



NEBRASKA  
FOSTER CARE REVIEW OFFICE

# *The Nebraska Foster Care Review Office Quarterly Report*



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

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## ***Table of Contents***

Executive Summary .....	3
Special Section on Bridge to Independence .....	8
Update on Data Dashboards.....	16
Total children in out-of-home or trial home visit placements .....	17
Average daily population of DHHS/CFS involved children .....	19
Children solely involved with DHHS/CFS; Point-in-time view .....	21
Average daily population of youth at the Youth Rehabilitation and Treatment Centers (YRTCs) .....	30
Youth at YRTCs; Point-in-time view.....	32
Average daily population of Probation supervised youth .....	35
Youth solely supervised by Probation; Point-in-time view .....	36
Youth with both DHHS/CFS and Probation involvement, Point-in-time view.....	40
Appendix A: Definitions .....	44
FCRO Contact Information.....	Back cover

## Executive Summary

2022 marks the 40<sup>th</sup> year of service to the state by the Foster Care Review Office (FCRO). This year, we have begun rolling out our updated brand aesthetic and messaging that positions us as an agency that pursues "Great Outcomes" for children, families, and our stakeholders. We will be having meet and greets for stakeholders, the press, local volunteer board members, and staff on July 8<sup>th</sup> in Omaha, July 15<sup>th</sup> in Lincoln, July 18<sup>th</sup> in Grand Island, July 19<sup>th</sup> in Kearney, July 21<sup>st</sup> in Norfolk, August 18<sup>th</sup> in North Platte, August 19<sup>th</sup> in Scottsbluff, and August 26<sup>th</sup> in Fremont. More details will be made available on our website as we draw closer to those dates ([www.fcro.nebraska.gov](http://www.fcro.nebraska.gov)).

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

In addition, we are excited to present the FCRO's new Data Dashboards (accessed via our website). Available data includes current numbers of children impacted, the agencies and courts responsible, demographics, and key indicators, all of which can be sorted in ways most useful for you. The FCRO is committed to providing high-level and in-depth analysis through our data reporting so that system stakeholders and everyday Nebraskans alike have access to information related to children and youth in out-of-home care. We look forward to sharing more with you in the coming months.

Regarding this report, in the special section, we examine the Nebraska extended foster care program, known as Bridge to Independence (b2i). It is a voluntary program that extends specific services to young adults ages 19 or 20 who were in foster care when they reached their 19<sup>th</sup> birthday, which is Nebraska's statutory date for reaching adulthood. This population can face some unique challenges.

The Foster Care Review Office (FCRO) conducts reviews of b2i participants' cases, collects and analyzes data about various program components, including the young adults' overall progress. The FCRO then offers fact-based recommendations utilizing knowledge gained from b2i reviews and reviews of minor children's cases. This includes recommendations for specific case management practice changes that would better prepare future b2i participants and older teens in out-of-home care for adulthood.

The remainder of this report is devoted to sharing the most recent data available on conditions and outcomes for minor children in out-of-home care through the child welfare and juvenile justice systems. Some key findings include:

- There were 4,186 Nebraska children in out-of-home or trial home visit placements under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division (hereafter referred to as Probation) on 3/31/22, representing a 2.6% increase from 3/31/21. (page 17)

- Of the 4,186 total children, there were 3,613 (86.3%) children that were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation, a 5.4% increase compared to children on 3/31/21. (page 18)
- Most DHHS/CFS wards in out-of-home placements or trial home visits (97.3%) were placed in a family-like, least restrictive setting. (pages 23-25)
- The majority of children in a least restrictive foster home, excluding those in trial home visits, are placed with relatives or kin (58.5%). The percentage of children in a licensed relative or kinship home has increased significantly in the last year. (page 26)
- Of the 65 DHHS/CFS wards in congregate care, most are in Nebraska (90.8%); nearly the same as the 91.3% in congregate care placed in Nebraska on 3/31/21. (page 26)
- Depending on the geographic area, between 7.6% and 36.0% of the children have had five or more workers since most recently entering the child welfare system. Furthermore, 162 children statewide had 10 or more workers in that timeframe, most of whom were from the Eastern Service Area (ESA). (pages 27-28)
- There were 382 (9.1%) youth that were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTCs, a 15.9% decrease compared to youth on 3/31/21. (page 36)
- Probation most often utilizes in-state placements; 88.4% of the 292 youth with a known placement location in congregate care were placed in Nebraska. (page 39)
- There were 125 (3.0%) youth in out-of-home care involved with DHHS/CFS and Probation simultaneously, representing a 4.6% decrease compared to youth on 3/31/21. (page 40)
- There were 63 youth, 48 boys and 15 girls, from various counties across Nebraska at a YRTC on 3/31/22 which is consistent with 62 such youth at the YRTCs the same time last year. (page 32)
- Disproportionate rates for children of color in out-of-home care remains a vital issue to be examined and addressed, regardless of which agency or agencies are involved. (pages 23, 33-34, 37, 41-42)
- Undeniably Covid-19 has had significant impact on youth and families, programs and providers. Many instances where findings have changed over the last year have likely been impacted by the pandemic; however, it is expected to take years, if not decades, to truly understand the full impact it has had on the children and youth involved in the child welfare and juvenile justice systems.

## **Recommendations**

In its September 2021 Annual Report, the FCRO made a number of recommendations intended to improve conditions for children involved in Nebraska's child welfare and juvenile justice systems. Many of those recommendations continue. Children's experiences in out-of-home care can have life-long impact. Therefore, the Foster Care Review Office offers the following recommendations:

### ***Recommendations to the Legislature***

1. Consider legislation that would expand access to the Bridge to Independence program to a broader group of young adults, including those who age out of the youth justice system. In addition, consider extending eligibility for Bridge to Independence participants to age 23 or beyond to increase the opportunities for young adults to develop skills necessary for adult living in the 21<sup>st</sup> century, including but not limited to personal finance, mental and physical health care, and post-secondary education and career planning, to avoid the cliff effect.

### ***Recommendations to Multiple Agencies***

1. The Missing from Care Study indicated that stakeholders need to continue discussions recently under way on enhancing protective factors and identifying services, supports, and training to be offered to families and caregivers, particularly mental health treatment and substance abuse services for youth and strategies for increasing school engagement.
2. DHHS/CFS, Probation, and the Courts must do more to address racial and ethnic disparities, which continue to negatively impact children, families, and communities of color. The FCRO suggests that a task force be formed comprised of mostly people with lived experience or who live in communities heavily impacted by the child protection system to identify the root causes and propose solutions to address the causes of disparities which exist from the time an abuse or neglect report is received for a child through achievement of permanency.
3. Access to resources and services for children and families continues to be a challenge, particularly across the rural and frontier regions of the state. DHHS/CFS, Probation, and other state and local government entities, in partnership with the Regional Behavioral Health Authorities, DHHS/Division of Behavioral Health, health care providers, nonprofit, and philanthropic organizations must fully invest in a capacity-building infrastructure. Considerations should include incentives for service providers to establish innovative programs and practices in rural communities which support the well-being of local children and families.

The FCRO acknowledges the work being done by CFS with the assistance of Chapin Hall to implement prevention services throughout the state, however the

need in rural areas is dire and immediate. Specialized substance abuse treatment programs are unavailable or inaccessible to those who need them in rural and frontier regions of the state.

4. CFS, child placing agencies, and system partners must continue their efforts to recruit, train, support and retain foster family homes 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 also be safe.
5. Progress has been made over the last year by CFS to license relative and kinship foster homes. The FCRO encourages continued efforts to identify, train, equip, and license relative and kinship foster homes and to support these newly licensed foster homes.

### ***Recommendations to DHHS/CFS***

1. Work with provider organizations to improve delivery and documentation of independent living skills training and development for youth ages 14 and over, including financial literacy, preparation for post-secondary education and job skills, and establishing and maintaining permanent connections with extended family or other trusted adults that can be sustained into adulthood.
2. Collaborate with the b2i advisory committee of the Nebraska Children's Commission to incorporate the committee's recommendations regarding program evaluation and related measurement tools which will allow for ongoing outcome tracking and reporting before, during, and after b2i program participation.
3. Consider implementing the Youth Thrive<sup>1</sup> framework as part of b2i programming to create a seamless continuum of independent living supports for all youth and young adults ages 14-26, and consider whether additional, specialized training is required for Independence Coordinators related to adolescent development and the needs of emerging adults.
4. The FCRO has actively supported the transition of cases from Saint Francis Ministries to DHHS/CFS in the ESA. Now that the transition of cases is complete, CFS must continue to address case manager turnover in the ESA and across the state. The recent pay increases are a good start; however, additional resources are needed in the areas of training, supervision, and support for case managers. Additional supportive supervision is especially needed for newly transitioned staff to address any knowledge or skills gaps.

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<sup>1</sup> Youth Thrive is a trademark of the Center for the Study of Social Policy. More information is available at: [Youth Thrive - Center for the Study of Social Policy \(cssp.org\)](https://www.cssp.org)

5. Caseloads remain too high, especially in the ESA where (per the latest CFS report) only 45% of ongoing case managers were in compliance with statutory caseload standards. Statewide only 58% of ongoing case managers were in compliance. This has to change. High caseloads lead to turnover and delays in permanency, which negatively impact children and families.
6. Continue efforts to improve case file documentation. Lack of documentation in case files, lack of updated documentation, and poor documentation are often a result of high turnover and high caseloads. Additionally, these are contributing factors in poor case management, lack of progress toward permanency, and poor outcomes for children and families.
7. The FCRO acknowledges the improvements made at the YRTC's over the last two years and encourages DHHS to make program evaluation data and reports easily accessible to the public to ensure that the outcomes of the new programming are transparent and used to achieve desired results through decision and policy development into the future.

### ***Recommendations to Probation***

1. If not already doing so, consider providing older youth with education around financial literacy, the importance of safe and stable housing, and developing meaningful relationships with supportive adults as youth transition to adulthood.
2. The FCRO acknowledges the work being done by the Administrative Office of the Courts and Probation - Juvenile Services Division in partnership with the RFK National Resource Center for Juvenile Justice on juvenile justice system enhancement across the state. It appears that many of the FCRO's previous recommendations may be addressed as part of this process. The FCRO appreciates the opportunity to participate in the process and looks forward to the final recommendations and action steps to be developed throughout the review.

### ***Recommendations to the Court System***

1. Work with the FCRO to develop and implement a single, standardized technology solution for submission of FCRO reports to all courts with juvenile court jurisdiction across the state.

In addition to all recommendations above, the FCRO continues to work with DHHS/CFS, the Courts, Probation, and all other stakeholders to pursue the remaining recommendations included in the 2021 Annual Report (September 2021).



## Special Report on Bridge to Independence Extended Foster Care Program (commonly called b2i) Case Reviews

Young adults who were in foster care until the day they reached legal adulthood (19<sup>th</sup> birthday) frequently face a unique set of challenges. For example, many former wards:

- have few, if any, family members or other adults able or willing to help them during the transition into early adulthood,
- might lack skills to obtain or maintain employment,
- may need assistance with their pursuit of further education,
- might find it difficult to find safe housing,
- may lack skills needed to manage their finances,
- can still be recovering from abuse or neglect experienced as a child, making it difficult to function as an adult, and
- may need a short period of additional assistance to overcome one or more of these obstacles.

The Nebraska Bridge to Independence Program (frequently referred to as b2i) was designed to assist that population by providing specific state supports to qualifying young adults ages 19 or 20 who opt to enroll. It is a short-term program that ends supports on the participant's 21<sup>st</sup> birthday.

***History.*** The 2008 federal Fostering Connections to Success and Increasing Adoption Act extended federal Title IV-E funding to support states in offering voluntary foster care services until the 21<sup>st</sup> birthday for young adults who were in out-of-home care when they reached the state's legal age of majority. After requirements were promulgated federal approval for state programs was required, which Nebraska applied for and obtained.

The Nebraska Young Adult Voluntary Services and Supports Act was passed in 2013, creating the b2i program. The Act was clarified in 2015 regarding tribal youth's eligibility. The Act was amended in 2019 to include eligibility for youth who left foster care via a guardianship or adoption that was completed after the youth's 16<sup>th</sup> birthday. It also limited eligibility to young adults with Nebraska residency and excluded young adults in a nursing facility or facility for persons with developmental disabilities since they were to be served by other federally supported programs.

***Eligibility.*** To be eligible for the b2i program, a young adult who meets the age requirement and who exited foster care at adulthood must also meet at least one of the following: 1) be pursuing a high-school diploma, a GED, a post-secondary or vocational program, or be otherwise enrolled in educational activities, 2) be employed at least 80 hours a month or participating in programs to enhance employment opportunities, or

3) be unable to complete the aforementioned activities due to documented medical conditions.<sup>2</sup> Regardless of reason for eligibility, all participants must maintain monthly contact with their independence coordinator (specialized DHHS caseworker) or be subject to removal from the program.

**Supports.** Participants receive monthly stipends and are assigned to an independence coordinator who helps them develop and modify their transitional living plan and connects them to available resources.<sup>3</sup> Other supports available include assistance obtaining medical care/Medicaid; assistance with completing high school, obtaining a GED or with post-secondary education; guidance on securing and maintaining employment; assistance finding safe and suitable housing; and learning to build strong, positive relationships with appropriate adult mentors.

