Annual Report

Submitted pursuant to Neb. Rev. Stat. §43-1303(4) Issued: September 1, 2021

NEBRASKA

FOSTER CARE REVIEW OFFICE

This Annual Report is dedicated to the 300+ Foster Care Review Office local board members on 53 boards across the state that meet each month to review children's cases; the 28 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, 9/1/2021

(All Volunteers)

Member	Represents
Michael Aerni, Fremont (chair)	Local Board
Noelle Petersen, Lincoln (vice-chair)	Local Board
Michele Marsh, MD, Omaha	At Large
Peggy Snurr, Beatrice	Local Board
Vacant	Data Analysis

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EXECUTIVE SUMMARY

Report context. The Foster Care Review Office (FCRO) is required to submit to the Nebraska Legislature an annual report that provides data about children and youth in out-of-home care and trial home visits in Nebraska pursuant to Neb. Rev. Stat. §43-1303(4).

In fiscal year 2020-21 (July 1, 2020-June 30, 2021), the FCRO tracked information about the experiences of 6,792 children who were removed from their homes and placed in state custody or care through the child welfare or juvenile probation systems.

In fiscal year 2020-21, 53 local boards met monthly from across Nebraska and:

- Conducted 4,160 reviews of cases involving 3,261 NDHHS wards[1] in out-of-home care [2,] or trial home visit placement.[3]
- Conducted 219 reviews of 219 youth in out-of-home care supervised by the Office of Probation Administration that had no simultaneous child welfare system involvement.
- Staff collected additional information on each child reviewed.

From the required annual data analysis and over 4,000 reviews of children's cases, the FCRO finds that some progress has been made in both the child welfare and juvenile justice systems. However, many problems in child welfare and juvenile justice remain to be addressed and some new issues have been identified. In summary,

- The majority of children reviewed during FY2020-21 entered out of home care due to neglect. Families in the child welfare system continue to struggle with access to mental health treatment, substance use, and domestic violence. For a significant percentage of children in out of home care, no progress is being made toward permanency.
- Racial and ethnic disparities are pervasive throughout the child welfare and juvenile justice systems, and the disparities are greatest among the youth at the YRTCs.

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[1] Children are typically reviewed once every six months for as long as they remain in out-of-home care or trial home visit; 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. These are court ordered placements.

[3] 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." This applies only to NDHHS wards, not to youth who are only under Probation supervision.

- This Annual Report includes comparative review data for youth who are simultaneously involved with NDHHS/CFS through the child welfare system and with Probation through the juvenile justice system (dually-involved) separately from the general child welfare or juvenile justice populations. It is apparent that this population has unique and significant needs which must be addressed, including trauma history, mental health, substance use, and educational needs.
- The population at the YRTCs has decreased significantly over the last two years. The YRTCs, located in Kearney, Hastings, and Lincoln, are the most restrictive placements available for juvenile justice youth in Nebraska. This population also has unique and significant needs that must be addressed.
- The number of state wards increased during FY2020-21, notwithstanding the COVID-19 pandemic, whereas the overall number of out-of-home youth served by Probation continues to decrease. It is unclear whether the number of families being served via in-home, non-court services has also increased during the same period due to the implementation of the Family First Prevention Services Act. The FCRO does not have authority to provide oversight to the front-end of the child welfare system or to in-home voluntary cases, and there is no other independent oversight to that part of the system, so it is unclear how those families are faring.

This report contains commendations and the FCRO's systemic recommendations related to the data collected, analyzed and reported during FY2020-21. The FCRO repeats unaddressed recommendations as applicable until its vision of a Nebraska where every child involved in the child welfare or juvenile justice systems becomes resilient, safe, healthy, and economically secure is realized.

We look forward to continued opportunities to collaborate with system partners to improve the lives of Nebraska's most vulnerable residents.

Child Welfare

Increased number of state wards in out-of-home or trial home visit placement

The child welfare population in Nebraska increased by 9.5% from July of 2020 to June of 2021, despite a global pandemic and school closings, among other things. All service areas experienced increases in the number of state wards with the most dramatic increase (+35.7%) in the Northern Service Area followed by the Central Service Area (+17.0%).

NDHHS' most recent Point in Time Report indicated that the number of in-home children as of 7/6/2021 was 1,520.[4] The FCRO firmly believes that children and families are best served in their homes when it is safe to do so, and that only children whose safety cannot be assured in the home should be placed in temporary foster care.

The FCRO does not, however, provide oversight to the in-home population of the child welfare system and does not track children who remain in their family homes, and therefore cannot fully assess if the needs of these children and their families are being met. The FCRO believes that systematic external oversight is essential to ensuring safety for Nebraska's most vulnerable children, whether they are placed in out-of-home care or remain in their family home.

The federal Family First Prevention Services Act (FFPSA) is changing the landscape of child welfare in Nebraska and the nation as a whole by allowing federal funds to be used to cover the cost of prevention programs to prevent children from entering foster care.

Children and their experiences in care

- For children who exited care in FY2020-21, the median number of days a child spent in foster care in Nebraska varies by service area from a low of 258 days in the Northern Service Area to a high of 370 days in the Southeast Service Area. (See page 20)
- Children continue to be placed in the least restrictive, most family-like settings at high rates (96.5%). Slightly more than half (51.8%) of all children placed in a family like setting are placed with relatives. (See pages 32-33)
    - 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 all relative and kin placements. This will provide 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.
- Many children experience multiple placements during their time in out-of-home care. 10.5% of children ages 0-5, 27.8% of children ages 6-12, and 53.4% of teenagers have experienced 4 or more placements in their lifetimes, but the percentages vary greatly by service area. (See page 35)
- 61.3% of children with siblings were placed with their siblings. Of the siblings placed together, 53.4% were placed with a relative or kin. (See page 38)
- Almost half (47.8%) of children reviewed had a mental health diagnosis at the time of review. Additionally, many children reviewed in out-of-home care had one or more chronic cognitive or physical health impairments. (See pages 39-40)

[4] DHHS Division of Children and Family Services, CFS Point in Time Dashboard Summary Report, 7/6/2021, CFS Point in Time Dashboard Summary Report (ne.gov)

- Of the 98 children reviewed who were eligible for Developmental Disabilities services, only (39.8%) were receiving those specialized services funded through the NDHHS Division of Developmental Disabilities. (See page 40)
- Both school performance and negative behaviors at school vary by gender. For children reviewed, 67.2% of girls and 60.4% of boys were on target for most or all of their core classes in school. Boys were more likely than girls to need occasional or constant redirection for behaviors at school. Information related to academic performance was not available in the case file for 30.6% of the cases reviewed in the Eastern Service Area, which serves nearly half of the children in out-of-home care in Nebraska. Lack of information in the case file significantly affects the FCRO's ability to report accurate statistics to policy makers and the public. (See pages 42-43)
- For older youth (ages 14-18) in out-of-home care, the FCRO determined that 2/3 had a current and complete transitional living plan, but it varies widely by service area, from a low of 55.8% complete in the Eastern Service Area to a high of 87.0% complete in the Southeast Service Area. (See page 45)

Parents of Children in Care

- The three most commonly identified safety concerns for mothers and fathers of children in out-of-home care with a goal of reunification or family preservation were mental health, substance use, and domestic violence. The majority of mothers were making at least some progress on these issues at the time of review. Fathers were less likely than mothers to be making at least some progress, but a majority of fathers were making progress on domestic violence issues. (See page 26)
- For nearly half of children, their mothers had completed all or some of the services deemed necessary for their children to safely reunify at the time of review, and the same was true for nearly a quarter of children's fathers. For 35.3% of children, their fathers were unable or unwilling to complete necessary services, and the same was true for 27.2% of children's mothers. (See pages 27-28)
- While the system's response to assisting parents with visitation of their children was good to excellent, parental attendance at visitation was only fair to good. (See page 31)

The Child Welfare System

- 90.0% of children were receiving all or most of the services they needed to address their trauma and behavioral concerns related to abuse and neglect experiences. (See page 47)
- DHHS/CFS was more likely to document a search for maternal relatives of children in care than paternal relatives, and this also varies by service area. Children have two parents, and it is important that caseworkers apply due diligence to locating

maternal and paternal relatives in order to facilitate lifelong connections. (See page 49)

- For over half of the children in out-of-home care reviewed, cases were stagnating and permanency was elusive. For 25.4% of children out-of-home, there was no progress toward the primary permanency goal, and for an additional 25.7% progress was minimal. (See pages 55-56)
- Racial and ethnic disparities permeate the child welfare system in Nebraska. (See pages 23, 58, 62, 68)
- Indian children as defined by the Indian Child Welfare Act (ICWA) had a written cultural plan to preserve the child's cultural bonds only 42.8% of the time, down from 48.6% in FY 2019-20. (See page 54)
- In FY 2020-21, 168 youth left the child welfare system on their 19th birthday having never reached permanency. (See page 44)

Informal Living Arrangements

Informal living arrangements (ILA) occur when a family that has come to the attention of NDHHS/CFS is involved in a non-court, voluntary case, and as part of the safety plan the parent places their child with a relative or friend for a certain period of time based on the facts of the case. NDHHS/CFS reported 87 children living in an ILA on June 30, 2021, with the majority (56.3%) in the Eastern Service Area. (See page 57)

Court and Legal System

- For children reviewed in FY2020-21 the median number of days from filing of a juvenile petition to adjudication was 74 days. (See page 51)
- The Strengthening Families Act requires courts to make certain findings at each dispositional, review, or permanency hearing. At the beginning of FY2019-20 courts were making the required findings in less than 1/3 of all cases. By the end of FY2020-21 over 61% of these cases had the required findings. (See pages 52)
- The FCRO is adamant that children's voices need to be heard throughout the life of a case, especially older children. Yet, during FY 2020-21 only a small fraction (12.3%) of children aged 13-18 attended court hearings. (See pages 55
- The FCRO was unable to determine whether guardians ad litem were visiting the children they represented in 44.2% of the cases. One reason for this may be that the FCRO generally does not receive a copy of the guardian ad litem report which is submitted to the court and is kept in the confidential portion of the court's file, where it is inaccessible to the FCRO. The FCRO recommends that guardians ad litem provide their reports directly to the FCRO. (See page 53)

Dually-Involved Youth

Increase in the population of dually-involved youth in out-of-home care

Dually involved youth are those youth in out-of-home care who are involved with the child welfare system and the juvenile justice systems simultaneously. The average daily population of youth who are dually involved has increased from 141 in June 2020 to 151 in June 2021. The number of dually involved youth has increased each month beginning in February 2021. (See page 59)

- Racial and ethnic disparities impact the dually-involved population as well as the child welfare population. White youth are underrepresented among the dually-involved youth, while every racial and ethnic minority group is overrepresented. For example, Black or African American, non-Hispanic youth represent only 5.8% of the population in Nebraska yet represent 17.7% of the dually involved youth population. (See page 62)
- Dually-involved youth were more likely to have a mental health diagnosis and less likely to be making significant progress on their mental health. (See page 64)
- Dually-involved youth were almost three times more likely to be diagnosed with a substance use issue than their child welfare only peers (34.8% and 12.1%, respectively). (See page 64)
- Dually-involved youth were more likely to be struggling in school. (See page 64)

Youth in Out-of-Home Care Supervised by the Administrative Office of the Courts and Probation – Juvenile Services Division

Continued decrease in the population of Probation supervised youth in out-of-home care

The average daily population of Probation supervised youth in out-of-home care continued to decline in FY 2020-21, resulting in an average daily population of 620 youth in June 2021 compared with 684 in June 2020. Five of the Probation districts in the state reduced the numbers of youth out-of-home, including Districts 3J and 4J (Lancaster and Douglas Counties, respectively), the state's most populous. (See pages 65-66)

Probation Supervised Youth in Out-of-Home Care

- Just as with child welfare and dually-involved youth, the juvenile justice population is impacted by racial disproportionality. Youth who are Black or African American, Non-Hispanic make up 5.8% of Nebraska's population, but 20.9% of the Probation supervised youth in out-of-home care. American Indian, Non-Hispanic youth are 1.1% of Nebraska's youth population, but 5.3% of the Probation out-of-home population. By contrast, White, Non-Hispanic youth make up 69.9% of Nebraska's youth population yet represent only 44.1% of Probation supervised youth in out-of-home care. (See page 68)
- The majority (54.8%) of Probation supervised youth in out-of-home care are in a non-treatment congregate (group) care facility. This is an increase from last year's 52.4%. Considering 94.3% of reviewed Probation supervised youth were diagnosed with a mental health condition, 45.7% were prescribed a psychotropic medication, and 51.7% have a substance use issue, treatment-centered facilities are vital to meeting the needs of this youth population. (See pages 69-70)
- The vast majority of Probation supervised out-of-home youth are getting their educational needs met. 94.4% were attending school regularly, 80.6% were passing all their core classes, and 75.7% rarely had negative behaviors in school. (See page 74) Additional attention should be given to youth with below average IQ scores to better understand if their educational needs are being met. (See page 75)
- Challenges to completing probation include those which are youth-related, those which are parent-related, and those which are system-related. Lack of a written transition plan was a common system-related barrier (27.6%). 36.1% of involved mothers were inconsistent, resistant, or unwilling to engage with the youth's transition plan, while 29.8% of involved fathers were inconsistent, resistant, or unwilling to engage. This is a concern because it is 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 making progress or returning home. (See page 76)

The Juvenile Probation System

- The FCRO was provided with written transition plans for youth in 72.4% of cases in FY 2020-21 compared with 80.9% of cases during the last fiscal year. Youth in the 4J Probation District (Douglas County) (77.9%) were more likely to have a written transition plan than youth in the 3J Probation District (Lancaster County) (66.7%). (See pages 70-71)
- The Youth Level of Service (YLS) is an evidence-based tool used by probation officers to assess a youth's risk to reoffend and to help gauge progress during a youth's case. Many youth at time of review were a high or very high risk to reoffend. (See pages 72-73)

Courts

- Almost all probation supervised youth reviewed by the FCRO in FY2020-21 who were placed in out-of-home care had legal representation. (See page 74)

YRTC Youth

Youth Committed to the Youth Rehabilitation and Treatment Centers

The FCRO published a special report related to the YRTCs as part of its March 2020 Quarterly Report.[5] Much of the data in this report replicates that study for all youth at the YRTCs during FY2020-21. Since the last FCRO annual report, the average daily population of youth placed at a YRTC has decreased by 27.9% overall. The girls' population has declined by 9.6% and the boys' population by 34.1%. (See page 78)

- Racial and ethnic minorities are overrepresented at the YRTCs and white youth are significantly underrepresented. American Indian, Non-Hispanic girls are represented at a rate nearly 10 times their rate in the general population. Black or African-American boys are represented at over 6 times their representation in the general population. This is simply unacceptable and must be addressed. (See pages 80-81)
- Only 15.4% of the girls committed to a YRTC and 19.0% of the boys at a YRTC were charged with committing a violent felony. The remainder were charged with misdemeanors or non-violent felonies. (See page 82)
- 100% of youth committed to a YRTC were diagnosed with a mental health condition. However, girls were much more likely than boys to be prescribed a psychotropic medication (76.9% and 47.6%, respectively). (See pages 83)
- Girls at the YRTCs were more likely than boys to exhibit behaviors that disrupted learning (66.7% and 40.0%, respectively). It is unclear whether this is related to mental health diagnoses, past trauma as a result of abuse or neglect, or the continued upheaval in by the system during the last fiscal year. The FCRO will continue to monitor the impact of the opening of the new YRTC in Hastings on the overall well-being of the girls committed there. (See page 83)

[5] FCRO. March 2020 Quarterly Report. Available at: https://fcro.nebraska.gov/pdf/FCRO-Reports/2020-q1-quarterly-report.pdf

COMMENDATIONS

The FCRO would like to recognize and commend the Nebraska Legislature, the Nebraska Department of Health and Human Services, the Administrative Office of the Courts and Probation, and other system partners for responding to the recommendations made by the FCRO last year as follows:

1. The FCRO commends DHHS/CFS for dramatically improving the completeness and accuracy of placements reported to the FCRO. During FY 2020-21 only 4.2% of the placements reported to the FCRO by DHHS/CFS were incomplete or inaccurate compared with 34.7% the previous fiscal year.
2. The FCRO commends the courts and legal system for dramatically increasing the percentage of cases in which the findings required by the Strengthening Families Act have been made over the last two years. (61.1% in FY 2020-21)
3. The FCRO commends Senator Machaela Cavanaugh for introducing and the Legislature for passing LR 29, which created the Eastern Service Area Contract Investigative and Oversight Committee of the Legislature to study the award, implementation, and oversight of the ESA contract, as well as the quality of care and services provided under the ESA contract.
4. The FCRO commends Senator Patty Pansing-Brooks for introducing and the Legislature for passing LB307, which clarifies the appointment of counsel for juveniles.
5. The FCRO commends NDHHS/OJS for developing a five-year operations plan for the YRTCs.
6. The FCRO commends Senator Anna Wishart for introducing LR 184 to examine the contract process and the rates paid to family service providers who serve children and families in the Northern, Southeast, Central, and Western Service Areas.
7. The FCRO commends Senator Megan Hunt for introducing LR 198 to examine Nebraska's practices relating to social security benefits owed to certain children within the foster care system.
8. The FCRO commends the child welfare and juvenile justice systems at large, including the Judicial Branch, NDHHS, and other system partners, for their continued flexible response to the COVID-19 pandemic. Children's safety and well-being is of paramount concern every day in the child welfare system, and at no time is that more important than during a global pandemic.

RECOMMENDATIONS

The FCRO, as an independent oversight entity, is able to make recommendations that reflect a comprehensive, statewide perspective based on the following:

- Annual completion of over 4,000 individual case file reviews on children in out-of-home care by multi-disciplinary local boards located statewide and staffed by FCRO System Oversight Specialists and
- The FCRO's research, collection, and analysis of critical data on children in the child welfare and juvenile justice systems.

The FCRO takes its statutorily mandated responsibility to make recommendations about systemic improvements seriously. The recommendations that follow, like all other work of the FCRO, are focused on the best interests of children and youth. Many recommendations are the same or similar to those in past reports because the issues have not yet been adequately addressed.

Recommendations to the Legislature:

1. Enact legislation ensuring that all children and youth attend all hearings after the adjudication hearing unless the court waives their presence. Ensure children's voice is integrated into all legal proceedings.
2. Enact legislation that all youth in the juvenile justice system have access to court-appointed counsel unless waived by the youth. Continue the work done by Senator Pansing-Brook and others towards making sure all youth have adequate legal representation to protect them in current actions and into their future.

Recommendations to Multiple Agencies:

1. All the major agencies/stakeholders involved in the lives of children in out-of-home care and their families collaborate on means to improve overall and specific educational outcomes. Specifically, the FCRO, DHHS/CFS, Probation, the Department of Education, and representatives of the Courts need to meet regularly to create, implement, and monitor action plans for improvements.
2. DHHS/CFS and Probation must collaborate with the FCRO to determine why so many case file records are missing documentation on academic progress and work to correct the issue.
3. DHHS, Probation, and system partners need to explore ways in which the needs of LGBTQIA youth can be met and these youth can be supported.
4. All agencies need to use the crisis caused by COVID-19 to identify opportunities to make system improvements based on lessons learned.

Recommendations to DHHS

1. DHHS must address case manager turnover, especially in the Eastern Service Area. If the current trend continues, Saint Francis Ministries could experience over 100% turnover this year. That is unacceptable and negatively impacts children and families. Addressing case manager turnover should include having an adequate support structure in place to support the work of case management.
2. Address caseloads which remain too high, especially in the Eastern Service Area where a mere 35% of ongoing case managers are in compliance with mandated caseload standards. Like high turnover, this negatively impacts children and families.
3. Increase efforts to improve poor documentation. Lack of documentation in case files, lack of updated documentation, and poor documentation are often a result of high turnover and high caseloads, and are a contributing factor in poor case management, lack of progress toward permanency, and poor outcomes for children and families.
4. DHHS and its contracted providers must do more to address racial and ethnic disparities at every decision point in the process.
5. Address the availability and accessibility of services across the state, particularly mental and behavioral health services.
6. DHHS, child placing agencies, and system partners need to increase their efforts to recruit, train, support, and retain foster family homes who are able to meet the needs of children and youth with high needs, especially those with complex mental and/or behavioral health needs so that youth can remain in their communities in the least restrictive environments (and be safe).
7. Provide in-home supports for foster parents, especially relatives/kin. Enable and encourage training and licensure of those homes.
8. Ensure YRTC programming includes trauma-focused treatment. Confirm the new Hastings YRTC facility is meeting the needs of the population it serves.

Recommendations to Probation:

1. Explore ways to support parents and families of youth involved with Probation.
2. Use transition plans as guides for readying youth in juvenile justice to their communities.
3. Better engage parents. Having a relevant transition plan can help with that goal.
4. Create concrete steps when parents' issues prevent a youth in juvenile justice from returning home.

Recommendations to the Court System:

1. Require that guardians ad litem provide the FCRO a copy of their GAL report or allow the FCRO reasonable access to the GAL report in the court's file.

NEWS

The Foster Care Review Office significantly reduced the length of this annual report to better focus on the most relevant measures of children's outcomes and system performance, and in advance of making dashboards easily available.

- If you have questions on the data contained herein or on other data that the FCRO may have available, feel free to email fcro.contact@nebraska.gov, attention Research Team.

The FCRO is developing an online dashboard to enable stakeholders and the public to easily examine important data elements from a variety of perspectives in an environment that ensures that children's data remains confidential.

- The new dashboard will be available via the FCRO's website, www.fcro.nebraska.gov, with tentative implementation in mid- to late fall 2021.
- Updates and announcements related to dashboard implementation will be added to the FCRO's website as needed, tentatively beginning in mid- to late September 2021.

Finally, you may notice some changes to certain aspects of formatting in this Annual Report. The State has implemented some consistent visual elements in official documents ("branding"), and our changes reflect this.

SYSTEM-WIDE TRENDS

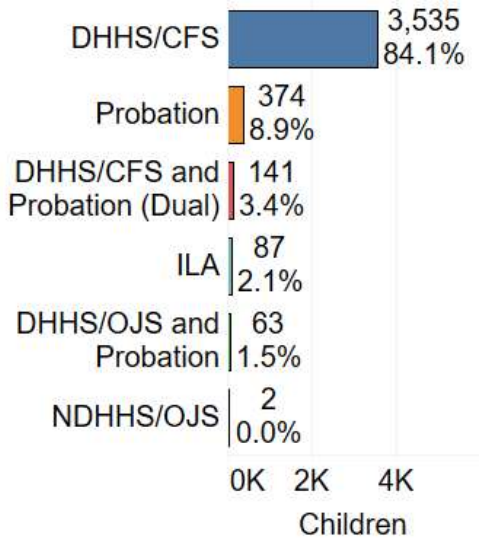
During FY2020-21, 6,792 Nebraska children were in out-of-home care or trial home visit for at least one day and tracked by the FCRO. The population includes:

- NDHHS/CFS child welfare wards in out-of-home care or trial home visit, in court-ordered placements,
- Juvenile Probation supervised youth in out-of-home care,
- NDHHS/OJS state wards in out-of-home care (primarily at the Youth Rehabilitation and Treatment Centers),
- NDHHS/CFS involved children who are voluntarily placed by parents in Informal Living Arrangements (ILA) and not involved with the court system.

Over the course of a year, a child may enter or exit out-of-home care one or more times and may be involved with one or more state agencies. Additionally, children may be involved in voluntary placements, court-ordered placements, or both throughout a year.

