrent_planning.pdf.

⁴⁹ Ibid.

PROGRESS TOWARDS PERMANENCY

NDHHS Reasonable Efforts to Achieve Permanency. NDHHS is obligated to make reasonable efforts to preserve and reunify families if this is consistent with the health and safety of the child.⁵⁰ If the court finds that reunification of the child is not in his or her best interests, NDHHS is then required to make reasonable efforts to ensure that necessary steps are in place to achieve permanency for that child.

Juvenile courts make determinations of reasonable efforts on a case-by-case basis. A finding that the State failed to provide reasonable efforts has significant consequences to NDHHS, such as disqualification from eligibility of receipt of federal foster care maintenance payments for the duration of the juvenile's placement in foster care.

The FCRO makes an independent finding at each review on whether "reasonable efforts" are being made towards achieving permanency.

- **NDHHS was making reasonable efforts in 98.5% of all the cases where the FCRO was able to make the determination.**

NDHHS reasonable efforts should not be expected to always translate into progress being made. For example, NDHHS may be offering appropriate services, doing appropriate assessments, and the like, but parents may still be disengaged. Progress being made is wider than just consideration of NDHHS reasonable efforts.

PROGRESS TO PRIMARY PERMANENCY OBJECTIVE

Progress to Primary Permanency Objective. Another finding (**Figure 30**) made by local boards during case file reviews is whether or not progress is being made towards achieving the permanency objective. This finding is made after considering all the available documentation and stakeholder information.

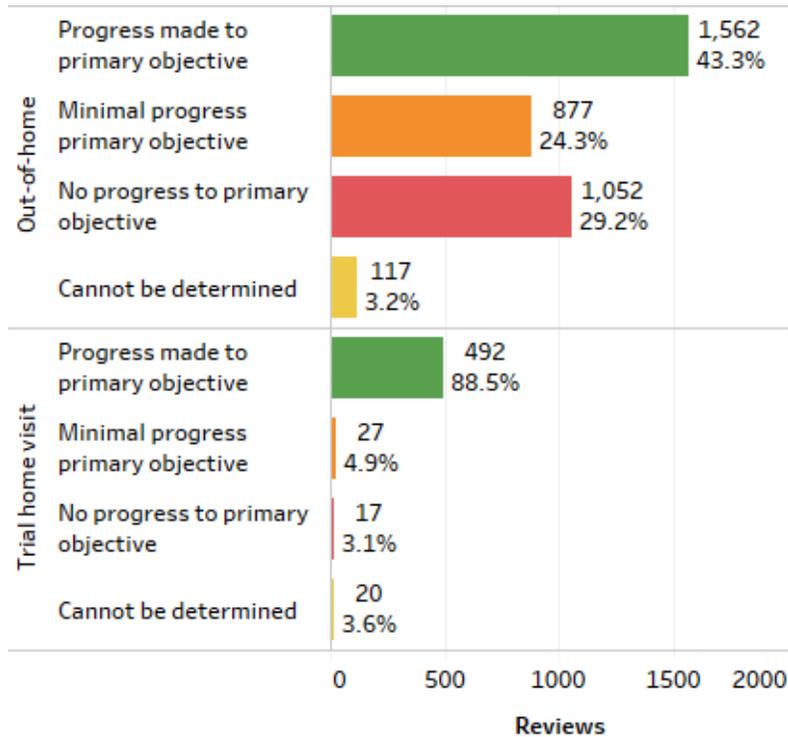
It is unacceptable that for 1,052 cases (29.2%) of children in out-of-home care clearly no progress was being made, and for another 877 (24.3%) only the most minimal progress is being achieved. There was no improvement since the last fiscal year.

In other words, **for over half of the children in out-of-home care reviewed, cases are stagnating and permanency is still far away.** This could be due to a lack of parental engagement or necessary services not being provided. Thus, it is no surprise that many children have long stays in out-of-home care. Better progress is seen by the time the children are in a trial home visit, as would be expected.

All parts of the child welfare system should be working towards the same goal – permanency.

⁵⁰Required unless a statutory exception of "aggravated circumstances" is found by the juvenile court, or the juvenile court has adopted another permanency objective.

Figure 30: Progress Toward Primary Permanency Objective, n=4,164 (excludes children with no primary permanency objective)



Too often the concurrent goal is in name only, with insufficient action being taken toward that goal.

- In over 40% of cases in which there was a concurrent plan, either partial or no progress was being made toward the concurrent goal.

RELATIVE IDENTIFICATION

Paternity (Father) Identification. 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.

In spite of the federal requirement and the common sense need, for many children paternity is not identified promptly, if at all.

- Of the 3,600 children reviewed in FY2017-18, 402 (11.2%) **did not have paternity identified** even though almost all of those children had been a state ward for six months or longer.

Whether or not the father is a suitable caregiver for his child, the father’s due process and constitutional parental rights must be addressed. Research shows that identifying fathers

can lead to shortened time in care for children.⁵¹ It is unfair to children and fathers when paternity is not appropriately determined and it potentially causes delays to all forms of permanency.

Delayed Identification of Relatives. Although NDHHS policy is to quickly identify parents and relatives and determine their suitability as a placement, it appears through reviews that it is not consistent in practice. The father's and paternal relative's suitability as a placement for the child cannot be considered until paternity is identified as previously described.

- **Searches were done for 88.8% of maternal relatives and 69.1% of paternal relatives.**

COURT AND LEGAL SYSTEM ISSUES

Timeliness of Adjudication. The adjudication hearing is the court hearing at which the judge determines if the allegations regarding the parent or youth in the petition brought forth by the county attorney are true. If found true, the case then proceeds to the disposition hearing. Under Neb. Rev. Stat. §43-278, the adjudication hearing must occur within 90 days of the child entering out-of-home care, unless there is a showing of good cause. This is considered a guideline rather than a mandate. Best practice for adjudication hearings is 60 days⁵² and Nebraska Supreme Court Rule §6-104 was amended to reflect this best practice as a case progression standard for adjudication hearings in juvenile court.

Based upon the case file review process, the FCRO finds that in practice:

- **Adjudication within 90 days (3 months) occurred for 65.3% of children** reviewed in FY2017-18. That is the same as FY2016-17, so there has been no improvement.
- For **23.2%** of children adjudication occurred 4-6 months after removal, and
- In **7.0%** of cases it took more than 7 months.

There are a number of explanations as to why adjudications may not happen within 90 days, such as:

- Delays if court dockets are full.
- Motions for a continuance due to:
 - attempting to prevent admissions, testimony, and/or factual determinations made at adjudication from being used by the state to enhance a pending criminal prosecution;
 - parental incarceration;
 - parental transportation issues;
 - waiting completion of evaluations or assessments; and/or
 - legal parties not being adequately prepared.

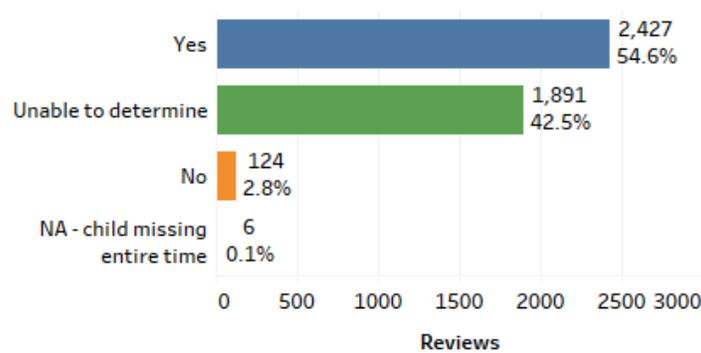
⁵¹ Malm and Zielewski (2009), as quoted in Bringing Back the Dads: Changing Practice in Child Welfare Systems, American Humane Association with funding and support from the U.S. Dept. of Health of Human Services, 2011. Page 31.

⁵² Gatowski, S., Miller, N., Rubin, S., Escher, P., & Maze, C. (2016) Enhanced resource guidelines: Improving court practice in child abuse and neglect cases. Reno, NV: National Council of Juvenile and Family Court Judges.

Guardian Ad Litem (GAL) Practice. Rev. Stat. §43-272.01 the guardian ad litem is to “stand in lieu of a parent or a protected juvenile who is the subject of a juvenile court petition...” and “shall make every reasonable effort to become familiar with the needs of the protected juvenile which shall include...consultation with the juvenile.” Per Nebraska statutes, GALs are to visit children they represent at least once every six months in their placement.

FCRO staff review court documents and reach out directly to every GAL, however, **GAL-child contact was unable to be determined for about half of children reviewed**, as shown in **Figure 31**. This is a 5% improvement over last year, but there is much room for improvement.

Figure 31: GAL Contact with Child, n=4,448



CASA Volunteers. In some areas of the State, courts have CASA (Court Appointed Special Advocates) programs. These are non-attorney volunteers that work with a Guardian Ad Litem and the court by continually gathering information on a single family directly from parents, relatives, foster parents, children, teachers, medical professionals, attorneys, social workers and others involved in the cases. CASA volunteers can be a wealth of information on children’s cases. However, there are not enough CASA volunteers for all children who could benefit from their service.

Since there is a shortage of CASA volunteers, most courts assign them to the more intensive cases or cases where children may be extremely vulnerable – such as a child with an incapacitating medical condition. At the time of review:

- **29.2% of children reviewed had a CASA appointed.**

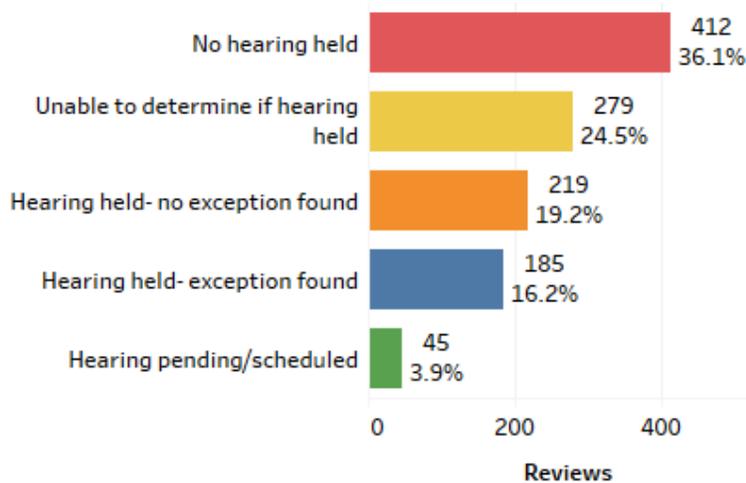
Permanency Hearings. Under Neb. Rev. Stat. §43-1312(3), courts shall have a permanency hearing no later than 12 months after the date the child enters foster care and annually thereafter. The permanency hearing is a pivotal point in each child’s case during which the court should determine whether the pursuit of reunification remains a viable option, or whether alternative permanency for the child should be pursued. To make this determination, adequate evidence is needed, as well as a clear focus on the purpose of these special hearings.

- In the **majority (93.8%)** of cases reviewed of children in care at least 12 months, a permanency hearing had occurred.

Exception Hearings. Exception hearings are to occur if the child has been in care for 15 of the past 22 months. This hearing is called “exception” because the court is to determine at that point if there is a verified, legally allowable exception toward the required motion for termination of parental rights by either the prosecutor or the guardian ad litem.

In FY2017-18, the FCRO conducted 1,140 reviews of children who were in out-of-home care for 15 months or longer where parental rights were still intact. **For 36.1% of those children, the required exception hearing had not occurred.** The FCRO was unable to locate documentation regarding exception hearings for an additional 24.5% of children. While this is still too many, it is a substantial improvement over the prior year when supporting documentation could not be located for 72.8% of applicable cases.

Figure 32: Exception Hearings, Where Applicable, n=1,140



Need for Supplemental Petitions. At the time of FY2017-18 reviews, there were:

- 20 children identified that needed a supplemental petition adjudicating additional issues that had been disclosed,
- 136 children that needed a supplemental petition to adjudicate the non-custodial parent, and
- 26 children that needed a supplemental petition regarding another issue.

ICWA. ICWA is the federal Indian Child Welfare Act, put in place to ensure that children of American Indian heritage were not unnecessarily removed from their extended family.⁵³

- The FCRO found that ICWA applied to 217 state wards reviewed.
 - In 26.7% of those cases, the additional requirements of ICWA were creating delays to permanency.
- For the 217 children, 127 (58.5%) had a cultural plan written to preserve the child’s cultural bonds.

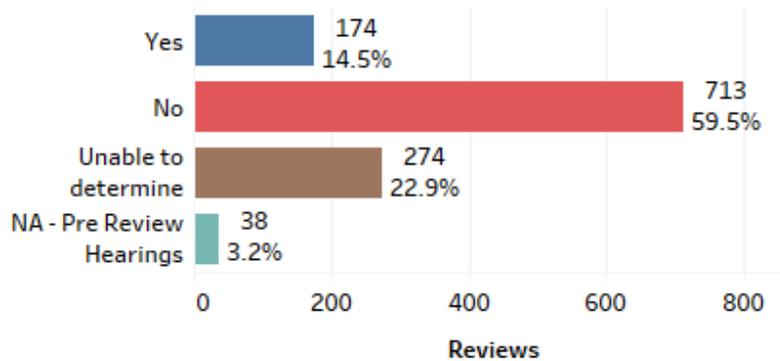
⁵³ Children under tribal court jurisdiction are not tracked or reviewed by the Foster Care Review Office. The numbers quoted here are for State Wards with ICWA qualification.

ICPC. ICPC is an interstate compact agreement when cases move over state lines. For instance, an uncle had a positive relationship with the children and was a very appropriate potential placement. However, that uncle did not live in Nebraska. Nebraska would need to complete the ICPC process with the uncle’s state of residence in order for that state to do the face-to-face casework needed.⁵⁴

- During FY2017-18, **the FCRO reviewed 93 children’s cases where delays with ICPC paperwork was delaying case progression.**

Child Involved in Case Planning. There is a federal expectation regarding child involvement in their case plan. DHHS is to start seeking the child’s input at age 10. Courts are to inquire at disposition and review hearings if the child was involved in the plan for all children who have reached their 14th birthday. The court’s inquiry should be documented. **Figure 33** is for children who are at least 14 years of age.

Figure 33: Did Court Inquire Whether Child Age 14-18 Was Involved in the Case Plan, n=1,199



This is the first year the FCRO has collected data on this issue and will serve as a baseline for measuring future progress. **In only 14.5% of the cases was it clear that the court inquired as to whether the 14-18-year-old child was involved in the case plan** so improvement is needed in this measure.

Children Attending Court Hearings. It can be very important for older children and youth to feel heard by the court that is making decisions about their future.

- **Yet, in FY2017-18 FCRO reviews of children aged 10-18, only 12.4% attended court hearings.**

Required SFA Findings Made by the Court. The federal Strengthening Families Act has a requirement for certain findings to be made by the courts. Beginning July 2017, Courts are required under the Nebraska Strengthening Families Act (SFA) at every dispositional, review, or permanency planning hearing:

⁵⁴ There are reciprocal agreements when a child from another state is living in Nebraska. Children placed in Nebraska from other states are subject to Foster Care Review by their state of origin.