**FCRO Case Reviews.** The Foster Care Review Office conducts monthly reviews of a sample of b2i participants. During this process data is compiled from several sources including:

- Information received from Department of Health and Human Services – Division of Children and Family Services (DHHS-CFS) on b2i program participants,
- FCRO staff research on participants during reviews using the DHHS N-FOCUS data system, and
- Additional information received from young adults and/or interested parties (for example, independence coordinators, young adults' attorneys or guardians ad litem, and/or mentors).

Data is collected on specific goals and progress towards each goal the young adult has selected or is working on, as well as some basic demographic information. In addition, overall progress toward independent living is determined by FCRO staff using their professional judgement to measure the combined progress or status in the following areas: education, employment, money management, safe housing, transportation, self-care (physical and mental), relationships with appropriate adult mentors, work toward other skills the young adult identified, and successful parenting (if applicable).

**Focus of Current Study.** In Fiscal Year 2021 (FY2021) FCRO completed a sample of 200 b2i case reviews, of which 124 were female (62%) and 76 were male (38%). Young adults of color represented 45% (n=90) of the review sample, while white young adults represented 54% (n=108) of the sample. Race/ethnicity was reported as "Other" or "Unknown" for two cases. Of the 200 case reviews conducted during FY2021, 110 were initial reviews (55%) and 90 were subsequent reviews (45%).

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<sup>2</sup> Nebraska Bridge to Independence Extended Foster Care Evaluation, Kristen Sepulveda, Samuel Abbott, Sunny Sun, Alaina Flannigan, 2019, Child Trends.

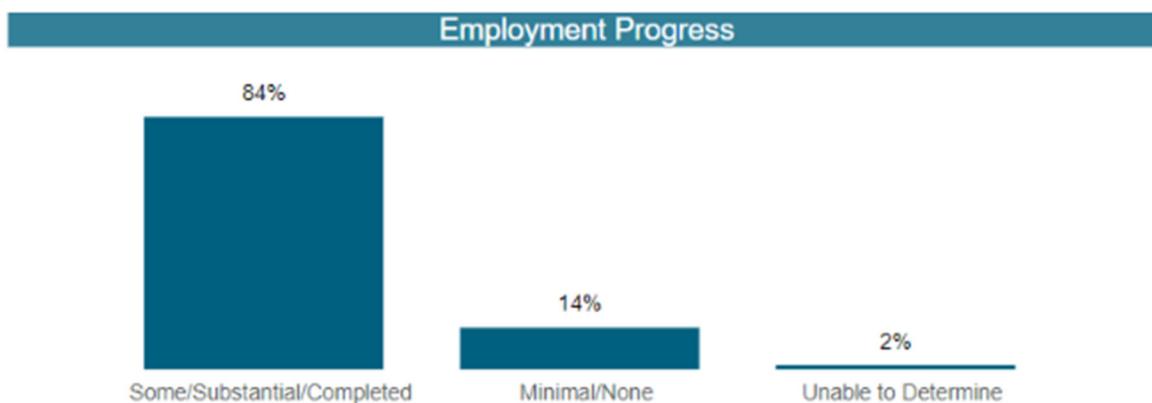
<sup>3</sup> IBID.

**Goals and Progress.** In this Special Report we describe data about the young adults' chosen goals and progress level at their time of FCRO review. Young adults in the program may choose more than one goal. Self-identification of goals helps young adults to contemplate and prepare for their future.

The top four selected goals identified during reviews included employment, transportation, education, and financial goals. Housing was found as a goal for nearly half of the young adults. Housing safety and stability is assessed for every young adult, regardless of whether it is indicated as a goal area. An assessment of overall progress is also described, with some preliminary findings on key indicators to success.

### ***Employment Goal for Young Adults Reviewed in FY2021<sup>4</sup> (n=200)***

The most common goal selected by young adults in the b2i program is employment (97%). As with other inexperienced young workers new to the labor force, COVID-19 likely impacted progress toward obtaining and maintaining employment. In spite of this, commendably most b2i participants (84% of those with this goal) were making some/substantial progress or had completed their goal.

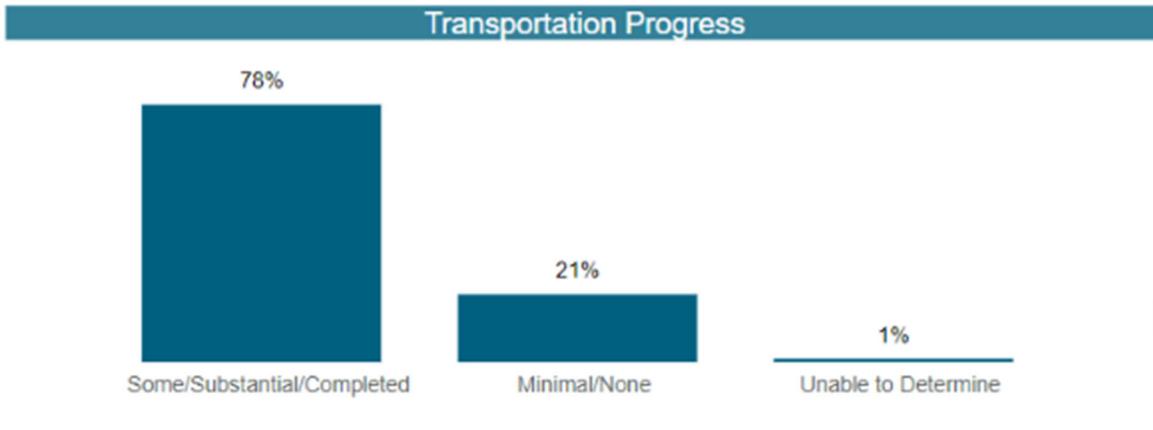


Progress based on gender revealed that 87% of females were showing progress compared to 81% of the males. Progress based on race/ethnicity found that 86% of white young adults were showing progress compared to 82% for young adults of color.

### ***Transportation Goal for Young Adults Reviewed in FY2021 (n=200)***

Most (92%) had a goal regarding transportation, such as learning to drive, obtaining a driver's license and insurance, obtaining and maintaining a vehicle, or learning to use public transportation (where available). Progress was found for 78% of the young adults, with just over 1/3 having actually completed their goal.

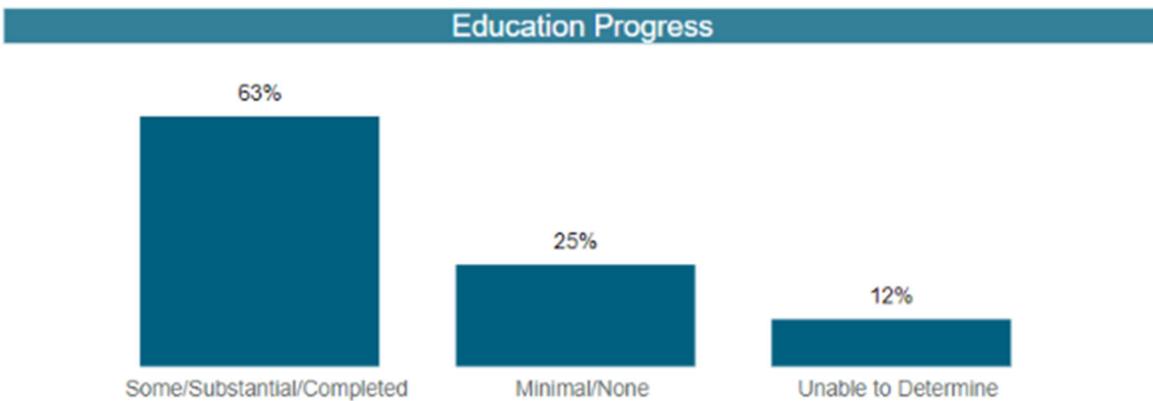
<sup>4</sup> Fiscal year 2021 is July 1, 2020 – June 30, 2021.



Progress based on gender revealed that 83% of females were showing progress compared to 69% of the males. No differences were found in progress based on race/ethnicity between young adults of color and white young adults.

**Education Goal for Young Adults Reviewed in FY2021 (n=200)**

Education is a common goal, selected by 81% of the young adults reviewed. As with employment, COVID-19 had a dramatic impact on educational settings during FY2021. According to research conducted by the National Student Clearinghouse Research Center, undergraduate enrollment rates during the pandemic declined for both community colleges and four-year institutions at concerning rates.<sup>5</sup> Despite challenges presented as a result of COVID-19, 63% with an education goal were making progress.

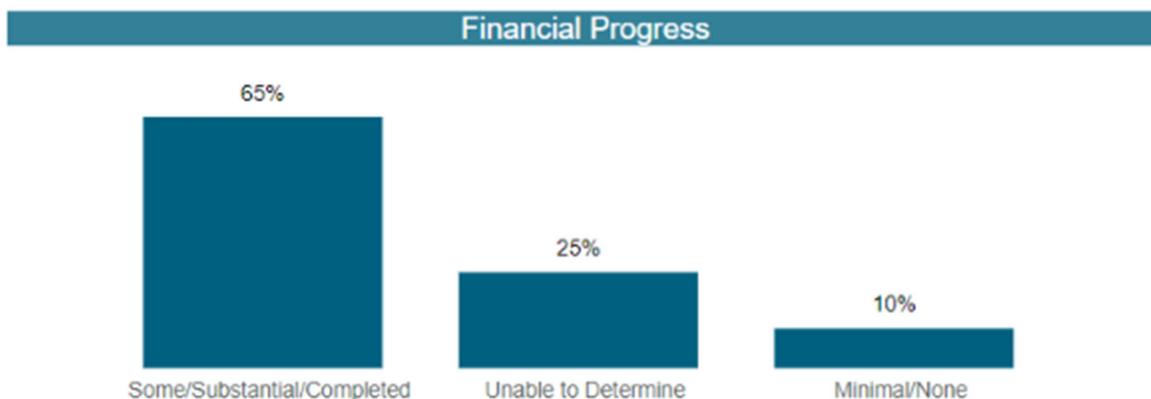


Although no differences in progress were found based on gender; dramatic differences were shown between white young adults (71% making progress) and young adults of color (51% making progress).

<sup>5</sup> [COVID-19: Stay Informed - National Student Clearinghouse Research Center \(nscresearchcenter.org\)](https://www.nscresearchcenter.org/)

### **Financial Goal for Young Adults Reviewed in FY2021 (n=200)**

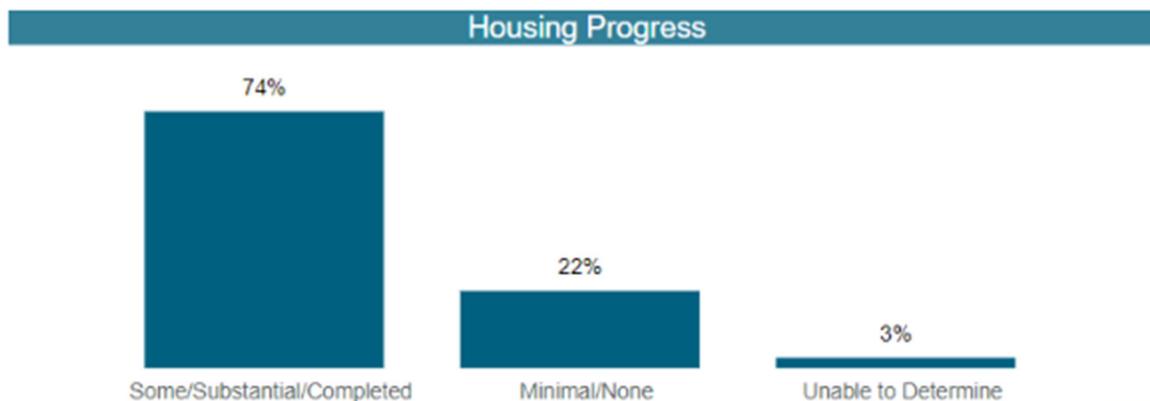
Over half of the young adults reviewed (59%) had a goal related to finance. Approximately two thirds (65%) were making progress.



Progress based on gender revealed that 70% of males were showing progress compared to 62% of the females. Progress based on race/ethnicity found that 67% of young adults of color were showing progress compared to 64% for white young adults.

### **Housing Goal for Young Adults Reviewed in FY2021 (n=200)**

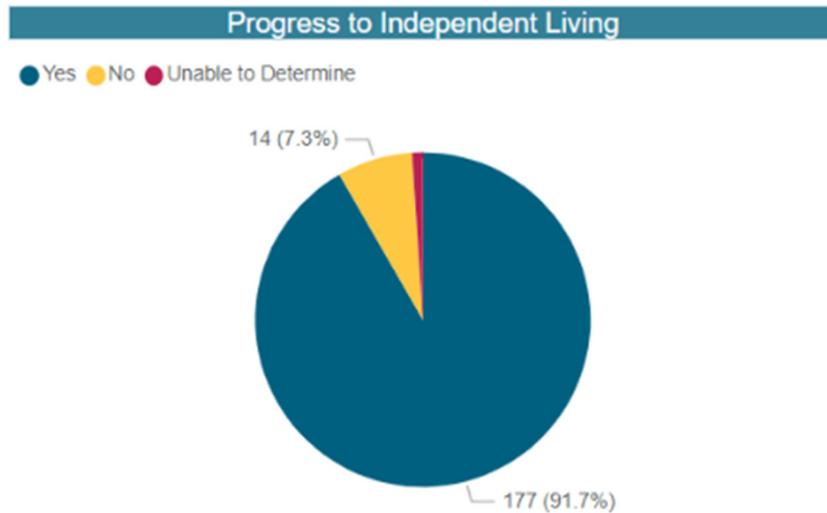
Many (49%) had a goal related to housing. Often this related to saving towards having their own apartment or housing situation. Just under 1/3 had completed this goal, and another 43% had made progress towards the goal.