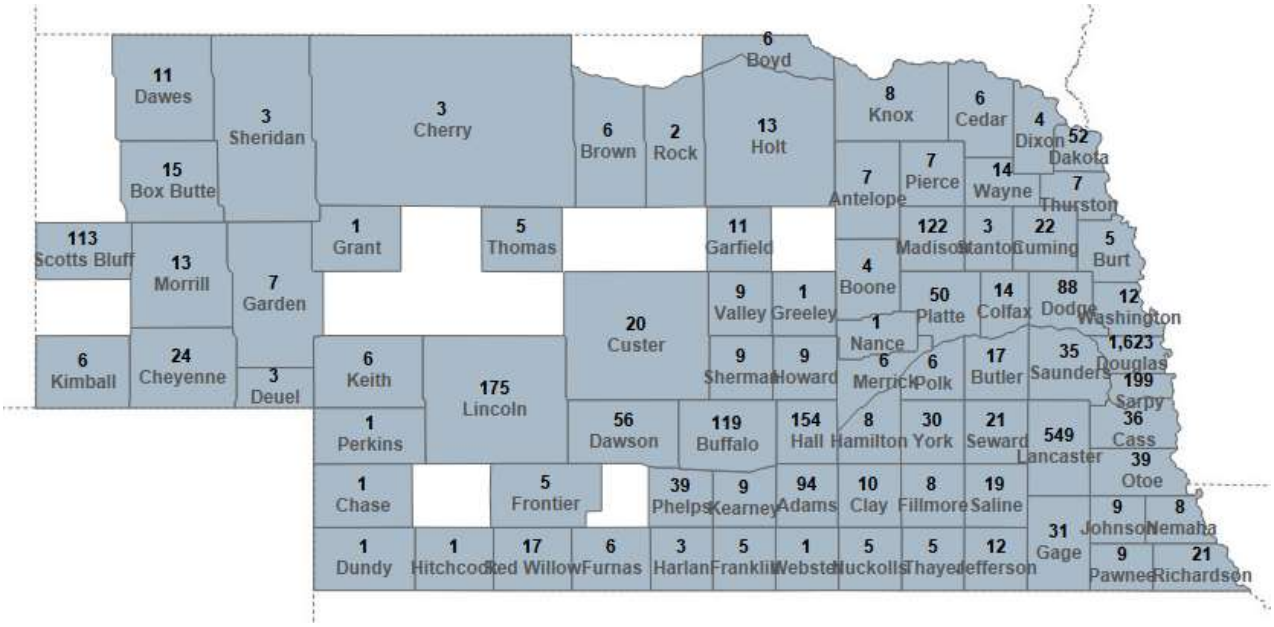
Figure 1 provides a snapshot of the agency involvement of non-duplicated children in out-of-home care on 6/30/2021.

Figure 1: All Court-Involved Children in Out-of-Home Care or Trial Home Visit by Agency Involved on 6/30/2021, n=4,202



Children in out-of-home care come from all areas of Nebraska. Figure 2 below shows the county of court jurisdiction for the 4,115 children who were court-involved on 6/30/2021 (which excludes ILAs).[6]

Figure 2: County of Court Jurisdiction for all Nebraska Court-Involved Children in Out-of-Home Care or Trial Home Visit on 6/30/2021, n=4,115



*Counties with no description or shading did not have any children in out-of-home care; those are predominately counties with sparse populations of children. Children who received services in the parental home without ever experiencing a removal are not included as they are not within the FCRO's authority to track or review.

The 4,115 shown above is a 4.1% increase compared to 6/30/2020 when 3,953 court-involved children were in out-of-home care.

The next sections of this report will summarize the sub-populations of all children in out-of-home care based on the agency or agencies involved.

[6] See Appendix A and B for a glossary of terms and a description of acronyms.

NDHHS/CFS WARDS

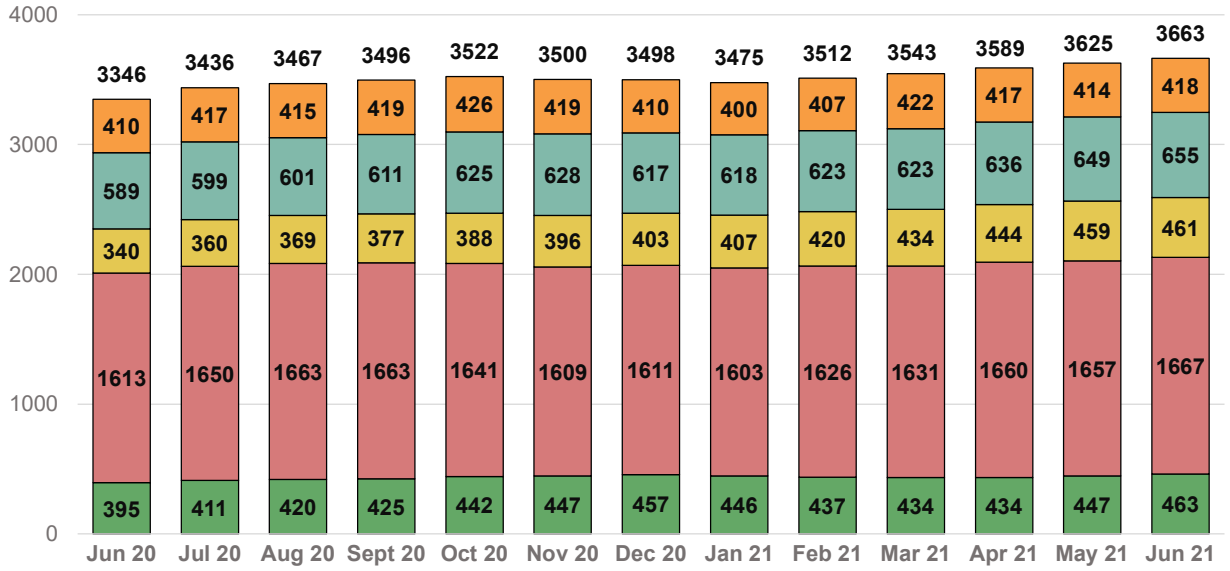
COURT-INVOLVED CHILDREN IN CARE THROUGH THE CHILD WELFARE SYSTEM

This section includes tracking and review data for court-involved children in out-of-home care or trial home visit in the child welfare system (abuse and neglect).

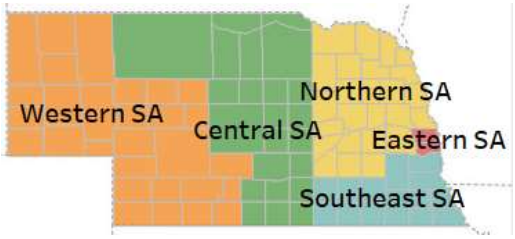
CHILD WELFARE ENTRY AND EXIT TRENDS

Average Daily Population. Figure 3 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 Probation, from June 2020 to June 2021.

Figure 3: Average Daily Population of NDHHS Wards, June 2020-June 2021



The colors refer to the Service Area, as shown in the map below. Due to the effect of rounding the grand totals at the top of the chart may be slightly different than the sum of the Service Areas.



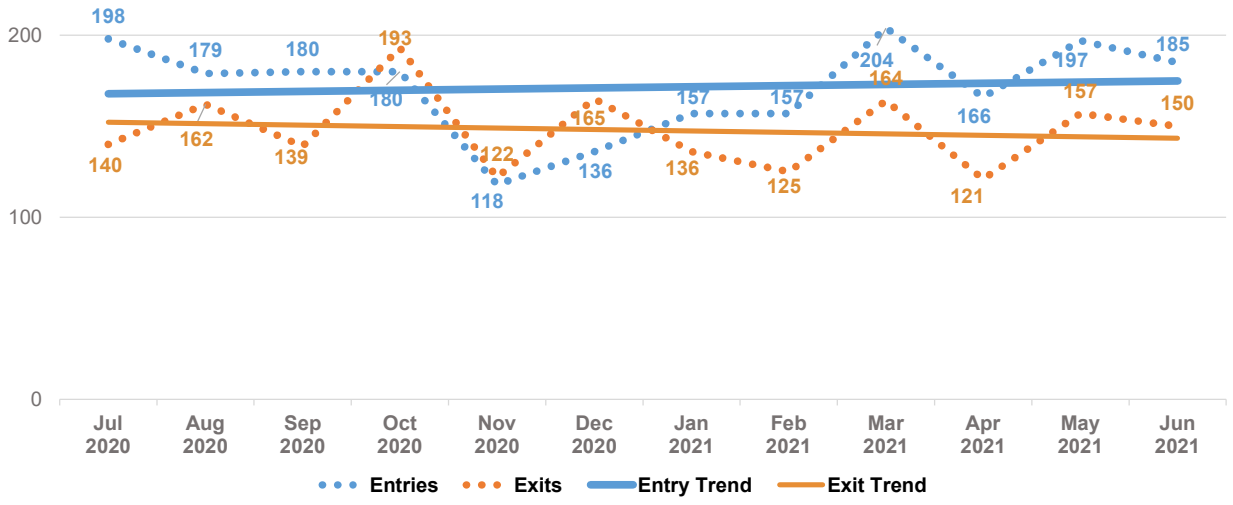
Last year, during the early days of the Covid-19 pandemic, there was 1.4% increase; during this rolling 13-month period there was a statewide 9.5% increase. Figure 4 shows that the percent change in average daily population varied throughout the state.

Figure 4: Percent Change in Average Daily Population of NDHHS Wards by Service Area, June 2020 to June 2021

	Jun-20	Jun-21	% Change
Central SA	395	463	17.0%
Eastern SA	1,613	1,667	3.4%
Northern SA	340	461	35.7%
Southeast SA	589	655	11.3%
Western SA	410	418	1.9%
State	**3,346**	**3,663**	**9.5%**

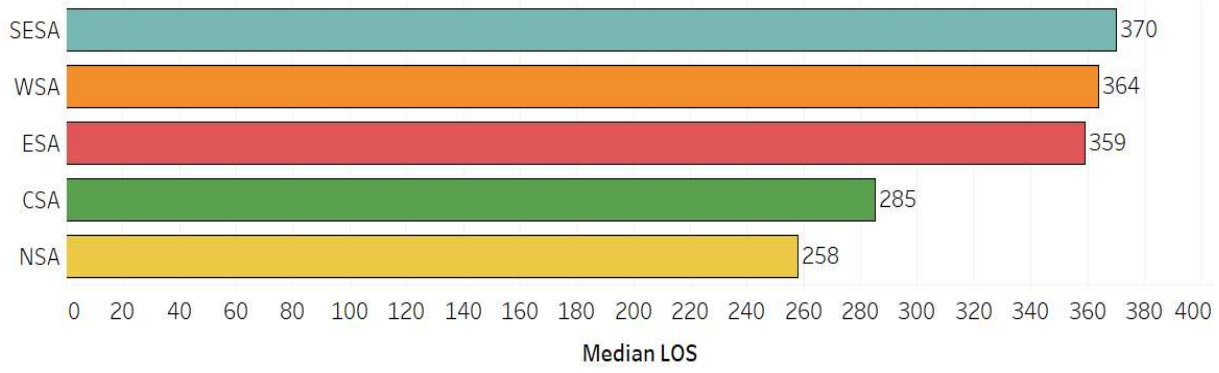
Entries and Exits. Population changes of children in out-of-home care and trial home visit can be influenced by many factors, including changes in the number of children entering the system, changes in the number of children exiting the system, and changes in the amount of time children spend in the system. Some patterns tend to recur, such as more exits at the end of the school year, prior to holidays, during reunification or adoption days, and more entrances after school starts (when reports of abuse or neglect tend to go up). Figure 5 illustrates the changes throughout the last fiscal year.

Figure 5: Monthly Entries and Exits of NDHHS Wards, FY2020-21



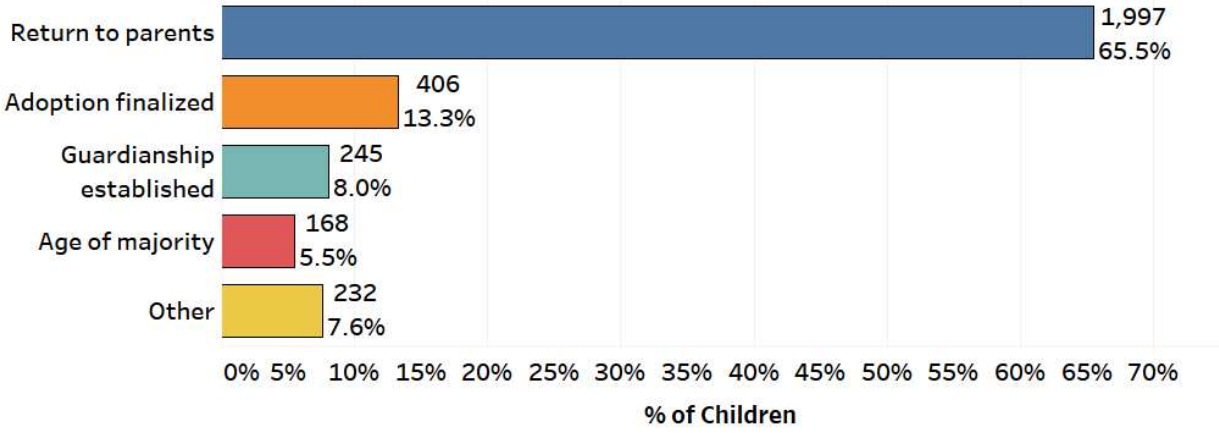
Length of Stay. The amount of time children spend in care also affects the overall population of children in care. An analysis of all children who left care during FY2020-21 shows that the median number of days varies by region, from a low of 258 days in the Northern Service Area, to a high of 370 days in the Southeast Service Area.[7] Statewide the length of stay was a median of 337 days.

Figure 6: Median Consecutive Days in Care by Service Area for NDHHS/CFS Wards Exiting Care in FY2020-21



Exit Reason. Most (65.5%) of the wards leaving care return to one or both parents. The next most common reason (13.3%) is adoption. Figure 7 provides additional details.

Figure 7: Exit reason for NDHHS/CFS Wards Exiting Care in FY2020-21



The amount of time a child spends in foster care is strongly correlated to their exit type. The median consecutive days in care based on exit reason are:

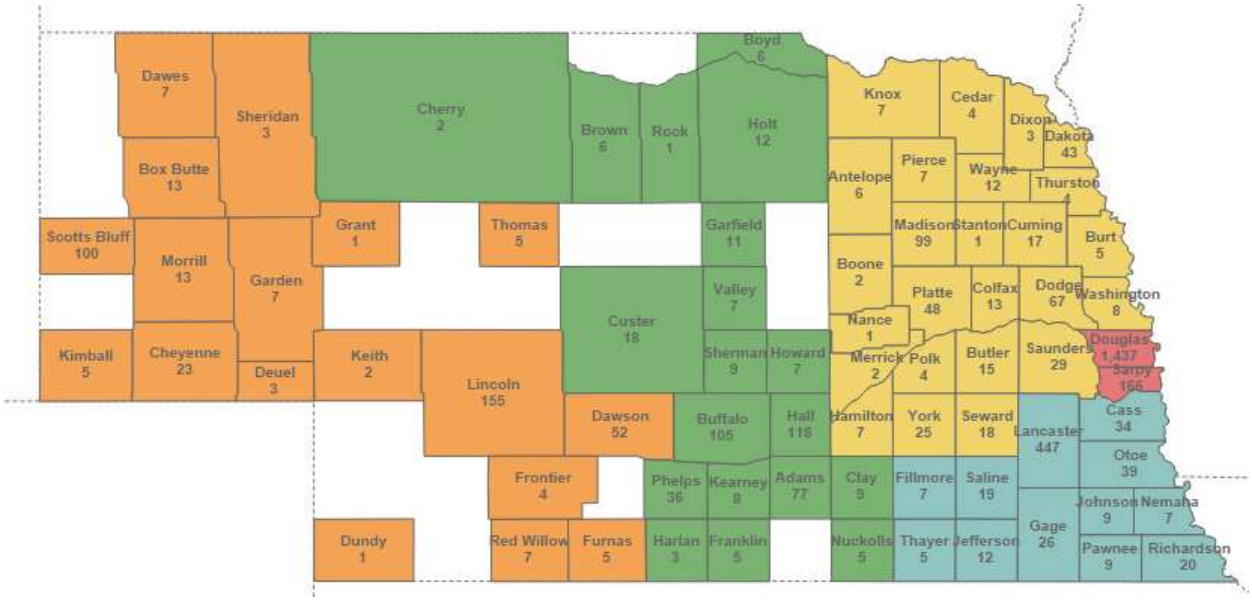
- 875 days for children who are adopted.
- 827 days for children who reach the age of majority while in foster care.
- 545 days for children who exit to a guardianship.
- 237 days for children who return to their parents' care.

[7] See page 21 for a map of the service areas.

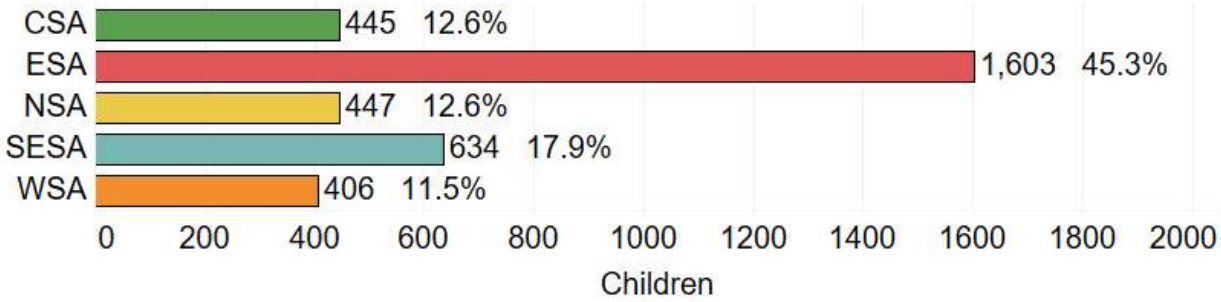
DEMOGRAPHICS

County. Figure 8 shows the county of court jurisdiction for the 3,535, children in out-of-home care or trial home visit on June 30, 2021. This compares to 3,272 on June 30, 2020.

Figure 8: County of Court Jurisdiction for NDHHS Wards in Out-of-Home Care or Trial Home visit on 6/30/2021, n=3,535



*Counties with no description or shading did not have any children in out-of-home care; those are predominately counties with sparse populations of children. Children who received services in the parental home without ever experiencing a removal are not included as they are not within the FCRO's authority to track or review.



Approximately 60% of NDHHS wards are from the three most populous counties in Nebraska: Douglas, Lancaster, and Sarpy. However, some rural counties have higher rates of children in out-of-home care per 1,000 children in the population, as shown in Figure 9.

Figure 9: Top 10 Counties by Rate of NDHHS Wards in Care per 1,000 Children in the Population on 6/30/2021

County	Children in Care	Total Age 0-19[1]	Rate per 1,000 children
Thomas	5	178	**28.09**
Garfield	11	398	**27.64**
Garden	7	386	**18.13**
Lincoln	155	8,986	**17.25**
Phelps	36	2,343	**15.36**
Boyd	6	394	**15.23**
Pawnee	9	612	**14.71**
Sherman	9	688	**13.08**
Morrill	13	1,150	**11.30**
Richardson	20	1,831	**10.92**

Age. Consistent with past years,

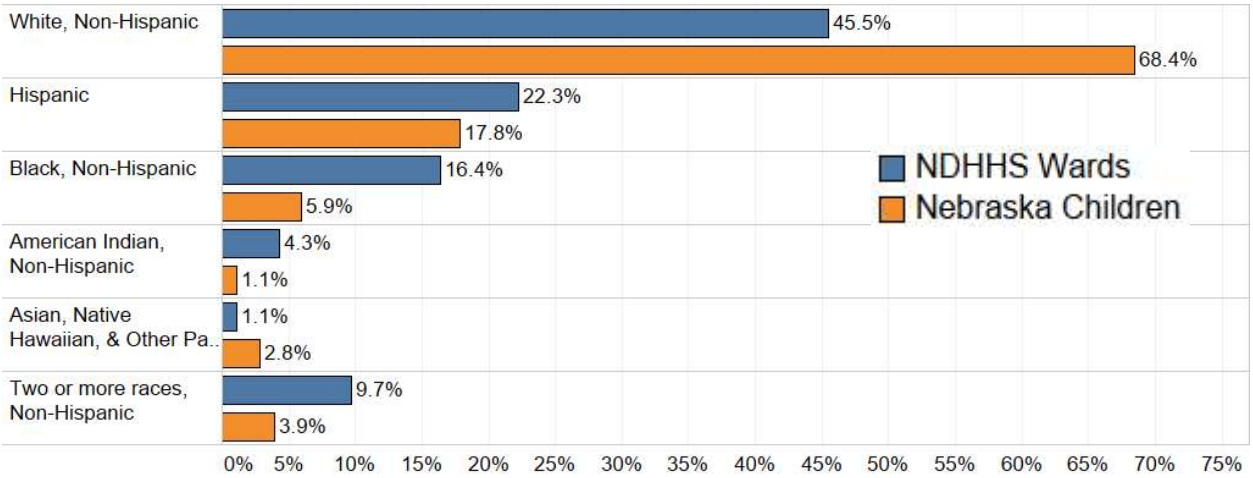
- 39.0% of the children in out-of-home care or trial home visit on June 30, 2021, are under age 5.
- 33.7% of the children were age 6-12.
- 27.4% of the children were age 13-18.

Gender. Boys (49.5%) and girls (50.5%) are nearly equally represented in the number of NDHHS wards in care.

[1] U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2019.

Race. Figure 10 compares the racial and ethnic categories of children in out-of-home care or trial home visit to the number of children in the state of Nebraska.[8] Minority children continue to be overrepresented in the out-of-home population. This overrepresentation is nearly identical to the data presented last year.

Figure 10: Race and Ethnicity of NDHHS Wards in Out-of-Home Care and Trial Home Visit on 6/30/2021 Compared to Census, n=3,535



REASONS FOR REMOVAL FROM THE HOME

Home of Origin. The following describes the home of origin (the home from which removed) for children reviewed during FY2020-21.

- 60.7% lived with their mother.
- 26.1% lived with both parents.
- 7.1% lived with their father.
- 5.9% lived with a non-parent at removal (often a relative such as a grandparent).

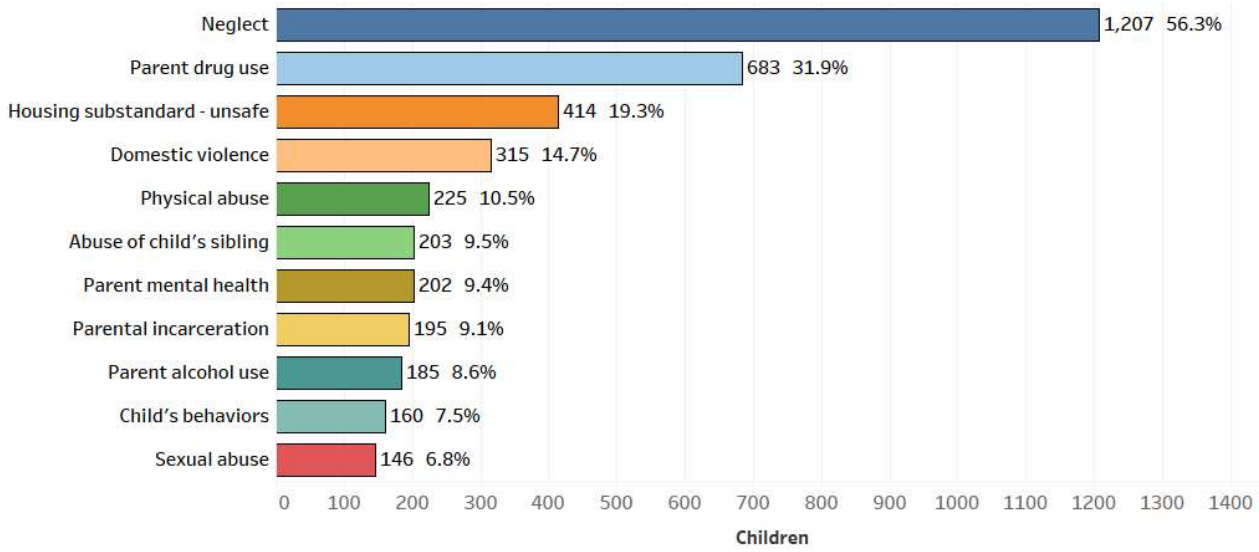
Adjudicated Reasons for Removal. Knowing why children enter out-of-home care is essential to case planning, rehabilitation of parents, and providing services to address children's trauma. This data can also assist in the development of appropriate prevention programs.