1. To make a determination regarding steps DHHS is taking to ensure the reasonable and prudent parenting standard.
2. To make a determination regarding whether the child has regular opportunities to engage in developmentally appropriate activities.
3. To consult with the child in an age/developmentally appropriate manner about such activities.
4. Make a finding on whether any youth age 14 and older were involved in the case plan, and make a finding as to the appropriateness of programs and services designed to help the youth transition to successful adulthood.
5. Make a finding for youth 16 and older (regardless of permanency plan) as to whether the youth has received documents as required in 43-1311.03(9), and if not whether the DHHS plan for the provision of such documents is adequate.
6. Make a determination for youth 16 and older with a plan of APPLA that it is in the best interests of the youth and list the compelling reasons that other permanency objectives are not possible for that youth.

This year will serve as the baseline for future reporting. During FY2017-18:

- **Only about one-third of the court orders reviewed contained the required findings**, so clearly there is a need for improvement in this area.

TERMINATION OF PARENTAL RIGHTS

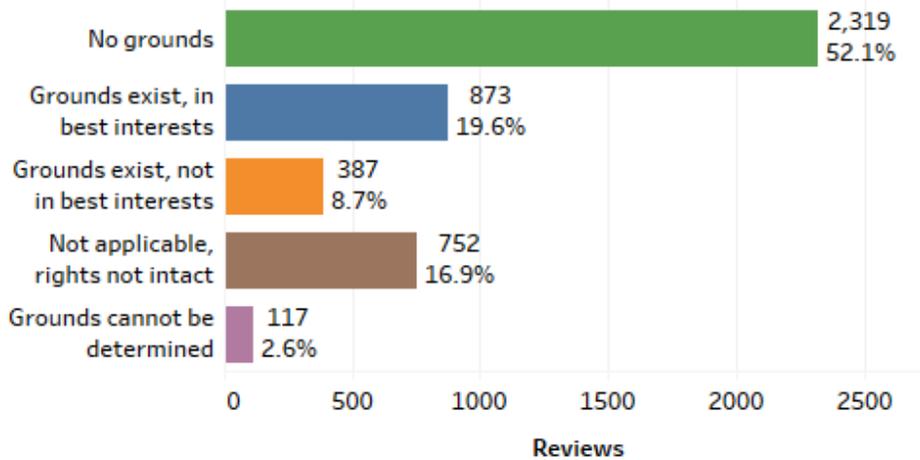
Parents have a fundamental right to the care, custody, and control of their children – but that right must be balanced with children’s critical need for safety, stability, and permanency.

Termination of parental rights (TPR) is the most extreme remedy for parental deficiencies. With a TPR, parents have lost all rights, privileges, and duties regarding their children and children’s legal ties to the parent are permanently severed. Severing parental ties can be extremely hard on children, who in effect become legal orphans; therefore, in addition to proving parental unfitness under Neb. Rev. Stat. §43-292 prosecution (county attorney) must also prove that the action is in children’s best interests.

Grounds for TPR and Best Interest of the Child. The FCRO is required by Neb. Rev. Stat. §43-1308 to make findings regarding termination of parental rights for each child reviewed: 1) if grounds appear to exist, 2) if a return to parents is likely, and 3) if a return to parents is unlikely what should be the permanency goal.

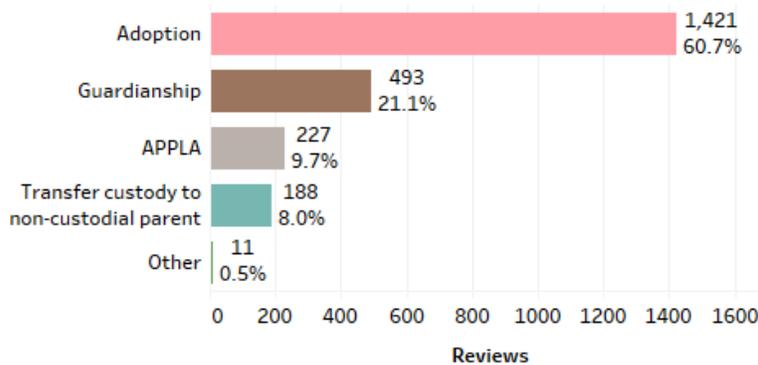
Figure 34 illustrates the findings, starting with the status of apparent grounds for termination of parental rights. In about **19.6%** (873 of 4,448) **of children’s cases, grounds for a termination of rights, including best interests, appears to exist.**

Figure 34: Existence of TPR Grounds and Best Interests, n=4,448



Alternative Permanency if Return to Parent Unlikely. For **2,108 children**, at the time of their review, it was either likely they would return home to their parents or they had already returned home, under court and NDHHS supervision, through a trial home visit. For the remaining **2,340 children**, returning to the home from which they were removed was unlikely. As shown in **Figure 35**, when children are unlikely to return home, local review boards most frequently recommend a permanent family through adoption.

Figure 35: Alternative Permanency Goal if Return to Parents Unlikely, n=2,340



In some cases, such as where children do not want to completely sever ties to the parents, guardianship may be the best option. The “APPLA” category could include preparing for adult living for youth age 16 or older.

Whether or not return to the parents is likely, the FCRO works to ensure that children do not linger unnecessarily in out-of-home care.

PERMANENCY PLANS OF ADOPTION

Children Free for Adoption. Adoption cannot be finalized until the rights of both parents have been addressed. This can happen if the parents voluntarily relinquish their rights, if their rights are terminated by a court, if it is proven the parent is deceased, or through a procedure for advising an absent parent of the pending termination court action via publication.

If there is a pending appeal of the court order terminating parental rights the adoption cannot be completed until the appeals court makes its ruling. Since the appellate process can take months, this generally adds significantly to the time affected children spend out-of-home before achieving permanency.

- During FY2017-18, the FCRO reviewed the cases of **756 children whose primary plan was adoption**; **493 (65.2%)** of them were free for adoption regarding both parents.

Children Placed in Pre-Adoptive Homes. The FCRO also considers some facts about the potential pre-adoptive homes:

- **589 (77.9%)** of the children were in a pre-adoptive home.

Ability to Meet Child's Needs. The first consideration is whether those potential adoptive parents will be able to meet the children's needs:

- **514 (87.3%)** of the 589 children's foster parents appeared able to do so.

Time with Pre-Adoptive Family. By law prior to finalization of adoption children must have lived with the pre-adoptive parents for at least six months. That requirement was enacted to ensure that the potential adoptive parent is prepared to be the ongoing parent and can meet the needs of the legally orphaned child.

- The FCRO found **486 (82.5%)** of the 589 children had been in the foster home for six months or longer at the time of review.

Adoption Subsidies. Subsidies can be a significant concern for potential adoptive parents, especially if the children are expected to have chronic or long-term physical or mental health needs.⁵⁵ The FCRO found that:

- **133 (22.6%)** of the 589 children's placements had subsidy issues resolved,
- **307 (52.1%)** were still in process,
- and for the rest subsidy information was unable to be determined.

NDHHS normally doesn't begin subsidy discussions until parental rights are officially terminated, so some of the still in process category may include cases where the termination is under appeal.

⁵⁵ As this report was being written, NDHHS was in process of piloting a change to their subsidy process and decreasing rates for adoption subsidies. The FCRO will be monitoring whether, and how, this impacts children's timely permanency in the future.

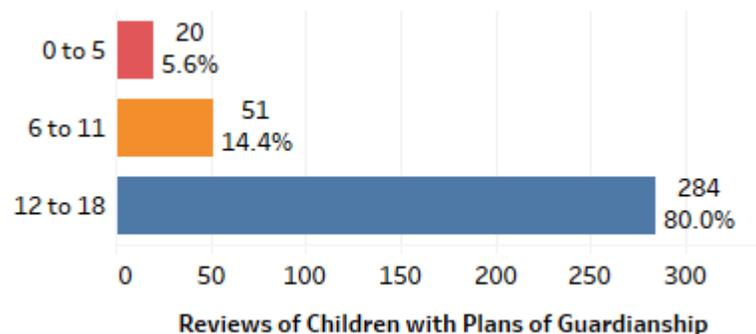
PERMANENCY PLANS OF GUARDIANSHIP

Children with a Permanency Plan of Guardianship. During FY2017-18:

- The FCRO reviewed the cases of **355 children whose primary plan was guardianship.**

Age. The majority of the children, **80.0% (284)**, with a primary permanency plan of guardianship were 12 – 18 years old. It is concerning, however, when guardianship is the primary permanency plan for younger children, as is the case with **20 children age 0 to 5** and **51 children age 6 to 11.**

Figure 36: Age Group of Children with Primary Permanency Plan of Guardianship, n=355



Willingness of Guardian. Delays can occur when the potential guardian is unwilling or undecided, however at the same time children deserve caregivers who are committed to them and who have considered the financial ramifications of the guardianship decision. At the time of FCRO review:

- **193 (54.4%)** of the 355 children's potential guardian was willing,
- **115 (32.4%)** were not willing,
- **and for 47 (13.2%)** it was unable to determine.

Relationship to Child. Relative and kin may need ongoing support to deal with the unique situations that can arise from raising family member's or friend's children. The FCRO found that:

- **98 (50.8%)** were relatives,
- **39 (20.2%)** were kin, and
- **56 (29.0%)** were neither relative nor kin.

Guardianship Subsidies. Subsidies can be a significant concern for potential guardians, especially if the children are expected to have chronic or long-term physical or mental health needs. Subsidy arrangements may not be decided if the parents or the courts have not yet given the consent to guardianship. Potential guardians may want to further negotiate terms, which can be a barrier to finalization. There may also be issues if the potential guardians have been getting extended family home rates for children with borderline developmental disabilities, as the guardianship subsidy rate is substantially less money. Subsidies:

- Had been determined for **46 (23.8%)** of the 355 children,

- Had not been determined for **88 (45.6%)**, and
- Was unable to be determined for **59 (30.6%)**.

Prior Disrupted Guardianships. Children who have experienced a prior disrupted guardianship may be wary of the long-term commitment of the foster parent to that child. That needs to be addressed before entering into discussions about a subsequent guardianship.

- There were **14 (7.3%)** of the 355 children that had a prior guardianship.

WELL-BEING

While the data points discussed in this section have much to do with child well-being, there are also ties to safety and permanency.

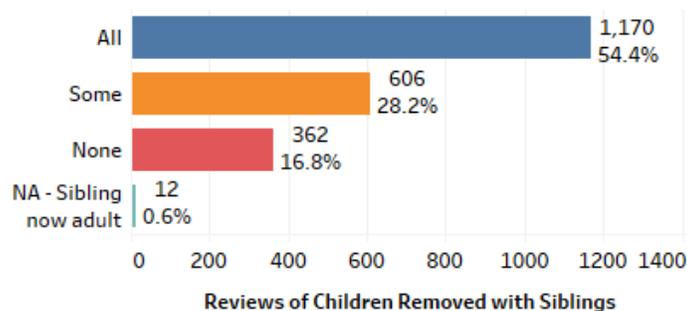
Child well-being can be difficult to articulate but at a high-level well-being means a child has the internal resources to successfully deal with the challenges of day-to-day life.

In this subsection on well-being, the Foster Care Review Office details specific well-being measures and outcomes such as access to mental and physical health services, educational outcomes, and maintaining positive connections to family and supportive adults. For older children, this also includes obtaining skills needed for successful adult living.

MAINTAINING SIBLING CONNECTIONS

Children that have experienced abuse or neglect may have formed their strongest bonds with siblings.⁵⁶ It is important to keep these bonds intact, or children can grow up without essential family and suffer from that loss. Ideally, when children with siblings are removed from their home, they will be placed with those siblings. Unfortunately, as shown in **Figure 37**, only 54.4% of children removed with their siblings are still placed with all of those siblings.

Figure 37: Children Removed with Siblings, by Whether Still Placed with Those Siblings, n=2,150



⁵⁶ *Sibling Issues in Foster Care and Adoption*, <https://www.childwelfare.gov/pubs/siblingissues/index.cfm>

Children who are in care for extended periods of time are more likely to have minimal or disrupted contact with their siblings.⁵⁷

CHILDREN'S HEALTH

Physical Health. The American Academy of Pediatrics (AAP) notes that many children in foster care have “received only fragmentary and sporadic health care” and may enter the system with undiagnosed or under-treated medical problems. Some health conditions may be exacerbated during times of distress, like being removed from the home or transitioned from one foster placement to another. According to the AAP, approximately 50% of children entering foster care have chronic physical problems, 10% are medically fragile or complex, and many were exposed to substances prenatally.⁵⁸

Caregivers Received Records. Per federal requirement, the FCRO must attempt to contact the child's placement to determine whether the placement received medical background information on the child at the time the child was placed.⁵⁹ Caregivers are not required to respond to the FCRO – and many do not.

- In **72.9%** of the cases, the foster parents/caregivers were given medical educational information regarding the child,
- In **21.3%** of the cases it was unable to be determined, and
- In **5.8%** of the cases, the foster parents had *not* been given the information.

Meeting Children's Health and Dental Care Needs. Similar to last year, in FY2017-18 the FCRO found:

- About **90% of children** had their health and dental needs met, but it is concerning that **10% either had unmet health or dental needs or documentation was lacking from which to make a determination.**

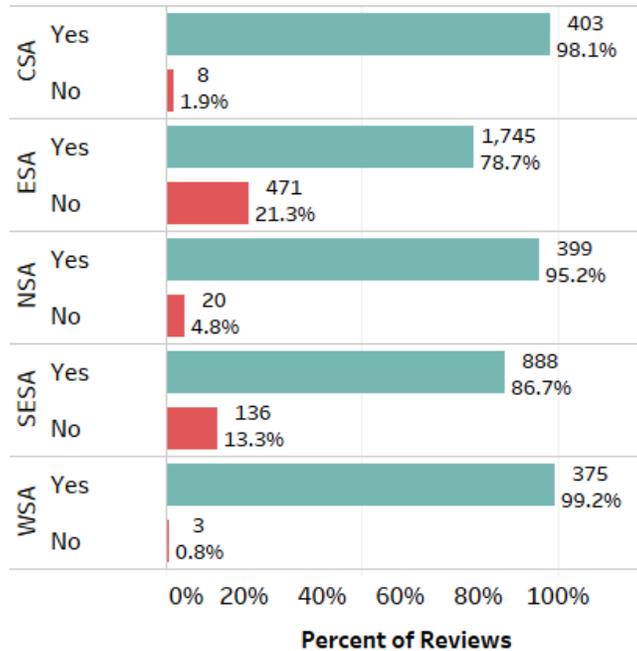
Health Record Availability. The FCRO gathers statistics during reviews on whether children's health records were readily accessible on the NDHHS computer system, N-FOCUS. Statewide, 65.3% of children's health records were fully available on the NDHHS system of record, and in 20.3% of the files, it was partially available. **That means that in 34.7% of the cases statewide reviewers had to go to other sources for all or some children's health information.**

⁵⁷ The Nebraska Foster Care Review Office Quarterly Report, June 2017. Available at: <http://fcro.nebraska.gov/pdf/FCRO-Reports/2017-q2-quarterly-report-2.pdf>.