Progress based on gender revealed that 77% of females were showing progress compared to 70% of the males. Progress based on race/ethnicity found that 78% of young adults of color were showing progress compared to 71% for white young adults.

**Overall Progress.** The FCRO considers b2i participant’s goals and progress levels for each aspect of skill building and support when determining the young adult’s overall progress in the program. Most (92%) reviewed b2i participants were making progress to “independent living”.

**Overall Progress for Young Adults Reviewed in FY2021 (n=200)**

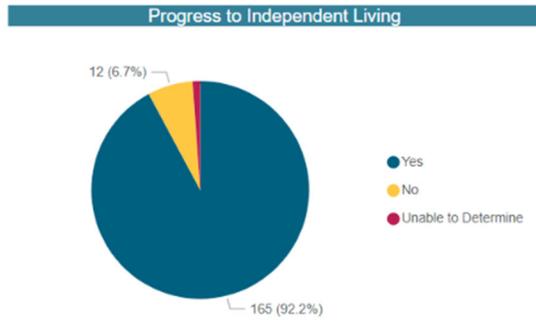


Overall progress based on gender revealed that 93% of females were showing progress compared to 90% of the males. Progress based on race/ethnicity found that 94% of white young adults were showing progress compared to 89% for young adults of color.

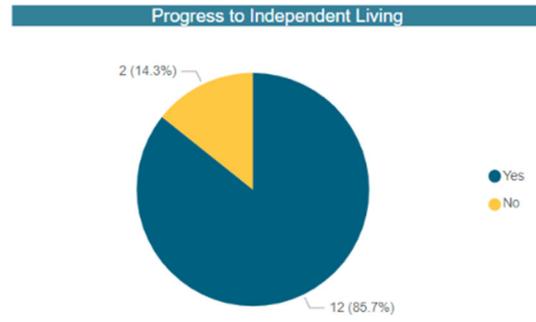
**Factors Impacting Overall Progress.** Several key factors that impact a young adult’s likelihood of achieving overall success were identified. Greater instability in terms of removals from the parental home and number of out-of-home placements during childhood were associated with higher likelihood of that young adult having difficulty making progress in the b2i program.

The following charts show the difference that the number of removals from the home throughout childhood had on b2i participants’ overall program success. More removals decrease the likelihood of making progress (92% of the 1-3 category were making overall progress as compared to 86% in the 4 or more times in care category).

**1 to 3 Times in Care as a Child**

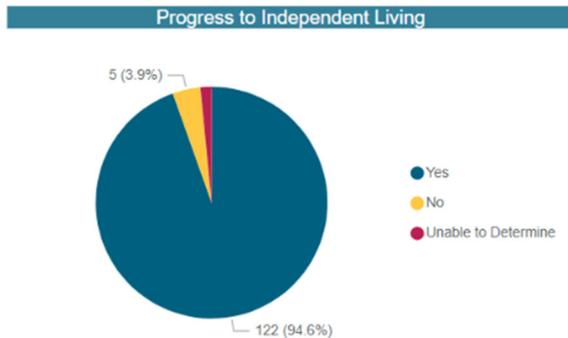


**4 or more Times in Care as a Child**

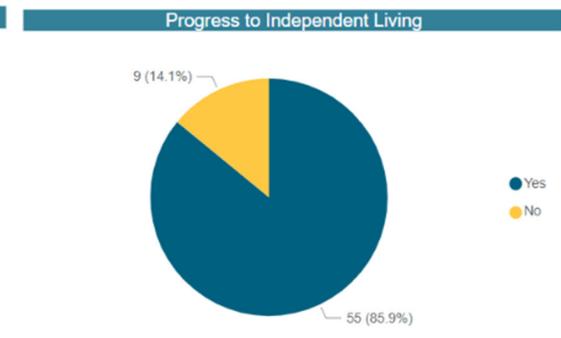


The next set of charts show the impact of multiple out-of-home placements. The term “placements” is defined as individual foster homes, group homes, or specialized facilities in which the young adult lived as a child while in the child welfare system. The more disruptions the young adult had experienced in childhood, the less likely they were to be making progress toward independence. Overall progress was being made by 95% of young adults who had fewer than ten placements compared to 86% for those with ten or more out-of-home placements during their childhood.

**1 to 9 Placements as a Child**



**10 or more Placements as a Child**



Two additional factors were shown to be key influencers on overall progress while in the b2i program. Young adults with stable housing were twice as likely to be making overall progress and those with a reliable support system were 1.5 times as likely.

Based on these and other findings, the FCRO urges stakeholders to work toward the following.

**Recommendations:**

1. Ensure that older teens identify, develop and learn how to maintain meaningful relationships with positive adults that hopefully will endure into their early adulthood.
2. Further educate older teens and young adults on the foundational importance of securing safe and stable housing along with an understanding of how to maintain their home.
3. Continue the collaborative work that has begun between the Foster Care Review Office and DHHS Children and Family Services staff. This work is designed to increase the likelihood that adolescents and young adults who have been involved in the child welfare system are prepared to meet the challenges of adulthood and to increase understanding about how childhood experiences may shape which supports are most beneficial during their years in the b2i program.
4. Caseworkers of youth ages 16 to 18 should begin working with the youth on budgeting and financial management even if the youth is not interested in voluntary enrollment in b2i as those are necessary skills for all youth approaching adulthood. The b2i program can then concentrate on the areas that appear to be most challenging for the young adults – such as understanding leases, rental and housing agreements; purchasing automobiles, insurance and related expenses; obtaining medical or mental health services; and establishing budgets before receiving the b2i cash stipends.<sup>6</sup>
5. Use a tailored strategy as the young adult approaches age 21 to better prepare them for the cliff effect of losing stipends and other supports.<sup>7</sup>
6. Continue to increase hope and confidence amongst participants as they develop their skills, particularly in areas where racial disparities are known to exist.
7. Understand the role that the b2i program can have on preventing abuse and neglect of future generations, especially since young adult participants are of child-bearing age and may already have children of their own.



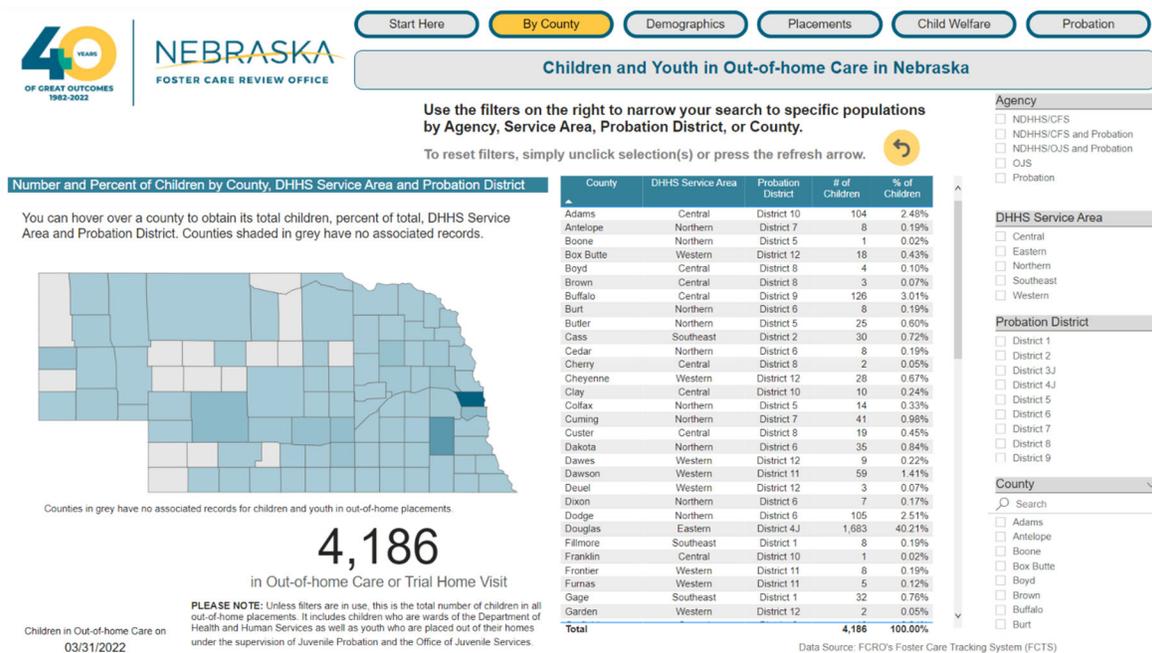
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<sup>6</sup> Improving financial literacy was also a recommendation in Nebraska Bridge to Independence Extended Foster Care Evaluation, Kristen Sepulveda, Samuel Abbott, Sunny Sun, Alaina Flannigan, 2019, Child Trends.

<sup>7</sup> Ibid.

## FCRO's Data Dashboard Now Publicly Available

To enhance our readers' access to the most commonly requested Foster Care Review Office data on the child welfare and juvenile justice out-of-home populations in Nebraska, the FCRO's Research Team has developed an online data dashboard that can be easily filtered by region, type of case, age of child, etc., as well as provide general facts.



The dashboard is now available to the public. Access is through the FCRO's website, [https://fcro.nebraska.gov/data\\_dashboards.html#](https://fcro.nebraska.gov/data_dashboards.html#)

We look forward to your thoughts on this new tool. Comments can be emailed to [fcro.contact@nebraska.gov](mailto:fcro.contact@nebraska.gov).





The 4,186 children in out-of-home or trial home visit care on 03/31/22 included the following groups:<sup>10</sup>

- 3,613 (86.3%) children that were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation.
  - This is a 5.4% increase compared to the 3,427 children on 3/31/21.
- 382 (9.1%) youth that were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTCs.
  - This is a 15.9% decrease compared to the 454 such youth on 3/31/21.
- 125 (3.0%) youth that were in out-of-home care and involved with DHHS/CFS and Probation simultaneously.
  - That is a 4.6% decrease compared to the 131 such youth on 3/31/21.
- 65 (1.6%) youth that were in out-of-home care and involved with DHHS/OJS and Probation simultaneously.
  - That is a 4.8% increase compared to the 62 such youth on 3/31/21.
- 1 (<0.1%) child that was in out-of-home care and was served by DHHS/OJS only.
  - There were 4 such children on 3/31/21.

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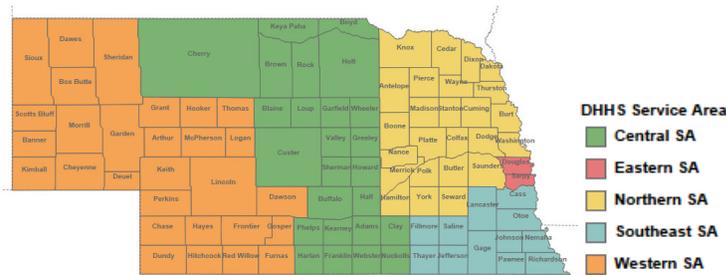
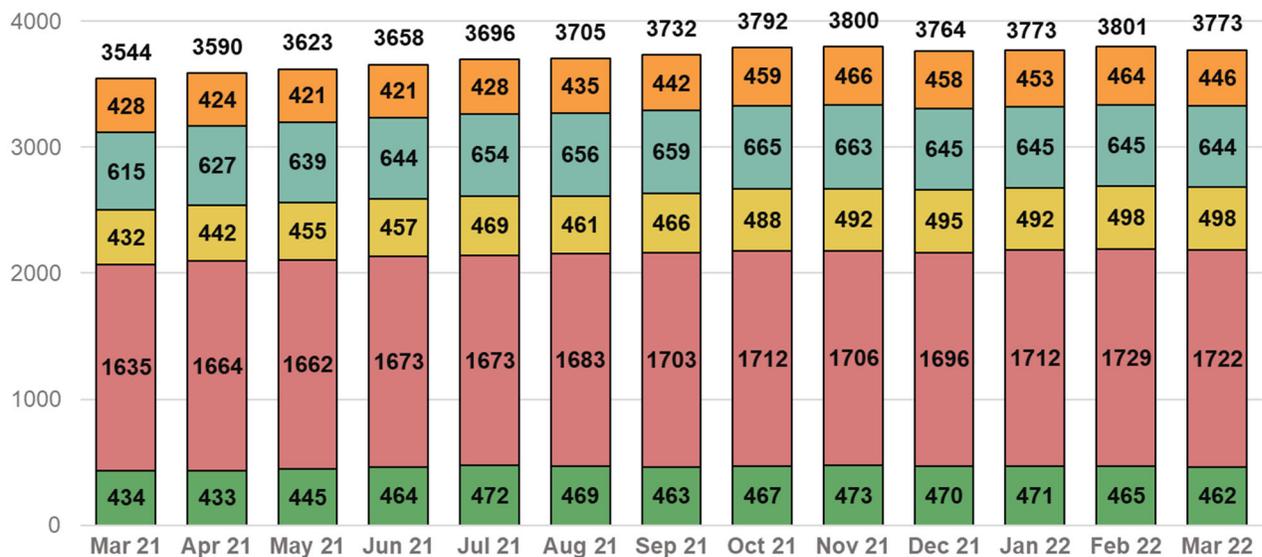
<sup>10</sup> Ibid.

## Average Daily Population of Children with any DHHS/CFS Involvement

### Daily Population

Figure 2 shows the monthly fluctuation in average daily population (ADP) of DHHS/CFS involved children in out-of-home or trial home visit placements (including those simultaneously supervised by Probation) over the course of the 13 months from March 2021 through March 2022. It includes both service area and statewide numbers.