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.

[8] U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2019.

Figure 11 shows the adjudicated reasons for removal for 2,142 reviewed children and youth under NDHHS/CFS custody in FY2020-21. Data is from reviews conducted during Jan-June 2021. Multiple reasons can be identified per child.

Figure 11: Top Adjudicated Reasons Children Entered Care, Reviewed 1/21-06/21, n=2,142



Non-Adjudicated Reasons for Removal. There may be reasons to remove a child from the home that are not adjudicated in court, but that greatly impact a successful parental reunification plan.[9] FCRO reviews of children's cases identify which, if any, additional issues contributed to the decision to remove a child from their home.

The most frequently identified non-adjudicated reasons are:

- parental drug use (13.0%)
- domestic violence (10.7%)
- parental mental health (9.2%)
- neglect (7.2%)
- housing substandard unsafe (7.1%)

[9] Plea bargains, insufficient evidence, fragility of child witnesses/victims, or other legal considerations may result in an issue not being adjudicated.

NON-COURT SERVICES PRIOR TO CURRENT REMOVAL

For some children and families, non-court interventions by NDHHS/CFS occurred prior to the current court action. The FCRO does not have the statutory authority to track or review cases while children are receiving in-home, non-court services, so the data presented below is only for children with a subsequent removal with court involvement.

- 15.9% of the children reviewed in FY2020-21 had non-court services provided in the 12 months prior to their current episode of court-ordered out-of-home care. This is about the same as last year. Of those:
    - 96.5% had the same safety issue present when entering court-involved care.
    - 74.8% had a written safety plan while accessing non-court services (one should be available for every case).
    - 93.2% had sufficient information available to determine the reason for and nature of non-court services, an increase over the 88.7% the prior year.
    - 60.9% left the non-court services due to the filing of an involuntary case.

PARENT ISSUES CURRENTLY IMPACTING PERMANENCY

The FCRO focuses on the individual children reviewed and tracked; thus, information presented in this section is based on how many children are impacted rather than simply the number of mothers or fathers.

Parental progress on safety concerns. Identifying safety concerns that put children at risk of harm and helping parents address those safety concerns is a primary goal of the child welfare system. Identifying and arranging appropriate services for parents is part of that equation, and parents are responsible for making progress to address those safety concerns.

In order to assess parent progress, the FCRO collects data on the number of children impacted by certain safety concerns, and progress on those concerns by their mothers and fathers if those parents have intact parental rights and a goal of reunification or family preservation with their children. The status of parental rights, impact of a safety concern, and progress can all differ by parent. As a result, the data is separated by parent.

Figure 12: Safety Concerns and Progress Regarding Parents with Intact Parental Rights for Children with a Reunification or Family Preservation Goal Reviewed FY2020-21, n=2,003

	Mother's Mental Health	Mother's Substance Use	Mother's Domestic Violence Involvement	Father's Mental Health	Father's Substance Use	Father's Domestic Violence Involvement
Identified Safety Concern	1,448 (72.3%)	1,120 (55.9%)	368 (18.4%)	591 (36.1%)	449 (27.4%)	232 (14.2%)
Percent Making Progress	54.7%	49.7%	64.7%	40.6%	48.3%	50.0%

Parental Incarceration. At the time of FY2020-21 review,

- 18.1% of children's fathers and 4.3% of children's mothers who still had parental rights were incarcerated. This is about the same as last year.
- Further, 16.7% of children's fathers and 10.5% of children's mothers had pending criminal charges that could result in an incarceration.

SERVICE PROVISION AND USE BY PARENTS

Providing Services to Parents. Without assistance many parents are unable to obtain the services they need to mitigate the reasons that their children were removed from the home. To provide oversight of the system's response, the FCRO collects data on whether services were received.

The statistics in this section serve both as important indicators and as baselines by which to measure improvements in the future. FCRO reviews of children whose parents had intact parental rights during FY2020-21, show that on average children's mothers and fathers were experiencing good to excellent service provision (Figures 13 and 14).

Figure 13: Service Provision for Children's Mothers (when Adjudicated and if a Goal of Reunification), Reviewed FY2020-21, n=1,494

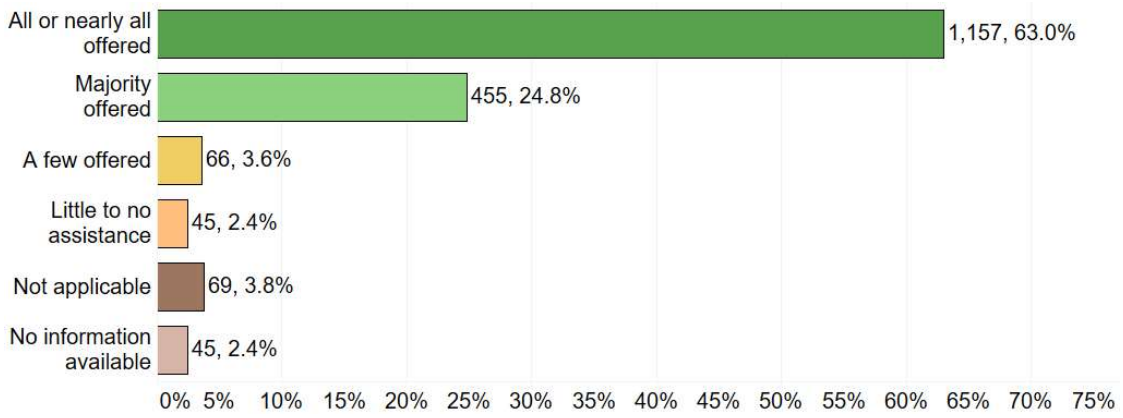
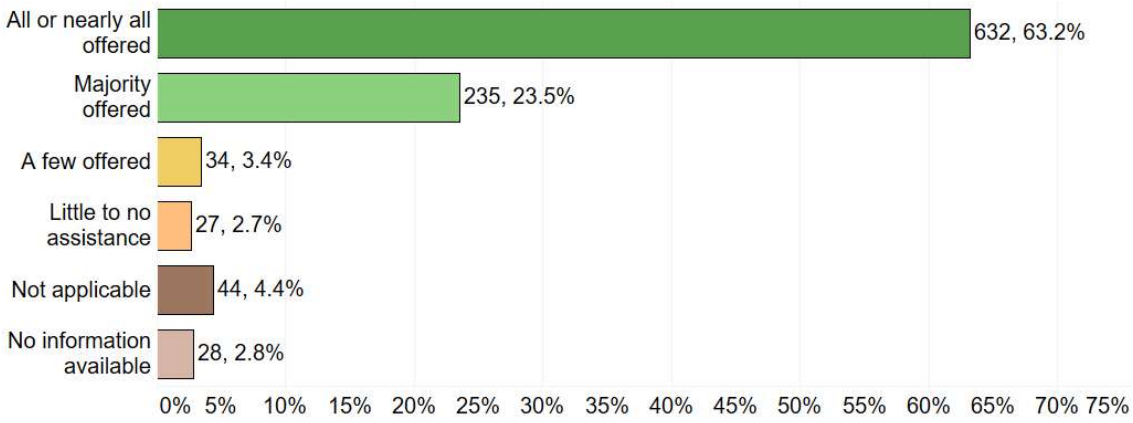


Figure 14: Service Provision for Children's Fathers (when Adjudicated and if a Goal of Reunification) Reviewed FY2020-21, n=911



Attendance. Parents in abuse/neglect cases normally need to regularly attend required classes, therapy sessions, etc. Engaging with services is often difficult as it can mean discussing dysfunctional family situations, evaluating poor personal decisions, and dealing with their own and their children's emotional pain. It is, therefore, anticipated that some parents will struggle with attendance.

In addition, scheduling can be problematic, as many system-involved parents lack flexible work hours or have transportation issues. New challenges have been created by the COVID-19 pandemic (Figures 15 and 16).

Figure 15: Attendance at Services for Children's Mothers (when Adjudicated and if a Goal of Reunification) Reviewed FY2020-21, n=1,494

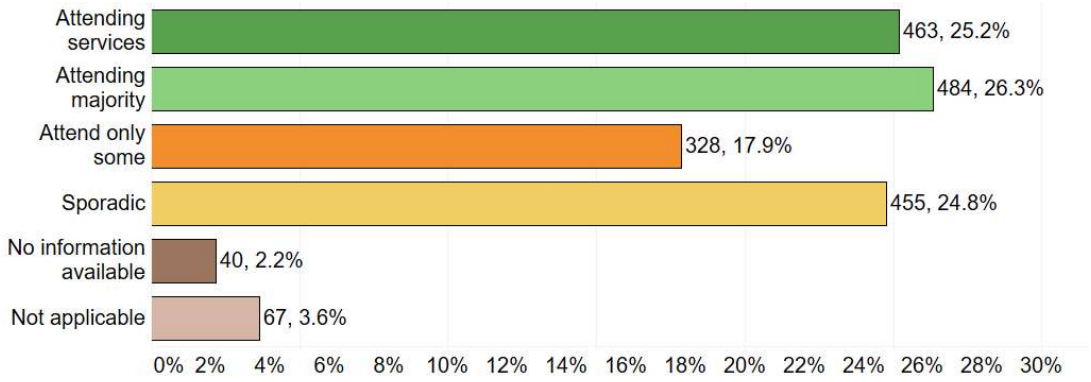
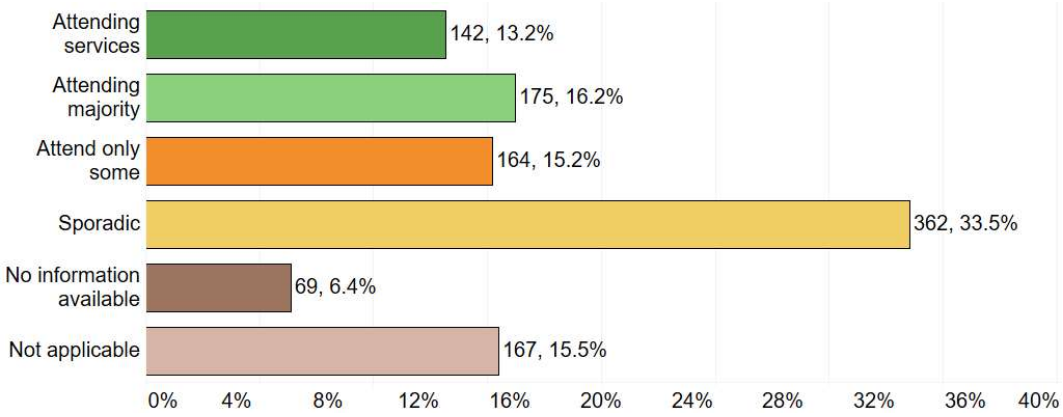


Figure 16: Attendance at Services for Children's Fathers (when Adjudicated and if a Goal of Reunification) Reviewed FY2020-21, n=911



Skill Integration. Attendance and completion of services by themselves are not the only measures of progress. Services are provided so that parents gain coping skills and demonstrate marked improvement in parenting abilities. The time and effort parents expend toward learning from the services provided and the quality of those services impact whether and how quickly they progress.

While 39.3% of children's mothers and 23.8% of children's fathers were demonstrating or showing improvement on the skills needed to safely parent, it is concerning that many parents (52.5% mothers, 52.9% fathers) are not gaining needed insights (Figures 17 and 18).

Figure 17: Skill Integration for Children's Mothers (when Adjudicated and if a Goal of Reunification) Reviewed FY2020-21, n=1,494

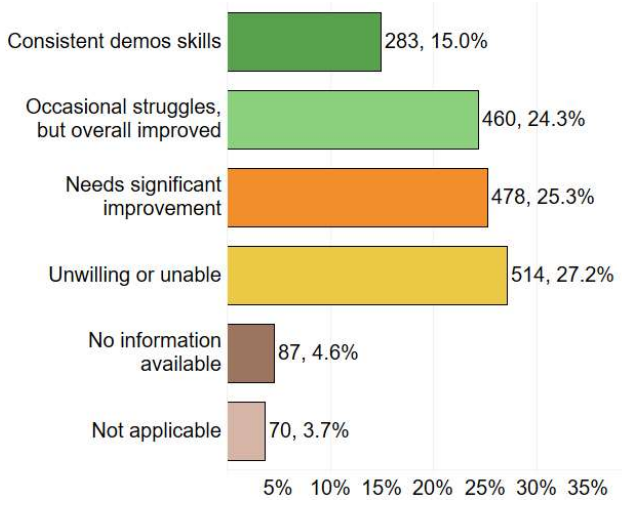
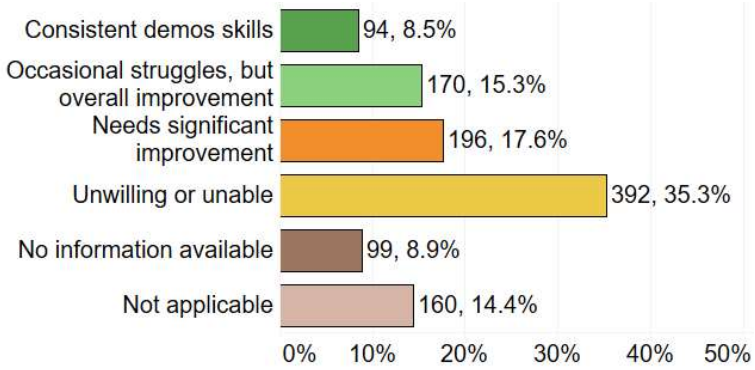


Figure 18: Skill Integration for Children's Fathers (when Adjudicated and if a Goal of Reunification) Reviewed FY2020-21, n=911



Parental Contact with Caseworkers. As discussed earlier, services can be tough for parents to complete. Parents can easily become discouraged especially when progress seems slow. Caseworkers, whether employed by the State or by the State's contractor in the area with a lead agency, can and should play a primary role in building parental engagement.

Caseworkers are required to have monthly contact with parents. In order to do so it is important for the parents to keep the caseworker apprised of their contact information, living situation/address, and to coordinate with the caseworker to arrange parent-child visitation, etc., as many parents move and change phone numbers frequently.

During FY2020-21 when parents had intact rights, were adjudicated, and the plan was reunification, the FCRO found that in the majority of cases parents were consistently or nearly consistently keeping workers informed of changes to their contact information.

Figure 19: Parental Contact with Caseworkers (when Adjudicated and if a Goal of Reunification) Reviewed FY2020-21

Contact Level	Mothers (n=1,494)	Fathers (n=911)
Consistently lets worker know contact info	56.1%	36.0%
For the most part let worker know	24.2%	22.2%
Very little compliance	16.1%	25.2%
No contact info provided	2.8%	14.0%
Unable to determine	0.8%	2.7%

As shown above, for 18.9% of the children's mothers and 39.2% of the children's fathers, there was little to no compliance. This needs to be documented in the case file and addressed because it indicates a reduced chance at successful reunification in a timely manner and the possible need for a change in case planning.

PARENTING TIME (VISITATION)

Importance of Parenting Time (Visitation). National research shows that children who 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.[10] Additionally parenting time helps to identify and assess potentially stressful situations between parents and their children and monitor parental progress in integrating skills needed to safely parent.[11]

In order to best facilitate parenting time, 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 parenting time 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.

[10] *U.S. Department of Health and Human Services, Administration on Children, Youth and Families,* "Family Time and Visitation for children and youth in out-of-home care". ACYF-CB-IM-20-02, February 5, 2020. Available on 8/26/2021 at: https://familyfirstact.org/sites/default/files/ACYF-CB-IM-20-02.pdf

[11] Ohio Caseload Analysis Initiative, Visitation/Family Access Guide 2005. Adapted from Olmsted County Minnesota CFS Division.

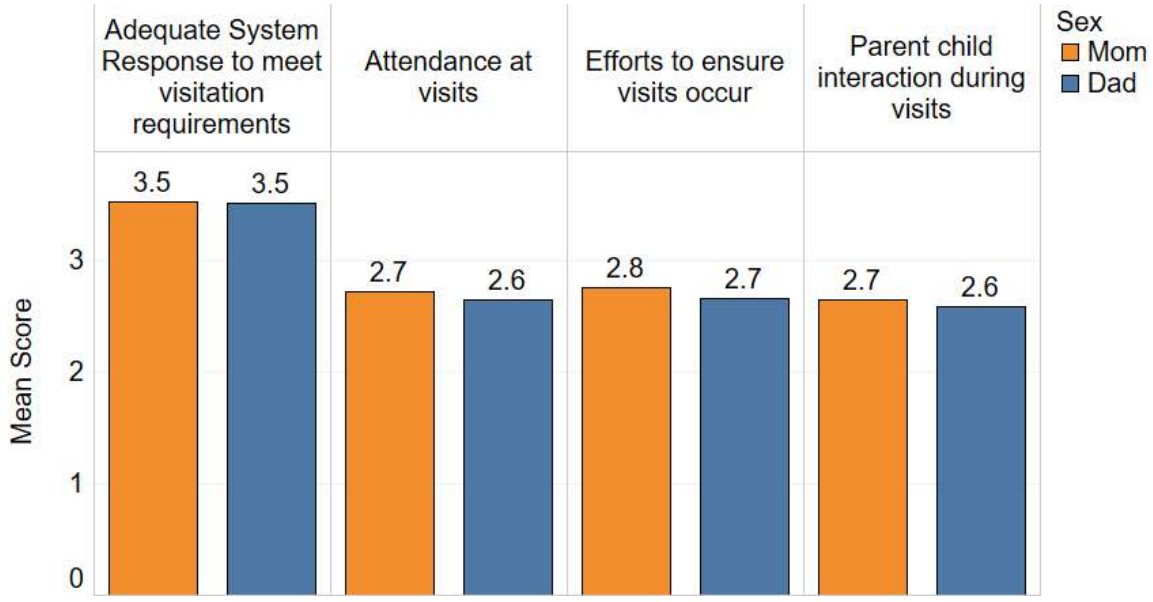
Parenting Time Supervision Level. Reviews in FY2020-21 indicate that when parents are not restricted from interacting with their children, most parenting time is fully-supervised.

- 74.6% is fully supervised where mothers' parental rights remain intact and 73.6% where fathers' parental rights remain intact.

Visits, Building and Maintaining Bonds with Parents. Many parents need help making arrangements for supervised visitation and it is the system's responsibility to help ensure arrangements are appropriately made. In the FCRO's role as oversight to the child-welfare system, we measure the adequacy of the system response to meeting parenting time requirements because this directly impacts children at the time of review and the likelihood of successful reunification in the future.

Figure 20 indicates the findings from FCRO reviews regarding visitation in cases where a parent retained their parental rights. The chart includes whether the system adequately assisted parents, whether parents were attending parenting time, whether the parents were making efforts to ensure parenting time occurred, and the quality of the parent/child interactions.

Figure 20: Visitation Findings Regarding Parents with Parental Rights, FY2020-21 Reviews, n=1,194 children's mothers and n=911 children's fathers



Scoring: 1=Poor, 2=Fair, 3=Good, 4= Excellent

Unable to determine excluded from mean score computation

Children's Experiences in the Child Welfare System

PLACEMENTS

Missing from Care. On June 30, 2021, there were 20 children missing from care, which is always a serious safety issue deserving of special attention. While unaccounted for, these children have a higher likelihood of being victimized by sex traffickers or having other poor outcomes.

The FCRO is working in collaboration with the University of Nebraska-Omaha on a research project about youth that are/were missing from care. The special report is tentatively planned to be released in mid- to late fall 2021.

Placement Restrictiveness. It is without question that "children grow best in families." While temporarily in foster care, children need to live in the least restrictive, most home-like placement possible in order for them to grow and thrive. Thus, placement type matters. The least restrictive placements are home-like settings, 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/CFS state wards in care on 6/30/2021 (96.5%) were placed in the least restrictive placement, well above the national average of 84%.[12] This is a continuing trend.
    - Of the 3,411 children placed in family-like settings, 51.8% were in a relative or kinship placement.[13]

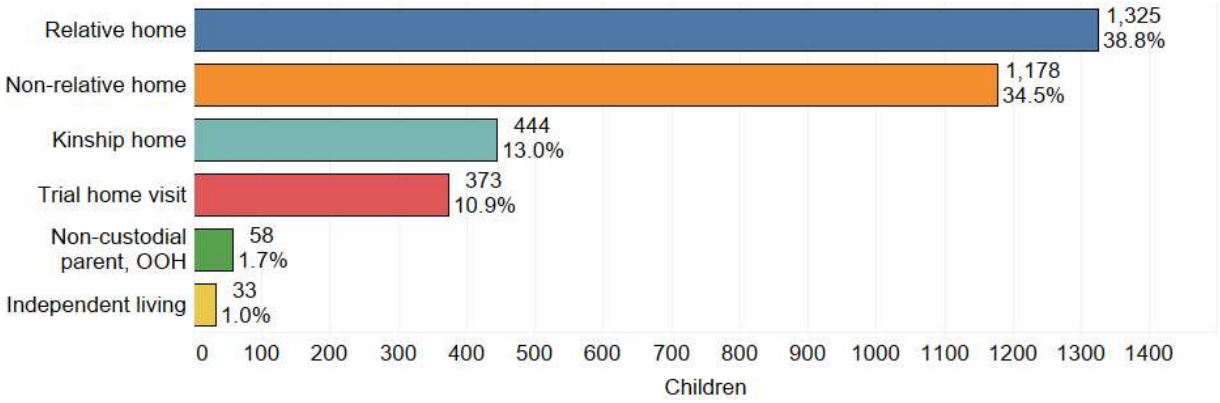
Formalized relative and kinship care was put in place to allow children to keep existing and appropriate relationships and bonds with family members or similarly important adults, thus lessening the trauma of separation from the parents.

If a maternal or paternal relative 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; however, it is not required that relatives have a pre-existing relationship with the child.

[12] Child Welfare Information Gateway. March 2019. Foster Care Statistics 2019. Available on 8/26/2021 at: https://www.childwelfare.gov/pubPDFs/foster.pdf

[13] Neb. Rev. Stat. §71-1901 defines relative care as placement with a relative of the child or of the child's sibling through blood, marriage or adoption. Kinship care is with a fictive relative, someone with whom the child has had a significant relationship prior to removal from the home. Other states may use different definitions of kin, making comparisons difficult.

Figure 21: Additional Details on Least Restrictive Placement Type for NDHHS Wards in Out-of-Home Care or Trial Home Visit on 6/30/2021, n=3,411



Placement rates have little variance by Service Area. For example, the rate of children in a relative placement is 38.8% statewide, and varies from 35.4%-40.7% by area:

	CSA	ESA	NSA	SESA	WSA
In relative placements	40.7%	40.5%	35.4%	37.5%	36.4%

Licensing of Relative or Kinship Homes. NDHHS has reported that 85.3% of current relative and 91.9% of kinship homes are approved, rather than licensed.[14] No standardized training is required in an approved home, so most caregivers do not receive specific and needed information on the workings of the foster care system, coping with the types of behaviors that children with a history of abuse or neglect can exhibit, or the intra-familial issues present in relative care that are not present in non-family situations.

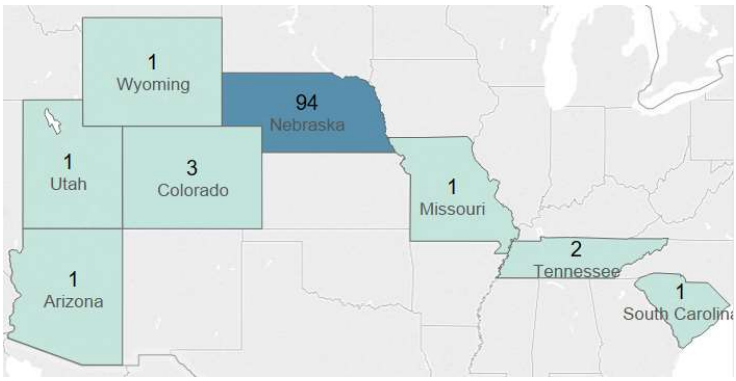
Congregate Care. The majority (90.4%) of Nebraska wards in congregate care facilities[15] are placed in Nebraska (Figure 22).