⁵⁸ American Academy of Pediatrics. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Physical-Health.aspx>

⁵⁹ Foster parents are provided the opportunity to attend the FCRO review, along with the phone number and email address for the Review Specialists. Foster parents can complete a questionnaire, which is sent to each of them or available online. Review specialists also attempt to contact the placement via phone or email prior to the local board meeting.

Figure 38: Whether DHHS File Contained Medical Records at Time of Review, n=4,448

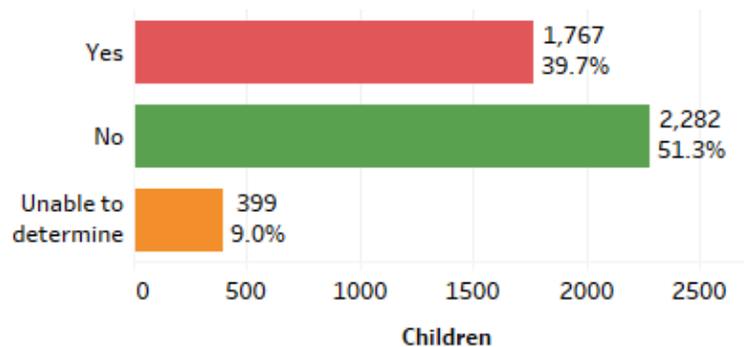


This situation needs to improve in order to ensure caseworkers and their supervisors have instant access to this critical information should emergencies arise, or if a case must transfer to different personnel.

There were also significant differences in the availability based on the DHHS Service Area. Notably, in both the Eastern and Southeast (Omaha and Lincoln respectively) there was a significant number of files (**21.3% and 13.3%**) that did not contain the child’s medical information. **Figure 38** illustrates those differences.

Children’s Mental Health. The FCRO considers whether children reviewed had a diagnosed mental health or trauma-related condition. As shown by the following, a **significant number of children (1,767)** are impacted by the managed care and behavioral health systems.

Figure 39: Verified Mental Health Condition at Time of Review, n=4,448



While less common, during the 4,448 reviews the FCRO found a significant number of children were affected by the following mental and behavioral health issues:

- 29.0% of children reviewed were court ordered to therapy at the time of review, and therapy information was inadequate for more than a third of those children (38.0%).
- 17.0% of girls and 22.4% of boys reviewed were currently prescribed at least one psychotropic medication at the time of review. If prescribed, 54.1% of girls and 61.0% of boys were on more than one such medication.
- 15.2% of children reviewed were displaying behaviors that make caregiving difficult.
- 11.2% of teenagers reviewed had been involved with the Office of Juvenile Probation at some time in their past.
- 9.1% of children reviewed had sexualized behaviors in the six months prior to review (this does not include developmentally appropriate behaviors of a sexual nature). This is the same as the prior year.
- 8.8% of children reviewed had a critical incident in their foster placement in the six months prior to review. Critical incidents normally involve inappropriate or unsafe behaviors or mental health-related activities.
- 4.9% of children reviewed had committed intentional self-injury in the six months prior to review. Girls have a higher rate of self-harm than boys.
- >1% (27) of children reviewed had a documented or suspected victimization due to sex trafficking.

Through reviews, it is apparent that there is a lack of mental health service providers in the majority of the state, particularly where populations are sparse. Even if you can find a provider, payment can be an issue. First, it must be determined to be medically necessary. Then, if that threshold is met, one has to find a provider willing to take the Medicaid rate.

Children who do not receive needed services often remain in foster care for extended periods of time. Their behaviors can put themselves and those around them at risk. Biological parents may be unable to cope with these children's needs or behaviors. Foster parents or placements may find the behaviors are too much to cope with. It may also be difficult to find families willing to make the financial commitment necessary to adopt such children and provide for their specialized needs.

All stakeholders must ensure that appropriate and timely mental health services are available statewide.

Children with Chronic Impairments. Many children in the child welfare system have one or more verified chronic impairments⁶⁰ – **1,219 or 33.9%** of children reviewed (**Figure 40**). For another 1.9%, a diagnosis was pending at the time of review. **There is a significant**

⁶⁰ Impairments can be physical health, mental health, orthopedic, or a combination. Some impairments have both a bio-chemical and a mental health component.

difference in the proportion of children in out-of-home care with a verified diagnosis (35.2%) and those in a trial home visit (26.6%). Specialized services are needed for all children with a chronic impairment, especially supports for parents when reunification is the goal. In particular, children with a mental health or cognitive impairment are in out-of-home care at a higher rate than in a trial home visit, an indication that perhaps the parents may not yet be equipped to provide adequate care and supervision of children with such often challenging needs.

Figure 40: Impairment Diagnosis for Children Reviewed During FY2017-18, n=3,600

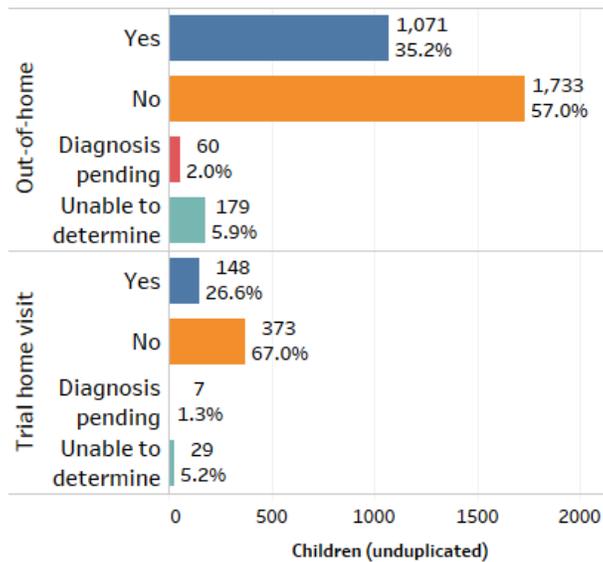
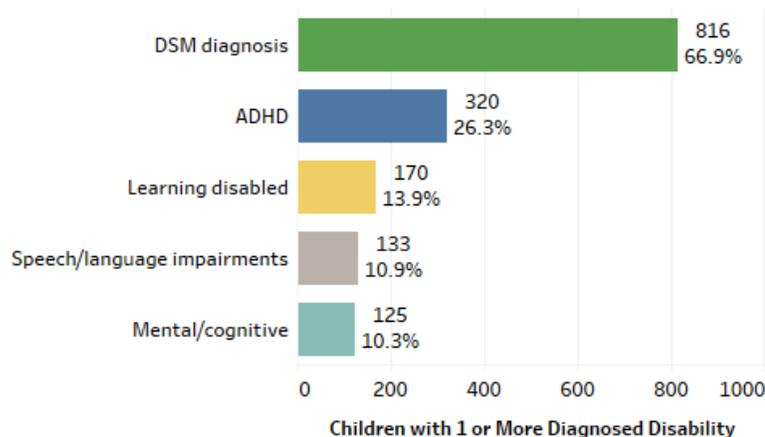


Figure 41 shows the types of impairments for the **1,219 reviewed children with a diagnosis**. It shows that **66.9%** of those children had a **DSM-IV or DSM-V diagnosis**. Next are **ADHD, learning disabled, and speech/language**. Any of those impairments greatly impact children’s ability to succeed in school and develop other cognitive skills. Specialized services are needed to appropriately meet the needs of these children.

Figure 41: Most Common Verified Impairment Type(s), n=1,219



Children out-of-home are more likely to have a diagnosis of ADHD, learning disabled, or mental/cognitive disorder compared to children in a trial home visit. For all other diagnoses, there was no variation by placement type.

Among the most vulnerable children who experienced abuse and neglect are those that also meet the strict criteria for qualification for Developmental Disabilities Services thru NDHHS. Those criteria were met by **5.4% of children that were reviewed**, a similar number to last year.

Only 63.6% (42 of 66 children) that were qualified were receiving services (slightly less than the 66.0% last year). **This means a significant percentage are not receiving the needed disability services through the NDHHS Division of Disability Services.** NDHHS Division of Disability Services are the experts in meeting the needs of youth with developmental disabilities, and are better suited to do so than the Division of Child and Family Services. Disability Services is best equipped to provide on-going support to these children as they transition to adulthood.

YOUNG CHILDREN IN THE CHILD WELFARE SYSTEM

Early Development Network. A child is eligible for Early Development Network (EDN) services if he or she is not developing typically, has been diagnosed with a health condition that will impact his or her development, or was born testing positive for the presence of drugs. Parents must consent to an Early Development Network referral for children age birth through three years of age. Often parents of children in out-of-home care refuse to provide their consent for a variety of reasons.

- **The FCRO found that EDN referrals were made for 85.2% of children age birth-three, and 89.9% of those referred had an EDN assessment completed.**

EDUCATION

Children's education can be positively or negatively impacted by early experiences. Children in foster care may begin their formal education at a significant disadvantage. For example:

- Many children in foster care lived in a chaotic, stressful environment prior to their removal from the home.
- Some had pre-natal and/or post-natal exposure to alcohol and/or drugs.
- Some moved often and unpredictably, even during the school year.
- Some did not get the early childhood stimulation needed to grow and thrive – such as parents reading to children or teaching concepts like colors, letters, and numbers.
- Some, even in early elementary school, had parents that did not ensure their regular school attendance.⁶¹
- Some have been impacted by multiple removals from the parental home.

⁶¹ The Nebraska Department of Education found in school year 2011-12 that fourth grade students who were absent less than 10 days averaged a score of 108/200 in their standardized math test, while children who were absent over 20 days averaged 83/200. Similarly in reading children absent less than 10 days scored 113/200 while students absent over 20 days averaged 91/200. By grade 8 the differences are even more pronounced.

Further, children experiencing separation from their parents (and possibly also from brothers and sisters), adjusting to a new living environment, and adjusting to a new school, can be coping with too much stress to properly concentrate on their education. Grief effects are compounded each time a child is moved. Not only do the children often have serious educational deficits, they may be displaying trauma-related behaviors that negatively impact their education.

National research shows that frequent school changes are associated with an increased risk of failing a grade in school and of repeated behavior problems.⁶² On a local level, in 2015 the Nebraska Department of Education issued a *State Ward Statistical Snapshot* that describes many of the educational deficits faced by Nebraska's state wards.⁶³ The FCRO encourages all to examine or re-examine that report.

Education Records Shared with Caregiver. Foster parents, group homes and other placements are charged with ensuring that children placed with them receive all necessary educational services. Having critical educational information about each child in their care is essential for this to occur.

During the FCRO's review of children's cases, attempts are made to contact the child's placement per federal requirement to determine whether the placement had received educational background information on the child at the time the child was placed.⁶⁴

Even young children can be receiving Special Education or EDN services through the schools, so every foster caregiver should be given the education status of the children being placed in their homes. For children of mandatory age for school enrollment this is especially relevant.

- While 61.2% of caregivers of school-age children did receive educational information, **it is concerning that it was unclear whether 34.0% of the caregivers had received educational information** (not documented), **and that another 4.6% indicated they had not received it.**

School Performance. For children that are of Nebraska's mandatory age for school attendance, FCRO reviewers consider whether they are on target for core classes. With the

⁶² Wood, D., Halfon, N. Scarlata, D., Newacheck, P., & Nessim, S., [Impact of family relocation on children's growth, development, school function, and behavior](#), Journal of the American Medical Association, (1993) as quoted in the Legal Center for Foster Care and Education Fact Sheet on Educational Stability, www.abanet.org.

⁶³ Benjamin Baumfalk & Eva Shepherd, [State Ward Statistical Snapshot Project](#), Nebraska Department of Education, June 29, 2012, and Nebraska Department of Education 2015.

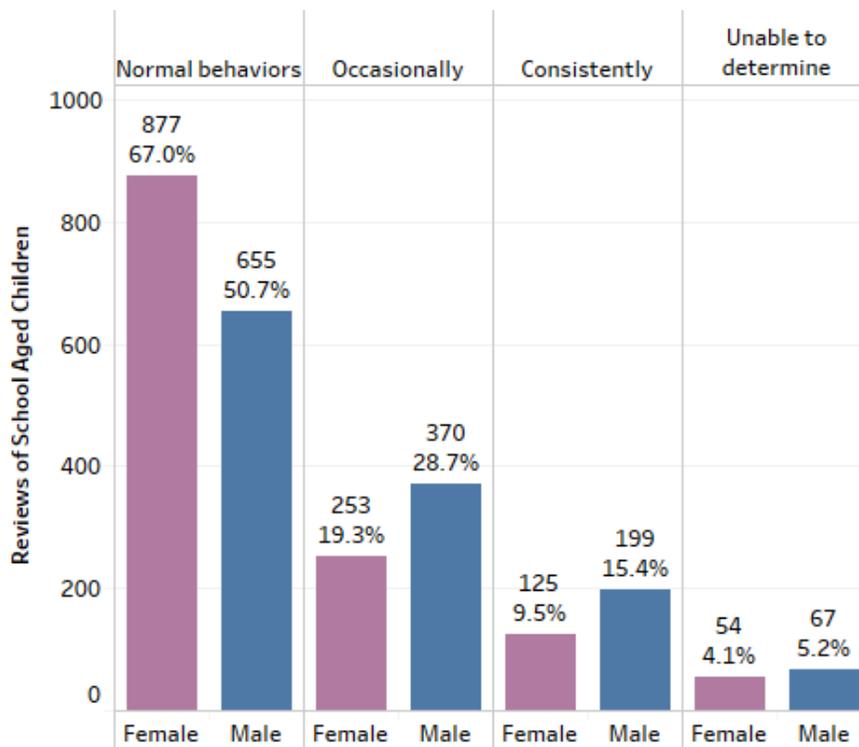
⁶⁴ Foster parents are provided the opportunity to attend the review, along with the phone number and email address for the review specialists. Foster parents are provided a questionnaire to complete if attending the review conflicts with their schedules. Review specialists also attempt to contact the placement via phone or email.

transient lifestyle and trauma many have experienced, being on target can be difficult to achieve.

- **The FCRO thanks the educators that have helped the 72.7% of girls and 61.8% of boys reviewed that were academically on target.**
 - However, **13.1% of girls and 18.7% of boys were not on target**, which has the potential to impact the child’s entire life, and for the remainder (**13.8% of girls and 19.4% of boys**), there was **insufficient documentation** to make a determination.

As discussed elsewhere in this Report, children in out-of-home care can display some very challenging behaviors as a result of the cumulative traumas that they have experienced. These behaviors may be displayed in the child’s placement, during visitation, and during the school day. But, many children in foster care respond well to the structure and discipline that occurs in school. **Figure 42** illustrates this by showing that for most children their school behaviors are in the normal range or only occasionally disruptive.