**Figure 2: Average Daily Population of All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements<sup>11</sup>**  
(Includes children with simultaneous involvement with Probation)<sup>12</sup>



<sup>11</sup> The average shown at the top of each column may not be exactly equal to the sum of the service areas due to rounding.

<sup>12</sup> The FCRO’s FCTS data system is a dynamic computer system that occasionally receives reports on children’s entries, changes, or exits long after the event took place. The FCRO also has a robust internal CQI (continuous quality improvement) process that catches and reverses many errors in children’s records, regardless of the cause, in order to reflect the most accurate data available for review. Therefore, due to delayed reporting and internal CQI, some of the numbers on this rolling year chart will not exactly match that of previous reports. The same is true for additional data components described throughout the report.

Figure 3 compares the average daily populations from March 2021 to March 2022 by service area (SA). In March 2022, there were 6.5% more DHHS/CFS wards in out-of-home care or trial home visit than at the same time last year. While all service areas experienced an increase in average daily population, the Northern Service Area experienced the largest rolling year increase (+15.1%).

**Figure 3: Percent Change in All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements**

(Includes children with simultaneous involvement with Probation)

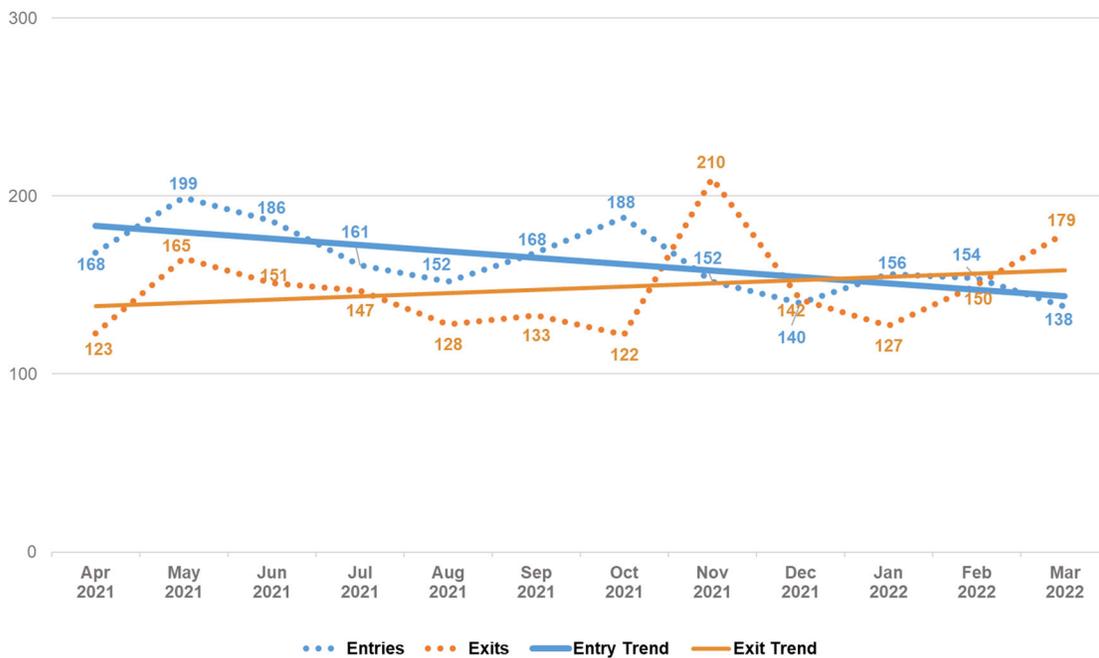
	Mar. 21	Mar. 22	% Change
Central Service Area	434	462	6.4%
Eastern Service Area	1,635	1,722	5.4%
Northern Service Area	432	498	15.1%
Southeast Service Area	615	644	4.8%
Western Service Area	428	446	4.2%
<b>Statewide</b>	<b>3,544</b>	<b>3,773</b>	<b>6.5%</b>

**Entries and Exits**

Figure 4 shows that during April 2021 to March 2022 there were typically more entries than exits during a month, with few exceptions.

**Figure 4: Statewide Entries and Exits of DHHS/CFS Involved Children**

(Includes children with simultaneous involvement with Probation)



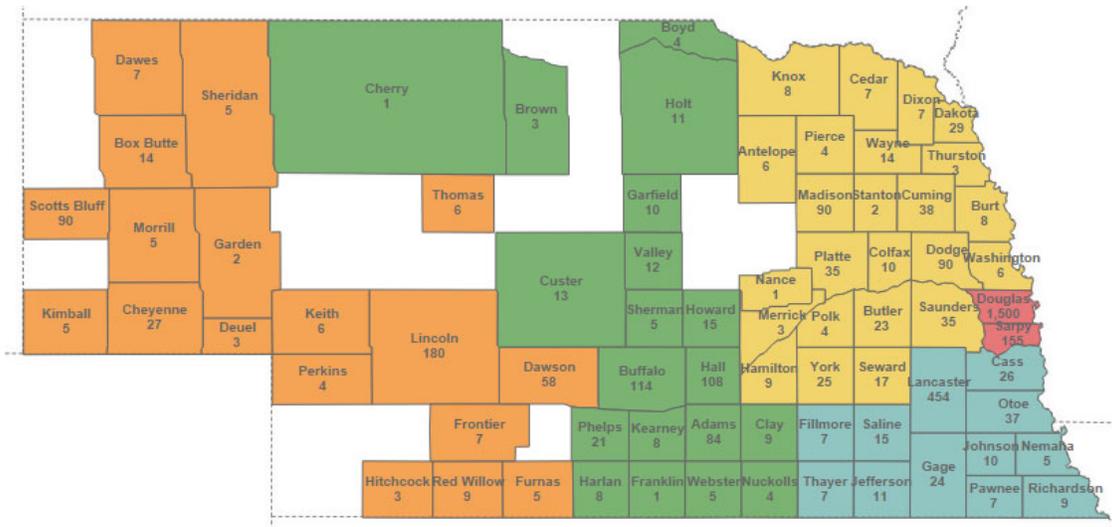
## Children Solely Involved with DHHS/CFS – Point-in-time (Single Day) View

Single day data on DHHS/CFS wards in this section includes only children that meet the following criteria: 1) involved with DHHS/CFS and no other state agency and 2) reported to be in either an out-of-home or trial home visit placement.<sup>13</sup> On 3/31/22 there were 3,613 children who met those criteria. That compares to 3,427 on 3/31/21, a 5.4% increase.

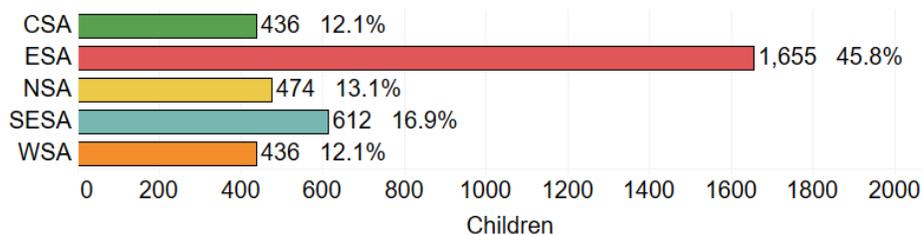
### Demographics

**County.** The map below (figure 5) shows the county for the 3,613 DHHS/CFS wards in out-of-home care on 3/31/22. Counties with the most children in care included Douglas (1,500), Lancaster (454), Lincoln (180), and Sarpy (155). Child abuse and neglect affects nearly every part of the state.

**Figure 5: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement on 3/31/22 by County of Court Involvement and DHHS/CFS Service Area, n=3,613\***



\* Total counts for service area (SA) by county may differ from overall counts due to case assignments across SAs.



<sup>13</sup> Youth at one of the YRTC's, youth solely involved with Probation, or youth dually involved with Probation are not included. Those groups are described elsewhere in this report.

As expected, most of the children in Figure 5 on the previous page are from the two largest urban areas (Omaha and Lincoln, in the Eastern and Southeast service areas, respectively). Of equal importance are the rates of state wards from counties with relatively few children in the population. Figure 6 compares the number of children in out-of-home care and trial home visit to the US Census numbers of children in the population. Of particular interest is that Lincoln County is ranked 10<sup>th</sup> in estimated population for children 0 to 19, yet it is ranked 3<sup>rd</sup> in rate per 1,000.

To put this in context, the statewide average is 6.82 children in care per 1,000 (as calculated by the number of DHHS wards in out-of-home care across the state divided by the statewide population ages 0 to 19).

**Figure 6: Top 10 Counties by Rate of NDHHS Wards in Care on 3/31/22**

<b>County</b>	<b>Children in Care</b>	<b>Total Age 0-19<sup>14</sup></b>	<b>Rate per 1,000</b>
<b>Thomas</b>	6	178	<b>33.71</b>
<b>Garfield</b>	10	398	<b>25.13</b>
<b>Lincoln</b>	180	8,986	<b>20.03</b>
<b>Cuming</b>	38	2,353	<b>16.15</b>
<b>Cheyenne</b>	27	2,241	<b>12.05</b>
<b>Valley</b>	12	1,028	<b>11.67</b>
<b>Pawnee</b>	7	612	<b>11.44</b>
<b>Butler</b>	23	2,044	<b>11.25</b>
<b>Frontier</b>	7	634	<b>11.04</b>
<b>Harlan</b>	8	775	<b>10.32</b>

**Gender.** Girls (50.8%) and boys (49.2%) were equally represented in the population of children in care on 03/31/22, as has been true for several years.

**Age.** Populations by age group are consistent with past reports:

- 37.9% of children in care are 5 and under,
- 34.9% are between 6 and 12, and
- 27.2% are teenagers.

The median age is 8.0 years.

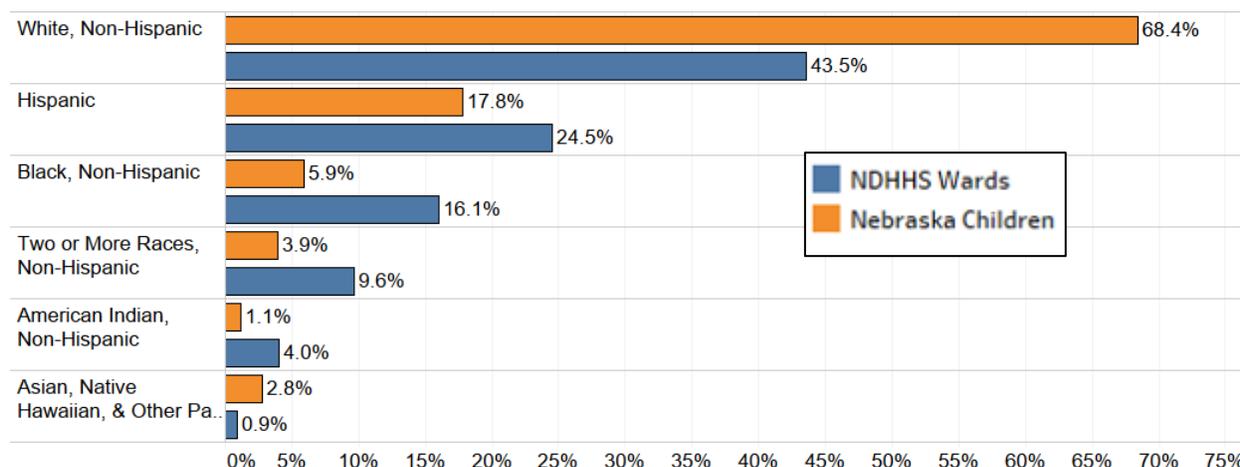
<sup>14</sup> U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2019.

**Race and Ethnicity.** As the FCRO and others have consistently reported, minority children continue to be overrepresented in the out-of-home population (Figure 7). Further, American Indian children may be underrepresented in the DHHS/CFS population data below due to issues with when and how DHHS/CFS determines racial data, and thus they may have a higher rate of disproportionality than shown below.<sup>15</sup>

The Census Bureau estimates that 5.9% of Nebraska’s children are Black or African American, 1.1% are American Indian or Alaska Native, and 3.9% are multiracial; yet all three groups are overrepresented among DHHS/CFS wards when compared with their representation in the general population of children in Nebraska.

**Figure 7: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement on 3/31/22 by Race or Ethnicity, n=3,613**

\*Nebraska children is based on U.S. Census for Nebraska children ages 0 to 19, currently the most accessible data on juveniles for comparison.



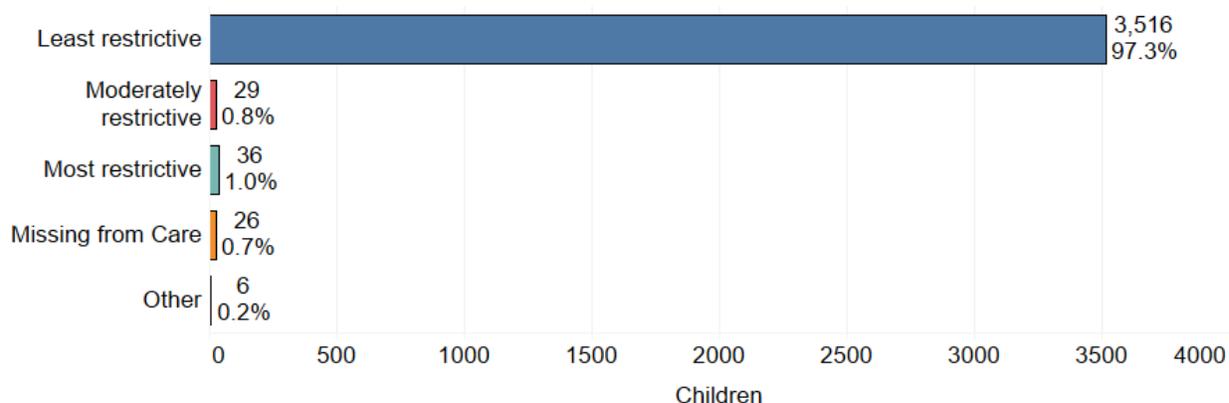
**Placements**

**Placement Restrictiveness.** Restrictiveness levels matter because in order to grow and thrive children in foster care need to live in the least restrictive, most home-like temporary placement possible. Some children need congregate care, which is classified as either moderately or most restrictive. The moderate restrictiveness level includes non-treatment group facilities, and the most restrictive are the facilities that specialize in psychiatric, medical, or other issues and group emergency placements.