- While NDHHS/CFS increased the number in congregate care (104 compared to 98 last year), more children were placed inside Nebraska (90.4% compared to 79.5%).

[14] LB1078 (2018), required NDHHS to report the license status of relative and kinship placements to the FCRO effective July 2018.

[15] Congregate care includes non-treatment group facilities, group facilities that specialize in psychiatric, medical, or juvenile justice related issues, and group emergency placements.

Figure 22: NDHHS Wards in Congregate Care on 6/30/2021 by State of Placement, n=104



Placement 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 System Oversight 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, where applicable, is utilized by the local review boards to make the finding regarding safety.[16] In order to determine appropriateness, consideration is given to the restrictiveness level and the match between caregiver or facility strengths coupled with the needs of the child being reviewed.

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.

The FCRO found that:

- 93.8% of the children reviewed were in a safe placement at time of review. This is comparable to the prior two years.
- Of the children determined to be safe,
  - 94.6% were found to be in an appropriate placement,
  - 3.1% were in an inappropriate placement and for
  - 2.3% the appropriateness was not able to be determined.

[16] A home study measures the suitability of each foster family placement.

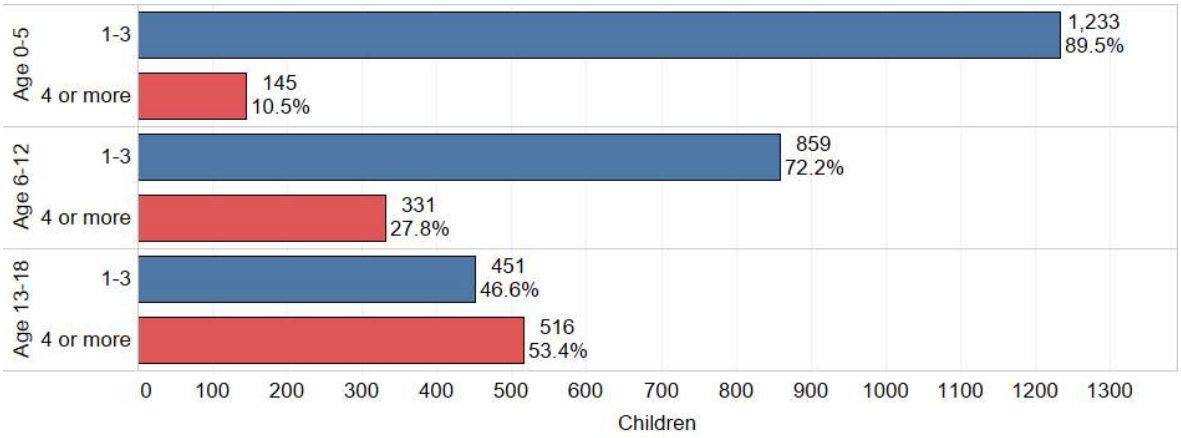
Number of Placements. National research indicates that children experiencing four or more placements over their lifetime are likely to be permanently damaged by the instability and trauma of broken attachments.[17]

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.[18]

Figure 23 shows the number of lifetime placements for NDHHS wards by age group. It is unacceptable that 10.5% of children ages 0-5, and 27.8% of children ages 6-12 have been moved between caregivers so often. This has implications for children's health and safety at the time of review and throughout their lifetime.

By the time children reach their teen years, over half (53.4%) have exceeded four lifetime placements.

Figure 23: Lifetime Placements for NDHHS Wards in Care 6/30/2021, n=3,535



The percentage with 4 or more placements varies by DHHS/CFS Service Area.

Age Group	CSA	ESA	NSA	SESA	WSA
0-5	5.1%	14.5%	8.5%	8.4%	7.6%
6-12	20.4%	34.0%	20.0%	25.5%	23.9%
13-18	43.1%	62.0%	50.5%	46.9%	39.2%

[17] Examples include Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

[18] Ibid.

Placement Changes Resulting in School Changes. Multiple changes in caregivers can result in children simultaneously coping with changes of caregiver, rules, and persons the children are living with and with new teachers, schools, and classmates.

- Statewide, 26.5% of children reviewed in FY2020-21 changed school due to their most recent placement. This varies by whether in an urban area or not.

	CSA	ESA	NSA	SESA	WSA
School changed	53.1%	15.5%	35.9%	30.3%	36.3%

Placements Reported to the FCRO as Required. The placement reports made to the FCRO by NDHHS/CFS and other parties were incomplete or inaccurate for 4.2% of Fiscal Year 2020-21 reviews, in comparison to 34.7% the year prior. Accurate placement information is critical to ensuring children's safety, especially during crises like those experienced by Nebraskans in the past few years, such as major flooding and the COVID-19 pandemic.

The FCRO congratulates NDHHS/CFS for this improvement.

Reasons for Placement Moves. Reasons for moving children to a new caregiver can vary. From reviews conducted FY2020-21, we find that the top five reasons for the move to the current placement were:

1. Initial removal from home, 25.7%.
2. Provider request, 15.8%.
3. To be with parent in trial home visit, 12.9%
4. To be with a relative or kin, 12.4%.
5. Worker or agency initiated, 8.2%

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 number of different caseworkers assigned to a case is significant because worker changes can create situations where there are gaps in the information and client relationships must be rebuilt. It is also significant to the child welfare system because funding is directed to training new workers instead of serving families.

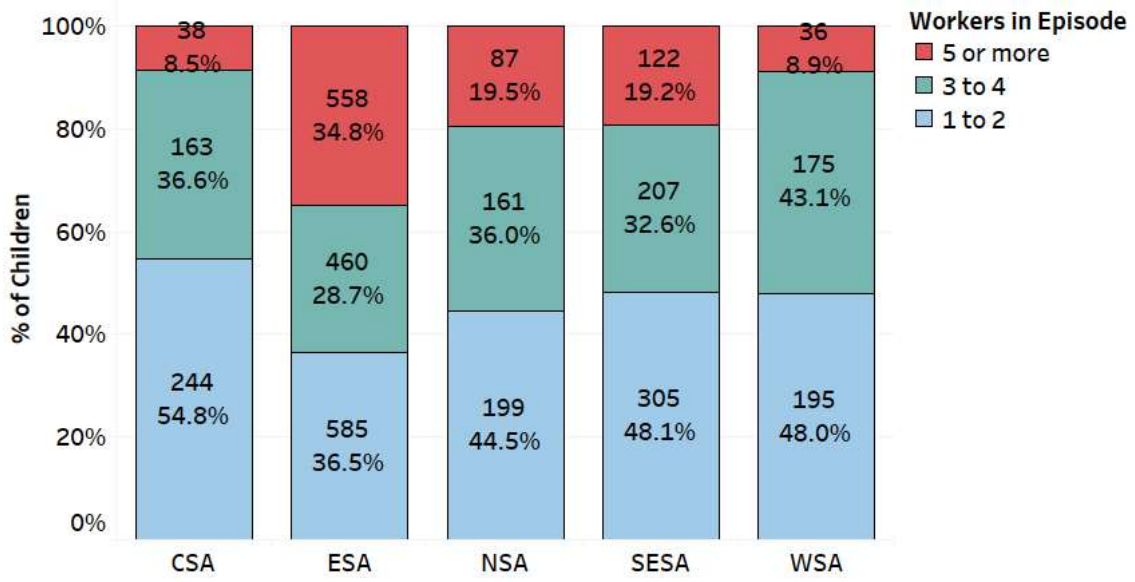
An often-quoted study from Milwaukee County, Wisconsin, found that children that only had one caseworker achieved timely permanency in 74.5% of the cases, as compared with 17.5% of those with two workers, and 0.1% of those having six workers.[19] The

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

University of Minnesota also found that caseworker turnover/changes correlated with increased placement disruptions.[20]

The FCRO receives information from NDHHS about the number of caseworkers children have had while in out-of-home or trial home visit during their current episode.[21] For children who reside in the Eastern Service Area and were served by the lead agency, the data in Figure 24 represent the number of Family Permanency Specialists (or FPS) assigned to the case. [22] For children who resided outside of the Eastern Service Area, the data represent the number of NDHHS Case Managers assigned to a case.

Figure 24: Number of Caseworkers This Episode for NDHHS Wards in Care 6/30/2021, n=3,535



About one-fourth (23.8%) of the children served by NDHHS have had 5 or more caseworkers during their current episode in care. Additionally, the Eastern Service Area, which is served by a private contractor has a higher percentage of children with 5 or more caseworkers than the remaining areas of the state. 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.

[20] PATH Bremer Project – University of Minnesota School of Social Work, 2008.

[21] 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."

[22] PromiseShip held the lead agency contract with DHHS until 2019 when the contract was rebid by DHHS and awarded to Saint Francis Ministries. Cases transferred in the fall of 2019. Many former PromiseShip caseworkers were subsequently employed by Saint Francis. If the same worker remained with the child's case without a break of service, the FCRO ensured that the worker count was not increased. Counts were only increased during the transfer period if a new person became involved with the child and family.

SIBLING CONTACTS

Children that have experienced abuse or neglect may have formed their strongest bonds with siblings.[23] It is important to keep these bonds intact, or children can grow up without essential family and suffer from that loss. Ideally, if children with siblings are removed from home, they will be placed with siblings.

Sibling Separations. Placement together happened for 61.3% of children with siblings who were involved in an abuse or neglect case reviewed in FY2020-21. Children placed together are in relative placements more often than the general population (53.4% and 33.7% respectively).

The FCRO found that in 94.0% of the cases where siblings were not placed together there was a valid reason. Some valid reasons can be safety issues between siblings, a sibling needs a treatment level placement, extended family members who are unwilling or unable to take the children not biologically related to them, and other case-specific reasons.

When children are unable to be placed with their siblings, the next best alternative is to make certain that they have adequate contact, with the exception of a small number of cases (2.7%) where contact is therapeutically contra-indicated. Adequate sibling contact was reported for 72.6% of the children.

CHILDREN'S MEDICAL NEEDS AND RECORDS

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, nationally approximately 50% of children entering foster care have chronic physical problems, 10% are medically fragile or complex, and many were exposed to substances prenatally.[24]

Medical Records. The timely and accurate documentation of medical records for all children is necessary to ensure caseworkers, their supervisors, and children's caregivers have access to this critical information should emergencies arise.

- Most or some medical records were available on NDHHS/CFS system of record (NFOCUS) for cases reviewed in FY2020-21. This varied by Service Area.

	CSA	ESA	NSA	SESA	WSA
Available in file	94.5%	77.4%	90.9%	93.0%	96.4%

[23] Children's Bureau/ACYF/ACF/HHS. June 2019. "Sibling Issues in Foster Care and Adoption." Child Welfare Information Gateway. Available at: https://www.childwelfare.gov/pubs/siblingissues/index.cfm

[24] American Academy of Pediatrics. 2020. "Healthy Foster Care America: Physical Health." Available on 8/26/2021 at: https://www.aap.org/en/search/?k=healthy%20foster%20care%20america

- In the majority of cases during FY2019-20 (83.4%) foster care placements were found to have received the medical records for the children in their care.

	CSA	ESA	NSA	SESA	WSA
Given caregiver	95.2%	74.9%	75.9%	98.0%	96.4%

Children's Medical and Dental Health Needs. During reviews conducted FY2020-21, the majority of children's medical (83.0%) and dental (80.8%) needs appeared to have been met. When local review boards identify an unmet medical or dental health need a recommendation to all legal parties to address that need is made.

- The percent where medical needs were documented as met varies by Service Area.

	CSA	ESA	NSA	SESA	WSA
Med. needs met	82.5%	84.0%	75.7%	86.3%	81.7%

CHILDREN'S MENTAL HEALTH NEEDS

Mental Health and Substance Use Diagnosis and Progress. Mental health is the overall wellness of how you think, regulate your feelings, and behave. Mental health disorders in children are generally defined as delays or disruptions in developing age-appropriate thinking, behaviors, social skills, or regulation of emotions. These problems are distressing to children and disrupt their ability to function well at home, in school, or in other social situations.[25]

Child maltreatment and instability in placement among children in foster care increases the likelihood of a child being diagnosed with a psychiatric disorder.[26] Behaviors as a result of trauma or mental health conditions can make it more difficult to ensure children have stable, appropriate placements well equipped to assist the children.

Substance use and mental health disorders can make daily activities difficult and impair a person's ability to work, interact with family, and fulfill other major life functions. Mental health and substance use disorders are among the top conditions that cause disability in the United States.

Preventing mental health and/or substance use disorders, co-occurring disorders, and related problems is critical to behavioral and physical health. Prevention and early

[25] Mayo Clinic. 2020. "Mental Illness in Children: Know the Signs." Available at: https://www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/mental-illness-in-children/art-20046577#:~:text=Mental%20health%20disorders%20in%20children%20%E2%80%94%20or%20developmental,Post-traumatic%20stress%20disorder%20%28PTSD%29.%20...%207%20Schizophrenia.%20

[26] Child Welfare League of America. March 2019. "The Nation's Children 2019." Available at: https://www.cwla.org/wp-content/uploads/2019/04/National-2019.pdf

intervention strategies can reduce the impact of substance use and mental disorders in America's communities.[27]

During FY2020-21, the FCRO found the following:

- 47.8% of all Nebraska children in foster care had a mental health diagnosis. When considering only children age 13-18, 76.7% had a mental health diagnosis.
    - 75.0% of children with a diagnosis were improving their mental health.
- 12.1% of teens in foster care had diagnosed substance use issues.
    - 50.0% of those youth were making progress with their substance use at time of review.

Psychotropic Medications. Psychotropic medications are a commonly prescribed treatment for certain types of mental health diagnoses. For children with a mental health diagnosis, the FCRO found that at time of review:

- 2.0% of children age birth-5 were prescribed at least one psychotropic medication.
- 21.1% of children age 6-12 were prescribed at least one psychotropic medication.
- 42.9% of children age 13-18 were prescribed at least one psychotropic medication.

CHILDREN WITH DISABILITIES

Diagnosed with Disabilities. During FY2020-21, the FCRO reviewed 98 children who were eligible for Developmental Disabilities Services; however, only 39.8% of those 98 children were actually receiving those specialized services funded by Developmental Disabilities at time of review.

SPECIAL CONSIDERATIONS FOR YOUNG CHILDREN

Early Development Network. A young child is eligible for Early Development Network (EDN) services if he or she is not developing typically, has been diagnosed with or suspected of having 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.

- During FY2020-21, the FCRO found that referrals were made for 81.3% of children in the birth through age three age group.
- EDN services were completed for 83.4% of those children.

[27] SAMHSA. April 2020. "Prevention of Substance Use and Mental Disorders." U.S. Department of Health & Human Services. https://www.samhsa.gov/find-help/prevention

EDUCATION, INCLUDING IEP, IFSP

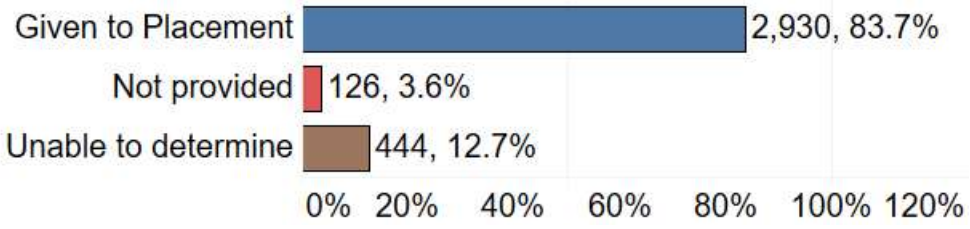
Educational performance and opportunities have lifetime repercussions for all children. Children in foster care may begin their formal education at a particularly significant disadvantage. Further, children experiencing separation from their parents (and possibly also from brothers and sisters), adjusting to a new living environment, and adjusting to a new school, can be coping with too much stress to properly concentrate on their education.

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

Figure 25 depicts whether education information was shared with the foster caregiver and does not include children in independent living or who were missing from care at the time of review. There was no documentation that important educational information was shared for 12.7% of children.

Figure 25: Education Information Given Foster Placement, n=3,500



[28] Foster parents are provided the phone number and email address for the System Oversight Specialists. They are also provided a questionnaire which can be completed online at any time prior to the review. Prior to COVID-19 foster parents were given the opportunity to personally attend reviews at the meeting site, since COVID-19 the FCRO has deployed technology to allow them to join internet-based meetings. System Oversight Specialists also attempt to contact the placement via phone or email.

	CSA	ESA	NSA	SESA	WSA
Placement received information	97.4%	74.6%	78.9%	97.6%	96.6%

School Attendance. During FY2020-21, the FCRO found that 87.7% of the children reviewed that were enrolled in school were attending regularly.

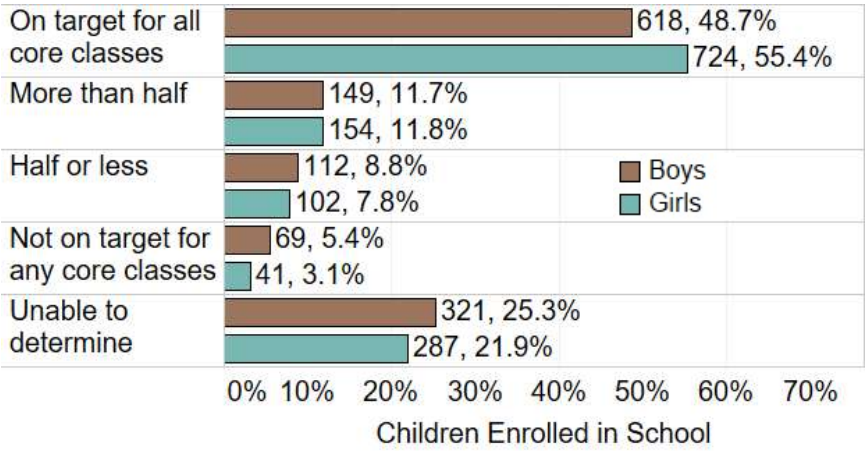
Academic Performance. For many children that experienced a transient lifestyle and trauma before removal, being academically on target can be difficult to achieve. During the review process the FCRO attempts to determine the level of academic performance for children enrolled in school. As shown in the following chart, the degree to which this information is not available varies widely.

	CSA	ESA	NSA	SESA	WSA
On target - all	62.0%	45.7%	60.2%	50.0%	69.1%
On target – more than half	12.5%	11.4%	7.5%	16.2%	9.4%
On target – half or less	6.3%	8.4%	5.1%	8.1%	15.0%
Not on target any	2.1%	3.9%	7.1%	6.4%	0.4%
Information not available	17.1%	30.6%	20.1%	19.2%	6.0%

There are also gender differences in the rates of academic achievement. Figure 26 shows that, for children whose academic performance was available, about half of them were on target in core classes.[29]

[29] Core classes are typically math, English, science, and social studies.

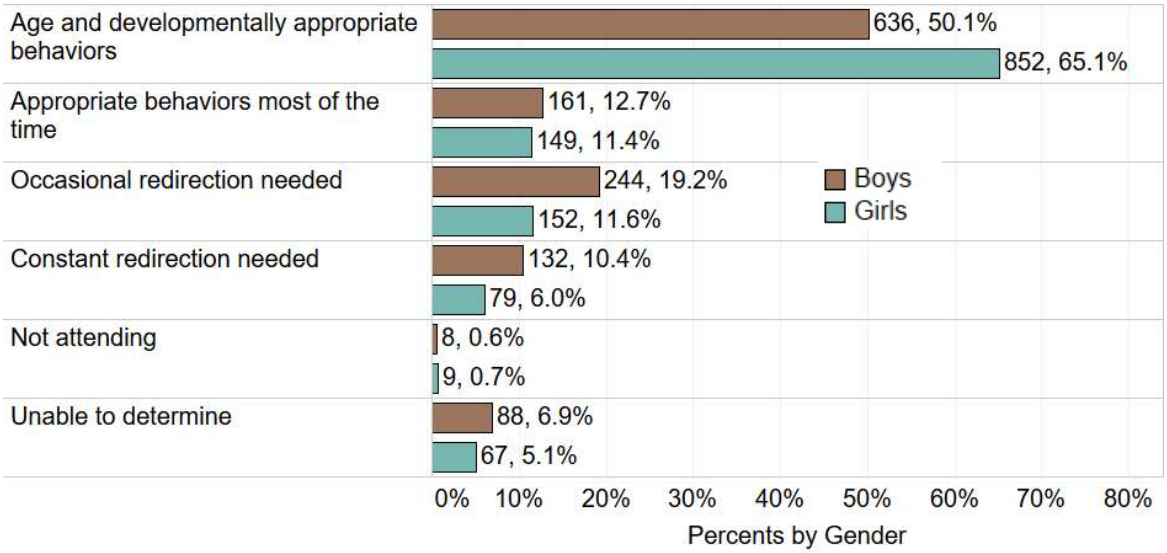
Figure 26: Academic Performance at Time of FCRO Review for Children Enrolled in School, Reviewed FY2020-21, n=2,577



Behaviors at School. Children in out-of-home care can display some very challenging behaviors as a result of the cumulative traumas they have experienced. These behaviors may be displayed in the child's placement, during visitation, and during the school day.

And for children lagging behind their peers academically, there can be more stressors that manifest themselves as poor behaviors. But many children in foster care respond well to the structure and discipline that occurs in school.

Figure 27: Behaviors at School for Children Enrolled in School, Reviewed FY2020-21, n=1,639



Additional Education-Related Data. During the review process, the FCRO also considers some other indications of children's educational needs:

- 59.8% of the boys and 40.2% of the girls had a current IEP (Individualized Education Program).
- 26.6% of the boys and 15.1% of the girls are enrolled in Special Education.

OLDER YOUTH – PREPARATION FOR ADULT LIFE

Nationally there is concern for the number of young adults who age out of the foster care system without achieving permanency and find 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."[30]

Whether able to return to their families or not, older youth need to begin the process of gaining skills needed as a young adult,

- In Nebraska during FY2020-21, 168 young adults left the child welfare system on the day they reached legal adulthood having never reached permanency. That is an increase from 130 in the previous fiscal year.

Independent Living Assessment (also known as Ansell Casey). All youth age 14-18 are to take an assessment to determine the youth's strengths and needs, and which skills for adulthood are still in need of work.[31] The percentages for complete or not complete could be very different if there were fewer in the unable to determine category.

	CSA	ESA	NSA	SESA	WSA
Assessment complete	21.5%	16.4%	33.7%	20.7%	26.0%
Assessment NOT complete	45.2%	35.5%	35.9%	55.0%	58.4%
Unable to determine	33.3%	48.1%	30.4%	24.3%	15.6%

[30] Child Welfare Information Gateway. April 2018. "Helping Youth Transition to Adulthood." Children's Bureau/ACYF/ACF/HHS. 8/26/2021 at: https://www.childwelfare.gov/pubPDFs/youth_transition.pdf.

[31] Transitional Living Planning Procedure 30-2015-NDHHS. Transitional Living Planning Policy Memo 30-2015, Nebraska Department of Health and Human Services. Available on 8/26/2021 at: http://dhhs.ne.gov/Chapter%20Policy%20Memos/5.4%20Transitional%20Living%20Planning.pdf

Transitional Living Plan. The completed Independent Living Assessment (Ansell Casey) is to drive 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 and provide guidance for adult caretakers and youth identified support systems as they work with the youth to prepare them for adult living.[32,33] It needs to be periodically updated as situations dictate.

- For youth reviewed in FY2020-21, 66.3% had such a plan.

	CSA	ESA	NSA	SESA	WSA
Plan created and current	74.2%	55.8%	75.0%	87.0%	61.0%
Created but not current	19.4%	18.4%	2.2%	5.9%	24.7%

***Youth Involved in Developing their Own Transitional Living Plan*.** Youth who take an active role in development of their own plan may be more invested in the process and outcome.[34] The youth in foster care have a motto "Nothing done for us, without us."