Figure 42: Behavior at School for School-Age Children, n=2,600



Also related to school performance:

- In 26.0% (675) of the reviews, the child was enrolled in special education.
- In 6.7% (174) of the reviews, the child had been suspended in the six months prior.
- In 4.4% (108) of the reviews, the child did not speak English as their primary language.
- In 1.8% (47) of the reviews, the child had been expelled in the six months prior to review.

School Changes Caused by Placement Changes. By definition, a school change as measured here does not include normal transitions from elementary to middle school, or middle school to high school. Per federal mandates⁶⁵ there is to be a formal determination that it is not in the child’s best interest to remain in the school of origin prior to a school change; however, that decision is frequently predicated on the availability of a placement bed and the length of commute rather than children’s safety in the school climate or the availability of educational services.

It should be easy to determine how many children moved from one school to another when they moved to a new foster home; however:

- **For 62.9% of school-aged children that moved in the six months prior to FY2017-18 case file reviews, there was insufficient documentation to determine if that resulted in the child changing school or not.**

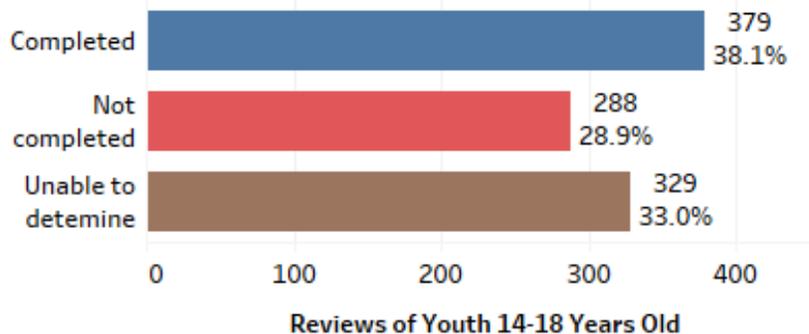
OLDER YOUTH: PREPARATION FOR ADULT LIFE

Nationally there is growing concern for the number of young adults who aged out of the foster care system and found themselves ill-prepared for adult life. Research shows that these youth are “more likely than their peers to drop out of school, be unemployed or homeless, experience health and mental health problems and not have health insurance, become teen parents, use illegal drugs, and have encounters with the criminal justice system.”⁶⁶

In FY2017-18, 152 youth left the child welfare system on the day they reached legal adulthood having never reached permanency. Whether able to return to their families or not, older youth need to begin the process of gaining skills needed as a young adult.

Independent Living Assessment. All youth age 14-18 are to take an assessment to determine which skills for adulthood are still in need of work⁶⁷.

Figure 43: Independent Living Assessment Completed, Youth 14-18, n=996



⁶⁵ 20 U.S.C. 6311(g)(1)(E)(i)-(iii).

⁶⁶ Child Welfare Information Gateway. April 2013. “Helping Youth Transition to Adulthood.” Children’s Bureau/ACYF/ACF/HHS. https://www.childwelfare.gov/pubPDFs/youth_transition.pdf.

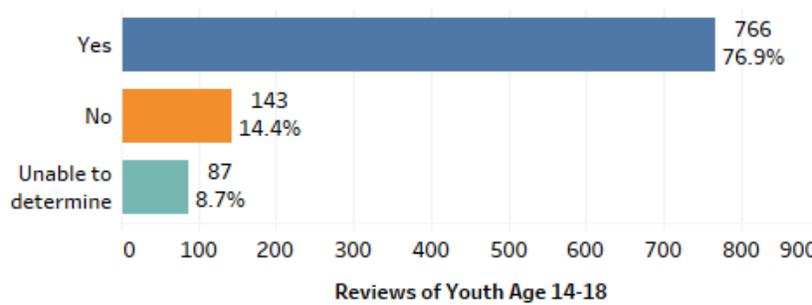
⁶⁷ Transitional Living Planning Procedure 30-2015-NDHHS.

Transitional Living Plan. The completed Independent Living Assessment drives the creation of the Transitional Living Plan (Independent Living Plan). This plan must be developed for a state ward 14 years of age or older and be designed to empower youth in achieving successful adulthood.⁶⁸ It needs to be periodically updated as situations dictate.

- In 74.9% of the reviews the plan had been created, but in 13.3% it had not.
- Only 38.4% of youth aged 14-18 had an identified transition team.

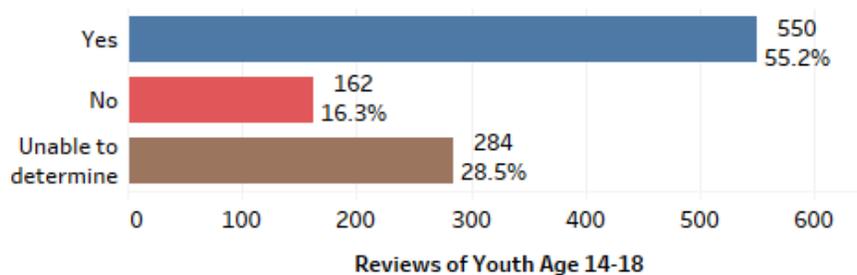
Relationships with Positive Adults. All youth need to have at least one positive adult, whether family or friend, that can assist them not only as minors but also as they transition into adulthood. **Figure 44** indicates if such an adult mentor has been identified for the youth reviewed.

Figure 44: Positive Adult Mentor Identified, Youth 14-18, n=996



As part of the file review process, FCRO staff assess if the youth is being provided with the skills needed for adulthood. **For 28.5% of youth, however, there is not enough information provided to make this determination.**

Figure 45: Obtaining Skills for Adulthood, Youth 14-18, n=996



⁶⁸ Transitional Living Planning Policy Memo 30-2015, Nebraska Department of Health and Human Services.

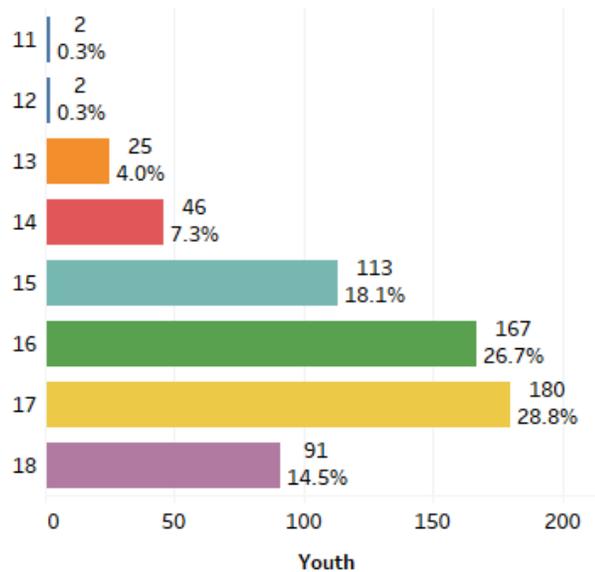
**SECTION 3 -
YOUTH IN OUT-OF-HOME CARE
SUPERVISED BY THE OFFICE OF
PROBATION ADMINISTRATION
(PROBATION SUPERVISED YOUTH)**

This section describes youth placed out-of-home who are supervised by the Administrative Office of Probation – Juvenile Division. The data points are separated by population-wide data and additional data gathered during FCRO case file review research.

Juvenile Probation

Age. Figure 47 shows the ages of youth in out-of-home care supervised by Probation on June 30, 2018. While most are in their upper teen years, **there is a sizeable group of youth placed outside the parental home (188 of 626, or 30.0%) that are under 16 years of age.**

Figure 47: Probation Supervised Youth in Out-of-Home Care on 6/30/2018 by Age, n=626

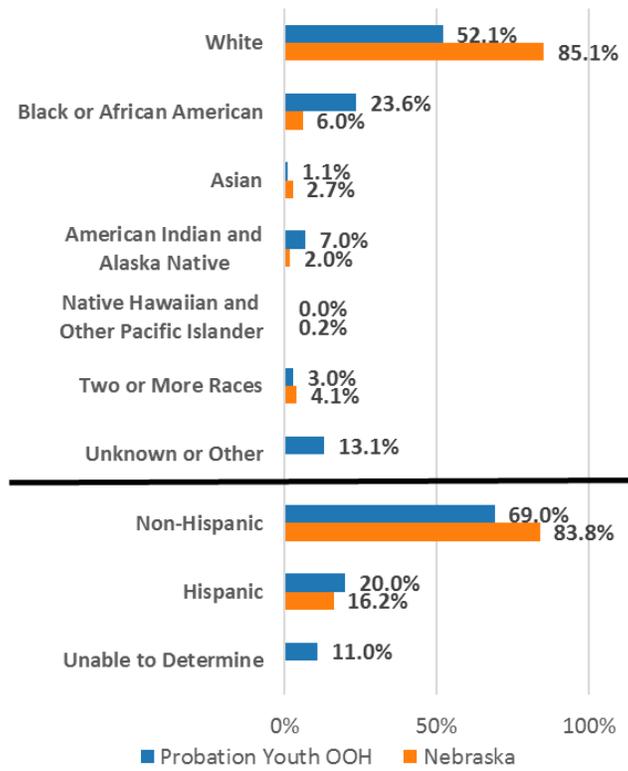


Gender. Boys make up approximately **2/3 (416)** of the population of Probation supervised youth in out-of-home care.

Race. Racial disproportionality is more striking in the Probation supervised out-of-home population than the Child Welfare population, as shown in **Figure 48**. Youth who are Black or African American make up 6.0% of Nebraska’s population, but 23.6% of the Probation supervised youth in out-of-home care. American Indian youth, who are 2.0% of Nebraska’s youth population, are 7.0% of the out-of-home population.

Juvenile Probation

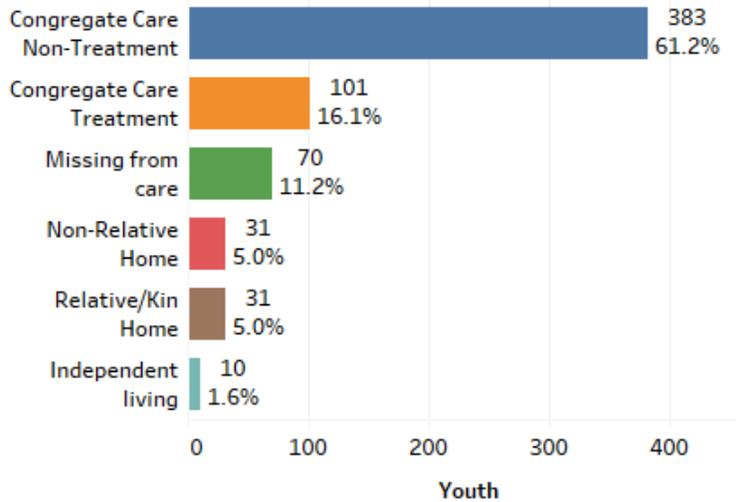
Figure 48: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Placement Compared to Nebraska Census Data on 6/30/2018, n=626



PLACEMENTS

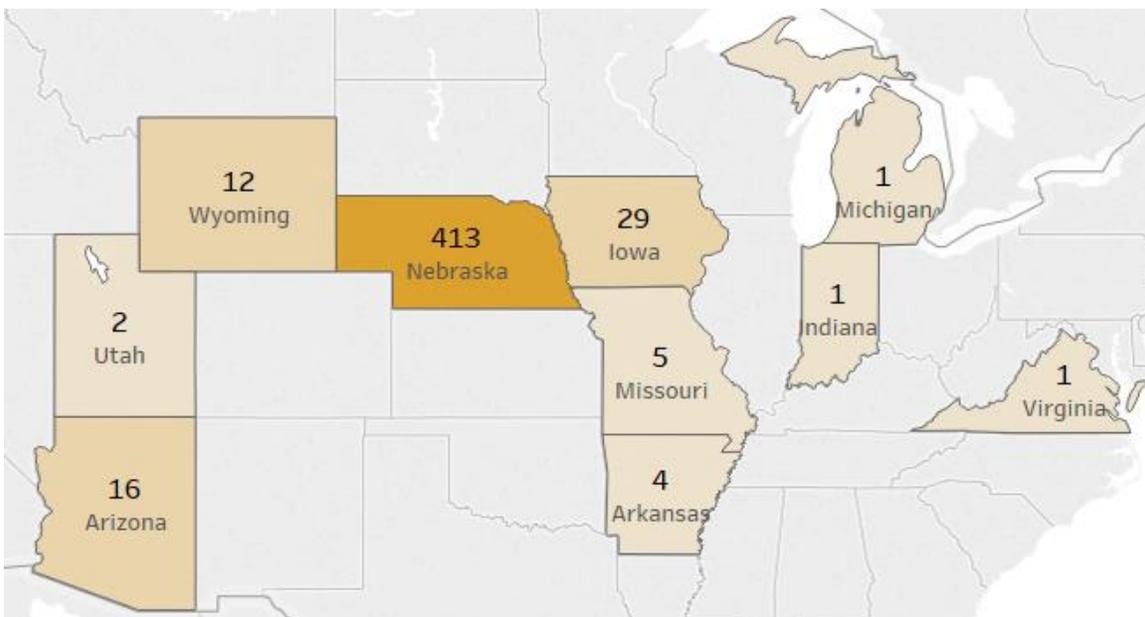
Placement Type. The majority of Probation supervised youth in out-of-home care are in a non-treatment congregate (group) care facility (**Figure 49**). **Only 16.1% are in a treatment facility.**

Figure 49: Probation Supervised Youth in Out-of-Home Care on 6/30/2018 by Placement Type, n=626



Congregate Care. For the 484 youth in congregate care facilities, **14.7% are placed outside of Nebraska (Figure 50).**

Figure 50: Probation Supervised Youth in Congregate Care on 6/30/2018 by State of Placement, n=484



PROBATION YOUTH DATA GATHERED FROM FCRO REVIEWS CONDUCTED DURING FY2017-18

The Foster Care Review Office (FCRO) **conducted 314 case file reviews on 287 youth** in out-of-home care under exclusive Probation supervision in FY2017-18.

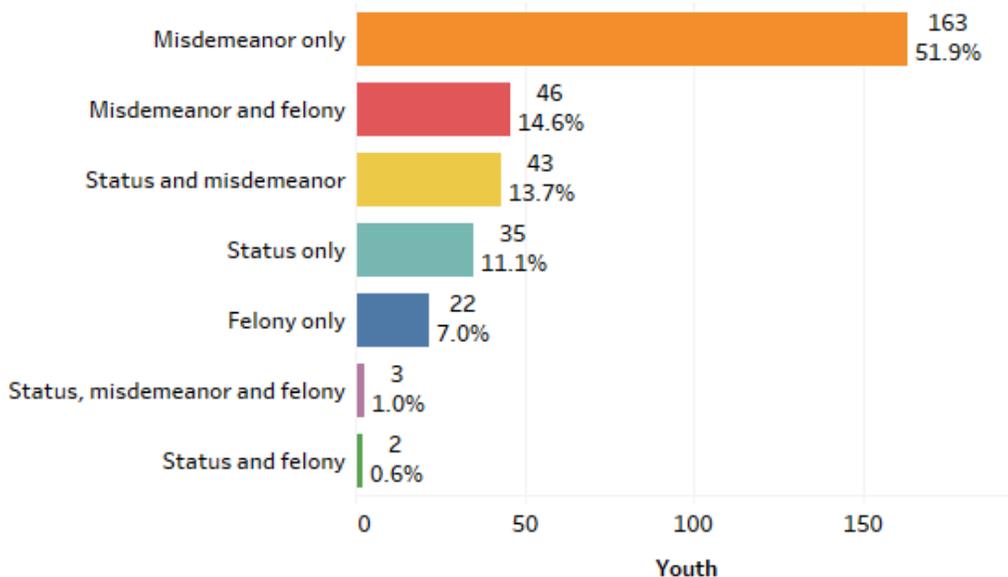
During the 2017-18 Fiscal Year, the FCRO redesigned the review process for Probation youth in out-of-home care in order to provide more comprehensive oversight and to better advocate for youth. As a result, some data points were added throughout the year, therefore, not all graphs will include the same number of reviews. Despite this, the process of choosing cases for review did not change throughout the year, therefore there is no reason to believe that the proportionality represented in each graph would significantly change based on the number of reviews.

