



# December 2024 Quarterly Report

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**NEBRASKA**

**FOSTER CARE REVIEW OFFICE**

Good Life, Great Outcomes

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## EXECUTIVE SUMMARY

The Foster Care Review Office (FCRO) issues this Quarterly Report to inform the Nebraska Legislature, child welfare system stakeholders, juvenile justice system stakeholders, other policymakers, the press, and the public on identified conditions and outcomes for Nebraska’s children in out-of-home care (foster care) as defined by statute, as well as to share recommendations for needed changes made per our mandate.<sup>1</sup>

This report begins with a special study which includes preliminary findings of the impacts the COVID-19 pandemic had on academic outcomes and other factors for children and youth in out-of-home care who were involved with DHHS Children and Family Services (CFS). The report continues with the most recent data available on conditions and outcomes for children in out-of-home care through the child welfare and juvenile justice systems. Some key findings for those children include:

- 4,141 Nebraska children were 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 9/30/24, representing a 0.5% decrease from 9/30/23. (page 21)
- Of the 4,141 total children, 3,426 (82.7%) children were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation, a 1.6% decrease compared to children on 9/30/23. (page 23)
- Most DHHS/CFS wards in out-of-home placements or trial home visits (96.8%) were placed in a family-like, least restrictive setting. (page 27)
- Over half of the children in a least-restrictive foster home, excluding those in trial home visits, were placed with relatives or kin (54.8%). (page 27)
- There was a 30.0% increase in the number of DHHS/CFS wards placed in congregate care facilities from the previous year (70 and 91, respectively). Of the 91 DHHS/CFS wards in congregate care, a majority were in Nebraska (82.4%); that is slightly less than the 82.9% in congregate care placed in Nebraska on 9/30/23. (page 28)
- Depending on the geographic area, between 8.4% and 37.3% of the children have had five or more CFS caseworkers since most recently entering the child welfare system. Furthermore, 119 children statewide had 10 or more workers in that timeframe, most of whom (115) were from the Eastern Service Area. This resulted in a significant decrease in the Eastern Service Area since 9/30/23 when 135 children had experienced 10 or more workers. While there has been recent progress, the Eastern Service Area has been disproportionately impacted by caseworker changes for several years. (page 30)
- 132 (3.2%) youths in out-of-home care were involved with DHHS/CFS and Probation simultaneously, representing a 3.9% increase compared to youths on 9/30/23. (page 31)

**The FCRO is the independent state agency responsible for overseeing the safety, permanency, and well-being of children in out-of-home care in Nebraska.**

*Through a process that includes case reviews, data collection and analysis, and accountability, we are the authoritative voice for all children and youth in out-of-home care.*

<sup>1</sup> Data cited in this report are from the FCRO’s independent data tracking system which include FCRO completed case file reviews unless otherwise noted. Some of the most requested data is also available through the FCRO’s data dashboards (accessed via [fcronebraska.gov/data\\_dashboards](http://fcronebraska.gov/data_dashboards)). Data presented includes numbers of children impacted, the agencies and courts responsible, demographics, and key indicators, all of which can be sorted in the most useful ways.