- For reviews completed FY2020-21, 58.6% of youth were involved in developing their own plan.

	CSA	ESA	NSA	SESA	WSA
Youth involved	64.4%	50.8%	71.8%	58.0%	78.8%

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. "Helping youth develop lifelong connections should also be a part of the transition-planning process. Having caring adults in youths' lives work with them on these planning tasks can lay the foundation for relationships that will last beyond emancipation."[35] Nebraska has incorporated this principle into practice by having youth include the important adults in their lives in their transition-planning meetings.

- Where possible to determine, statewide 85.8% of the older youth reviewed FY2020-21 are connected to at least one positive adult mentor.

	CSA	ESA	NSA	SESA	WSA
Has mentor	93.5%	81.2%	88.0%	86.4%	98.7%

[32] Ibid.

[33] Child Welfare Information Gateway, 2018 "Working with Youth to Develop a Transition Plan" Available on 8/26/2021 at: https://www.childwelfare.gov/pubPDFs/transitional_plan.pdf

[34] Ibid

[35] Ibid

Receiving Skills in Preparation for Adulthood. As part of the file review process, FCRO staff assess if the youth is being provided with the skills needed for adulthood.

- 70.2% of the youth reviewed FY2020-21 were at least receiving some skills for adulthood.

	CSA	ESA	NSA	SESA	WSA
Receiving most skills	67.7%	39.7%	73.9%	66.9%	71.4%
Partially receiving	23.7%	14.6%	14.1%	17.8%	13.0%

NORMALCY

Normalcy is the ability for children to easily participate in age-appropriate social, scholastic and enrichment activities. These activities allow children in foster care to experience childhood activities children not in foster care experience and are important because they prepare children for life as an adult.

Foster parents are asked to apply a "reasonable and prudent parent standard" when making decisions about allowing the children/youth in their care to spend a night at a friend's house, play sports, etc. This is the "standard characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth," according to federal and state law.[36]

Many normalcy activities, such as spending the night at a friend's house, having a birthday party, etc., are difficult if not impossible to measure. There is more information available on school extra-curricular activities.

- For cases reviewed by the FCRO FY2020-21, 74.4% of children and youth ages 5-18 years, participated in extra-curricular normalcy activities.
    - Typical reasons why a child or youth was not participating included the COVID-19 pandemic, out of season for preferred sport, scheduling issues, availability, distance, or a child's lack of interest.

[36] Administration for Children and Families. October 2014. "ACYF-CB-IM-14-03." U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/cb/im1403.pdf

Neb. Rev. Stat. §43-4706. Available at: https://nebraskalegislature.gov/laws/statutes.php?statute=43-4706

SYSTEM LEVEL ISSUES

Adequacy of Services for Children. Throughout this Report we have discussed the major issues in many children's cases. With that knowledge, it is expected that most children will need some services to address early traumas and foster care related needs. During the review process the FCRO assesses if children are receiving needed services.

- 68.7% of all reviewed were receiving all of the services they need, and another 21.3% were receiving most of the services, for a total of 90.0%.

Caseworker Contact with Children. According to NDHHS/CFS 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. This is an important safeguard for children, particularly children under age six that may not be visible in the community.

This has been especially important in 2020 due to COVID-19 when children have been out of school, may have been isolated at home or not seen in person by both formal and informal supports. Both NDHHS and the federal Children's Bureau allowed for face-to-face caseworker contact with children to be done through videoconferencing when health and safety could not be safely ensured during in person contact.

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.

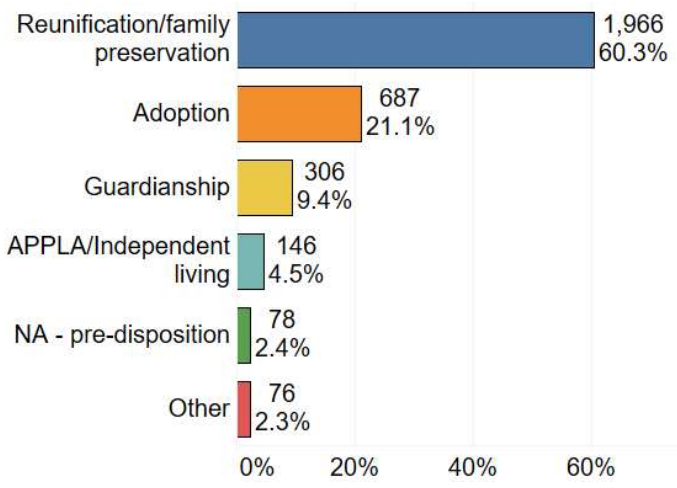
The FCRO found that for reviews conducted in FY2019-2020:

- Worker-child contact was documented as occurring within 60 days of the review for 98.0% of children reviewed across the state, compared to 98.6% last year.

Court-Ordered Primary Permanency Objective. The court-ordered permanency plan contains one of several possible primary objectives and the means to achieve it. 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.

Figure 28 shows the primary objective ordered by the court for children at the time of review. The percentage with each objective has remained steady for the past two years.

Figure 28: Primary Permanency Plan at the Last Review Conducted During FY2020-21 (excluding 2 without a Plan), n=3,259



Continued Appropriateness of Primary Permanency Objective. Courts are to determine the appropriate permanency objective at each and every court review hearing. After a thorough analysis of available information, local boards determine whether or not the primary permanency objective is still the most fitting for the individual child being reviewed and should be continued or if a different objective should be ordered. Since reviews are timed to occur before court hearings, this finding and the accompanying rationale is made to assist the legal parties in determining future case direction.

- In FY2020-21, reunification efforts were appropriate to continue for 67.9% of the children reviewed.

Adoption as Primary Permanency Plan. 687 children reviewed FY2020-21 had a plan of adoption. Local boards found that in 73.5% of those 687 cases it appears that the prospective adoptive parents will be able to meet the children's needs.

Guardianship as Primary Permanency Plan. 306 children reviewed FY2020-21 had a plan of guardianship. Of those children, 62.2% had a potential guardian that is a relative or kin.

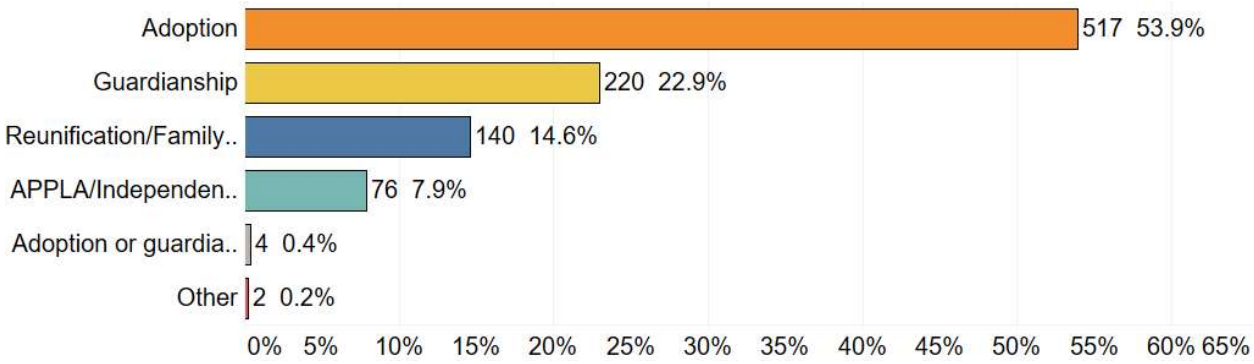
Family Team Meetings. NDHHS/CFS defines a family team meeting as a meeting with the family and others who develop and monitor a plan for child safety, permanency and well-being. [37] They also work toward sustainable change and support for the family and children. The team meeting is to be held every 90 days.

- NDHHS/CFS held a timely family meeting 90.6% of the time for children reviewed during FY2020-21 whose plan was reunification.

[37] Nebraska Health and Human Services/CFS Protection and Safety Procedure Update 16-2015.

Court-Ordered Concurrent Permanency Objective. Nebraska statute permits but does not require courts to include a concurrent permanency objective in its court-ordered plan. The purpose of concurrent planning is to shorten children's stay in care by allowing the system to work on two permanent solutions simultaneously. To be successful there needs to be a focus on clear goals and timeframes related to the concurrent objective as well as the primary objective. Ideally, it should begin with initial contacts and continue throughout the case. Throughout the case there needs to be continued reassessments of whether the primary objective is still in the best interests of the child.

Figure 29: Concurrent Permanency Plan at Last Review Conducted FY2020-21, excluding Children Without a Concurrent Plan, n=959



Relative Identification. The Federal Fostering Connections to Success and Increasing Adoptions Act (PL 110-351, 2008) requires that NDHHS/CFS apply "due diligence" in identifying relatives within the first 30 days after a child is removed from the home.

	CSA	ESA	NSA	SESA	WSA
Maternal searches documented	96.6%	84.6%	91.0%	92.4%	97.3%
Paternal searches documented	80.8%	61.6%	83.7%	72.7%	88.8%

SDM Assessments. NDHHS/CFS uses Structured Decision Making (SDM), an evidenced based model, as their assessment and decision tools for families involved in the child welfare system.[38] This includes the SDM Reunification Assessment, the SDM Family Strengths and Needs Tool (FSNA), and SDM Risk Assessment.

[38] Structured Decision Making is a proprietary set of evidence-based assessments. There are specialized SDM assessments appropriate for use under different case circumstances.

SDM Reunification Assessment, which guides whether it is safe to return children to their parent(s), per NDHHS/CFS policy is to be conducted within 90 days of removal and every 90 days thereafter as long as the plan remains reunification. For reviews conducted FY2020-21, the FCRO found that:

- 85.5% of cases had an SDM reunification assessment within the appropriate time frame.

When an SDM reunification assessment was conducted:

- 45.2% were rated as very high risk to returned home,
- 35.9% were rated as high risk,
- 16.0% were rated as moderate risk, and
- 2.8% were rated as low risk.

SDM Family Strengths and Needs Assessment Tool (FSNA) is used to guide case planning. It is to be completed within 60 days of case opening and updated at least once every six months. This tool grades needs of parents and children and those needs identified as increased or extreme needs should be addressed within the case plan that guides services. For reviews conducted FY2020-21, the FCRO found that:

- 83.8% of the cases had a finalized FSNA within the appropriate time period.

Of the cases that had a timely FSNA,

- 94.9% utilized all or some of the findings to drive case planning and reunification planning.

SMD Risk Assessment. NDHHS/CFS must conduct an SDM risk reassessment to determine level of risk to the child before recommending a child is returned home through a trial home visit or a reunification case is closed, If the SDM safety finding is safe, and the risk level is either low or moderate, then the case should be recommended for case closure. For reviews conducted FY2020-21, the FCRO found that:

- An SDM Risk Reassessment was completed prior to a trial home visit or plan of reunification only 41.2% of the time.
    - Of those Risk Reassessments, 71.5% were rated as moderate or low risk, indicating a plan of reunification or trial home visit was safe, while 28.6% indicated there was still very high or high risk in the home.

Reasonable efforts. NDHHS/CFS is obligated to make reasonable efforts to preserve and reunify families if this is consistent with the health and safety of the child.[39] If the court finds that reunification of the child is not in his or her best interests, NDHHS/CFS is then required to make reasonable efforts to ensure that necessary steps are in place to achieve an alternative 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/CFS, 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. During FY2020-21, the FCRO found:

	CSA	ESA	NSA	SESA	WSA
Reasonable efforts made	96.2%	83.7%	97.3%	96.2%	95.4%

One element in reasonable efforts is for NDHHS/CFS or its contractors to develop a complete plan for case progression.

	CSA	ESA	NSA	SESA	WSA
Plan complete	88.2%	94.2%	97.0%	94.0%	96.5%

COURT AND LEGAL SYSTEM

Timeliness of Adjudication. The court hearing at which the judge determines if the allegations in the petition filed by the county attorney are true is known as the adjudication hearing. 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. Best practice for adjudication hearings is 60 days[40] 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.

- For children reviewed in FY2020-21, the median days from petition to adjudication was 74.[41]

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

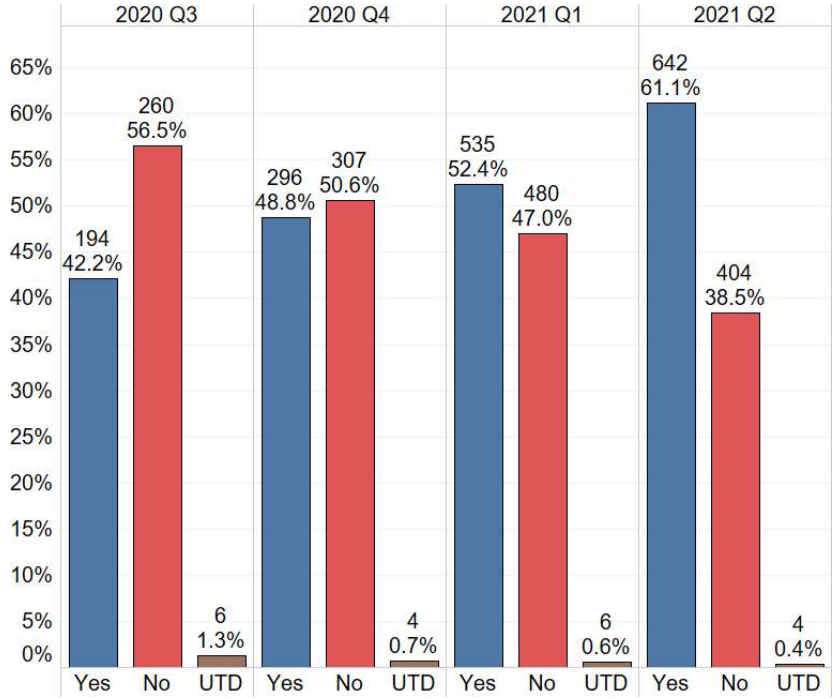
[40] Gatowski, S., Miller, N., Rubin, S., Escher, P. & Maze, C. (2016) Enhanced resource guidelines: Improving court practice in child abuse and neglect cases. Reno, NV: National Council of Juvenile and Family Court Judges.

[41] The Nebraska Court Improvement Project has an extensive online dashboard measuring case progression across several hearings that can be filtered by specific region. The dashboard can be accessed

Court review hearings. Court review hearings were held every six months in the vast majority of cases reviewed (92.6%).

Required SFA Findings Made by the Court. The federal Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) requires courts to make certain findings. As Figure 30 shows, courts are continuing to make improvements in this area.

Figure 30: SFA Findings Made at Last Court Hearing FY2020-21, Excluding Cases That Have Not Reached the Disposition Level



'Yes' means findings made. 'No' means findings not made. 'UTD' is unable to determine.

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.

at: https://supremecourt.nebraska.gov/programs-services/court-improvement-project/court-improvement-project-data-dashboard

To make this determination, adequate evidence is needed, as well as a clear focus on the purpose of these special hearings. Timely hearings are also needed for otherwise federal IV-E eligible cases to continue to be eligible.

- In the majority (87.0%) of cases reviewed where children had been in care at least 12 months, a permanency hearing had occurred.

Guardian Ad Litem (GAL) Practice. According to Neb. Rev. Stat. §43-272.01 the guardian ad litem is to "stand in lieu of a parent of 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 in their placement at least once every six months.

- FCRO staff review court documents and reach out directly to every GAL, however, GAL-child contact was unable to be determined for 44.2% of cases reviewed in FY2020-21. For 48.6% of cases, the GAL was reported as having had contact with the child.

CASA Volunteers. In some areas of the State, courts have CASA (Court Appointed Special Advocate) programs. These are non-attorney volunteers that work with a Guardian Ad Litem and the court by developing a one-on-one relationship with the child and advocate for that child. Not all children are appointed a CASA volunteer. Courts assign CASA volunteers to the more intensive cases or cases where children may be extremely vulnerable – such as a child with an incapacitating medical condition—depending on the availability of volunteers.

- At the time of FCRO review during FY2020-21, 36.6% of children reviewed had a CASA volunteer appointed.

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 26.9% of cases reviewed during FY2020-21 there was documentation that this had occurred.

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 lose 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, Neb. Rev. Stat. §43-292 requires proof 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 the following 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.

During FY2020-21 reviews, the FCRO found that:

- In 22.3% of cases reviewed TPR grounds exist and TPR would be in the child's best interests.
- If it was unlikely that a child could safely return to parent, the plans recommended included adoption (61.8%), guardianship (21.5%), APPLA (12.5%) and custody transfer to non-custodial parent (4.2%).

Need for Bridge Orders. A bridge order transfers juvenile court jurisdiction to a district court for custody matters when the safety of a child is not at stake. It allows NDHHS/CFS to withdraw as legal guardian of the child and the juvenile court to close jurisdiction while ensuring that the child is in a safe placement with a parent who has legal authority to enroll in school, seek medical care, etc. Bridge orders reduce the waiting period to get custody orders modified in district court.

- Bridge orders are needed for a small group (294) of the children in out-of-home care. However, for those children, a bridge order can significantly decrease time in care.

ICWA. ICWA refers to the federal and state Indian Child Welfare Acts, enacted to ensure that children of American Indian heritage are not unnecessarily removed from their extended family and tribal connections. By law, children under tribal court jurisdiction are not tracked or reviewed by the Foster Care Review Office. Thus, the numbers quoted here are only for State Wards with ICWA qualification not under a tribal court.

- During FY2020-21, the FCRO found that ICWA applied to 5.5% of the children reviewed. In those cases, 42.8% had a written cultural plan.

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.

- For teenagers reviewed in FY2020-21, the FCRO found that 12.3% had attended their court hearings.

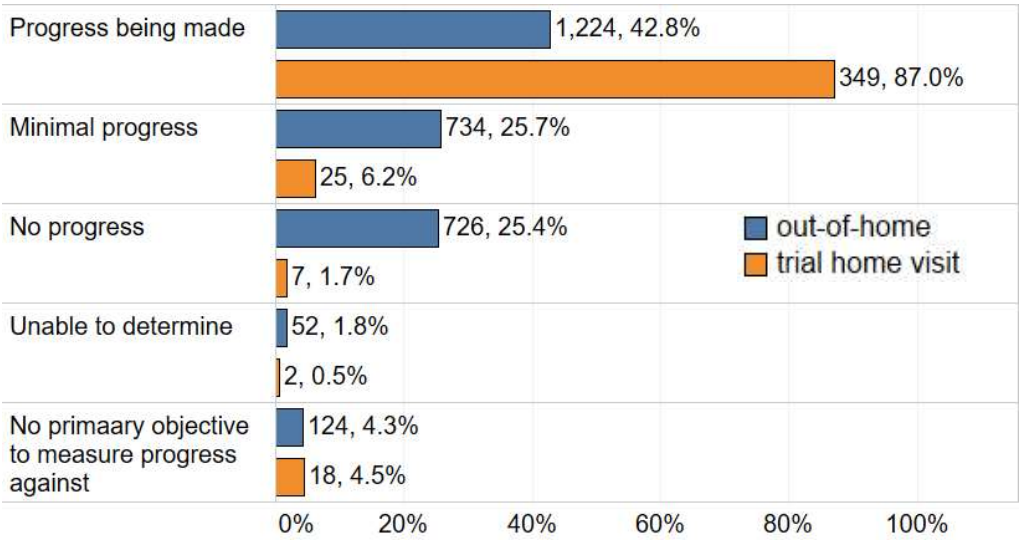
CASE PROGRESS

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 basic 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 84.3% of reviews of children placed out-of-home at time of review during FY2020-21, such care was still needed. This is consistent with last fiscal year.
- In 69.3% of reviews of children on a trial home visit, continued court oversight was needed.

Progress to Primary Permanency Objective. Another finding (Figure 31) 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. As shown, there is a difference in progress rates for children in out-of-home placements and children in a trial home visit.

Figure 31: Progress to Permanency for Children at Their Last Review during FY2020-21 n=3,261



There are differences in the rates of those making progress by Service Area.

	CSA	ESA	NSA	SESA	WSA
Progress being made, out-of-home care	36.4%	39.9%	50.8%	44.7%	51.0%%

CHILDREN INVOLVED IN INFORMAL LIVING ARRANGEMENTS

Informal Living Arrangements (ILAs) occur when a family that has come to the attention of NDHHS/CFS is involved in a non-court voluntary case, and as part of the safety plan the parent places their child(ren) with a relative or friend for various lengths of time based on case specifics. Placement with a relative or family friend should be less difficult for the children and enable the parent(s) to concentrate on correcting or addressing whatever issue brought the family to the attention of NDHHS/CFS.

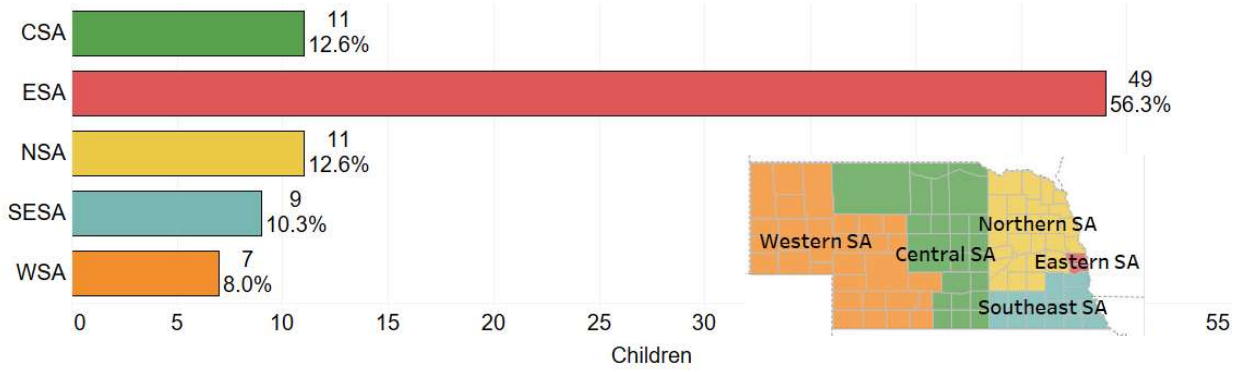
Under Nebraska statutes, the FCRO has legal authority to receive data and to review all children/youth in the child welfare system that are placed outside of the parental home whether due to a court order or voluntarily by a parent (Neb. Rev. Stat. §43-1301(4)). The FCRO commends NDHHS/CFS for its work to improve the reporting of these instances.

- On June 30, 2021, there were 87 children in an informal living arrangement.

DEMOGRAPHICS

Service Area. Figure 32 shows the children in an ILA by service area.

Figure 32: All Children in an ILA on 6/30/2021 by Service Area, n=87



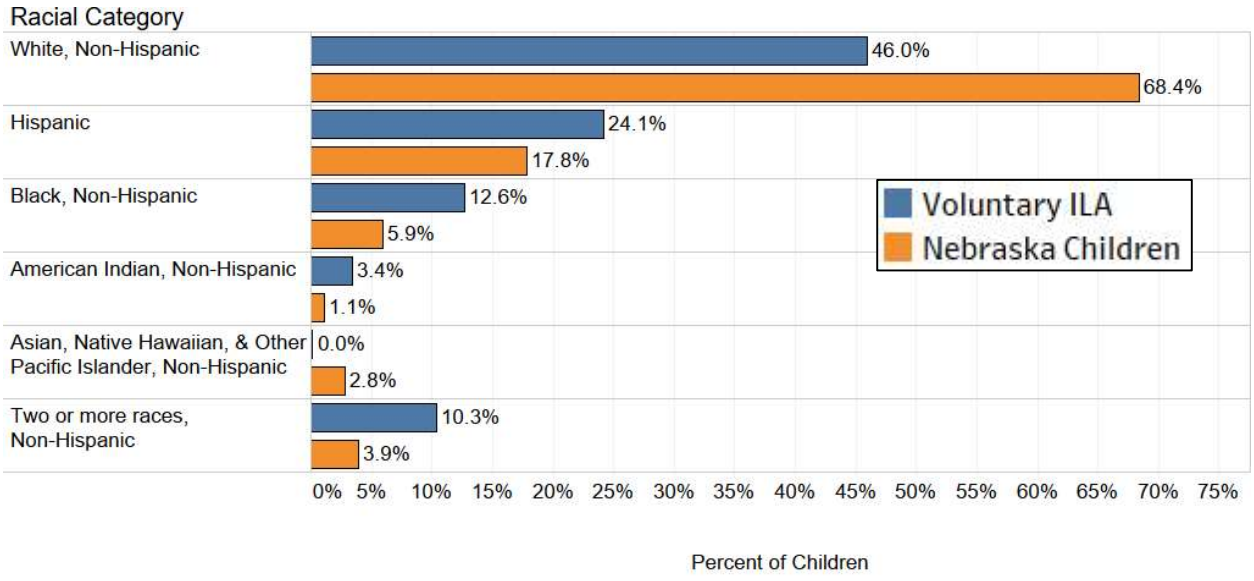
Age. The age of children in informal living arrangements.