<sup>15</sup> The University of Oklahoma has received a Robert Wood Johnson Foundation grant to study the impact of Nebraska’s Indian Child Welfare Act (ICWA) in collaboration with DHHS-CFS. Nebraska Appleseed and NICWC are their partners with collaboration from DHHS/CFS and the Court Improvement Project. The FCRO is providing technical assistance to the primary research team. For instance, the FCRO has identified that some reviewed children have been labeled ICWA eligible in the DHHS data base, but the child’s racial designation does not indicate any Native heritage.

Figure 8 shows that most (3,516 or 97.3%) DHHS/CFS wards in out-of-home placements or trial home visits were placed in a family-like, least restrictive setting. The proportion of children in the least restrictive setting has continuously remained above 95% since the March 2017 Quarterly Report.

**Figure 8: Placement Restrictiveness for DHHS/CFS Wards in Out-of-home or Trial Home Placements on 03/31/22, n=3,613**



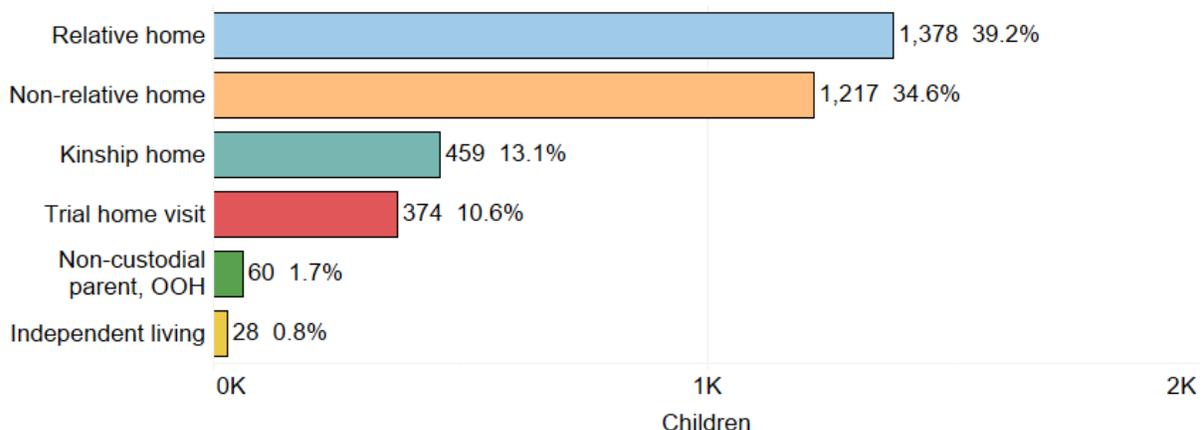
Children missing from care, the second to last category in Figure 8, must always be a top priority as their safety cannot be assured. Children missing from care may be subjected to maltreatment, exploitation, and sex or labor trafficking. History shows that some may be in unsafe situations.

**Types of Least Restrictive Placements.** There are several different types of placements in the least restrictive category that provide care to children in home-like settings. Nebraska defines some of these placements differently than many other states; the following are the Nebraska definitions:

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

Excluding children in a trial home visit with a parent, the majority of children in a least restrictive foster home (1,837 or 58.5%) are placed with relatives or kin (Figure 9). This is consistent with the 59.2% placed with relatives or kin on 3/31/21.

**Figure 9: Specific Placement Type for DHHS/CFS Wards in the Least Restrictive Placement Category on 03/31/22, n=3,516 (see Figure 8)**



**Licensing of Relative and Kinship Foster Homes.** Under current Nebraska law, DHHS can waive some of the licensing standards and requirements for relative (not kin) placements. DHHS for a variety of reasons approves rather than licenses the vast majority of these homes. That practice creates a two-fold problem:

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

Kinship homes cannot receive a license waiver. Relative homes can be granted a waiver of one or more of the following requirements:

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

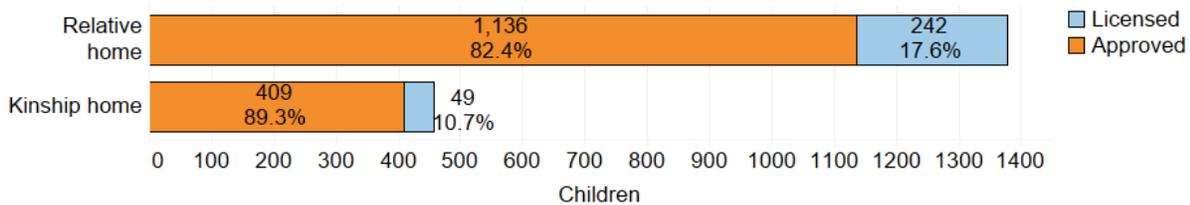
**Current License Status.** Due to the fiscal impact and training issues the FCRO looked at the licensing status for these specific types of placements. As shown in Figure 10, in keeping with the FCRO's focus on individual children, we see that relatively few are in a licensed placement.

The percentage of children in a licensed relative or kinship home has increased in the last year. While this is a marked improvement over last year there is still a long way to go in licensing relative and kinship homes.

- On 3/31/22, 17.6% of children in a relative placement were in a licensed home which was a higher rate than the 10.7% on 3/31/21.
- On 3/31/22, 10.7% in a kinship placement were in a licensed home, significantly more than the 5.6% on 3/31/21.

The FCRO has repeatedly advocated for licensing of relative and kinship foster homes, both for accessing federal funding and for the important training needed for caregivers.

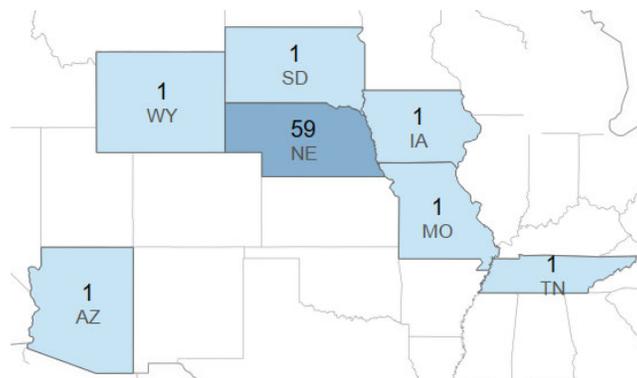
**Figure 10: Licensing for DHHS/CFS Wards in Relative or Kinship Foster Homes on 3/31/22, n=1,378 (relatives) and n=459 (kinship)**  
 [excludes 1 where license status was not reported]



**Congregate Care.** Congregate care facilities should be utilized only for children with significant mental or behavioral health needs, and it is best when those needs can be met by in-state facilities in order to keep children connected to their families or communities.

On 3/31/22, 65 (or 1.8%) of DHHS/CFS wards were placed in moderately or most restrictive congregate care facilities. This is 29.3% less than the 92 such children and youth on 3/31/21. Figure 11 shows that most of the 65 DHHS/CFS wards in congregate care, (59 or 90.8%) are in Nebraska. This is nearly the same as the 91.3% in Nebraska on 3/31/21.

**Figure 11: State of Placement for DHHS/CFS Wards in Congregate Care on 3/31/22, n=65**

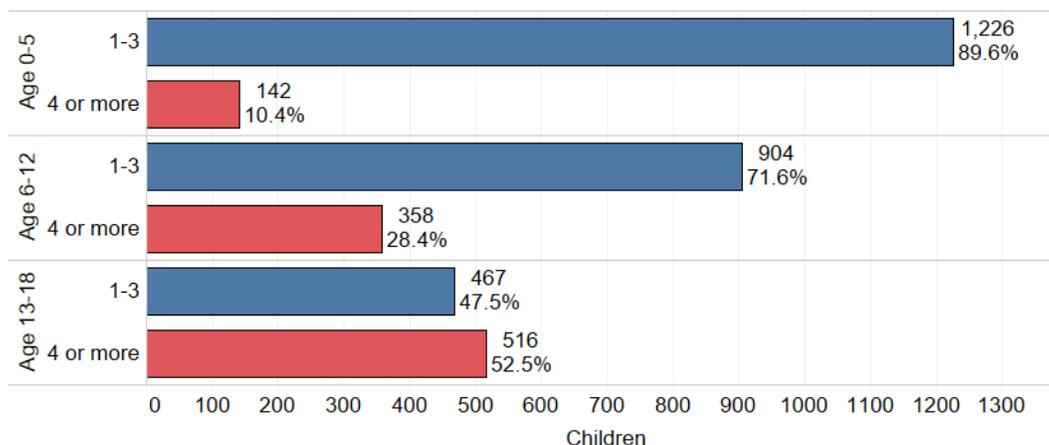


## **Multiple Placements**

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.<sup>16</sup> However, children that have experienced consistent, stable, and loving caregivers are more likely to develop resilience to effects of prior abuse and neglect, and more likely to have better long-term outcomes.<sup>17</sup>

Of the 3,613 children in care on 3/31/22, 1,016 children (28.1%) had experienced four or more placements over their lifetime (Figure 12).<sup>18</sup> Further, it is concerning that 10.4% of young children have experienced a high level of placement change while simultaneously coping with removal from their parent(s) – all during a developmentally critical period.

**Figure 12: Lifetime Placements for DHHS/CFS wards in Out-of-Home or Trial Home Visit on 3/31/221, n=3,613**



## **Number of Workers during Current Episode of Care**

Figure 13 on the next page shows the number of workers during the current episode of care for 3,613 children in out-of-home or trial home visit placement on 3/31/22 as reported by DHHS. In the Eastern area the worker count includes both lead agency workers (DHHS/CFS contracted for such services through 2021) and DHHS/CFS case managers (cases transferred to DHHS/CFS case managers in 2022). Elsewhere, the counts represent DHHS/CFS case managers. If a worker transferred employment from

<sup>16</sup> Examples include Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

<sup>17</sup> Ibid.

<sup>18</sup> This does not include placements with parents, respite short-term placements (such as to allow foster parents to jointly attend a training) or episodes of being missing from care.

Child Welfare

the lead agency to DHHS/CFS so that the child’s family had no break in who was managing their case, the worker count was not duplicated.<sup>19</sup>

Five or more workers is considered an unacceptable number of worker transfers that likely significantly delays permanency. Depending on the geographic area, between 7.6% and 36.0% of the children have had five or more workers since most recently entering the child welfare system. There are 162 children statewide with 10 or more workers in that timeframe, most of whom (145) are from the Eastern Service Area (ESA).

**Figure 13: Number of Workers for DHHS/CFS Wards 3/31/21 in Current Episode, n=3,613**



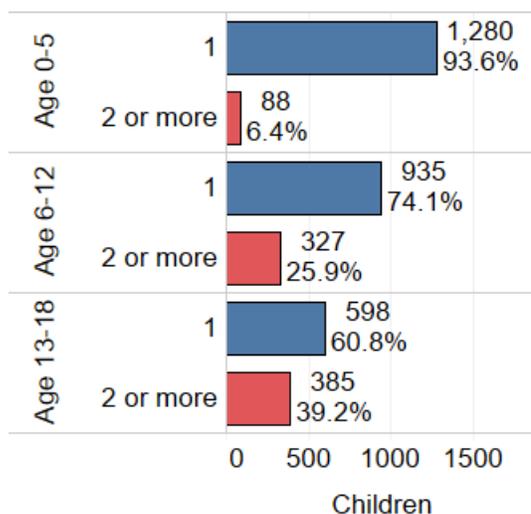
<sup>19</sup> In the Eastern Service Area, PromiseShip held the lead agency contract with DHHS until 2019, when DHHS rebid the contract. Cases transferred to Saint Francis Ministries in the fall of 2019, with many former PromiseShip workers becoming employed by Saint Francis. The FCRO ensured that the worker count was not increased if the same person remained with the child’s case without a break of service. Similarly, in Jan-April 2022 cases were transferred from St. Francis to DHHS when the contract was ended, with DHHS hiring many former lead agency workers. Again, the count was not increased if the children’s case remained with the same worker. Counts only increased if a new worker became involved with the child and family.

### **Lifetime Episodes Involving a Removal from the Home**

Each removal can be traumatic and increases the likelihood of experiencing multiple placements. Child abuse prevention efforts need to include reducing or eliminating premature or ill-planned returns home that result in further abuse or neglect. There are impacts to children, families, and the state when a large percentage of children experience multiple removals. Collaborative efforts are needed to address this.

Figure 14 shows that 800 (22.1%) of the DHHS wards in care on 3/31/22 had experienced more than one court-involved removal from the parental home. This is slightly less than the 23.6% on 3/31/21.