- There was a 48.8% increase in the number of dually involved youth placed in congregate care facilities from the previous year (41 and 61, respectively). Of the 61 dually involved youth in congregate care, most were in Nebraska (77.0%); that is less than the 82.9% in congregate care placed in Nebraska on 9/30/23. (page 33)
- There were 475 (11.5%) youths that were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTCs, a 0.4% increase compared to youths on 9/30/23. (page 34)
- Probation most often utilizes in-state placements; 86.8% of the 363 youths with a known placement location in congregate care were placed in Nebraska. (page 37)
- 103 youths, 81 males and 22 females, from various counties across Nebraska were at a YRTC on 9/30/24 which is a 32.1% increase compared to the 78 such youths at the YRTCs at the same time last year. (page 38)
- Disproportionate rates for children of color in out-of-home care remains a critical issue to be examined and addressed, regardless of which agency or agencies are involved. No meaningful change or improvement has occurred in the last year, and disproportionality rates for Black or African American youth have increased across all agency types, and disproportionality rates are most notable at the YRTCs. (pages 25, 32, 36, 39)
- The median age for Nebraska children in care on 9/30/24 by agency involvement: 8 years old for DHHS/CFS wards and 16 years old for dually involved youth and Probation only youth. For youth at a YRTC the median age was 16 years old for females and 17 years old for males. (pages 25, 31, 35, 39)
- The average number of times in care on 9/30/24 by agency involvement: 1.3 for DHHS/CFS wards, 1.7 for dually involved youth, 2.1 for Probation only youth, and 2.9 for youth at a YRTC. (pages 26, 32, 36, 39)
- The median number of days in care on 9/30/24: 432 days for DHHS/CFS wards, 647.5 days for dually involved youth, 144 days for Probation only youth, and 382 days for youth placed at a YRTC. (pages 26, 32, 36, 39)
- The average number of lifetime placements as of 9/30/24 by agency involvement: 3.4 for DHHS/CFS, 9.9 for dually involved youth, 4.9 for Probation only youth, and 10.3 for youth at a YRTC. (pages 26, 32, 36, 39)
- Missing from care continues to be an issue. The following 39 children and youth were missing from care as of 9/30/24 by agency involvement: 16 DHHS/CFS wards, four dually involved youth, 18 Probation only youth, and one DHHS/OJS and Probation supervised youth. (pages 28, 32, 37, 38)
- COVID-19 had an impact on youth and families, programs, and providers. It will continue to be an important factor to consider when reviewing trends over time to understand the full impact it has had on children and youth involved in child welfare and juvenile justice systems.

# RECOMMENDATIONS

## Current Priority Recommendations

Children's experiences in out-of-home care have life-long impacts. In its September 2024 Annual Report, the FCRO made recommendations intended to improve conditions for children in Nebraska's child welfare and juvenile justice systems. Many of those recommendations remain relevant and can be found in the report on our website at [fcro.nebraska.gov](https://fcro.nebraska.gov). The recommendations offered in this quarterly report are based on an analysis of the data tracked by the FCRO, as well as information collected during case reviews, findings by local review boards, and publicly available data.

1. The Special Study which includes preliminary findings of the impacts the COVID-19 pandemic had on academic outcomes and other factors for children and youth in out-of-home care contains recommendations based on findings of the study. Please refer to the Special Study beginning on page 7 for additional recommendations.
2. Meaningful and active efforts across all system-involved levels need to be made to address the continued and often increasing racial disproportionality and overrepresentation of children and youth of color in the system. System partners must engage people with lived experience and those living in communities heavily impacted by the child protection system to identify the root causes and develop solutions to address the causes of disparities which exist as a result of family separation policies and practices that result in life-long trauma to the children. This will continue to be a priority recommendation until more active efforts are seen to drive change in the right direction.
3. The Western Service Area has a much higher rate of children in out-of-home care per 1,000 children in the population compared to other service areas. In fact, the Western Service Area has the lowest count of children ages 0-19 but does not have the lowest count of children in out-of-home care, which is the Central Service Area (441 and 404, respectively). More preventive services in the Western Service Area may be helpful in reducing the rate of children in the Western Service Area entering out-of-home care.
4. The FCRO remains concerned about the number of youth placed in detention facilities. This is a trend we believe warrants further investigation to understand this population of youth, what their needs are, and whether those needs are being met. Youth placed in detention or other juvenile justice confinement must have access to appropriate treatment services and programming, including educational programming, to ensure that time spent in detention is not lost and youth can continue to make progress toward healing and rehabilitation. More needs to be done to keep youth out of detention placements through services such as diversion and other rehabilitation efforts.
5. The increased use of congregate care placements across all agencies is concerning. Most notable is the large increase in the use of congregate care placements for DHHS/CFS only involved wards, which increased by 30.0%, and those that were dually involved with DHHS/CFS and Probation simultaneously, increased by 48.8%. The increased use of these placements is concerning not only because they are more restrictive settings, but likely are not in the child's home community. The state of Nebraska must invest in infrastructure and capacity to support community-based services, including treatment foster care and residential care facilities so children can receive necessary treatment and support close to home.