- Age 0-5, 56.3%.
- Age 6-12, 32.2%.
- Age 13-18, 11.5%

Gender. There have been slightly more girls than boys in ILAs, 50 girls (57.5%) and 37 boys (42.5%).

Race and Ethnicity. Children in ILAs are demographically similar to children court ordered into out-of-home care through NDHHS/CFS in terms of age and gender distributions. Their racial and ethnic make-up is different, however, as more children in ILAs are White Non-Hispanic than their court-system involved peers, (see Figure 10 page 23).

Figure 33: Race of All Children in an ILA on 6/30/2021, as Reported to the FCRO Compared to Nebraska Census Data, n=87



EXITS

Exits from an ILA. Exits from an informal living arrangement are typically either to a return to a parent, to an adoption or guardianship, or to a non-voluntary case. The top reasons for children exiting an ILA during FY2020-21 were:

- 63.1% returned to parents.
- 14.7% had an adoption finalized.
- 7.6% had a guardianship finalized.
- 6.0% reached the legal age of majority (adulthood).

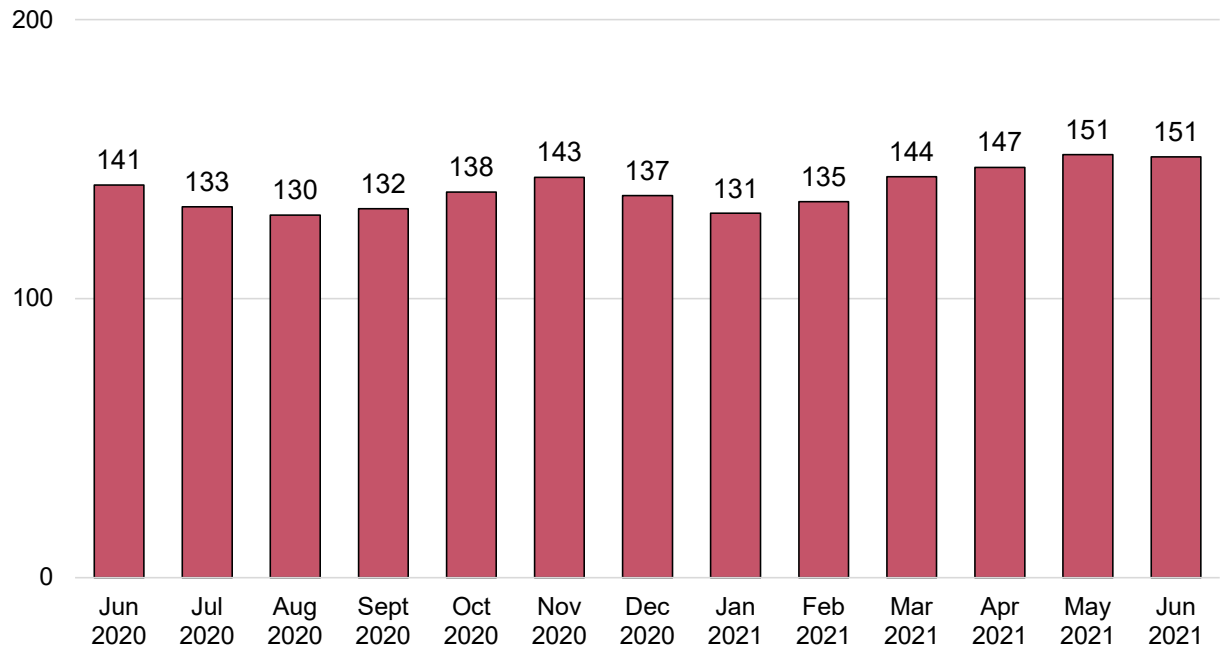
DUALLY-INVOLVED YOUTH

COURT-INVOLVED YOUTH IN CARE THROUGH THE CHILD WELFARE SYSTEM SIMULTANEOUSLY SUPERVISED BY THE ADMINISTRATIVE OFFICE OF COURTS AND PROBATION – JUVENILE SERVICES DIVISION

TRENDS

Average Daily Population. Figure 34 shows the average daily population of youth in out-of-home care who are dually-involved.[42]

Figure 34: Average Daily Population of Dually-Involved Youth, June 2020 to June 2021

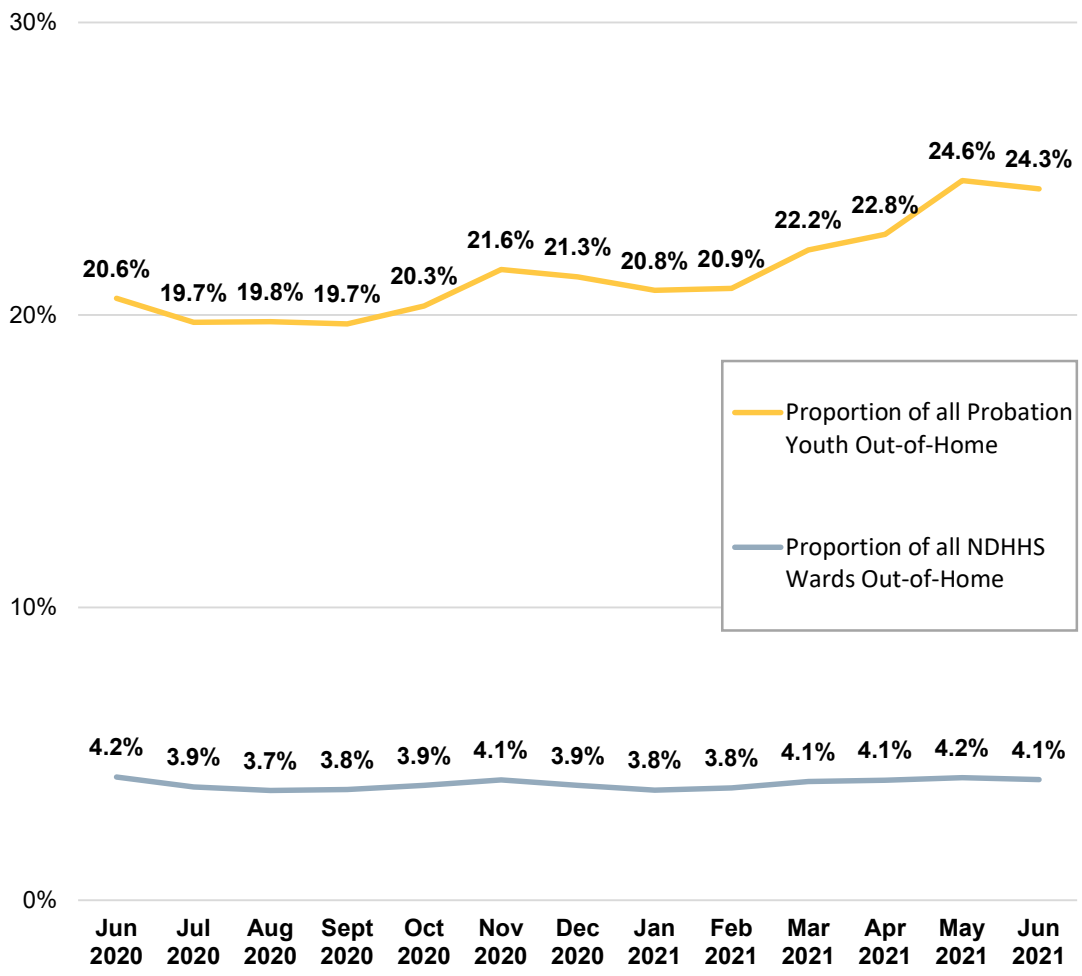


[42] Average daily population includes youth who are involved in both the child welfare and juvenile justice systems, including those youth who are currently placed at YRTCs. Single-day snapshot data does not include youth placed at the YRTC. They are included in the YRTC section of the report, starting on page 77.

The average daily population of dually-involved youth in out-of-home care is a product of both the average daily population of NDHHS state wards in out-of-home care (see page 18) and probation youth in out-of-home care (see page 65).

As shown in Figure 35, in any given month, the proportion of probation supervised youth in out-of-home care who are also involved in the child welfare system is approximately 19 to 24%. The proportion of youth in out-of-home care in the child welfare system who are also involved with the Juvenile Probation is consistently close to 4%.

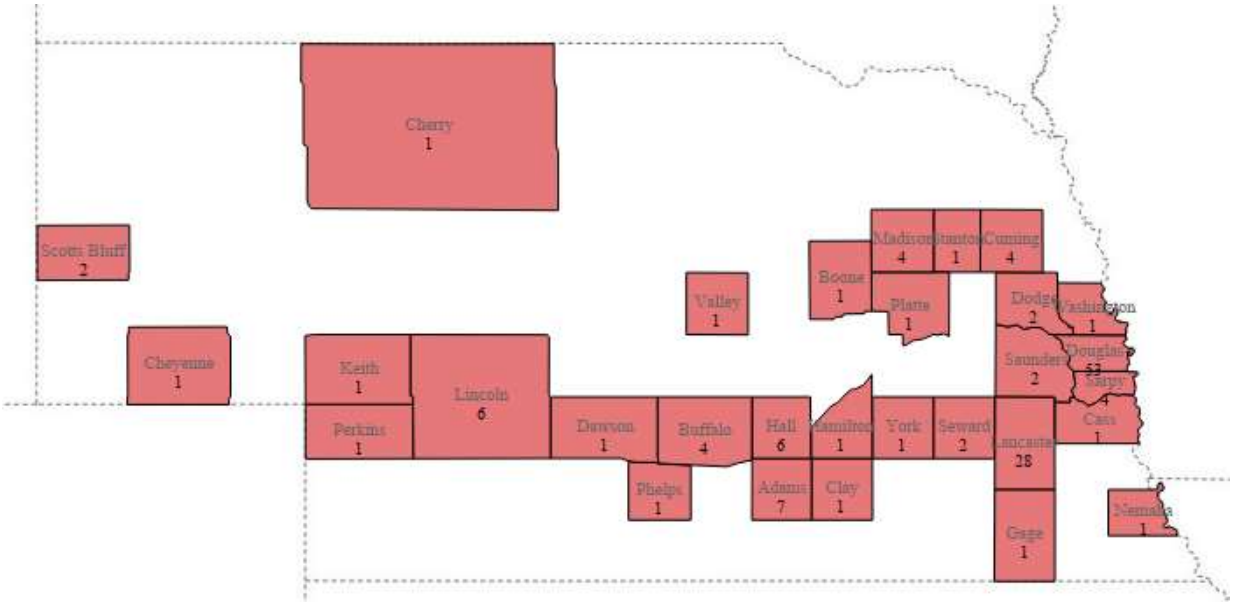
Figure 35: Dually-Involved Youth as Proportion of NDHHS Wards and Probation Supervised Youth, June 2020-2021



DEMOGRAPHICS

Location. On 6/30/2021, there were 141 dually-involved youth in out-of-home care.[43] (See Appendix A for a list of counties and their respective Judicial Districts and Service Areas).

Figure 36: County of Origin for Dually-Involved Youth on 6/30/2021, n=141



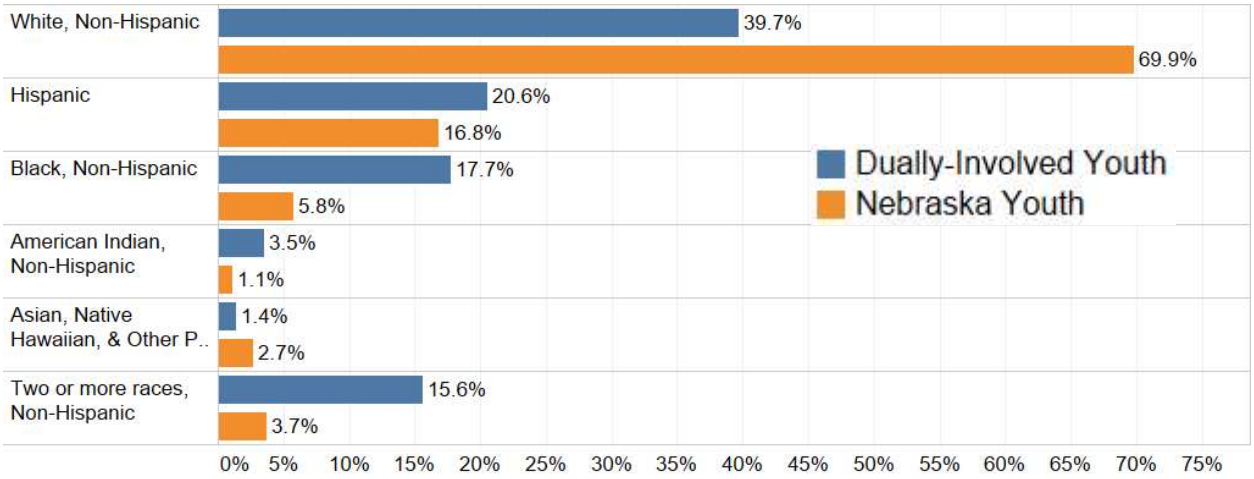
Age. The median age for dually-involved youth is 16 (both boys and girls).

- 5 (3.5%) are age 11-12.
- 23 (16.3%) are age 13-14.
- 61 (43.3%) are age 15-16.
- 52 (36.9%) are age 17-18.

[43] On 6/30/2021, an additional 13 youth were dually-involved with child welfare and probation and placed at a Youth Rehabilitation and Treatment Center. To avoid counting the 6/30/2021 population twice, they are included in YRTC data starting on page 77.

Race and Ethnicity. As discussed throughout this report, there is racial disproportionality in this group also. Every racial and ethnic minority group is overrepresented.

Figure 37: Race and Ethnicity of Dually-Involved Youth in Out-of-Home Placement Compared to Nebraska Census Data on 6/30/2021, n=141



Gender. Boys outnumber girls among dually-involved youth (56.7% to 43.3%, respectively). This more closely matches the gender distribution of Probation supervised youth than NDHHS/CFS youth in out-of-home care.

Youth Experiences

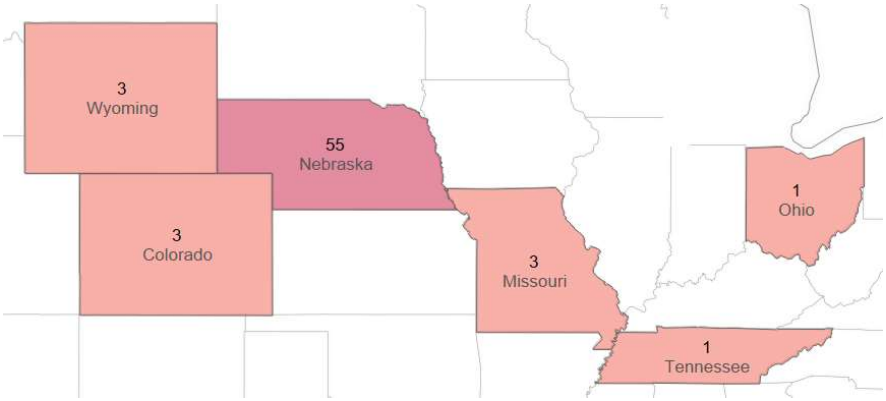
PLACEMENTS

Placement Types. On June 30, 2021:

- 33.3% were in non-treatment congregate care.
- 24.1% were in non-relative foster homes.
- 14.2% were in treatment congregate care.
- 10.6% were in a relative home.
- 8.5% were in a kinship home.
- 7.8% were missing from care.
- 0.7% were in independent living.
- 0.7% were in a trial home visit.

Congregate Care. Most (83.3%) of dually-involved youth in congregate care are placed in Nebraska.

Figure 38: Placement State for Dually-Involved Youth in Congregate Care on 6/30/2021, n=66



KEY DIFFERENCES BETWEEN DUALLY-INVOLVED YOUTH AND CHILD WELFARE ONLY YOUTH (AGE 13-18)

Youth who are dually-involved in the child welfare and juvenile justice systems receive the same review as all children involved only in the child welfare system.[44]

Figure 39 contains key comparisons between youth who were dually-involved at the time of their review,[45] older youth (age 13-18) who are in the child welfare system without simultaneous involvement with the juvenile justice system, and youth only in the juvenile justice system out-of-home in order to identify issues that are specific to those dually-involved.

Figure 39 shows that regarding mental health, substance use, and academic performance the dually-involved youth reviewed in FY2020-21 had measures that were between similarly aged youth involved only with child welfare or only with Probation.

[44] Juvenile justice reviews are distinct. Juvenile justice reviews focus on rehabilitation of and risk to re-offend for the youth. Child welfare reviews focus on permanency for the child and rehabilitation of the parents. Both types of reviews focus on safety and well-being indicators for children out-of-home.

[45] For youth reviewed twice in a year, the data represents their status at the final review of the year.

Figure 39: Comparative Measures for Child Welfare Only age 13-18, Dually-Involved Youth, and Probation Only Youth in Out-of-home Care on 6/30/2021

Measure	Child Welfare Only (ages 13-18)	Dually-involved	Probation Only
Mental health diagnosis	76.7%	**89.3%**	94.3%
Prescribed psychotropics	42.9%	**53.4%**	45.7%
Substance use diagnosis	12.1%	**34.8%**	51.7%
Academic performance on track for all core classes	52.1%	**25.9%**	45.9%

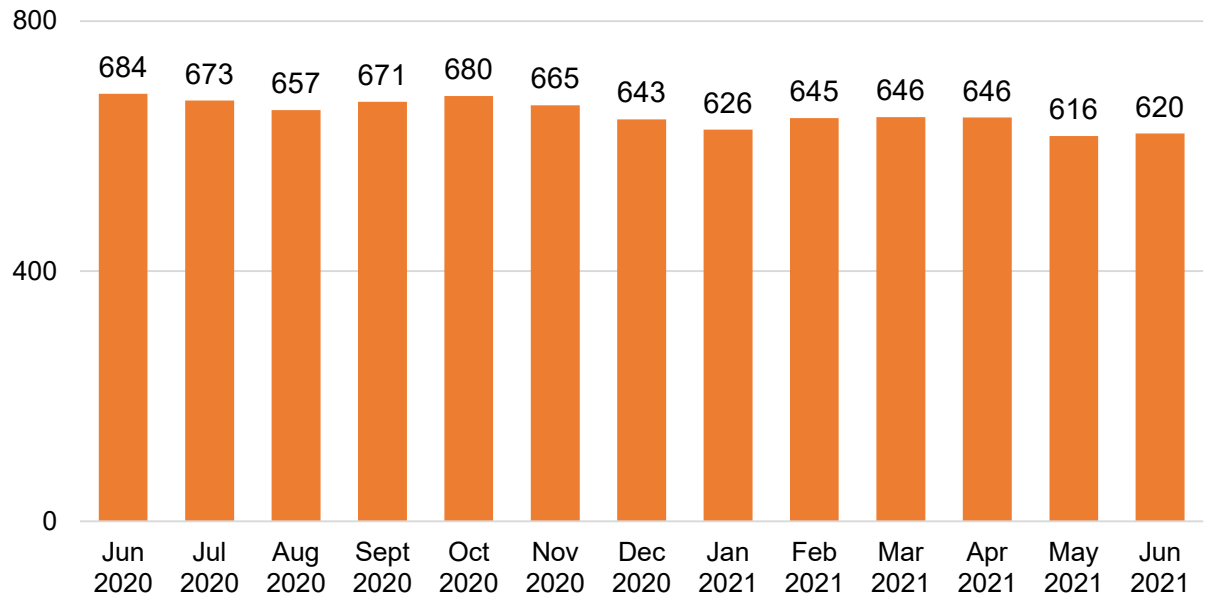
PROBATION YOUTH

YOUTH IN OUT-OF-HOME CARE SUPERVISED BY THE ADMINISTRATIVE OFFICE OF THE COURTS AND PROBATION-JUVENILE SERVICES DIVISION

Trends

Average Daily Population. The average daily population of Probation supervised youth in out-of-home care declined substantially during the last half of FY2020-21. As a result, there were 9.4% fewer Probation supervised youth in out-of-home care in June of 2021 compared to June of 2020.

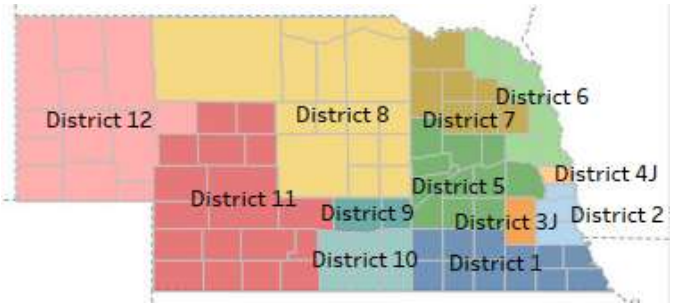
Figure 40: Average Daily Population of Probation Supervised Youth in Out-of-Home Care, June 2020-June 2021



Five of twelve districts experienced a decline in the population of Probation supervised youth in out-of-home care, as demonstrated in Figure 41.

Figure 41: Average Daily Population of Probation Supervised Youth in Out-of-Home Care by Probation District, June 2020-June 2021

	June 2020	Youth Out-of-Home	June 2021
District 1	15		9, -41.2%
District 2	37		41, 10.8%
District 3J	139		114, -18.3%
District 4J	239		200, -16.6%
District 5	26		31, 17.0%
District 6	48		40, -16.8%
District 7	30		33, 11.0%
District 8	5		9, 100.0%
District 9	62		53, -14.9%
District 10	23		23, 3.1%
District 11	37		43, 14.9%
District 12	24		26, 10.4%
Nebraska	684		620, -9.3%



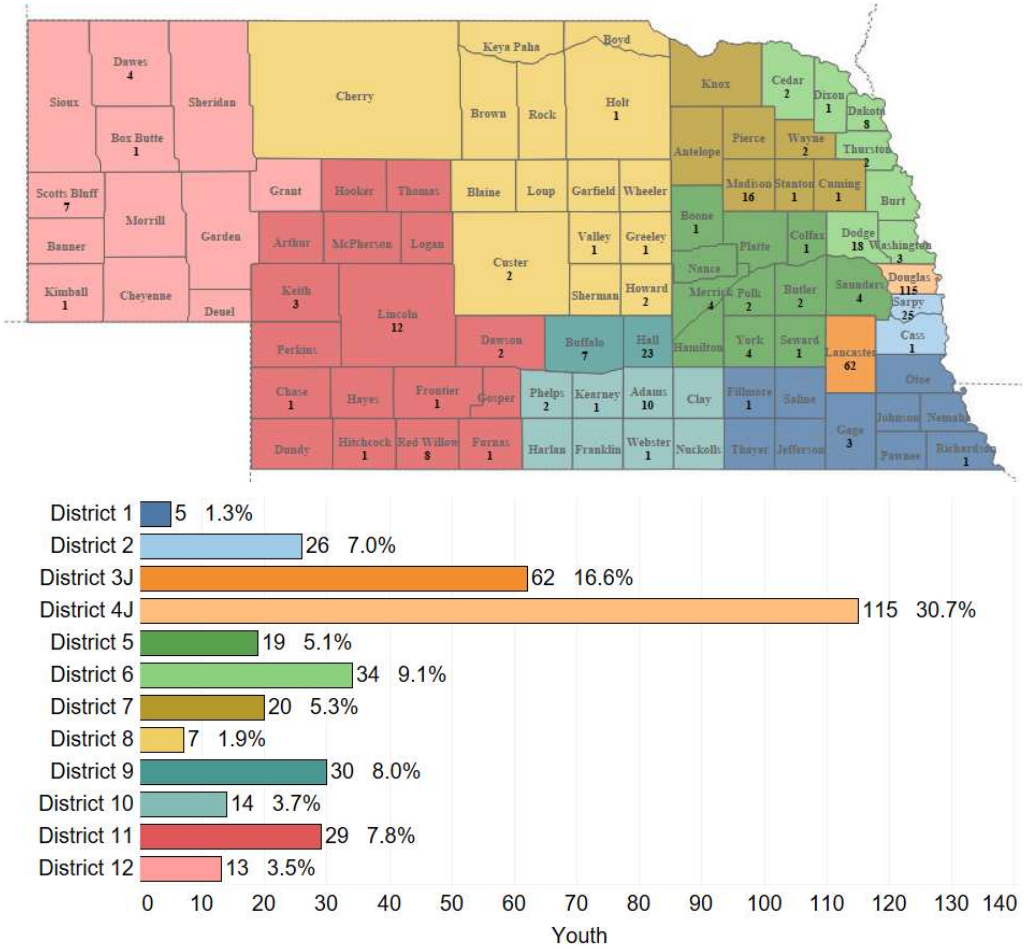
Exits. Probation related placements are frequently short-term placements, focused on community safety and rehabilitation of the youth. Under statute, the FCRO can track and review Probation supervised youth as long as they are in an out-of-home placement. For Probation supervised youth, the end of an episode of out-of-home care does not necessarily coincide with the end of their probation supervision, therefore, the FCRO is unable to report on successful or unsuccessful releases from probation.