**Figure 14: Lifetime Removals for DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placements on 3/31/22, n=3,613**

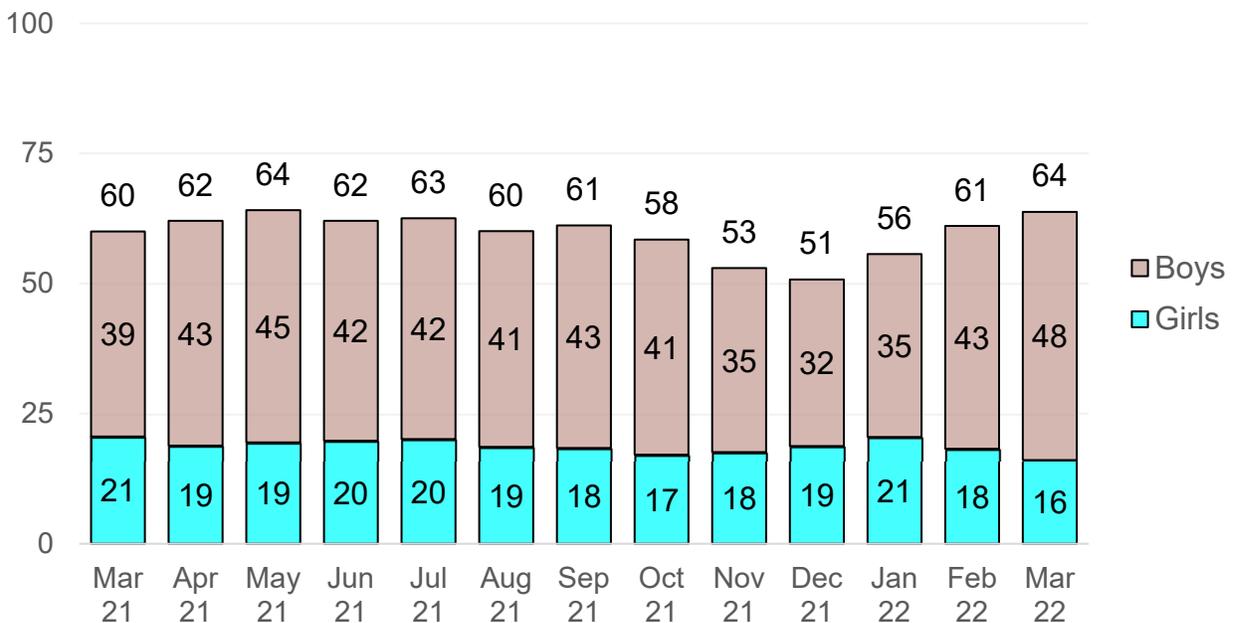


## Average Daily Population of DHHS/OJS Youth Placed at a Youth Rehabilitation and Treatment Center (YRTC)

Placement at a Youth Rehabilitation and Treatment Center (YRTC) is the most restrictive type of placement and there are several facilities that serve this population.<sup>20</sup> By statute a judge can only order a youth to be placed at a YRTC if that youth has not been successful in a less restrictive placement. The DHHS Office of Juvenile Services (DHHS/OJS) is responsible for the care of youth at the YRTCs.

Figure 15 shows the average daily number of DHHS/OJS wards by gender. Throughout the rolling year in the figure below, the population counts for girls have remained fairly consistent, while the counts for boys have fluctuated with lower counts in the late fall.

**Figure 15: Average Daily Number of DHHS/OJS Wards Placed at a Youth Rehabilitation and Treatment Center**



<sup>20</sup> Prior to August 2019, boys were placed at the YRTC in Kearney and girls at the YRTC in Geneva. As a result of an August 2019 incident at Geneva, some girls were moved to the Lancaster County Youth Services Center in Lincoln and then to the Kearney YRTC, with additional girls transferred to the Kearney YRTC thereafter. On 10/21/19 DHHS-OJS announced development of a modified YRTC system with three facilities. In March 2021 DHHS presented a 5-year plan to the Legislature that included the Hastings YRTC and a reduced number of youths to be served at the facilities. In April 2021, girls began moving from the Kearney location to the Hastings facility. See the FCRO’s March 2020 Quarterly Report special section on the YRTCs for more information about the history of YRTC transitions.

Figure 16 shows the percentage change between March 2021 and March 2022.

**Figure 16: Percent Change in Average Number of Youth Placed at the YRTC**

	Mar. 21	Mar. 22	% Change <sup>21</sup>
Girls	21	16	-21.9%
Boys	39	48	21.0%
<b>State</b>	<b>60</b>	<b>64</b>	<b>6.3%</b>

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<sup>21</sup> The percentage change at first glance may be confusing since the average daily count of youth in the table below are rounded to the nearest whole number, while the percentage change is based on the actual average daily count for the month comparison.

## DHHS/OJS Youth Placed at a YRTC – Point-in-time (Single Day) View

Single day data here is for the 63 boys and girls that met all of the following criteria:

1. Youth is age 14–18.<sup>22</sup>
2. Committed by a judge to a Youth Rehabilitation and Treatment Center.<sup>23</sup>
3. Placed in one of the DHHS Office of Juvenile Services (DHHS/OJS) YRTC facilities on 3/31/22.<sup>24</sup>

By statute judges can only order youth to be placed at a YRTC if they have not been successful in a less restrictive placement. Commitments are for an indeterminate amount of time to allow youth to work through the program. There can be challenges serving boys and girls from wide age, behavioral, and developmental ranges.

### ***Demographics***

**County.** As illustrated in Figure 17; there were 63 youth from various counties across Nebraska at a YRTC on 3/31/22, which is consistent with the 62 such youth at a YRTC on 3/31/21.

**Figure 17: Boys and Girls Placed by a Juvenile Court at a Youth Rehabilitation and Treatment Center on 3/31/22 by County of Court, n=63\***



\*Counties with no shading had no youth at one of the YRTCs on that date.

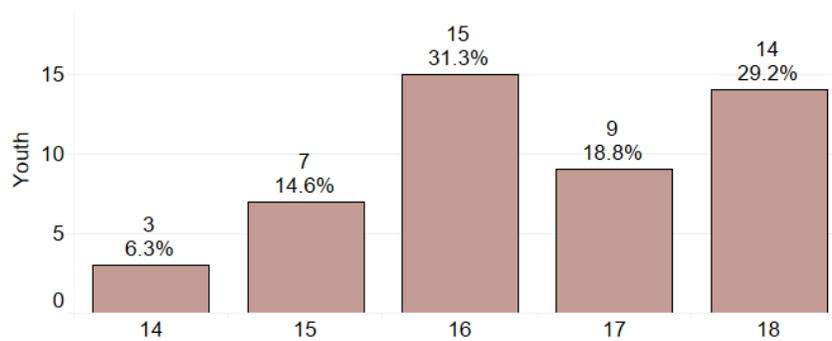
<sup>22</sup> See Neb. Rev. Stat. §43-251.01(4) for age requirements

<sup>23</sup> See Nebr. Rev. Stat. §43-286 for more details on how a court can commit a youth to a YRTC and see §43-407(2) for details on the services available.

<sup>24</sup> As of 3/31/22, there were YRTC facilities in Kearney, Hastings, and Lincoln.

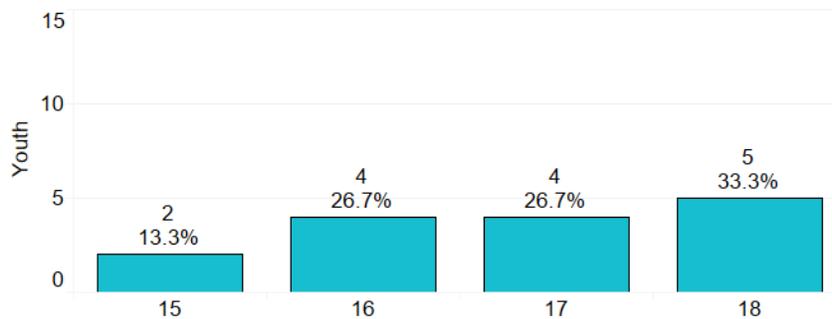
**Age and Gender.** On 3/31/22, 48 of the youth placed at a YRTC were boys (Figure 18).

**Figure 18: Ages of Boys Placed at a YRTC under DHHS/OJS on 3/31/22, n=48**



On 3/31/22, 15 of the youth placed at a YRTC were girls. National research indicates that girls are less likely to be a part of the juvenile justice population; the number of girls in Figure 19 reflects this pattern when compared to the figure on boys above.<sup>25</sup>

**Figure 19: Ages of Girls at a YRTC under DHHS/OJS on 3/31/22, n=15**

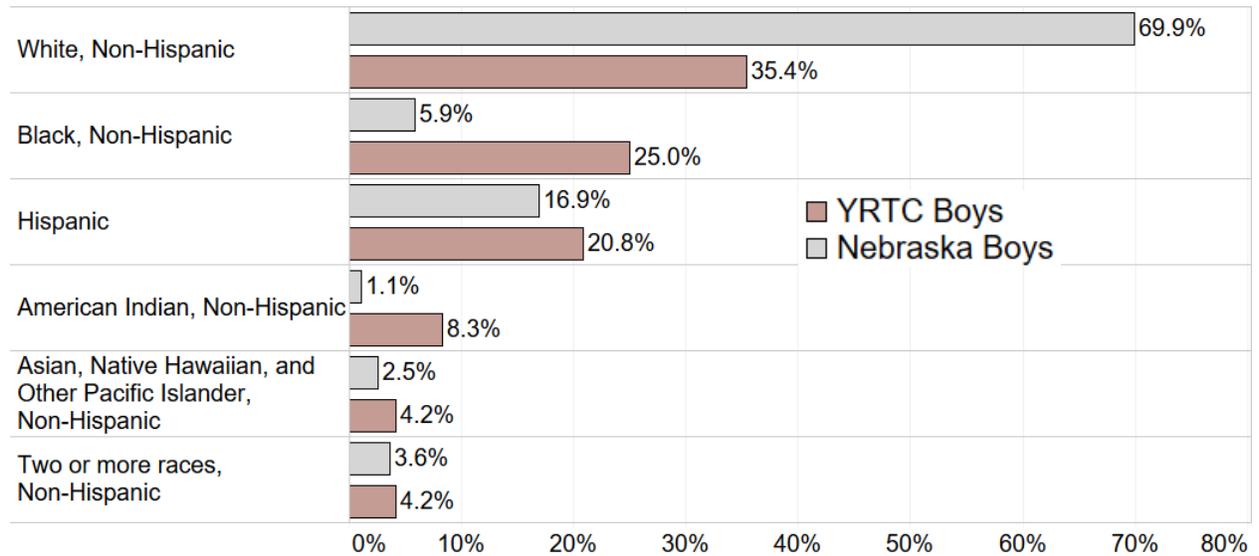


The median age for boys was 16.0 years and the median age for girls was 17.0 years.

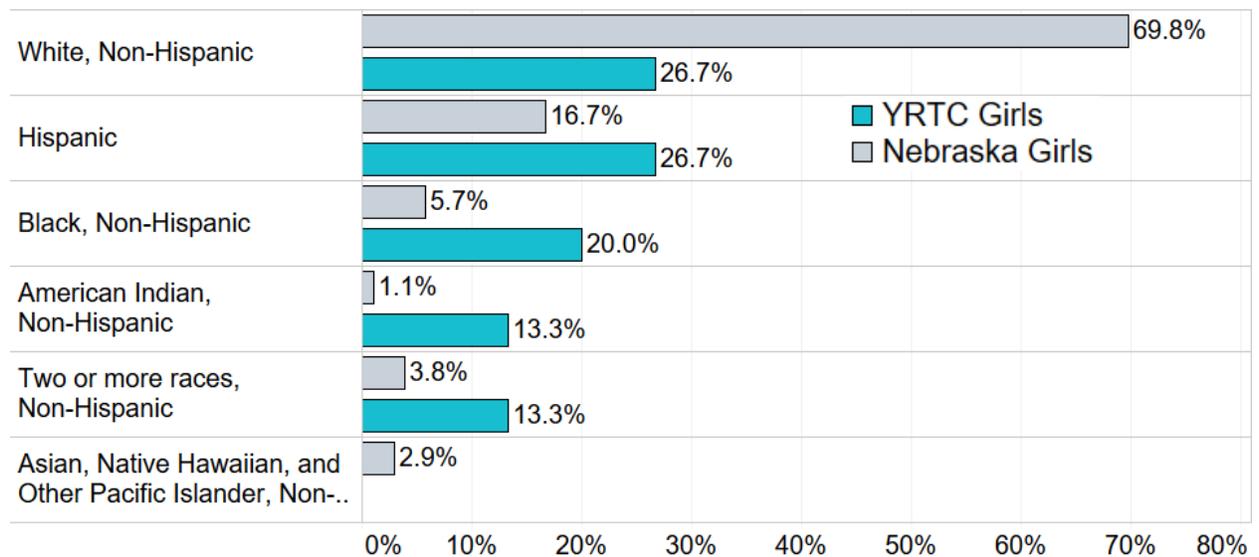
**Race and Ethnicity.** There is significant racial and ethnic disproportionality in the YRTC populations (Figures 20 and 21). Nebraska general population estimates are based on data from US Census for Nebraska youth who are ages 10 to 19, by gender. Disproportionality is greatest for boys that are Black or American Indian, and girls who are Black, American Indian, and those having two or more races.

<sup>25</sup> National Center for Juvenile Justice, Juvenile Court Statistics 2018, April 2020, Sarah Hockenberry and Charles Puzzanchera.