Reviews for Probation supervised youth are conducted by boards with specific training in juvenile justice that focus solely on Probation youth in out-of-home care.

OFFENSE TYPES

Figure 51 shows the offenses that led to this episode of Probation for youth in out-of-home care reviewed in FY2017-18, including 35 youth that had only a status offense (an offense that an adult could not be charged with, such as truancy or running from home). Most had been convicted of one or more delinquency offenses (misdemeanor, felony, or violations of a city ordinance that would be considered a crime if an adult).

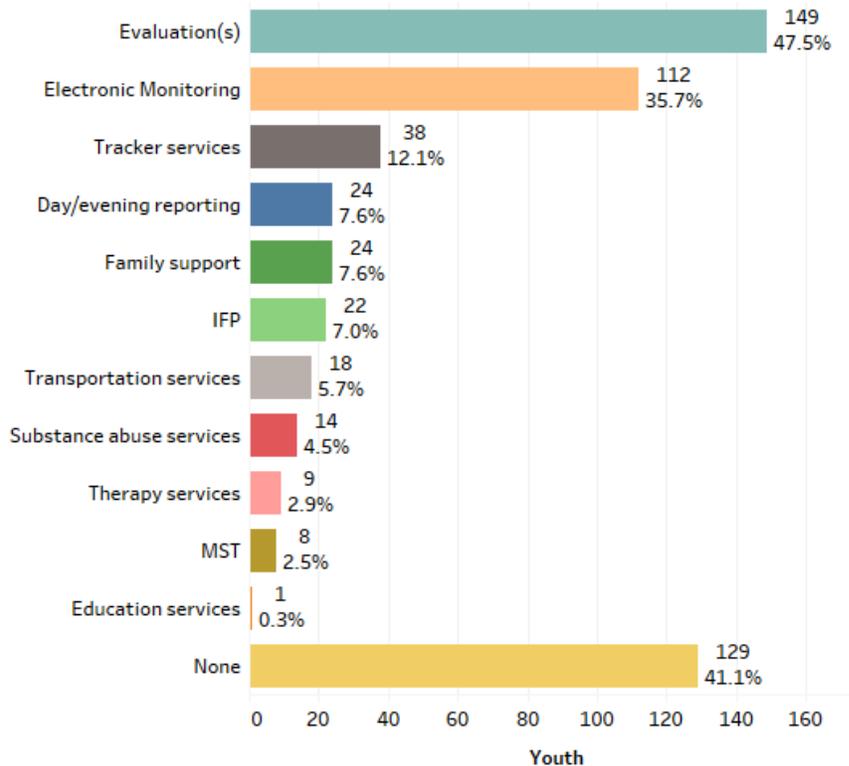
Figure 51: Current Offenses For Youth Reviewed FY2017-18, n=314



COMMUNITY-BASED SERVICES

Figure 52 below shows the type(s) of community-based services that reviewed youth had received prior to their FCRO review. Some youth may have received several different types of services while **129 (41.1%)** had no documentation of any community-based services prior to being placed out of the home.

Figure 52: Community-Based Services Received By Youth Reviewed FY2017-18, n=314 (Multiple Types May be Identified)



PLACEMENTS

Placement Types. The distribution of placements for youth who were reviewed by the FCRO closely mirrors the distribution of placements for all Probation youth in out-of-home care (See **Figure 49 on page 58**). Youth were most likely to be placed at a non-treatment congregate care facility, followed by a treatment congregate care facility.

Safety and Appropriateness. One of the most important roles of the FCRO is to ensure that all children who are placed in out-of-home care through the State are safe.

- Nearly all (**92.7%**) of the youth placed out-of-home while supervised by Probation were safe.
- For the **23 youth whose safety could not be determined**:
 - 20 were missing on the day of the review, and

Juvenile Probation

- The local board did not have sufficient information to determine safety for 3 youth placed in foster homes.

The local board reviews whether or not the current placement is the best fit for the youth, including whether or not the placement is the least-restrictive setting possible to meet the youth’s needs.

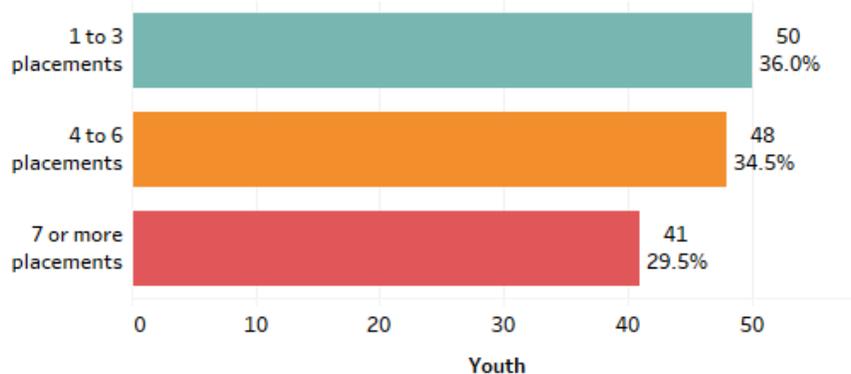
- In the majority of cases (**83.8%**), the board agreed that the type of out-of-home placement was appropriate for the youth.
- For **25 youth (8.0%)**, their placement type was deemed not appropriate by the FCRO review board. The majority of those youth were placed in non-treatment congregate care facilities (**17, 68%**).
- Appropriateness could not be determined for **26 youth (8.3%)**. This includes the same 23 youth whose safety could not be determined, plus an additional three youth placed at a non-treatment congregate care facility.

Collaborative work between the FCRO and Juvenile Probation must continue in regards to accurately recording and reporting placements. For example:

- At least 3 youth were determined to be safe by FCRO review boards based on the information available on the day of review, only to learn at a much later date that those youth had run away from their placements several days prior to the review and were actually missing on the day of the review.
- FCRO staff verify all placement histories with the available documentation prior to the review, and in **26.0%** of reviews, placement information had to be corrected prior to the review.

Lifetime Probation Placements. Figure 53 below shows the number of out-of-home placements (living arrangements) associated with youth’s involvement with Probation only and does not include episodes of missing from care. Any placements associated with a previous involvement with NDHHS child welfare are also not included.

Figure 53: Lifetime Probation Out-of-Home Placements for Probation Supervised Youth Reviewed Feb-Jun 2018, n=139



Multiple placements may be necessary for youth in need of specific treatment services, however, it is important to minimize the total number of placements in order to provide stability.

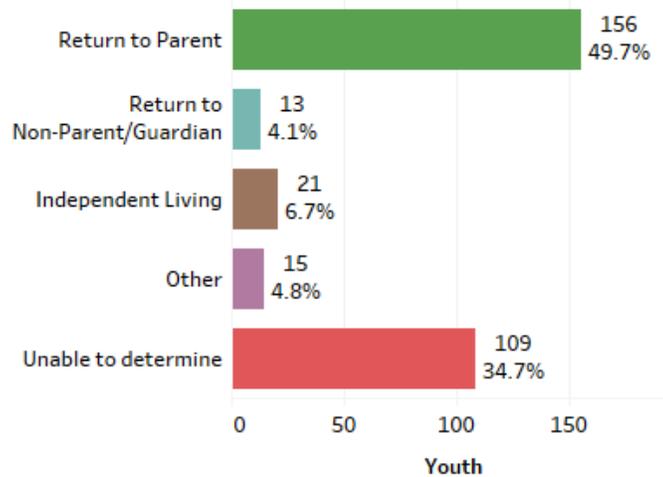
PROBATION PLANS AND SERVICES

Individualized Transition Plan. Individualized Transition Plans (ITPs) are to include goals and steps toward achieving those goals.

- The FCRO was provided a written plan for review in **81.8% of the cases.**
- The plan was not provided in **18.2% of cases.**

Plan Objectives. Even in situations where a written plan is provided, the plan’s objective was not always clear. The plan objective could not be determined in over 1/3 of the reviews. Where the plan objective was clear, the largest single group of youth had a plan objective to return to the parent (**156, 76.1% adjusted**).

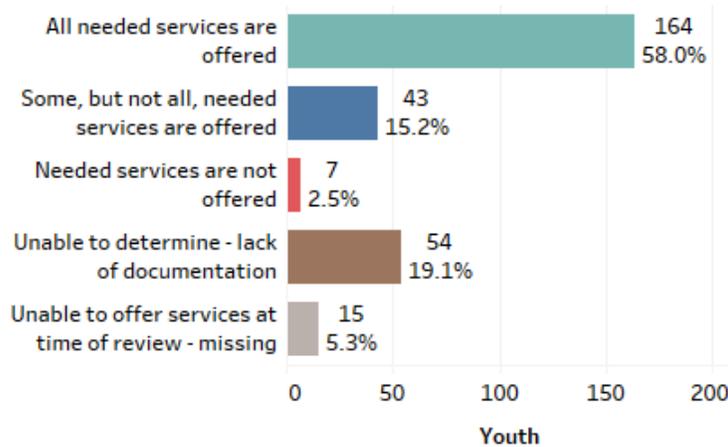
Figure 54: Plan Objective at Time of Review for Probation Supervised Youth Reviewed FY2017-18, n=314



Services. Whether there is a written plan or not, most youth eventually return to the family and/or community. In order to prevent future acts of delinquency and increase community safety, juveniles in State care must be provided the appropriate services.

An assessment of the services offered to Probation supervised youth out-of-home was added to the FCRO reviews beginning in mid-September. The assessment extends beyond the scope of what is written into the plan and looks at the overall status of the case and the feedback provided by review participants. In the majority of cases, (**58.0%**), all needed services are offered. Lack of documentation, however, is still a problem in **19.1%** of the cases.

Figure 55: Needed Services Provided at Time of Review for Probation Supervised Youth Reviewed September 2017 to June 2018, n=283

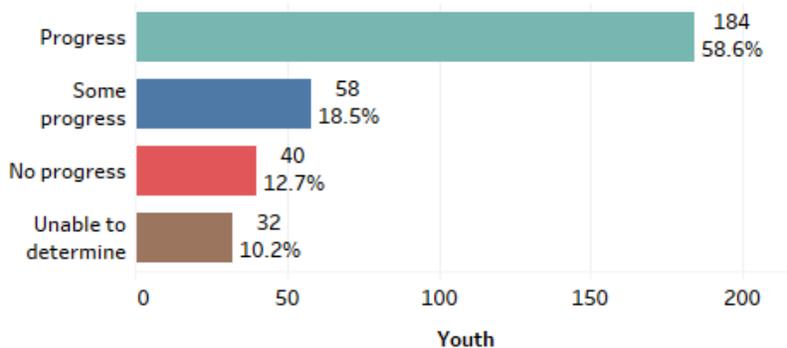


With a focus on reducing re-entry into the juvenile justice or adult criminal systems and community safety, it is important to note that a youth may be receiving all required services but is not yet ready to return to his or her community.

PROGRESS TOWARDS COMPLETING PROBATION

Progress toward Successful Completion of Probation. As shown in **Figure 56**, the majority of the youth reviewed were making consistent or some progress towards the successful completion of Probation.

Figure 56: Progress toward Successful Completion of Probation at Time of Review for Probation Supervised Youth Reviewed FY2017-18, n=314



Need for Continued Out-of-Home Placement. Progress, however, is not the same as being currently ready to transition from out-of-home placement.

- In **86.0%** of the cases reviewed, there was a recognized need to continue out-of-home placement.

Need for Continued Probation Supervision. Need for out-of-home placement and need for Probation supervision are distinct.

- In more than half of the cases without a continued need for out-of-home placement (**18 of 28, 64.3%**), the review board recommended continued Probation supervision.

Continued supervision can provide youth returning to their homes and communities with services to ease the transition and improve the chances for continued success.

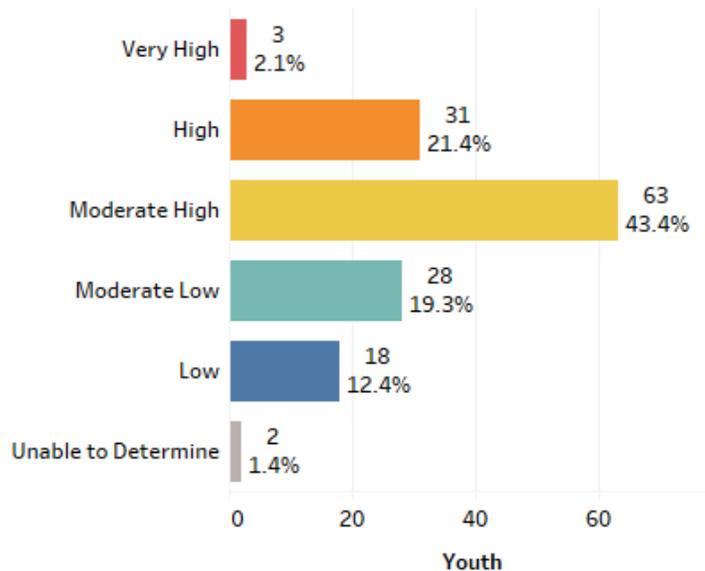
There are many factors that must be considered to determine if a youth should or should not continue in out-of-home placement or Probation supervision. One of the most important factors is the risk to re-offend.

RISK TO RE-OFFEND: YLS SCORES

Most Recent YLS Score. The Youth Level of Service (YLS) tool is an evidence-based scoring tool that indicates the youth’s likelihood to re-offend and is given at different stages of the youth’s Probation case to help gauge progress. Ideally, the score would decrease as services are used and internalized by the youth.

The FCRO began collecting data on the most recent YLS score during February 2018 reviews. **Figure 57** shows that about **32.2%** of those reviewed should be getting closer to successful completion of Probation as they were at low or moderate risk to re-offend.