The FCRO can report that in FY2020-21, 32 Probation supervised youth exited out-of-home care on their 19th birthday as compared to 51 in the previous year. Most returned to parents (83.6%).

DEMOGRAPHICS

County. Figure 42 shows the county of court jurisdiction for Probation supervised youth in out-of-home care on June 30, 2021, based on the Judicial District. (See Appendix A for a list of counties and their respective district).

Figure 42: County of Court Jurisdiction for Probation Supervised Youth in Out-of-Home Care on 6/30/2021, n=374



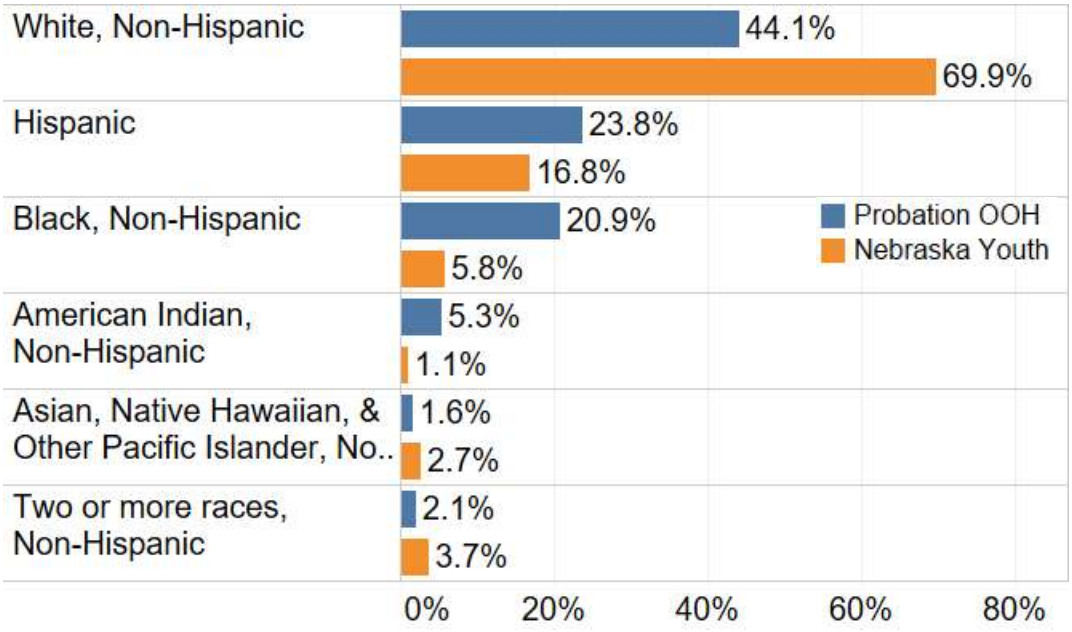
Age. The median age for both boys and girls, is 16.0 years.

- 1.3% are age 11-12.
- 12.6% are age 13-14.
- 46.0% are age 15-16.
- 40.1% are age 17-18.

Race. Black, American Indian, and Hispanic youth are disproportionately represented in the population of Probation supervised youth in out-of-home care.

- As shown in Figure 43, Black youth make up 5.8% of Nebraska's population, but 21.1% of the Probation supervised youth in out-of-home care.
- American Indian youth are just 1.1% of Nebraska's youth population, but 5.9% of the Probation supervised youth in out-of-home care.[46]

Figure 43: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Placement Compared to Nebraska Census Data on 6/30/2021, n=374



[46] The number of American Indian youth in out-of-home care while on probation does not include those involved in Tribal Court.

Gender. Boys are 76.2% of the population of Probation supervised youth in out-of-home care, girls are 23.8%.

OFFENSE TYPE

Offense Types. Youth in out-of-home care in the juvenile justice system can be adjudicated for delinquency or status offenses. *Delinquency* refers to offenses that constitute criminal behavior in adults – misdemeanors, felonies, or violations of a city ordinance. A *status offense* applies to conduct that would not be considered criminal if committed by an adult, such as truancy or leaving home without permission.

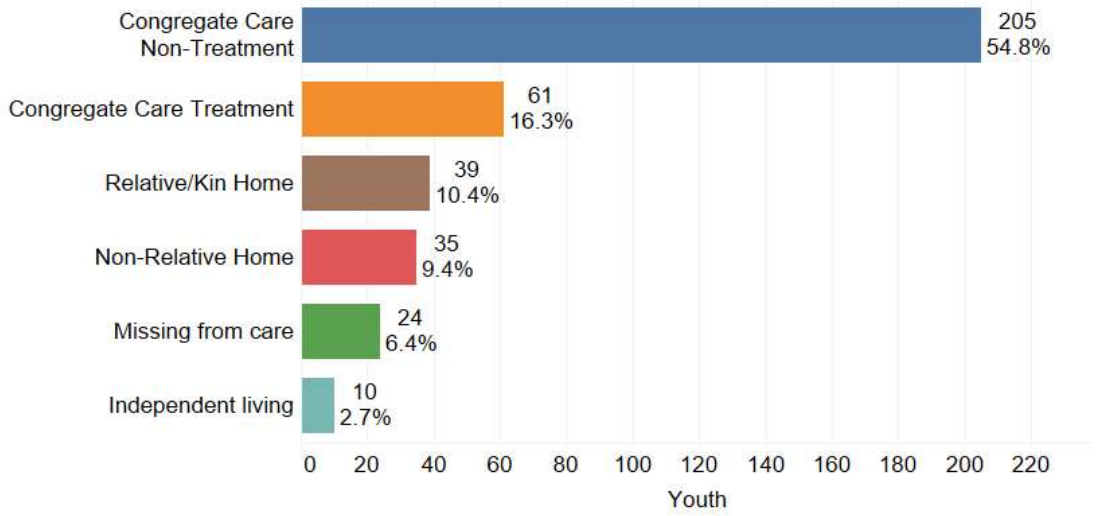
The following shows the active adjudication types for youth at time of FY2020-21 review. Multiple offense types are possible.

Offense Type	Boys with Active	Girls with Active
Non-violent misdemeanor	55.6%	65.9%
Non-violent felonies	16.5%	7.3%
Violent misdemeanor	34.6%	22.0%
Violent felonies	20.3%	12.2%

PLACEMENT TYPES

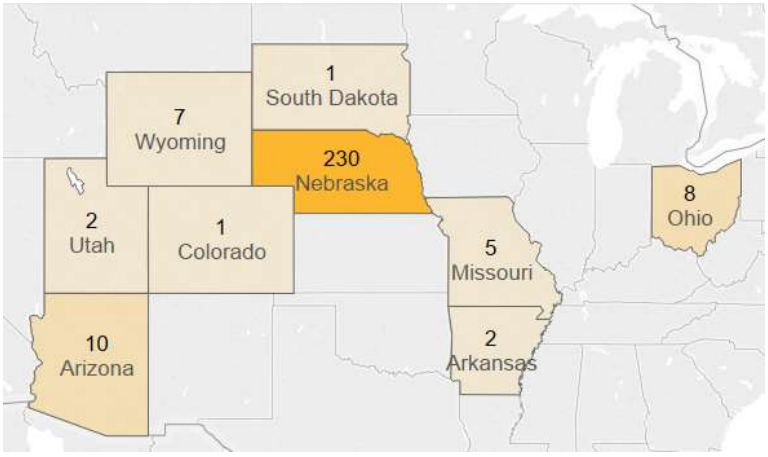
Placement Type. The majority of Probation supervised youth in out-of-home care are in a non-treatment (group) care facility (Figure 44). Only 16.3% are in a treatment facility.

Figure 44: Probation Supervised Youth in Out-of-Home Care on 6/30/2020 by Placement Type, n=374



Congregate Care. Comparing June 30, 2021, to June 30, 2020, there is a 13.9% reduction in the number of Probation supervised youth placed in congregate care facilities (266 and 309, respectively). 86.4% were in Nebraska.

Figure 45: Probation Supervised Youth in Congregate Care on 6/30/2021 by State of Placement, n=266



PLACEMENT SAFETY AND APPROPRIATENESS

Placement Safety. Assessing the safety of placement is one of the primary functions of FCRO review boards.

- In 90.8% of FY2020-21 reviews, the placement was evaluated as safe, down from 98.2% in the previous fiscal year.

Placement Appropriateness. In assessing the appropriateness of a placement, the local board evaluates whether or not the placement can meet the immediate needs of the youth and if the placement is the least restrictive placement possible to meet those needs.

- In 85.1% of reviews, the board found the placement to be appropriate.

REVIEWS OF PLANS AND SERVICES

Transition Plans. Each reviewed youth in Probation supervised out-of-home care should have a plan for transition into the community with goals and steps toward achieving those goals.

- The FCRO was provided a written plan for review in 72.4% of the cases compared to 80.9% of the cases in the previous year.

There were regional differences whether a plan was provided for review ranging from 100% down to 44.4%.

- Districts 4J and 3J (Douglas and Lancaster counties, respectively) provided plans for 77.9% and 66.7% of the youth.

Plan Objectives. Even in situations where a written plan is provided, the plan's objective was not always clear. Objectives include:

- return to parent/guardian (56.3%).
- permanent placement with relative (5.7%).
- independent living (6.9%), other (12.6%).
- unable to determine (18.4%).

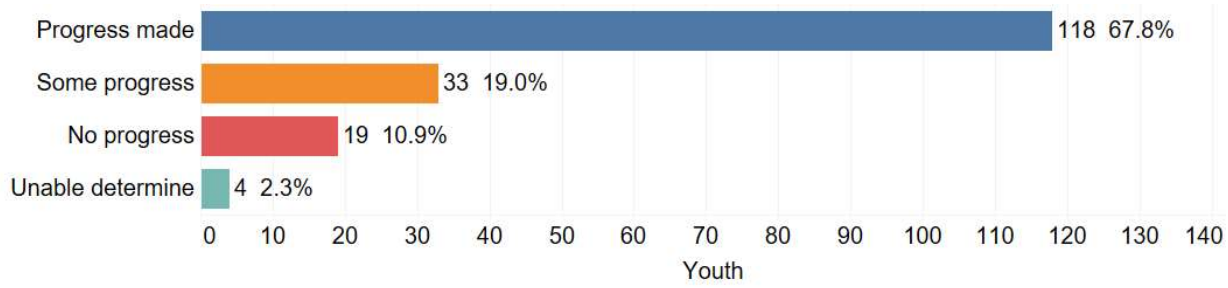
Services. Whether there is a written plan or not, most youth eventually return to the family and/or community. In order to prevent future acts of delinquency and increase community safety, juveniles in State care must be provided the appropriate services. An assessment of the services offered to Probation supervised youth out-of-home 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 (70.7%) all needed services are offered.
- An additional 14.4% had some services offered.

Progress towards Completing Probation

Progress toward Successful Completion of Probation. As shown in Figure 46, the majority of the youth (67.8%) reviewed were making consistent progress towards the completion of the terms of their probation. This is comparable to last year's 68.6%.

Figure 46: Progress toward Successful Completion of Probation at Time of Review for Probation Supervised Youth Reviewed FY2020-21, n=174



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

- In 91.4% 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. Continued supervision can provide youth returning to their homes and communities the services needed to ease the transition and improve the chances for continued success.

- In 93.1% of reviewed cases, the board found that Probation supervision needed to continue.

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 reoffend.

Risk to Reoffend: YLS Scores

Most Recent YLS Score. The Youth Level of Service (YLS) is an evidence-based scoring tool that indicates the youth's likelihood to reoffend and is given at different stages of the youth's Probation case to help gauge progress. The higher the numerical score on the YLS, the higher the likelihood to reoffend. Ideally, the score would decrease as services are used and internalized by the youth. There are slight differences in the categories for girls and boys, so they are presented separately below.

Figure 47: Most Recent YLS Score Category for Probation Supervised Boys Reviewed FY2020-21, n=154

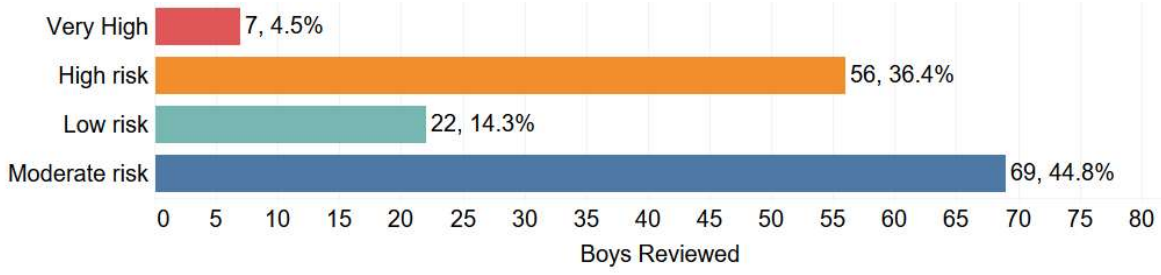
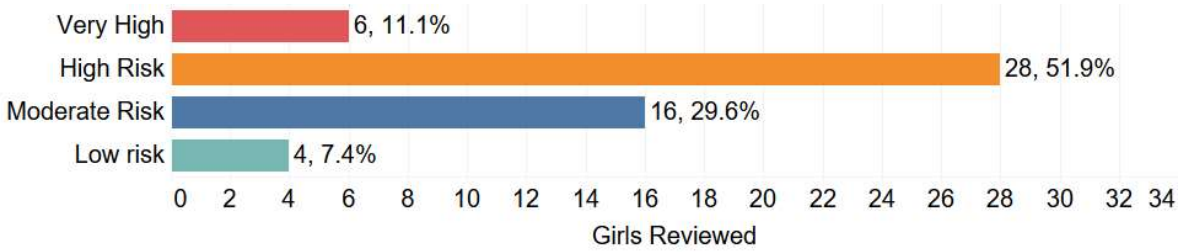


Figure 48: Most Recent YLS Score Category for Probation Supervised Girls Reviewed FY2020-21, n=54



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

Youth Mental Health Issues

Mental Health Diagnosis. There is a complex relationship between mental health conditions and involvement in the juvenile justice system.[47] Several mental health issues associated with an increased risk for delinquency and involvement in the juvenile justice system can exacerbate mental health conditions.

- 94.3% of Probation supervised youth reviewed in FY2020-21 were diagnosed with at least one mental health condition.

Psychotropic medications. Psychotropic medications are a commonly prescribed treatment for certain types of mental health conditions.[48] While not all conditions respond to or require medications:

- 45.7% of the youth were prescribed a psychotropic medication at the time of review.

Substance Use. Substance use diagnoses are common.

- Just over half of the youth reviewed (51.7%) had a substance use diagnosis.

[47] Development Services Group, Inc. 2017. "Intersection between Mental Health and the Juvenile Justice System." Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. Available at: https://www.ojjdp.gov/mpg/litreviews/Intersection-Mental-Health-Juvenile-Justice.pdf

[48] See definitions on page 86.

Education

Education. Whether involved with juvenile justice or not, all youth find education plays a major role in their lives and development. Many youths have significant educational deficits prior to involvement with Probation, and youth can find their education further disrupted by out-of-home placement.

For juvenile justice involved youth, educational achievement can play a role in preventing re-entry into the system. It is with this in mind that the FCRO considers several educational outcome measures for this population.

- 80.6% of the youth reviewed were passing all core classes.
- 94.4% were maintaining regular attendance.
- 75.7% rarely had behaviors in school that impeded learning.

Youth Contact with Family

Contact with Family. Contact with parents or siblings can be an indicator of future success reintegrating into families and communities.[49,50]

- 19.5% of the girls and 9.8% of the boys were not having contact with their mothers at time of review; 46.3% of the girls and 25.6% of the boys were not having contact with their fathers.

Youth Legal Representation

Court-Appointed Attorneys. When involved in a court case it is critical to have adequate legal representation. Almost all Probation supervised youth in out-of-home care were represented by an attorney at time of review.

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

- 48.6% of youth reviewed had a GAL.
- CASA representatives work in tandem with a youth's guardian ad litem and were involved in 1.0% of the cases.

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[49] Burke, Jeffrey D., Edward Mulvey, Carol Schubert, and Sara Garbin. April 2014. "The Challenge and Opportunity of Parental Involvement in Juvenile Justice Services." *Child and Youth Serv Rev.*, p39-47. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3989100/pdf/nihms569441.pdf

[50] Garfinkel, Lili. November 2010. "Improving Family Involvement for Juvenile Offenders with Emotional/Behavioral Disorders and Related Disabilities." *Behavioral Disorders, 36(1)*, p52-60. Available at: https://www.pacer.org/jj/pdf/bedi-36-01-52.pdf

Appropriate Interventions for Youth with Special Needs

IQ testing results are included here not to stigmatize 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 test scores were available for 39 reviewed youth.
    - Given that 5 of the 105 youth had a score of less than 70, and an additional 7 scored between 70-79, it appears that IQ tests are primarily targeted to youth who appeared to have a deficit or trouble with cognitive therapy/treatments.

Since lower scoring 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 YLS scores are valid for youth with below average IQs.
- 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. Youth with below average IQs may be covered under IDEA.[51]

[51] Segal, Adam. 2020. "IDEA and the Juvenile Justice System: A Factsheet." *The National Technical Assistance Center for the Education of Neglected or Delinquent Children and Youth*. Available at: https://neglected-delinquent.ed.gov/idea-and-juvenile-justice-system-factsheet

Challenges to Completing Probation

Probation supervised youth in out-of-home care experience a variety of challenges that may prevent them from returning safely to their home and community. Multiple challenges can be identified for each youth. Some of the more common include:

- 94.3% of the youth reviewed had a mental health diagnosis.
    - 63.4% with a diagnosis were making substantial progress; whereas, 9.1% were making no progress.
- 51.7% of the youth reviewed had a substance use diagnosis.
    - 57.8% with a diagnosis were making substantial progress; whereas, 14.4% were making no progress.
- 4.9% of the girls were pregnant at time of review.
- 1.7% of the boys were a parent at the time of review.
- 19.5% of the girls and 9.8% of the boys were not having contact with their mothers at time of review; 46.3% of the girls and 25.6% of the boys were not having contact with their fathers.
- 36.1% of involved mothers were inconsistent, resistant, or unwilling to engage.
- 29.8% of involved fathers were inconsistent, resistant, or unwilling to engage.
- Placements were inappropriate for 9.8% of the girls and 11.3% of the boys.
- 12.2% of the girls and 10.5% of the boys had made no progress when last reviewed.
- 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. While the FCRO was provided a plan for 72.4% of youth, only 43.1% were found to be an appropriate plan for the youth.

YRTC YOUTH

YOUTH PLACED AT THE YOUTH REHABILITATION AND TREATMENT CENTERS

This section includes tracking and review data for youth placed at a Youth Rehabilitation and Treatment Center. Data describe population trends, snapshot distributions, and data only available on youth the FCRO has reviewed.

The Youth Rehabilitation and Treatment Centers (YRTC) have undergone several changes since June 2019.

- From June 2019-July 2019, all boys were placed at the YRTC in Kearney and girls were placed at the YRTC in Geneva.
- In August 2019, the girls were moved to YRTC Kearney, and the facility served both boys and girls.[52]
- In October 2019, NDHHS announced a three-facility YRTC program that includes placing both boys and girls at YRTC in Kearney, placing some girls close to transitioning home at YRTC in Geneva, and the creation of a new location and program at YRTC Lincoln for "both male and female youth with high behavioral acuity."[53]

The YRTC system is in the midst of substantial changes, including to the program, the educational structure, and even the physical locations. While some changes were in response to COVID-19, other changes are to improve the programs within the YRTC system. During this time of transition, only the most pertinent measures are included in this section.

[52] NDHHS. August 2019. "Youth from Rehabilitation and Treatment Center in Geneva Relocating to Kearney." Available at: http://dhhs.ne.gov/Pages/Youth-from-Rehabilitation-and-Treatment-Center-in-Geneva-Relocating-to-Kearney.aspx

[53] NDHHS. October 2019. "DHHS Announces Development of Youth Rehabilitation and Treatment Center System." Available at: http://dhhs.ne.gov/Pages/DHHS-Announces-Development-of-Youth-Rehabilitation-and-Treatment-Center-System.aspx

Entries into the YRTCs

TRENDS

Average Daily Population. While it likely wasn't the only influence on the numbers of boys and girls at a YRTC, the COVID-19 pandemic has impacted the number of youths at a YRTC. As reported last year, by June of 2020, the population of boys had declined by 19.9%, and girls by 43.6% compared to June of 2019. Figure 49 shows the overall 27.9% decline from June 2020 to June 2021. Change rates for girls and boys are described in Figure 50.