**Figure 20: Race and Ethnicity of Boys placed at a YRTC under DHHS/OJS on 3/31/22, n=48**



**Figure 21: Race and Ethnicity of Girls placed at a YRTC under DHHS/OJS on 3/31/22, n=15**



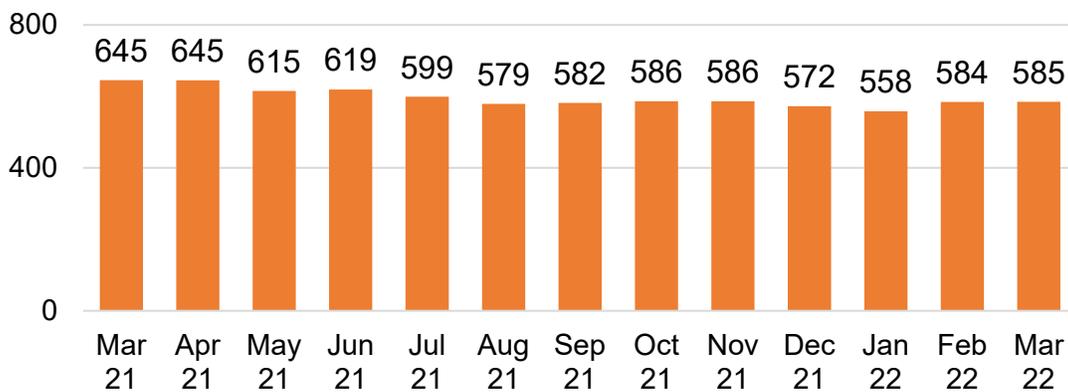
## Average Daily Population for Youth Out-of-Home With Any Probation Involvement

### **Average Daily Population**

Figure 22 shows the average daily population (ADP) per month of all Probation-involved youth in out-of-home placements for the last 13 months (including those with simultaneous involvement with DHHS/CFS and DHHS/OJS). Comparing March 2021 to March 2022 there has been a 9.4% decrease based on raw data.

**Figure 22: Average Daily Population of Youth in Out-of-Home Care Supervised by Probation**

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



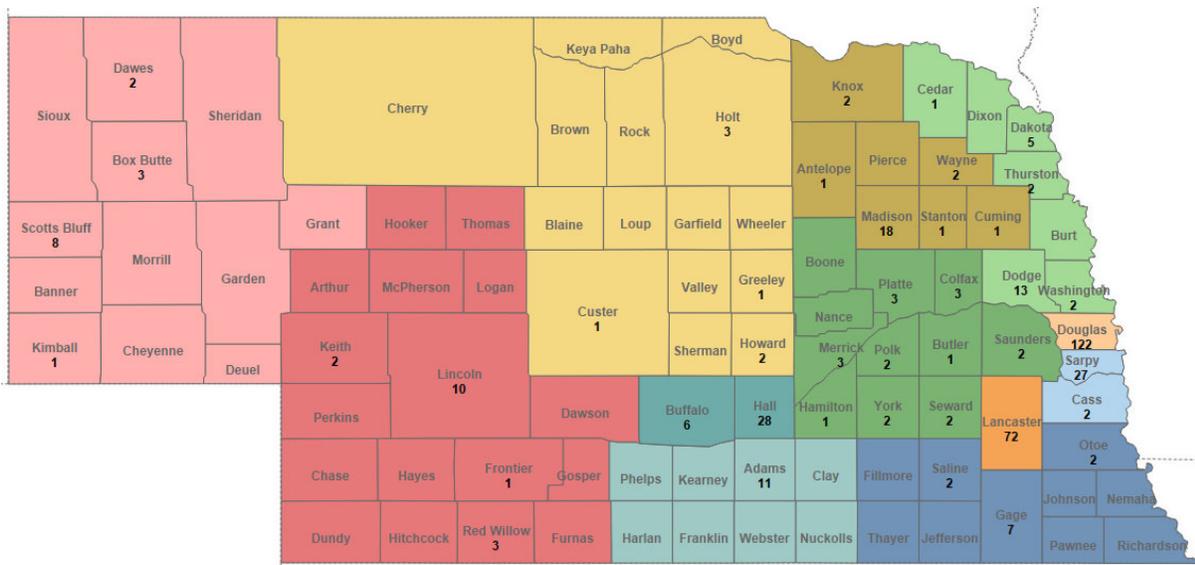
## Youth in Out-of-Home Care Supervised by the Office of Juvenile Probation - Point-in-time (Single Day) View

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

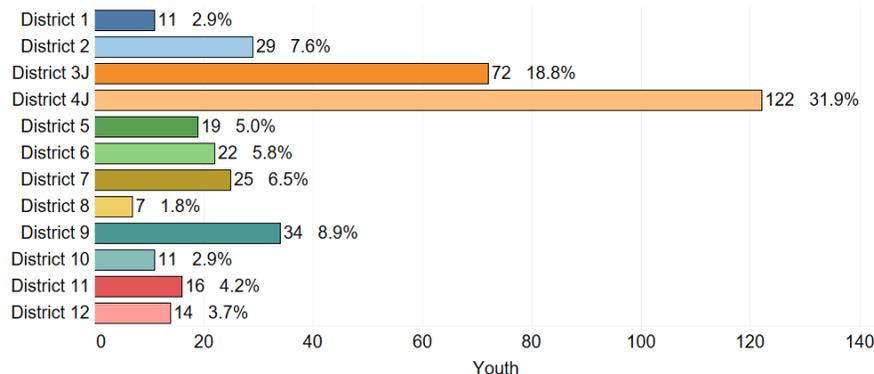
### Demographics

**County.** Figure 23 shows the Probation district and the county of court for the 382 Probation youth in out-of-home care on 3/31/22 that are not involved with either DHHS/CFS or DHHS/OJS. That is 15.9% fewer than the 454 such youth in out-of-home care on 3/31/21.

**Figure 23: County of Court for Probation Supervised Youth in Out-of-Home Care by County of Court Involvement on 3/31/22, n=382\***

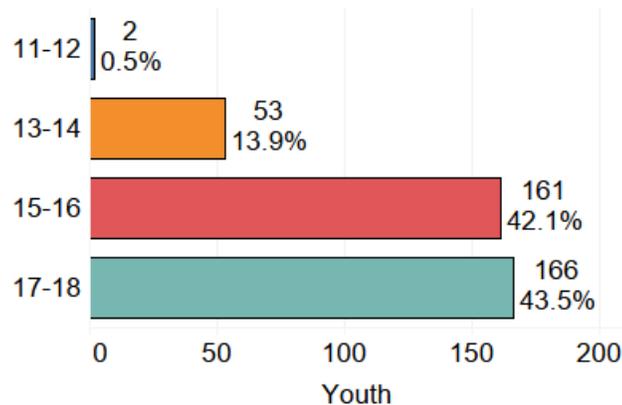


\*Counties without numbers have no youth in out-of-home care.



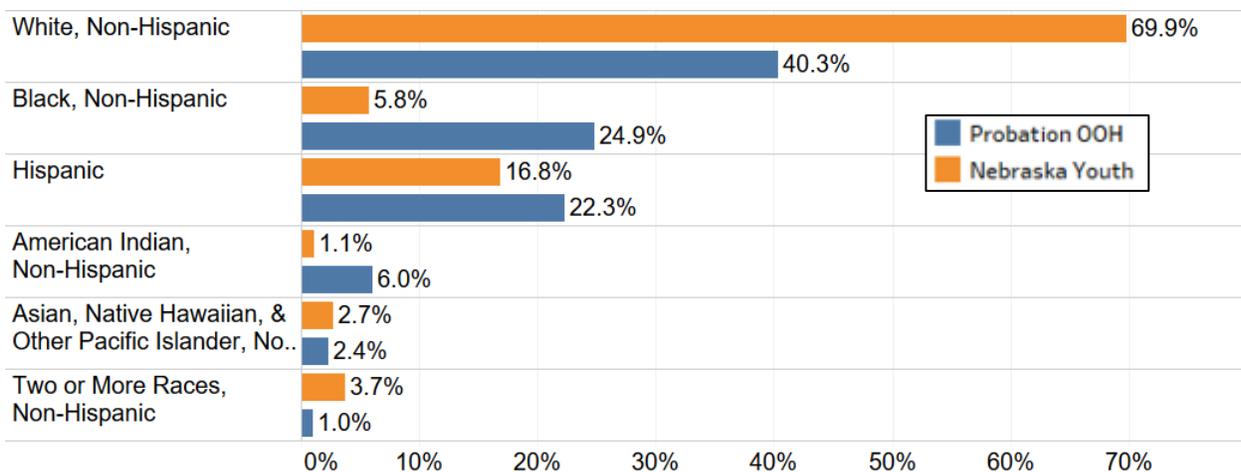
**Age.** Figure 24 shows the ages of Probation youth in out-of-home care on 3/31/22. The median age was 16.0 for both boys and girls, similar to last quarter and last year.

**Figure 24: Age of Probation Supervised Youth in Out-of-Home Care on 3/31/22, n=382**



**Race and Ethnicity.** Disproportionate representation of minority youth continues to be a problem (Figure 25). Black youth make up 5.8% of Nebraska’s youth (ages 10 to 19), yet account for 24.9% of the Probation youth out-of-home. Native children are also represented at a rate more than five times their proportion of the general population.

**Figure 25: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Care on 3/31/22, n=382**



**Gender.** There are almost three times as many boys (72.8%) in out-of-home care served by Probation as there are girls (27.2%). That is similar to the last few years.

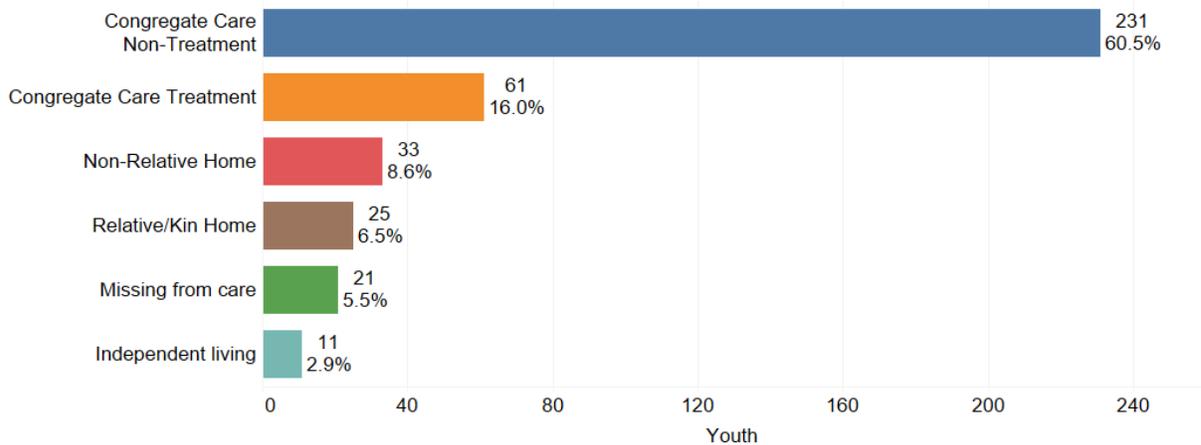
**Placements**

**Placement Type.** Figure 26 shows that 16.0% of Probation youth in out-of-home care on 3/31/22 are in congregate care treatment placements, which is a slight increase when compared to the 15.4% on 3/31/21. Congregate treatment placements include acute inpatient hospitalization, psychiatric residential treatment facilities, short term residential and treatment group home.

60.5% of the youth were placed in non-treatment congregate care. Non-treatment congregate care includes crisis stabilization, developmental disability group home, enhanced shelter, group home (A and B), maternity group home (parenting and non-parenting), independent living and shelter.

There were fewer youth missing from care compared to the previous year (21 of 382 or 5.5% on 3/31/2022 compared to 50 of 454 or 11.0% on 3/31/2021).

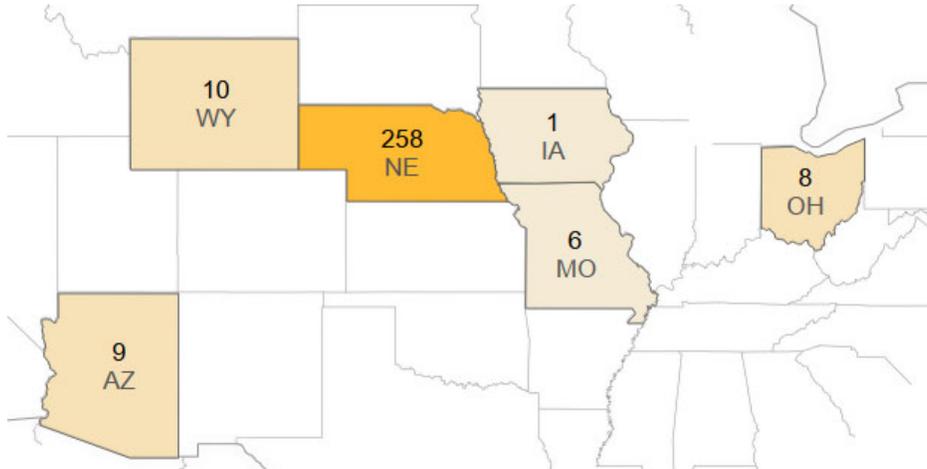
**Figure 26: Treatment or Non-Treatment Placements of Probation Supervised Youth in Out-of-Home Care on 3/31/22, n=382**



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

**Congregate Care.** When congregate care is needed, Probation most often utilizes in-state placements. Per Figure 27, 88.4% of the 292 youth with a known placement location in congregate care were placed in Nebraska. This compares to 84.3% on 3/31/21.