6. Relatives are the preferred placement and help children achieve better outcomes when a child is removed from the home and placed in out-of-home care. The FCRO has been tracking and reporting on the licensing of relative and kinship homes, finding it has been inconsistent over the last year and DHHS has not been maximizing the ability to pull down Title IV-E reimbursement. The FCRO recognizes the work of DHHS resulting in the approval from the Administration for Children and Families (ACF) for Nebraska's plan to utilize a separate relative and kinship approval process. The new process will allow Nebraska to draw additional federal dollars for child welfare services. While this is a promising development, DHHS is encouraged to ensure compliance to the approved plan, including timely home studies and adequate training, in-home supports, and resources for foster parents, especially relatives/kin, whether licensed or not.
7. The FCRO recognizes the progress DHHS has continued to make over the last year in decreasing the number of children in the Eastern Service Area who have had 10 or more caseworkers in their most recent episode in out-of-home care (from 135 to 115). Children with 10 or more caseworkers are minimal across the rest of the state. There remains an issue with children having five or more caseworkers across the state, but particularly in the Eastern Service Area where it is disproportionately an issue given 37.3% of the children have had five or more caseworkers. DHHS must continue to make progress in workforce stability to prevent the unnecessary transfer of cases between caseworkers.
8. To address high turnover and other staffing challenges, DHHS is encouraged to create and implement a long-term plan to recruit individuals that might consider pursuing a career in social work, psychology, mental health practice, and related professions. This may include activities such as engaging with students and teachers in middle schools and high schools, participating in career fairs, partnering with post-secondary education institutions, offering job-shadowing, volunteer, and internship opportunities, and other efforts designed to elevate human services career choices. As the number of caseworker trainees in the Eastern Service Area continues to remain high, training, and on-going support and supervision must be top priorities.
9. The FCRO is concerned with the increasing number of youth committed to Youth Rehabilitation and Treatment Centers (YRTCs). Over the last year, the number of youth committed to the YRTCs has increased by 32.1%. YRTCs also tend to have the highest rates of disproportionality for youth of color, particularly Black or African American and American Indian or Alaska Native youth, who had the highest rates of overrepresentation amongst this group. More needs to be done by system partners to prevent youth from entering the most restrictive placement type, such as developing community-based programs that engage families and youth to improve outcomes, increase public safety, and strengthen communities.<sup>2</sup>
10. National research indicates youth who identify as LGBTQ+ are overrepresented within the out-of-home population and tend to have less desirable outcomes than their non-LGBTQ+ peers. This includes being three times more likely to attempt suicide.<sup>3</sup> While the FCRO is unable to report out on LGBTQ+ youth in out-of-home care in Nebraska, system partners should explore ways in which the needs of LGBTQ+ youth can be met, and such youth can be supported in their placements. This includes access to age and developmentally appropriate resources, services, and activities that support their health and well-being, such as clinically appropriate mental and behavioral health care supportive of their sexual orientation and gender identity and expression, as needed.

The FCRO will continue to work with all system stakeholders to pursue the recommended changes.

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<sup>2</sup> See [ojdp.ojp.gov/about/ojdp-priorities](https://ojdp.ojp.gov/about/ojdp-priorities)

<sup>3</sup> Foster care, LGBTQ youth & increased suicide. (n.d.). NIHCM. <https://nihcm.org/publications/foster-care-lgbtq-youth-increased-suicide>.

# SPECIAL STUDY

## A PRELIMINARY LOOK AT THE IMPACT OF COVID-19 ON CHILDREN AND YOUTH IN OUT-OF-HOME CARE

The coronavirus disease 2019 (COVID-19) caused a worldwide pandemic to be declared by the World Health Organization on March 11, 2020.<sup>4</sup> The declaration of the pandemic was followed by various lockdown and stay-at-home orders, which increased the experiences of health and socio-economic crises for some communities.<sup>5</sup> In addition to the stay-at-home orders, almost overnight many in-person services and activities were abruptly uprooted and organizations and settings, including schools, were forced to find a way to carry out operations virtually.