Figure 49: Average Daily Population of Youth Placed at a YRTC, FY2020-21

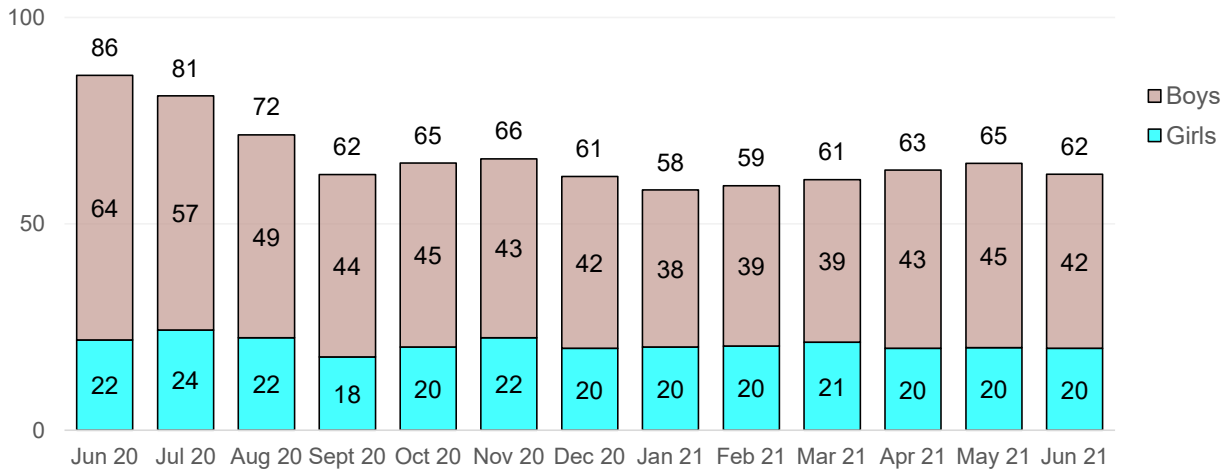


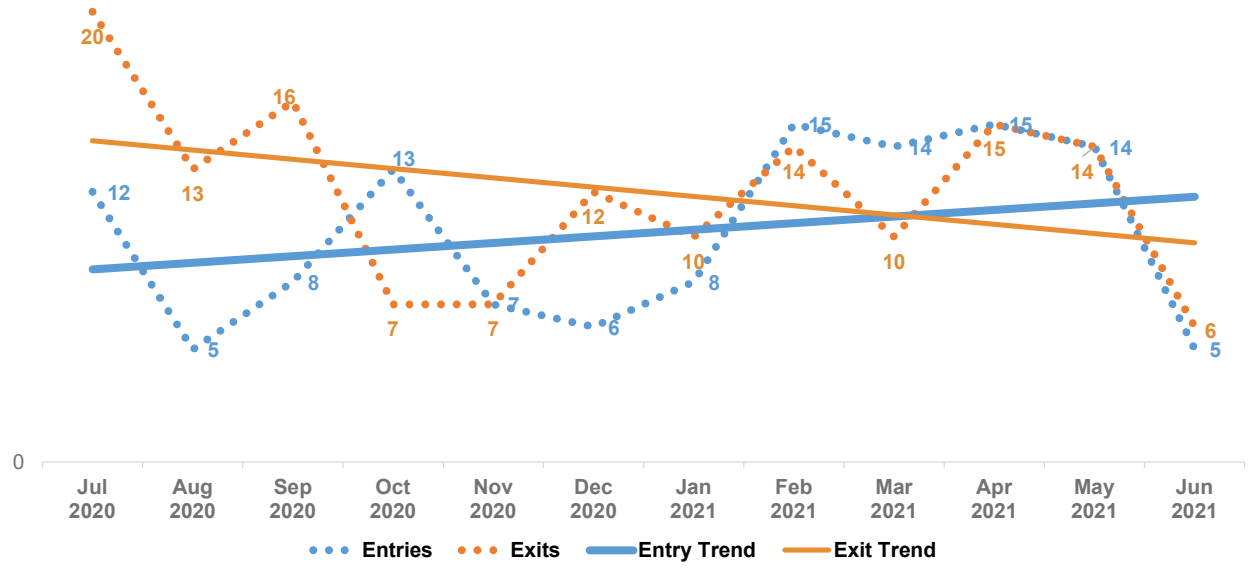
Figure 50: Percent Change in Average Daily Population of Youth Placed at a YRTC, June 2020 to June 2021

	June 2020	June 2021	% Change
Girls	22	20	**-9.6%**
Boys	64	42	**-34.1%**
State	86	62	**-27.9%**

In total, 176 youth were placed at a YRTC at some point during FY2020-21, 130 boys and 46 girls.

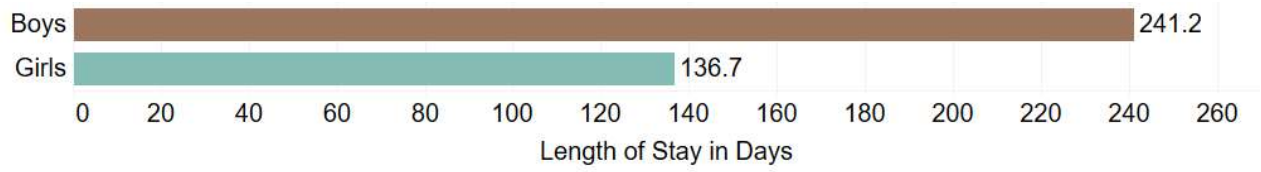
In order to better understand the nature of the population changes, Figure 51 illustrates the entries and exits from the YRTC system.

Figure 51: Exits and Entries of Youth at a YRTC, June 2020 to June 2021



Youth that exited care from a YRTC during FY2020-21 averaged 201.3 total days in care. There were significant differences by gender.

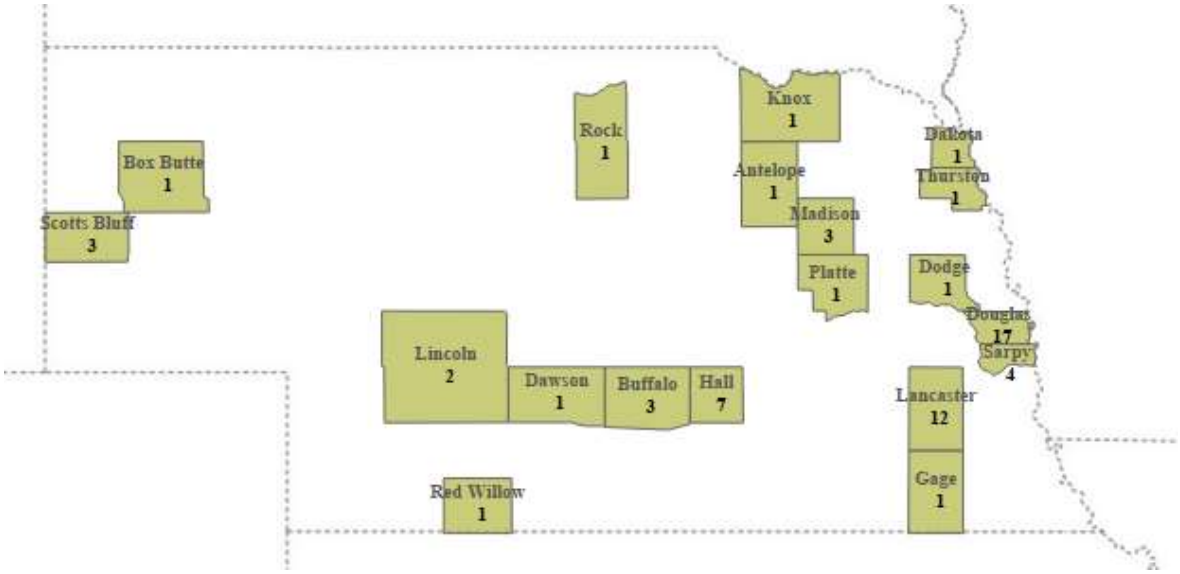
Figure 52: Average Lifetime Days at YRTC by Gender for Youth who Exited Care During FY2020-21



DEMOGRAPHICS

County. On June 30, 2021, there were 62 youths placed at a YRTC. Figure 53 illustrates the county of court for each of the youth.

Figure 53: County of Court Jurisdiction for Probation Supervised Youth in Out-of-Home Care on 6/30/2021, n=62



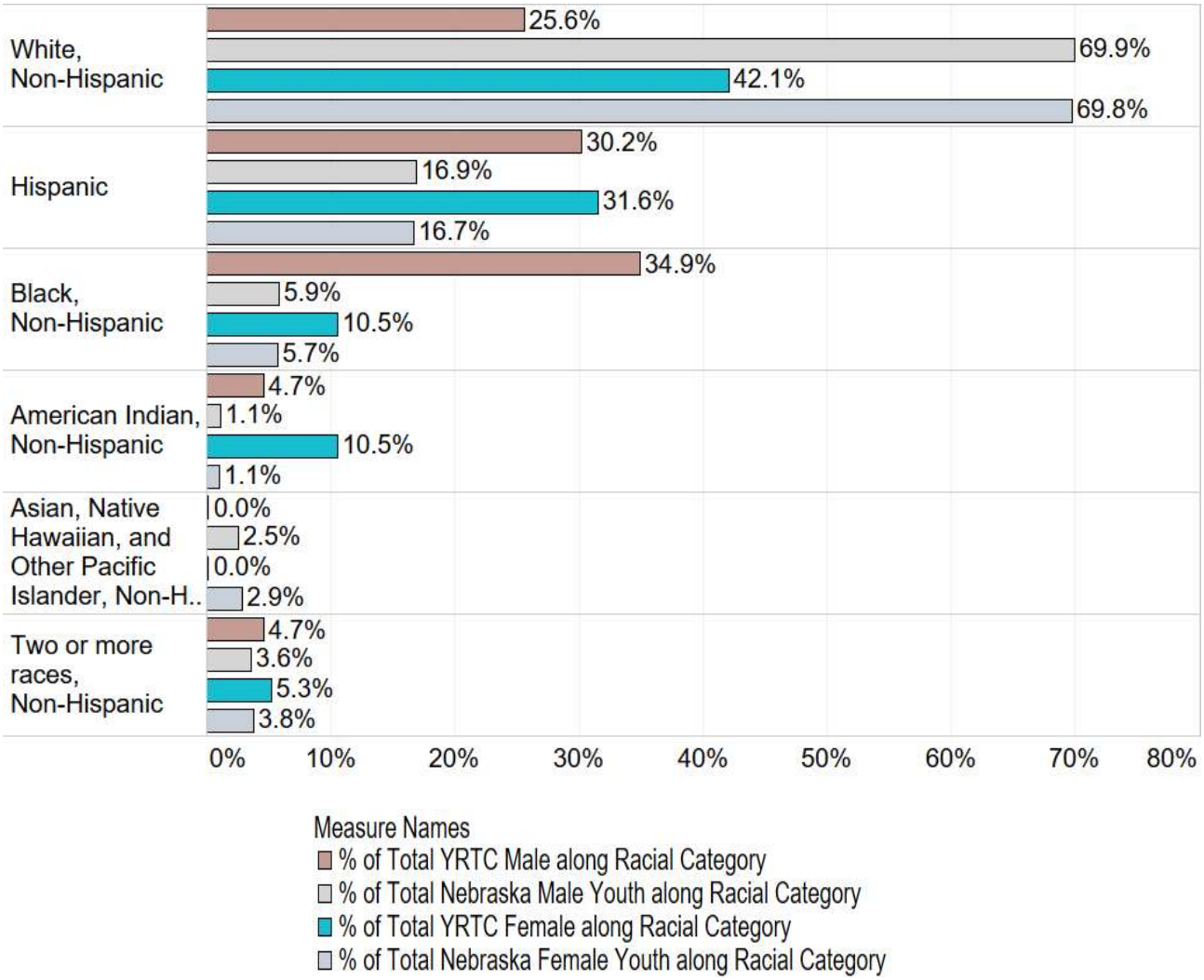
Gender. On June 30, 2021, there were 43 boys and 19 girls placed at a YRTC.

Age. By law, youth placed at a YRTC range in age from 14 to 18. On 6/30/2021, the median age of the boys and girls was 16.0 years.

Race and Ethnicity. Minority youth are disproportionately represented at the YRTCs. As shown in Figure 54, this is true for both girls and boys. In particular:

- 1.1% of Nebraska girls are America Indian, non-Hispanic, but 10.5% of the girls placed at YRTC on 6/30/2021 are American Indian, non-Hispanic.
- Black, non-Hispanic boys are 5.9% of Nebraska boys, but 34.9% of the boys placed at YRTC on 6/30/2021.

Figure 54: Racial and Ethnic Background of Youth Placed at a YRTC on 6/30/2021, n=62



Reviews of Youth at YRTCs

PLACEMENT SAFETY AND APPROPRIATENESS

Placement Safety. Regardless of which agencies are involved with children and youth placed out-of-home, it is imperative that children's safety is a primary concern.

- During FY2020-21, FCRO review boards found 84.6% of the girls and 95.2% of the boys appeared safe at time of review.

Placement Appropriateness. A placement cannot be determined appropriate if it cannot be evaluated as safe.

- Of the youth found safe, all (100.0%) were found to be in an appropriate placement.

OFFENSES

Offenses. Many people are surprised to learn that youth can be committed to the YRTC for other than felony charges and may be committed for non-violent offenses. Youth may have more than one offense type.

Figure 55: Active Offenses for YRTC Youth Reviewed in FY2020-21, [multiple types possible]

Offense	Boys	Girls	All
Non-violent misdemeanor	81.0%	92.3%	85.3%
Non-violent felony	52.4%	23.1%	41.2%
Violent misdemeanor	61.9%	23.1%	47.1%
Violent felony	19.0%	15.4%	17.6%

MENTAL AND BEHAVIORAL HEALTH

Mental Health. According to the federal Office of Juvenile Justice and Delinquency Prevention, nationally 70% of youth in the juvenile justice system have a diagnosable mental health condition.[54] There is a complex relationship between mental health and juvenile justice involvement. Certain mental health conditions may increase a youth's risk, and involvement in the juvenile justice system can intensify existing mental health issues.

- 100% of the youth placed at a YRTC, whether boys or girls, that were reviewed during FY2020-21 had been diagnosed with a mental health condition.

[54] Development Services Group, Inc. 2017. "Intersection between Mental Health and the Juvenile Justice System." Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. https://www.ojjdp.gov/mpg/litreviews/Intersection-Mental-Health-Juvenile-Justice.pdf

Boys and girls are prescribed psychotropic medications at very different frequencies.[55] One hypothesis is that there may be differences in the mental health conditions between the boys and girls. Further research is needed to determine if this is true and, if so, how it impacts the youth's service needs.

- 76.9% of the girls reviewed during FY2020-21 had a psychotropic medication prescribed, and
- 47.6% of the boys had such a prescription.

Substance Use. The majority of reviewed boys (76.2%) and girls (61.5%) placed at a YRTC were diagnosed with substance use issues.

EDUCATION

Behaviors at School. Girls were more likely than the boys to have behavioral concerns that regularly impacted learning (66.7% and 40.0% respectively). These behaviors cannot be untangled from mental health diagnosis and trauma resulting from abuse/neglect removals and multiple placement changes.

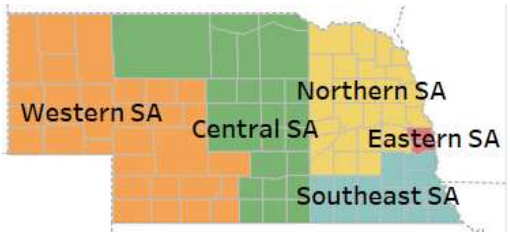
Academic performance. During FY2020-21 reviews, the FCRO found:

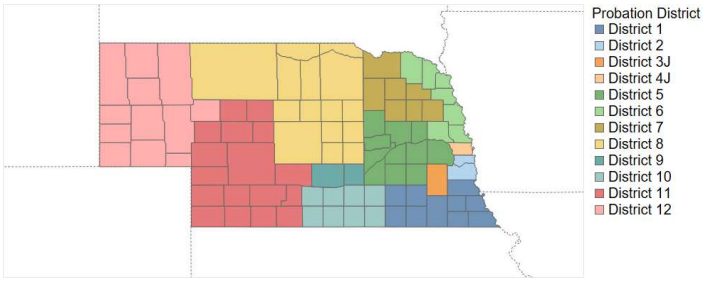
- 66.7% of girls were passing all core classes.
- 75.0% of boys were passing all core classes.

[55] See page 86 for a definition of psychotropic medications.

Appendix A

County to NDHHS Service Area and Judicial (Probation) District[56]





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	Central SA	District 10
Colfax	Northern SA	District 5

County	NDHHS Service Area	Probation District
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
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

[56] District boundaries in statute effective July 20, 2018, Neb. Rev. Stat. §24-301.02. NDHHS service areas per Neb. Rev. §Stat. 81-3116.

County	NDHHS Service Area	Probation District
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
Merrick	Northern SA	District 5
Morrill	Western SA	District 12
Nance	Northern SA	District 5
Nemaha	Southeast SA	District 1
Nuckolls	Central	District 10
Otoe	Southeast SA	District 1
Pawnee	Southeast SA	District 1
Perkins	Western SA	District 11
Phelps	Central SA	District 10
Pierce	Northern SA	District 7

County	NDHHS Service Area	Probation District
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

Glossary of Terms and Acronyms

FCRO is the Foster Care Review Office, author of this report.

Child is defined by statute as being age birth through eighteen; in Nebraska a child becomes a legal adult on their 19th birthday.

Congregate care includes non-treatment group facilities, facilities that specialize in psychiatric, medical, or juvenile justice related issues, and group emergency placements.

Court refers to the Separate Juvenile Court or County Court serving as a Juvenile Court. Those are the courts with jurisdiction for cases involving child abuse, child neglect, and juvenile delinquency.

Dually-involved youth are youth who have involvement with NDHHS/CFS and Probation simultaneously.

Episode refers to the time period between removal from the parental home and the end of court action. There may be THV placements during this time.

ICWA refers to the Indian Child Welfare Act.

ILA is an Informal Living Arrangement for children who are involved with NDHHS/CFS and placed out-of-home voluntarily by their parents. ILA cases are not court-involved.

Kinship home. Per Neb. Rev. Stat. §71-1901(7) "kinship home" means a home where a child or children receive out-of-home care and at least one of the primary caretakers has previously lived with or is a trusted adult that has a preexisting, significant relationship with the child or children or a sibling of such child or children as described in Neb. Rev. Stat. §43-1311.02(8).

Missing from care includes children and youth whose whereabouts are unknown. Those children, sometimes referred to as runaways, are at a much greater risk for human trafficking.

NDHHS/CFS is the Nebraska Department of Health and Human Services Division of Children and Family Services. NDHHS/CFS serves children with state involvement due to abuse or neglect (child welfare).

> Geographic regions under NDHHS/CFS are called Service Areas. **CSA** is the Central area, **ESA** is the Eastern area, **NSA** is the Northern, **SESA** is the Southeast, and **WSA** is the Western area. Counties in each are listed in Appendix A.

NDHHS/OJS is the Department of Health and Human Services (NDHHS) Office of Juvenile Services. **OJS** oversees the **YRTCs**, which are the Youth Rehabilitation and Treatment Centers for delinquent youth.

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.

Normalcy are fun activities designed to give any child skills that will be useful as adults, such as strengthening the ability to get along with peers, leadership skills, and skills for common hobbies such as softball, choir, band, athletics, etc.

Out-of-home care is 24-hour substitute care for children placed away from their parents or guardians and for whom a State agency has placement and care responsibility. This includes, but is not limited to, foster family homes, foster homes of relatives or kin, group homes, emergency shelters, residential treatment facilities, child-care institutions, pre-adoptive homes, detention facilities, youth rehabilitation facilities, and children missing from care. It includes court ordered placements only unless noted.

> 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.

Probation is a shortened reference to the Administrative Office of the Courts and Probation – Juvenile Services Division. Geographic areas under Probation are called Districts.

Psychotropic medications are drugs prescribed with the primary intent to stabilize or improve mood, behavior, or mental illness. There are several categories of these medications, including: antipsychotics, antidepressants, anti-anxiety, mood stabilizers, and cerebral/psychomotor stimulants.[57,58]

Relative placement. Neb. Rev. Stat. §71-1901(9) defines "relative placement" as one in which the foster caregiver has a blood, marriage, or adoption relationship to the child or a sibling of the child, and for Indian children they may also be an extended family member per **ICWA**.

SDM (Structured Decision Making) is a proprietary set of evidence-based assessments that NDHHS/CFS uses to guide decision-making.

SFA is the federal Strengthening Families Act. Among other requirements for the child welfare system, the Act requires courts to make certain findings during court reviews.

Siblings are children's brothers and sisters, whether full, half, or legal.

Termination (TPR) refers to a termination of parental rights. It is the most extreme remedy for parental deficiencies.

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[57] American Academy of Child and Adolescent Psychiatry. February 2012. "A Guide for Community Child Serving Agencies on Psychotropic Medications for Children and Adolescents. Available at: https://www.aacap.org/App_Themes/AACAP/docs/press/guide_for_community_child_serving_agencies_on_psychotropic_medications_for_children_and_adolescents_2012.pdf

[58] State of Florida Department of Children and Families Operating Procedure. October 2018. "Guidelines for the Use of Psychotherapeutic Medications in State Mental Health Treatment Facilities." Available at: https://www.myflfamilies.com/admin/publications/cfops/CFOP%20155-xx%20Mental%20Health%20-%20Substance%20Abuse/CFOP%20155-01,%20Guidelines%20for%20the%20Use%20of%20Psychotherapeutic%20Medications%20in%20State%20Mental%20Health%20Treatment%20Facilities.pdf

Trial home visits (THV) by statute are a temporary placement with the parent from which the child was removed and during which the Court and NDHHS/CFS remains involved. This applies only to NDHHS wards, not to youth who are only under Probation supervision.

Youth is a term used by the FCRO in deference to the developmental stage of children involved with the juvenile justice system and older children involved in the child welfare system.

Appendix C

The Foster Care Review Office

Mission. The Foster Care Review Office's (FCRO) statutory mission is to provide oversight of the child welfare and juvenile justice systems by tracking data 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. By statute, the FCRO is an independent state agency, not affiliated with NDHHS/CFS, NDHHS/OJS, any NDHHS lead agency or contractor, the Administrative Office of the Courts and Probation, or any other entity.

Data. Tracking is facilitated by the FCRO's independent data system, through collaboration with our partners at NDHHS and the Administrative Office of the Courts and Probation. Every episode in care, placement change, and caseworker/probation officer change is tracked; relevant court information for each child is gathered and monitored; and data relevant to the children reviewed is gathered and entered into the data system by FCRO staff. This allows us to analyze large scale system changes and select children for citizen review based on their time in care and the date of those children's upcoming court hearings.[59]

Once a child is selected for review, FCRO System Oversight Specialists track children's outcomes and facilitate citizen reviews. Local board members, who are community volunteers that have successfully completed required initial and ongoing instruction, conduct case file reviews and make required findings. [60]

Oversight. The oversight role of the FCRO is two-fold. During each case file review, the needs of each specific child are reviewed, the results of those reviews are shared with the legal parties on the case, and if the system is not meeting those needs, the FCRO will 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.

Looking forward. The recommendations in this report are based on the careful analysis of the FCRO data that follows. The FCRO will continue to tenaciously make recommendations, and to repeat unaddressed recommendations as applicable, until Nebraska's child welfare and juvenile justice systems have a stable, well-supported workforce that is strongly encouraged to utilize best practices and has access to a broad range of proven, effective services in all areas of the state.

[59] Data quoted in this report are from the FCRO's independent data tracking system and FCRO completed case file reviews unless otherwise noted.

[60] Children and youth are typically reviewed at least once every six months as long as in care.

Appendix D

Understanding and Interpreting the Data

As previously mentioned, the FCRO collects, analyzes, and interprets a substantial amount of data on children in out-of-home care or trial home visit from multiple sources over time. The following information is important to understanding how and why data is presented in different formats and covers different populations throughout this report.

Tracking Data. Tracking data from the FCRO includes which state agencies (NDHHS/CFS, Probation, NDHHS/OJS, or any combination thereof) are involved in a child's case, their case managers and/or probation officers, their placements, their total time in out-of-home care, and, when they leave care, the reason why.

This data may be presented as an aggregate for the fiscal year or snapshot data on the last day of the fiscal year (6/30/2021) as appropriate. Annual aggregated data (such as average daily population) will contain duplicated children across agencies if a child is involved with NDHHS/CFS, Probation, or NDHHS/OJS simultaneously. Snapshot data counts each child only one time, regardless of their agency involvement.

Review Data. Review data from the FCRO includes information on the current status of the case and the child's overall well-being at the point of review. The data collected for reviews is different for children who are involved with NDHHS/CFS (child welfare system) than for youth who are involved with Probation and/or NDHHS/OJS (juvenile justice).

Child welfare reviews focus on safety of the child, progress towards permanency for the child, rehabilitation of the family (if applicable), and overall child well-being. Juvenile justice reviews focus on safety of the youth and community, rehabilitation of the youth, and overall youth well-being. Youth who are involved in both the child welfare and juvenile justice systems at the time of their review receive a child welfare review. Some, but not all, data points are present in both review types.

Review data is extensive, and not all questions are applicable to all children. Questions about educational status are asked only for children enrolled in school. Questions about independent living are only asked of youth 14-18 years old, and questions about Early Development Network (EDN) are only asked for children 3 and under. The report describes the pertinent population for each data point as clearly as possible.

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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:

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