**Figure 27: State Where Youth in Congregate Care Supervised by Probation were Placed on 3/31/22, n=292**



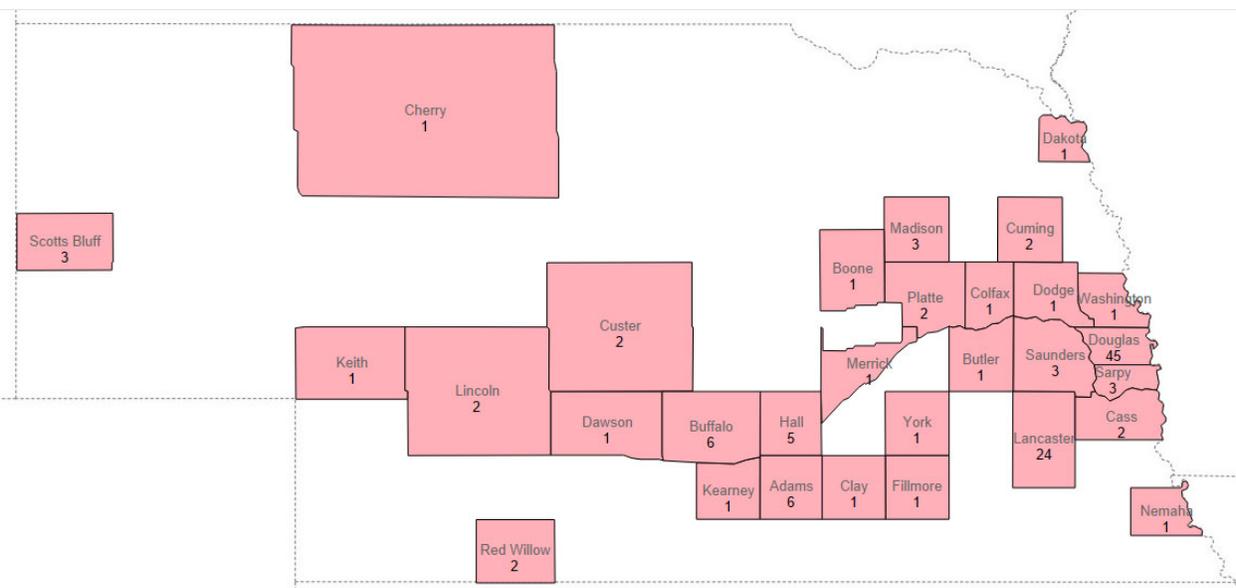
## Youth in Out-of-Home Care with Simultaneous DHHS/CFS and Probation Involvement – Point-in-time (Single Day) View

On 3/31/22, 125 youth were involved with both DHHS/CFS and Probation (also known as dually-involved youth), which is 4.6% fewer than the 131 such youth on 3/31/21.

### **Demographics**

**County.** Dually-involved youth come from across the state, as illustrated in Figure 28 below, with the majority of youth from the most populous areas (Douglas and Lancaster counties), as would be expected.

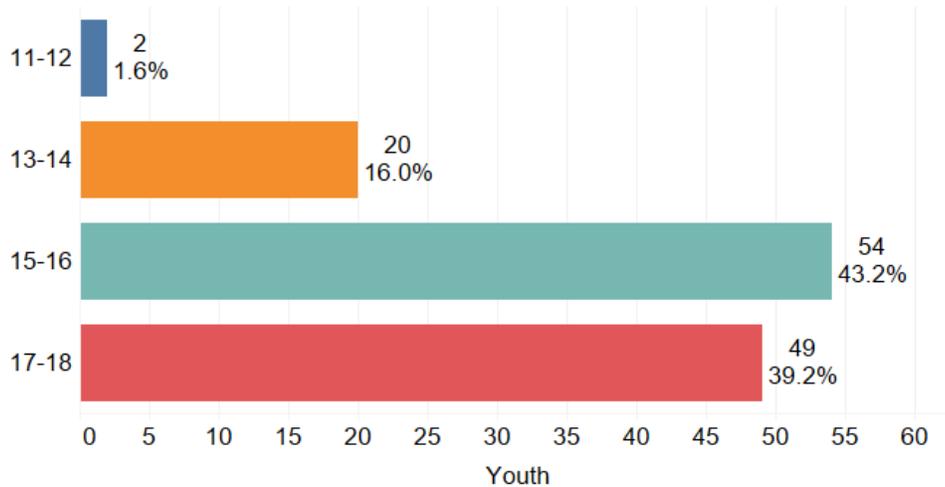
**Figure 28: Dually-Involved Youth in Out-of-Home or Trial Home Visit Placement by County of Court Involvement on 3/31/22, n=125**



\*Counties without numbers have no dually-involved youth in out-of-home care.

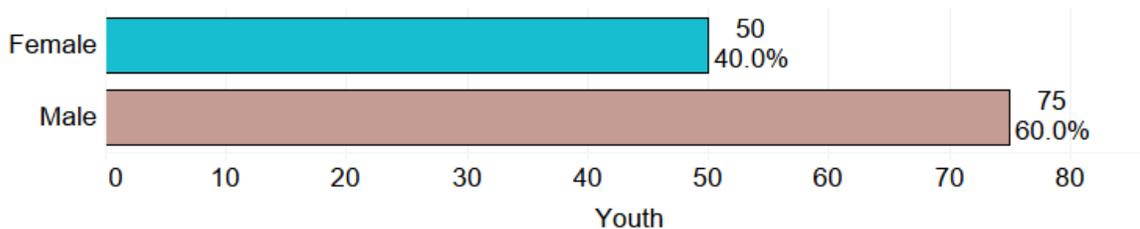
**Age.** Figure 29 indicates the ages for all dually-involved youth in out-of-home care. The median age was 16.0 for girls and also 16.0 for boys.

**Figure 29: Ages of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/22, n=125**



**Gender.** Figure 30 shows that, as is true with other juvenile justice populations, there are more boys (60.0%) in this group than girls (40.0%). On 3/31/21, the percent of boys was 57.3% and girls was 42.7%, so boys continue to be a larger percentage of the population than girls.

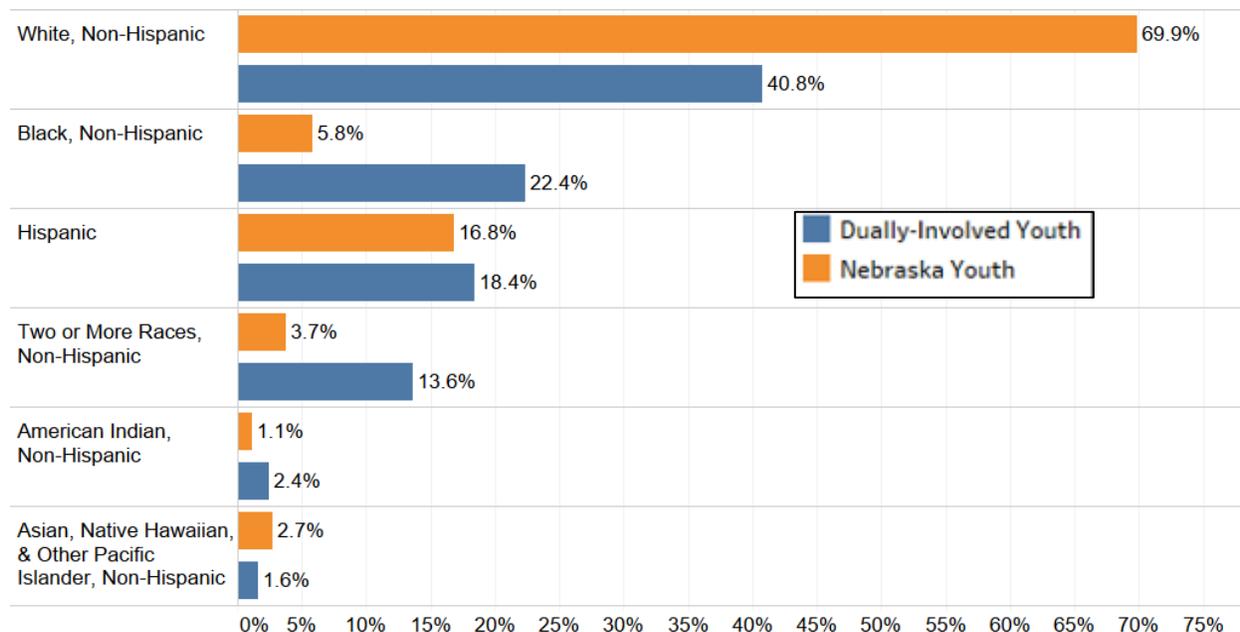
**Figure 30: Gender of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/22, n=125**



**Race and Ethnicity.** Black, American Indian, and multi-racial youth continue to be overrepresented in the dually-involved population (Figure 31). For example, 22.4% of dually-involved youth are Black, compared to 5.8% in the general population of Nebraska’s youth ages 10 to 19 (per US Census).

Dually-Involved Youth

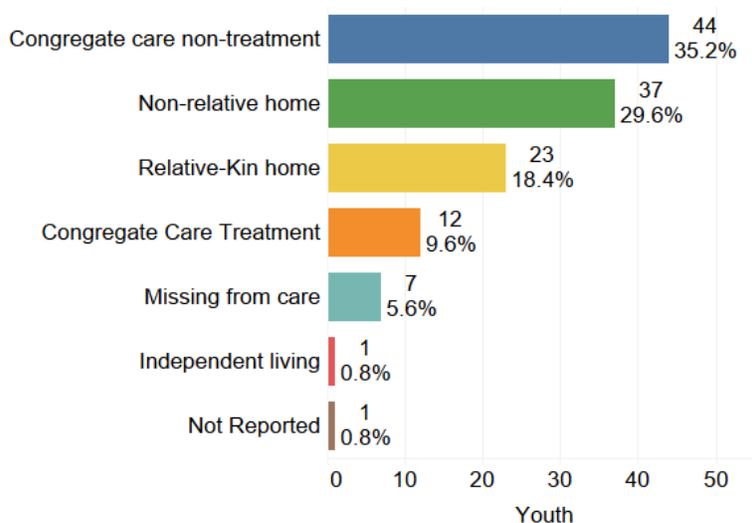
**Figure 31: Race and Ethnicity of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/22, n=125, Compared to Census**



**Placements**

**Placement Type.** Figure 32 shows the placement types for youth with dual-agency involvement, using Probation’s definitions of treatment and non-treatment.

**Figure 32: Placement Types for Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/22, n=125**

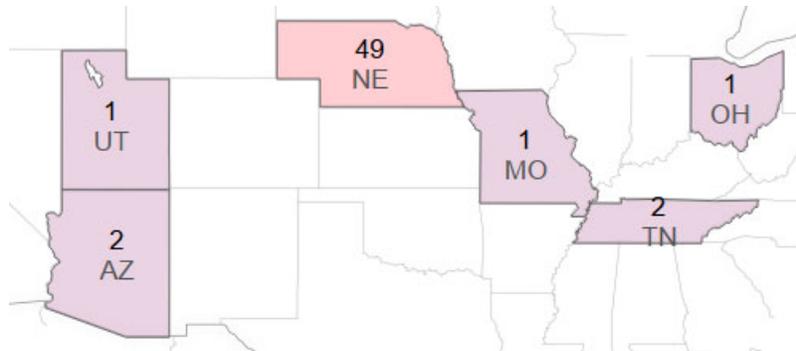


Youth missing from care must always be a top priority as their safety cannot be assured.

**Congregate Care.** Figure 33 shows the state where dually-involved youth in congregate care are placed; 87.5% were placed in Nebraska, about the same as last year when it was 86.5%. Most of the out-of-state youth were not in bordering states. The total number in congregate care (56) is nearly the same as the 52 such youth on 3/31/21.

**Figure 33: Placement State for Youth in a Congregate Care Facility on 3/31/22 that are Served by both DHHS/CFS and Probation, n=56**

(Excludes 7 youth that were missing from care from a congregate facility)



## APPENDIX A: Definitions

- **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 19<sup>th</sup> birthday.
- **Youth** is a term used by the FCRO in deference to the developmental stage of those involved with the juvenile justice system, most of whom are teenagers.
- **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 children or youth missing from care from any of those facility types. It includes court ordered placements and non-court cases.

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

- A **trial home visit** by statute is a temporary placement with the parent from which the child was removed and during which the Court and DHHS/CFS remain involved.
- **DHHS/CFS** is the Department of Health and Human Services (**DHHS**) Division of Children and Family Services.
- **DHHS/OJS** is the Department of Health and Human Services (DHHS) Office of Juvenile Services. **OJS** oversees the **YRTCs**, which are the Youth Rehabilitation and Treatment Centers.
- **Probation** is a shortened reference to the Administrative Office of the Courts and Probation – Juvenile Services Division.
- Neb. Rev. Stat. 71-1901(9) defines “**relative placement**” as that where the foster caregiver has a blood, marriage, or adoption relationship, and for Indian children they may also be an extended family member per **ICWA** (which is the Indian Child Welfare Act).
- Per Neb. Rev. Stat. 71-1901(7) “**kinship home**” means a home where a child or children receive foster care and at least one of the primary caretakers has previously lived with or is a trusted adult that has a preexisting, significant relationship with the child or children or a sibling of such child or children pursuant to section 43-1311.02.

## CONTACT INFORMATION

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