Figure 57: Most Recent YLS Score for Probation Supervised Youth Reviewed Feb to Jun 2018, n=145

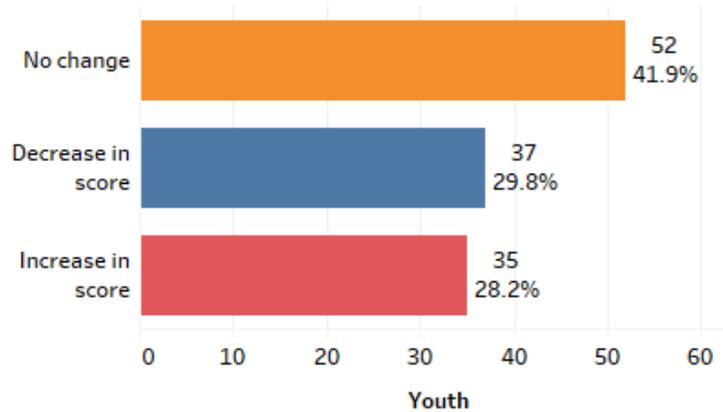


Change in YLS Score over Time. For 135 of the youth reviewed between February and June of 2018, the FCRO was able to document the YLS Score at the point of adjudication and compare it to the most recent YLS Score. For many (**41.9%**) of the youth, the YLS score did not change between reviews.

Juvenile Probation

For the remainder, approximately the same number of youth increased their YLS score as decreased their YLS score. An increase in the YLS score is concerning. For some youth, it may mean that during their time on Probation, more information was available to the Probation officer to correctly determine the YLS category. For others, the concern is that out-of-home services are not meeting the needs of youth and may be leading to an increased risk to re-offend.

Figure 58: Change in YLS Score from Adjudication to Review (Feb-June 2018), n=135



Risk of re-offending is one reason that may require a youth to remain out-of-home or on Probation. Other times, there are specific barriers – some the youth may have control over, and some they cannot control – that will delay their successful completion of Probation.

BARRIERS TO COMPLETING PROBATION

The 314 Probation supervised youth in out-of-home care experienced a variety of barriers preventing them from returning safely to their home and community. Barriers can be categorized as youth-related, parent related, system related, or safety related.

Youth-related. Many of the barriers preventing the completion of Probation were related to the goals the youth needs to achieve to be successful.

- The most common barrier to completing Probation is needing time to complete a service or treatment **(241, 76.8%)**.
- Other youth-related barriers to the completion of Probation include:
 - needing time to complete education **(23, 7.3%)**,
 - currently missing from care and need to be located **(21, 6.7%)**,
 - not benefitting from provided services **(15, 4.8%)**, and
 - not wanting to return home **(13, 4.1%)**.

Parent-related. The actions or inactions of parents may be a barrier to youth returning home.

- The most common parental issue is lacking the skills needed to manage the youth and to help the youth learn to self-regulate their behaviors **(69, 22.0%)**. Related to that is:

Juvenile Probation

- parental unwillingness to accept or care for the youth in the home **(16, 5.1%)** and
- the parent not engaging in provided services **(6, 1.9%)**.

System-related. System barriers encompass factors that are beyond the control of the youth but still prevent the youth from returning home.

- As previously discussed, the most prevalent systemic barrier is the lack of a written transition plan with goals and the steps that must be completed to meet those goals **(26, 8.3%)**.
- Some youth need transitional visits **(6, 1.9%)** prior to returning home.
- Others would benefit from in-home services if available in their area **(3, 1.0%)**.

While system barriers are less common than youth- and parent-related barriers, they must be taken seriously and immediately remedied.

Safety. For **11 youth (3.5%)**, there is a safety concern regarding returning the youth to the home. This category includes both safety concerns regarding the parents and their ability to care for the youth and concerns for the safety of victims in the home.

PRIOR INVOLVEMENT WITH NDHHS CHILD WELFARE

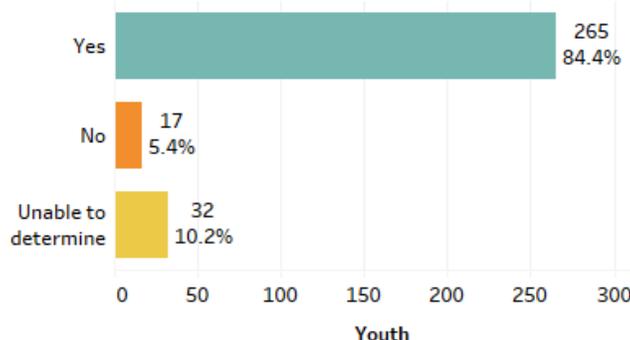
Prior abuse, neglect, or household instability can have an impact on the youth’s ability to regulate their current behaviors and the services they may benefit from.

- **Roughly one-third (31.8%) of the youth had previous out-of-home care involvement with Nebraska’s DHHS** at some time prior to being supervised by Probation (data on involvement with other state’s HHS systems is not available). This could include being in out-of-home care due to parental abuse or neglect in early childhood or could have been a more recent event.

YOUTH MENTAL HEALTH ISSUES

Mental Health Diagnosis. Mental health conditions can exacerbate anti-social behaviors and require a different approach to treatment; **84.4% of the youth reviewed have a mental health condition.**

Figure 59: Professionally Identified Mental Health Conditions for Probation Supervised Youth Reviewed FY2017-18, n=314



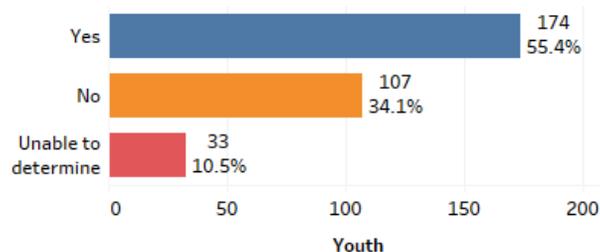
Juvenile Probation

Psychotropic Medications. Psychotropic medications are a commonly prescribed treatment for certain types of mental health diagnoses. While not all mental health conditions respond to or require this type of treatment:

- **39.5% of the youth reviewed were on one or more of these powerful medications at the time of review.**

Substance Use. Substance use is another common mental health-related issue. As shown in **Figure 60**, over half of the youth reviewed had some sort of substance use issue. Further, there were 51 youth who were drug tested in the 60 days prior to review. Of those, 13 youth (25.4%) tested positive for substance use.

Figure 60: Youth with a Substance Use Issue, n=314



Other Mental Health Related Issues. Some other considerations when looking at a youth's mental health needs include:

- **16 of the youth** were displaying sexualized behaviors, which may or may not be related to past victimization.
- **7 of the youth** had committed self-injury (cutting, suicide attempts, etc.) in the past six months.
- **5 of the youth** had documentation of being sex trafficked in the past, and for another **3 youth**, there was suspicion of such.

EDUCATION

The vast majority, (**265, 84.4%**), of Probation supervised youth were enrolled in school at the time of review. Most of the youth who were not enrolled in school were either missing from care at the time of the review or over the age of 18 (when enrollment is no longer mandatory).

Whether involved with juvenile justice or not, all youth find education plays a major role in their lives and development. Many youth have significant educational deficits prior to involvement with Probation, plus youth can find their education further disrupted by a Probation out-of-home placement. For juvenile justice involved youth, educational achievement can play a role in preventing re-entry into the system.⁷⁰ It is with this in mind that the FCRO considers several educational outcome measures for this population.

⁷⁰ National Juvenile Justice Network at <http://www.njjn.org/our-work/improving-education-for-youth-in-juvenile-justice-snapshot>. Youth.gov at <https://youth.gov/youth-topics/juvenile-justice/reentry>. Juvenile Justice Information Exchange at <https://jjiie.org/2015/03/23/what-is-re-entry-and-aftercare-for-youth/>. National

On Track to Graduate. In assessing whether or not a youth was on track to graduation, the FCRO found that:

- For a substantial number of youth (**15.1%**), the FCRO was unable to determine if the youth was on track to graduate.
- Of the **225** youth that had documentation available:
 - **188** youth were on track to graduate, but
 - **37 (14.0%)** were struggling.

Behaviors in School. Negative behaviors such as what brought children into the Juvenile Justice System can extend into the educational setting.

- Notably, the majority of Probation supervised youth (**86.0%**) were able to maintain their behaviors during the school day.
- The FCRO found **11.7%** of youth's files did not indicate whether behaviors in school were an issue or not.

YOUTH LEGAL REPRESENTATION

Court-Appointed Attorneys. When involved in a court case it is helpful if not vital to have adequate legal representation.

- Most (**99.0%**) youth reviewed had a court-appointed attorney; however, the majority of cases reviewed were from Douglas and Lancaster County, where it is required by law.⁷¹

Guardians Ad Litem and CASAs. A guardian ad litem is an attorney appointed to represent the best interest of the youth, which is not always the same as representing the youth's wishes like court-appointed attorneys do.

- Many (**37.9%**) of the youth reviewed had a guardian ad litem (GAL).

CASA representatives work in tandem with a youth's guardian ad litem.

- **Four** of the youth reviewed had a CASA representative appointed to their case.

YOUTH CONTACT WITH FAMILY

Contact with Parents. Contact with parents or siblings can be an indicator of future success reintegrating into families and communities.⁷²

- The majority of youth reviewed (**76.8%**) have contact with their mother while in out-of-home care.
- Fewer youth (**30.6%**) have contact with their father.

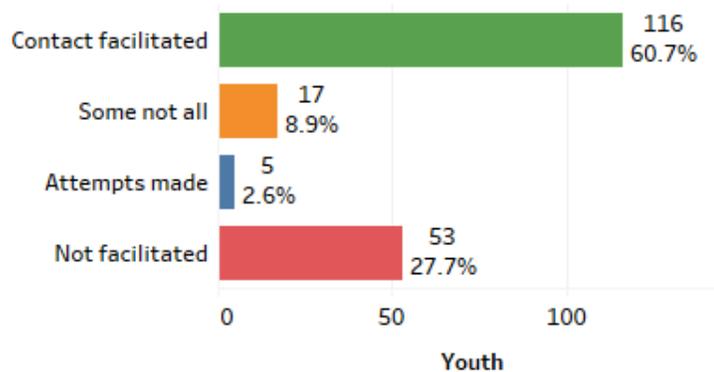
Conference of State Legislature, Re-entry & Aftercare, found at <https://www.ncsl.org/documents/cj/jjguidebook-reentry.pdf>.

⁷¹ Neb. Rev. Stat. §43-272(1)(b) requires that counties having a population of 150,000 or more shall appoint counsel for a juvenile with a petition filed under (1), (2), (3b) or (4) of Sec §43-247.

⁷² Sources include National Institute of Health, The Challenge and Opportunity of Parental Involvement in Juvenile Justice Services, at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3989100/pdf/nihms569441.pdf>; and Improving Family Involvement for Juvenile Offenders with Emotional/Behavioral Disorders and Related Disabilities, at <https://www.pacer.org/jj/pdf/bedi-36-01-52.pdf>.

Contact with Siblings. Sibling connections can be important to the youth also, with some youth having stronger ties to their brothers or sisters than to their parents. In **41.4%** of reviews, the FCRO was unable to verify if the youth had siblings or if contact between siblings was occurring. For 179 youth who had siblings, contact was facilitated with all or some siblings in **69.6%** of the cases (**Figure 61**). Contact with siblings was not facilitated in over $\frac{1}{4}$ of the youth with verified siblings.

Figure 61: Contact with Siblings for Probation Supervised Reviewed FY2017-18, n=179



YOUTH WITH INTELLECTUAL DISABILITIES

IQ testing results are included here not to stigmatize these youth, but because it has major implications regarding obtaining and utilizing the best tools to help this substantial segment of youth law violators to self-regulate their behaviors and keep communities safe.

- IQ scores were available for **69 of the 287** youth reviewed.
 - **Given that 52 of those 69 youth had a score of less than 100, it appears that IQ tests are primarily targeted to youth who appeared to have a deficit or trouble with cognitive therapy/treatments.**

Since lower functioning youth are particularly vulnerable to poor understanding of consequences for certain behaviors, the following must be researched in more detail:

- Appropriateness of interventions. Information about the disability often helps to explain behavior in a way that facilitates constructive intervention, and it is essential to arriving at a disposition that will meet the youth's rehabilitative needs at a level that can be internalized by the youth.
- Validity of YLS with lower IQ youth. The YLS is an assessment of the risk to re-offend that is used by Probation in making decisions regarding youth assigned to them. Further research needs to include whether their YLS scores are valid for youth with below average IQs.

Juvenile Probation

- IDEA and juvenile justice. The Individuals with Disabilities Education Act (IDEA) is the Federal Government's special education law. IDEA provides supplementary Federal funds to assist States and local communities in providing educational opportunities for approximately 6 million students with varying degrees of disability who participate in special education. As a requirement for receiving IDEA Federal funding, states must offer free, appropriate public education in the least restrictive environment.⁷³ Youth with below average IQ may be covered under IDEA.

⁷³ National Technical Assistance Center for the Education of Neglected or Delinquent Children and Youth.

SECTION 4
YOUTH IN CARE PLACED AT
THE YOUTH REHABILITATION AND
TREATMENT CENTERS
(YRTCS)

Per Neb. Rev. Stat. 43-186 "...When it is alleged that the juvenile has exhausted all levels of Probation supervision and options for community-based services and section 43-251.01 has been satisfied, a motion for commitment to a youth rehabilitation and treatment center may be filed and proceedings held...." Youth placed at the Youth Rehabilitation and Treatment Centers (YRTCs) are in the care and custody of the Office of Juvenile Services (OJS) of the Department of Health and Human Services during that placement.

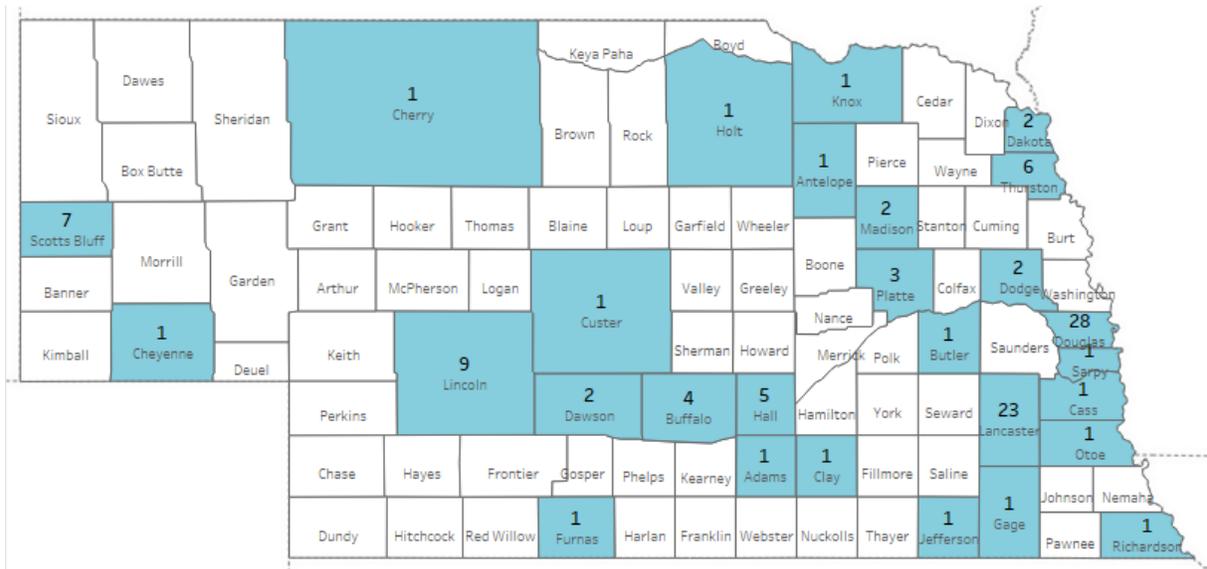
DATA ON YOUTH PLACED AT THE YRTC'S ON JUNE 30, 2018

On June 30, 2018, 109 youth were placed at one of the Youth Rehabilitation and Treatment Centers. There were 84 boys placed at YRTC-Kearney and 25 girls placed at YRTC-Geneva.

DEMOGRAPHICS

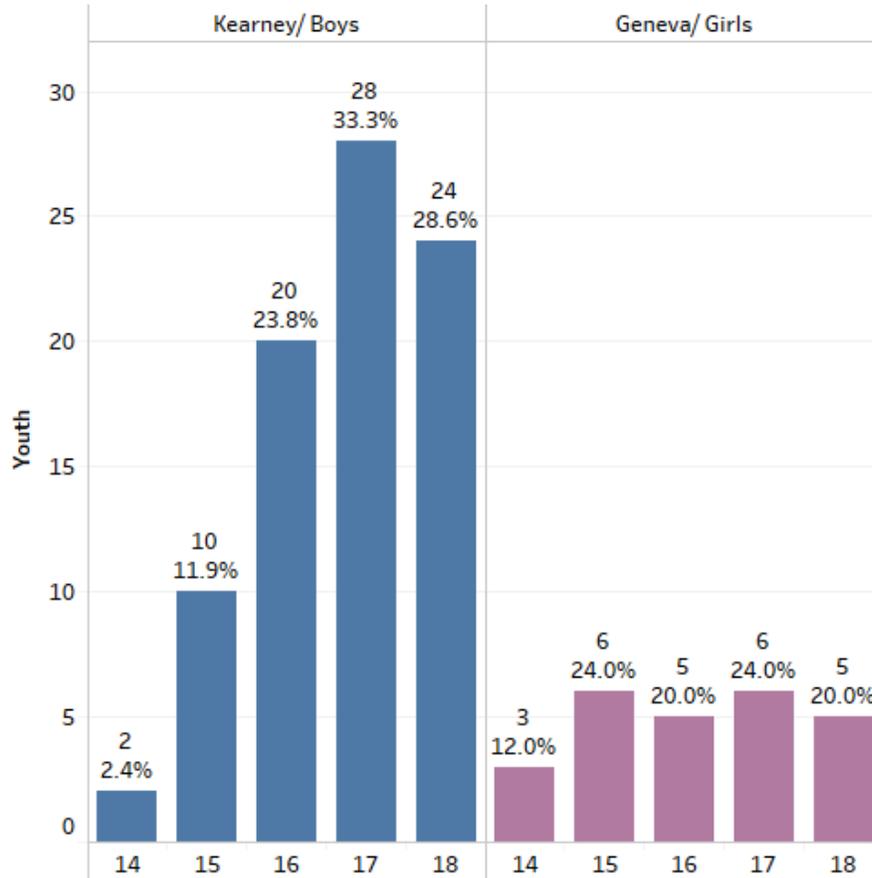
County. Youth at the YRTCs come from every region of the state (**Figure 62**).

Figure 62: Youth Placed by Juvenile Court at a Youth Rehabilitation and Treatment Center under NDHHS/OJS on 6/30/2018, n=109



Age. Per Neb. Rev. Stat. §43-251.01(4), youth committed to a youth rehabilitation and treatment center (and thus under OJS) must be at least 14 years of age. See **Figure 63** for more details.

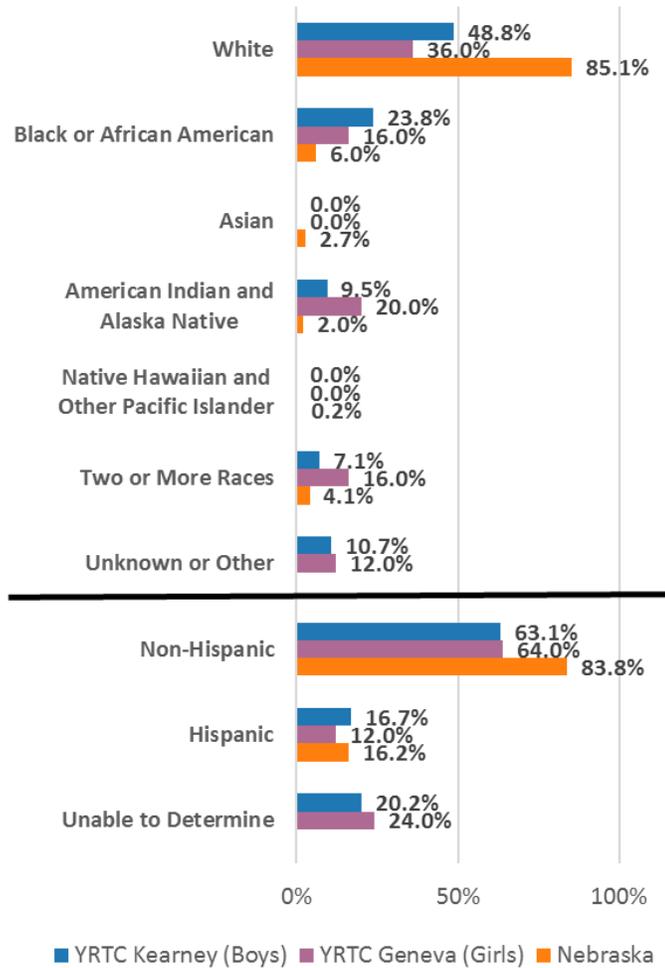
Figure 63: Ages of Youth Placed at a Youth Rehabilitation and Treatment Center on 6/30/2018, n=109



Race and Ethnicity. As shown in **Figure 64**, Black or African American youth are disproportionately placed at the Youth Rehabilitation and Treatment Centers, at a rate **3.5 times their percentage** in the population.⁷⁴ This is similar to the disproportionality of youth who identify as multi-racial, who are placed at the YRTC at a rate of 3.7 times their percentage in the population.

⁷⁴ U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2017.

Figure 64: Race and Ethnicity of YRTC Population on 6/30/2018 Compared to the Nebraska Census, n=109



YRTC YOUTH DATA GATHERED FROM FCRO REVIEWS CONDUCTED DURING FY2017-18

The Foster Care Review Office (FCRO) **conducted 29 case file reviews of youth placed at the YRTC** in FY2017-18. Each youth was reviewed only once.

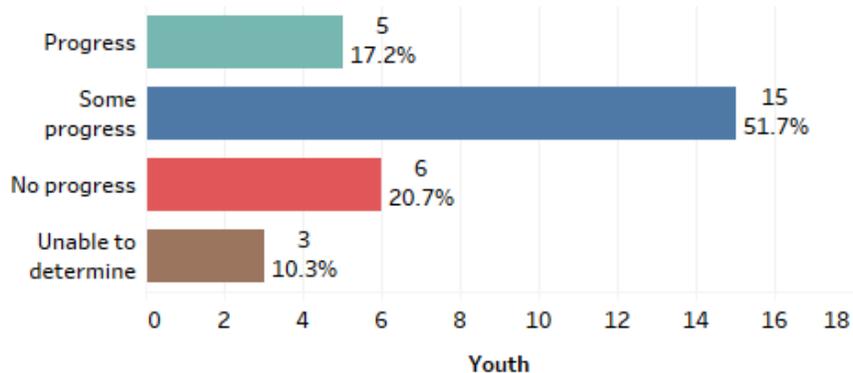
The review process for youth placed at the YRTC is the same as the process for Probation supervised youth out-of-home unless the youth has simultaneous child welfare system involvement.

Youth placed at the YRTC share many of the characteristics of Probation supervised youth placed out-of-home. This section of the report will highlight only the areas where YRTC youth are distinct from Probation supervised youth.

PROGRESS TOWARDS COMPLETING PROBATION

Progress Toward Successful Completion of Probation. Of the 29 YRTC youth reviewed, only **17.2%** were making progress towards the successful completion of Probation, compared to 58.6% of Probation youth placed in other out-of-home settings (See **Figure 56**, p 72). As shown in **Figure 65**, youth at the YRTC were more likely than Probation youth to be evaluated as making some (51.7%) or no progress (20.7%) towards successful completion of Probation.

Figure 65: Progress toward Successful Completion of Probation at Time of Review for YRTC Youth Reviewed FY2017-18, n=29



Continued Need for Out-of-Home Placement and Probation Supervision. All 29 youth reviewed by the FCRO had a continued need for out-of-home placement and Probation supervision.

BARRIERS TO COMPLETING PROBATION

While many of the barriers preventing YRTC youth from returning safely to their home and community are the same as those faced by Probation youth, YRTC youth were more likely to experience:

- Needing to complete services or treatment (**22, 75.9%**),
- Needing to complete their Probation contract requirements (**20, 69.0%**), and
- Facing barriers regarding their parents' skills in managing their behavior (14, 48.3%).

INFORMATION PROVIDED TO THE FCRO

The FCRO is unable to confidently describe several relevant points regarding YRTC youth due to lack of documentation. For example,

- In **31.6%** of cases reviewed, it could not be determined if youth were receiving adequate services.
- Previous experience with NDHHS child welfare could not be determined for **19 (65.5%)** of cases reviewed.
- Whether or not the youth was on track to graduate could not be determined in **8 (27.6%)** reviews.
- Whether or not the youth's behaviors impeded learning could not be determined at a rate three times higher for YRTC youth than Probation-supervised youth. (**37.9%**, compared to **11.8%**).

The FCRO is working with our partners at the Office of Juvenile Services and the Administrative Office of Probation to improve the quality of information received for youth placed at the YRTC.

SECTION 5- YOUTH IN OUT-OF-HOME CARE SERVED BY BOTH THE OFFICE OF PROBATION AND NDHHS (DUALY-INVOLVED YOUTH)

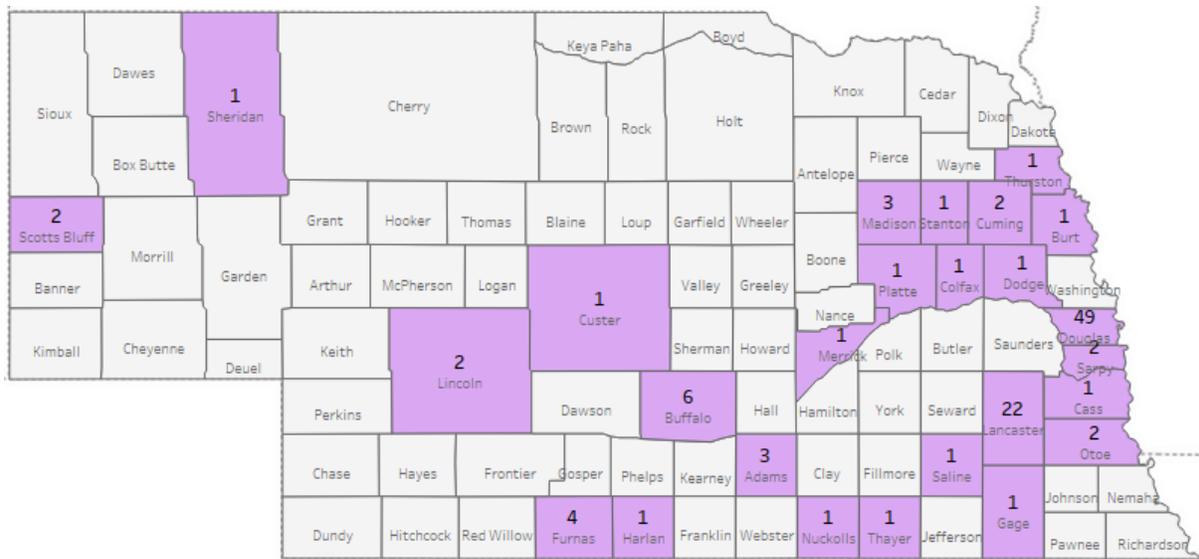
On June 30, 2018, 112 youth were simultaneously involved with both child welfare (NDHHS) and Probation. These are sometimes referred to as either dually-involved or dual-adjudicated youth.

Review data for dually-involved youth are integrated into the Child Welfare Review Data (Section 2).

DEMOGRAPHICS

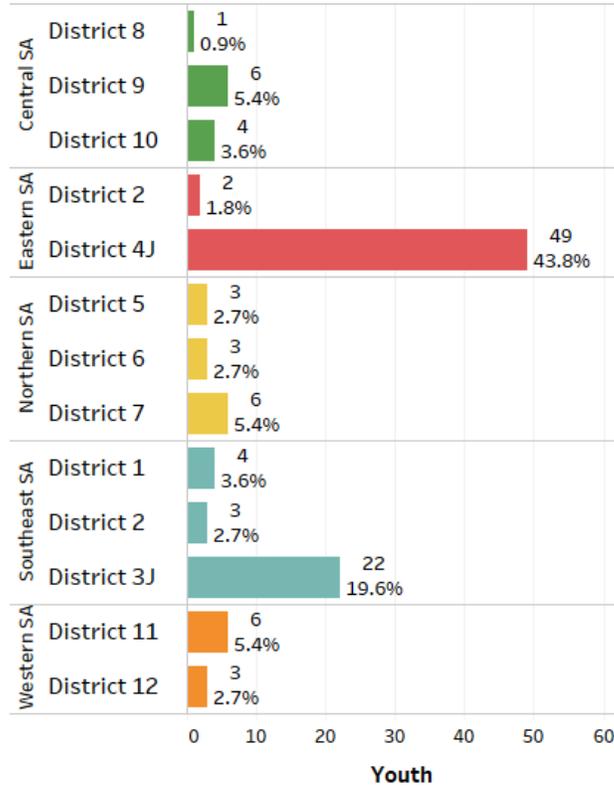
County. As illustrated in **Figure 66**, dually-involved youth in out-of-home care come from many different regions of the state. The majority were from the most populous counties (Douglas – 49, Lancaster 22), as expected. (See Appendix A for a list of counties and their respective district/service area).

Figure 66: County of Origin for Dually-Involved Youth, n=112



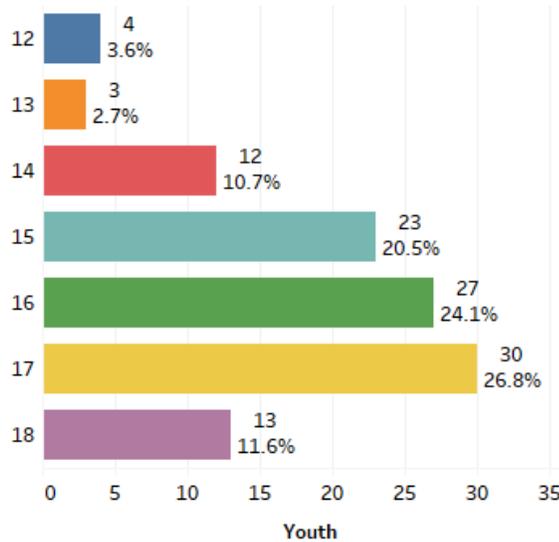
Dually-Involved Youth

Figure 67: NDHHS Service Area and Probation District for Dually-Involved Youth, n=112



Age. Figure 68 below shows the age groups for dual agency youth. Most are in their teens, but interestingly 62.5% are in their upper teens. Further analysis is needed to determine why so many are in this age group.

Figure 68: Age for Dually-Involved Youth, n=112



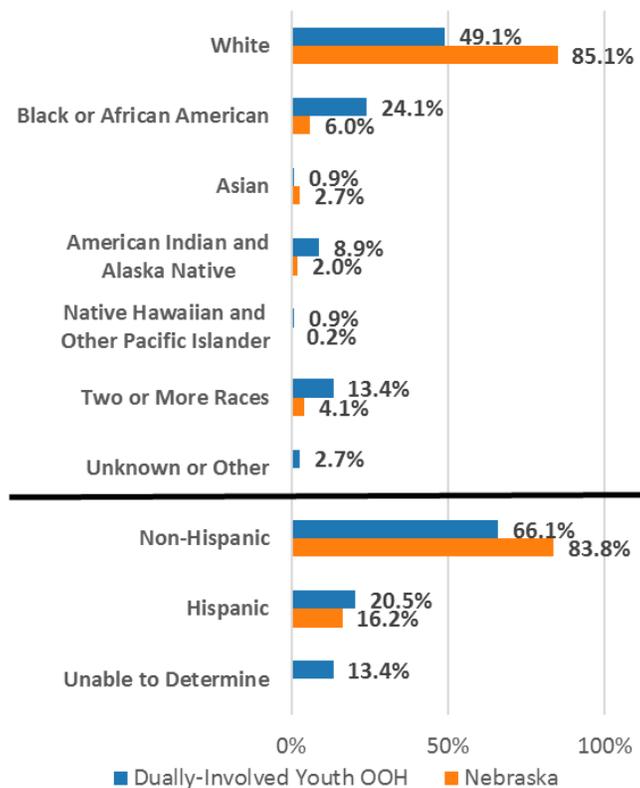
Dually-Involved Youth

Gender. More boys than girls are dually-involved youth (**72.3% to 27.7%, respectively**). In that respect, this group more closely matches that of Probation youth who do not have NDHSS involvement than it does children under NDHSS.

Race and Ethnicity. As with other populations discussed throughout this report, there is racial disproportionality in this group also, as shown in **Figure 69** below.

Black, American Indian, and multi-racial youth are disproportionately represented in the out-of-home population when compared to the census population.

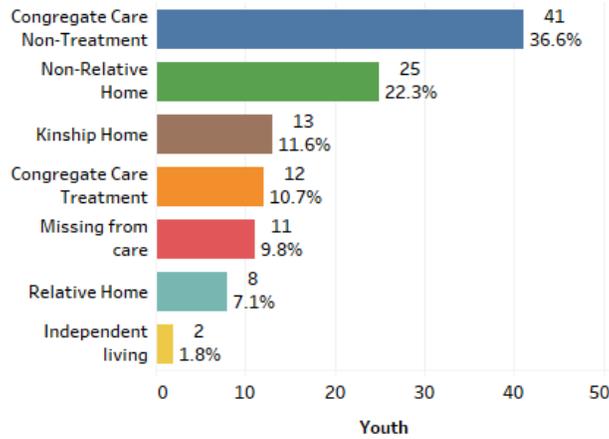
Figure 69: Race for Dually-Involved Youth Out-of-Home on 6/30/2018 Compared to Nebraska Census, n=112



PLACEMENTS

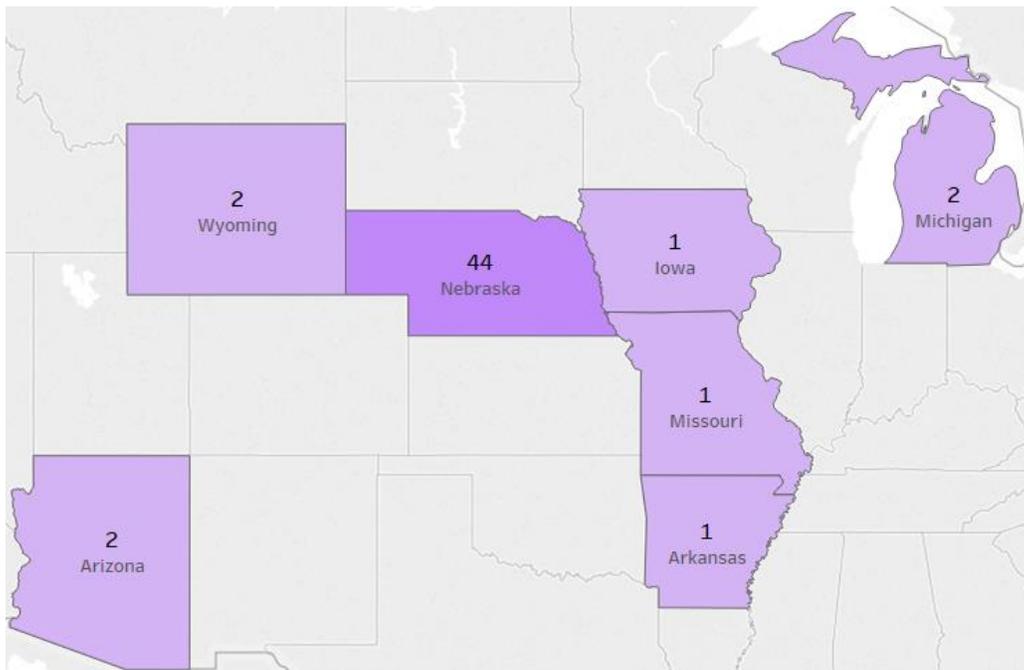
Placement Type. Most dually-involved youth in out-of-home care are in non-treatment care.

Figure 70: Placement Type for Dually-Involved Youth in Out-of-Home Care (excludes YRTCs), n=112



Congregate Care. Most dually-involved youth in congregated care are in Nebraska (Figure 71).

Figure 71: Placement State for Dually-Involved Youth in Congregate Care, n=112



ADDITIONAL INFORMATION IS AVAILABLE



The Foster Care Review Office is able to provide additional information on many of the topics in this Report. For example, much of data previously presented can be further divided by judicial district, NDHHS Service Area, county of court involved in the case, and various demographic measures.

If you are interested in more data on a particular topic, or would like a speaker to present on the data, please contact us with the specifics of your request at:

Foster Care Review Office Research Team
1225 L Street, Suite 401
Lincoln NE 68508

402.471.4420

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email: fcro.contact@nebraska.gov



Appendix A

County to NDHHS Service Area and Judicial (Probation) District In Effect on June 30, 2018⁷⁵

County	NDHHS Service Area	Probation District
Adams	Central SA	District 10
Antelope	Northern SA	District 7
Arthur	Western SA	District 11
Banner	Western SA	District 12
Blaine	Central SA	District 8
Boone	Northern SA	District 5
Box Butte	Western SA	District 12
Boyd	Central SA	District 8
Brown	Central SA	District 8
Buffalo	Central SA	District 9
Burt	Northern SA	District 6
Butler	Northern SA	District 5
Cass	Southeast SA	District 2
Cedar	Northern SA	District 6
Chase	Western SA	District 11
Cherry	Central SA	District 8
Cheyenne	Western SA	District 12
Clay	Southeast SA	District 1
Colfax	Northern SA	District 5
Cuming	Northern SA	District 7
Custer	Central SA	District 8
Dakota	Northern SA	District 6
Dawes	Western SA	District 12
Dawson	Western SA	District 11
Deuel	Western SA	District 12
Dixon	Northern SA	District 6
Dodge	Northern SA	District 6
Douglas	Eastern SA	District 4J
Dundy	Western SA	District 11
Fillmore	Southeast SA	District 1

County	NDHHS Service Area	Probation District
Franklin	Central SA	District 10
Frontier	Western SA	District 11
Furnas	Western SA	District 11
Gage	Southeast SA	District 1
Garden	Western SA	District 12
Garfield	Central SA	District 8
Gosper	Western SA	District 11
Grant	Western SA	District 12
Greeley	Central SA	District 8
Hall	Central SA	District 9
Hamilton	Northern SA	District 5
Harlan	Central SA	District 10
Hayes	Western SA	District 11
Hitchcock	Western SA	District 11
Holt	Central SA	District 8
Hooker	Western SA	District 11
Howard	Central SA	District 8
Jefferson	Southeast SA	District 1
Johnson	Southeast SA	District 1
Kearney	Central SA	District 10
Keith	Western SA	District 11
Keya Paha	Central SA	District 8
Kimball	Western SA	District 12
Knox	Northern SA	District 7
Lancaster	Southeast SA	District 3J
Lincoln	Western SA	District 11
Logan	Western SA	District 11
Loup	Central SA	District 8
Madison	Northern SA	District 7
McPherson	Western SA	District 11

⁷⁵ District boundaries were changed in statute effective July 20, 2018. We are using the districts as in place during FY2017-18 to coincide with the data gathered.

County	NDHHS Service Area	Probation District
Merrick	Northern SA	District 5
Morrill	Western SA	District 12
Nance	Northern SA	District 5
Nemaha	Southeast SA	District 1
Nuckolls	Southeast SA	District 1
Otoe	Southeast SA	District 2
Pawnee	Southeast SA	District 1
Perkins	Western SA	District 11
Phelps	Central SA	District 10
Pierce	Northern SA	District 7
Platte	Northern SA	District 5
Polk	Northern SA	District 5
Red Willow	Western SA	District 11
Richardson	Southeast SA	District 1
Rock	Central SA	District 8
Saline	Southeast SA	District 1
Sarpy	Eastern SA	District 2
Saunders	Northern SA	District 5
Scotts Bluff	Western SA	District 12
Seward	Northern SA	District 5
Sheridan	Western SA	District 12
Sherman	Central SA	District 8
Sioux	Western SA	District 12
Stanton	Northern SA	District 7
Thayer	Southeast SA	District 1
Thomas	Western SA	District 11
Thurston	Northern SA	District 6
Valley	Central SA	District 8
Washington	Northern SA	District 6
Wayne	Northern SA	District 7
Webster	Central SA	District 10
Wheeler	Central SA	District 8
York	Northern SA	District 5

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 policymakers 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 (NFC), Courts, the Office of Probation, 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.

INDEX

Actions on 2016-17 recommendations . xiii
 Advisory Committee Members i
 Agency Court..... 11
 All in care
 During FY1
 Child, definition..... 1
 DHHS Service Area
 Map.....2
 DHHS wards
 Abuse in foster placement.....24
 Adjudication timeliness36
 Adoption42
 Age.....14
 All in care 1, 11
 Average daily population2
 Barriers to Permanency25
 CASA volunteers assigned to cases37
 Case plan - court ordered30
 Case plan - DHHS submitted29
 Caseworker changes17
 Caseworker contact with child22
 Child behaviors24
 Child chronic impairments.....47
 Child health.....45
 Child mental health46
 Child qualify for Disability Services49
 Congregate care.....16
 Continued need for care.....25
 County of origin13
 Court exception hearings.....38
 Court hearings, child attend39
 Court hearings, SFA findings39
 Court inquiry if child involved in plan39
 Court permanency hearings37
 Decrease in numbers2
 EDN.....49
 Education49
 Education, behavior at school51
 Education, records shared with caregiver50
 Education, school changes.....52
 Education, school performance50
 Entries.....4
 Exit reason6
 Exits4
 GAL contact with children.....37
 Gender.....14
 Guardianship43
 ICPC.....39
 ICWA.....38
 IV-E funding16
 Kinship care15
 Living with at time of removal26
 Median days in care.....5
 Parental criminal charges pending29
 Parental cultural issues.....27

Parental domestic violence issues 26
 Parental incarceration..... 29
 Parental mental health 26
 Parental physical health issues 27
 Parental rights intact..... 26
 Parental substance use 26
 Parental visitation 27
 Paternity identification 35
 Permanency objective - concurrent..... 32
 Permanency objective - primary 31
 Placement appropriateness 23
 Placement changes 16
 Placement licensing 16
 Placement reasons for moves 23
 Placement restrictiveness 15
 Placement safety..... 23
 Placement stability..... 23
 Placement stability and school changes 24
 Preparation for adult life..... 52
 Preparation for adult life, independent living assessment
 52
 Preparation for adult life, positive adults 53
 Preparation for adult life, transitional living plan 53
 Progress to primary permanency objective 34
 Race 14
 Reasonable efforts to permanency 34
 Reasons entered care - adjudicated..... 21
 Reasons entered care - non-adjudicated 22
 Re-entries..... 19
 Relative care 15
 Relative searches 36
 Reviews conducted 20
 Safety 20
 Service Area, with Map 13
 Sibling connections 44
 Supplemental petitions..... 38
 Termination of Parental Rights 40
 Termination of parental rights, alternative permanency41
Dual youth
 Age 78
 Congregate care 80
 County of origin, with map 77
 Gender 79
 Number in out-of-home 77
 Placement type 80
 Race 79
FCRO, role, mission, background 84
Fiscal year, definition..... 1
Map of all in care 10
Neglect, definition..... 21
OJS youth
 All in care 11
 All in out-of-home care 1
Out-of-home care, definition 12

Probation supervised youth

Ages56
 All in care11
 All in out-of-home care1
 Barriers to completing probation65
 CASA68
 Community-based services60
 Contact with parents68
 Contact with siblings.....69
 County, with map55
 Decrease in out-of-home care7
 Education67
 Education, behaviors in school68
 Education, on track to graduate68
 GAL68
 Gender56
 Individualized Transition Plans (ITPS)62
 Intellectual disabilities69
 Legal representation68
 Map of districts8
 Mental health diagnosis66
 Mental health, psychotropic medications67
 Need for continued Probation supervision64
 Need for out-of-home placement63
 Number in care55
 Offense types59

Placement changes, lifetime 61
 Placement report inaccuracies..... 61
 Placement safety..... 60
 Placement type 58
 Placement type congregate care 58
 Plan objectives 62
 Prior child welfare involvement 66
 Progress towards successful completion 63
 Race 56
 Services 62
 Substance use 67
 Trends 6
 YLS scores..... 64
State custody 1
Trial home visit, definition 12
Youth, definition 1
YRTCs
 Age 73
 Barriers to completing Probation..... 75
 Continued need for placement, supervision 75
 County of origin, with map 72
 Lack of documentation 76
 Number of youth..... 72
 Progress towards completing Probation..... 75
 Race 73
 Trends 8

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