Individuals that were most impacted by the COVID-19 pandemic were individuals already economically and socially marginalized, including low-income families with children, families of color, and children and youth in out-of-home care.<sup>6</sup> Prior to the COVID-19 pandemic, children and youth in out-of-home care and their families already faced more barriers and challenges than those of their peers; these were only exacerbated further by the pandemic. Not only were many families dealing with loved ones getting sick and dying, but they also had to work through their children being removed from their homes due to abuse and neglect allegations.<sup>7</sup>

COVID-19 saw a dramatic decrease in child maltreatment reports to formal systems, with many states reporting a 20-70% decline in child maltreatment reports;<sup>8,9</sup> however researchers suggest this decrease is a result of negative impacts of stay-at-home orders and the inability to identify and respond to maltreatment reports.<sup>10</sup> One study found that child maltreatment reports dropped by 58% in Georgia during the pandemic, compared to previous years, with many reports coming from educators.<sup>11</sup> Disruptions to lives and daily routines further increased risk factors of maltreatment and resulted in fewer opportunities for professionals to detect risks and support families.<sup>12</sup> Stay-at-home orders ultimately resulted in less contact between children and youth and mandated reporters, such as school personnel, making it difficult to identify family violence resulting in limited treatment options.<sup>13</sup> This decrease in maltreatment reports created concern

<sup>4</sup> Rath, L. (2023, November 21). What is the history of coronavirus? WebMD. <https://www.webmd.com/covid/coronavirus-history>.

<sup>5</sup> Katz, C., Varela, N., Korbin, J. E., Najjar, A. A., Cohen, N., Bérubé, A., Bishop, E., Collin-Vézina, D., Desmond, A., Fallon, B., Fouche, A., Haffejee, S., Kaawa-Mafigiri, D., Katz, I., Kefalidou, G., Maguire-Jack, K., Massarweh, N., Munir, A., Munoz, P., . . . Wekerle, C. (2022). Child protective services during COVID-19 and doubly marginalized children: International perspectives. *Child Abuse & Neglect*, 131, 105634. <https://doi.org/10.1016/j.chiabu.2022.105634>.

<sup>6</sup> The Initial Impact of COVID-19 on Children and Youth (Birth to 24 years). (2021, September 21). ASPE. <https://aspe.hhs.gov/reports/impact-covid-19-children-youth>.

<sup>7</sup> Crenshaw-Williams, N. (2023). The Impact on Foster Care Children and Working with Their Families during and after COVID-19. *Youth*, 3(3), 800–808. <https://doi.org/10.3390/youth3030051>.

<sup>8</sup> Katz, C., Varela, N., Korbin, J. E., Najjar, A. A., Cohen, N., Bérubé, A., Bishop, E., Collin-Vézina, D., Desmond, A., Fallon, B., Fouche, A., Haffejee, S., Kaawa-Mafigiri, D., Katz, I., Kefalidou, G., Maguire-Jack, K., Massarweh, N., Munir, A., Munoz, P., . . . Wekerle, C. (2022).

<sup>9</sup> Odama, Adashi & Obi, Nkiru & carter, denyne & Lang, Hannah. (2024). COVID-19 and its Impacts on Child Abuse and Neglect.

<sup>10</sup> Katz, C., Varela, N., Korbin, J. E., Najjar, A. A., Cohen, N., Bérubé, A., Bishop, E., Collin-Vézina, D., Desmond, A., Fallon, B., Fouche, A., Haffejee, S., Kaawa-Mafigiri, D., Katz, I., Kefalidou, G., Maguire-Jack, K., Massarweh, N., Munir, A., Munoz, P., . . . Wekerle, C. (2022). Child protective services during COVID-19 and doubly marginalized children: International perspectives. *Child Abuse & Neglect*, 131, 105634. <https://doi.org/10.1016/j.chiabu.2022.105634>.

<sup>11</sup> Bullinger, L. R., Boy, A., Feely, M., Messner, S., Raissian, K., Schneider, W., & Self-Brown, S. (2023). Home, but Left Alone: Time at Home and Child Abuse and Neglect During COVID-19. *Journal of Family Issues*, 44(2), 338-362. <https://doi.org/10.1177/0192513X2111048474>.

<sup>12</sup> The Initial Impact of COVID-19 on Children and Youth (Birth to 24 years). (2021, September 21). ASPE. <https://aspe.hhs.gov/reports/impact-covid-19-children-youth>.

<sup>13</sup> Ibid.

for children and youth enrolled in human services programs who relied on school and other resources in the community for their developmental, emotional, and behavioral health needs.<sup>14</sup>

Many children and youth had increased mental health challenges during the COVID-19 pandemic while school-based mental health services decreased.<sup>15</sup> The restrictions put in place due to the pandemic fostered feelings of isolation and loneliness as well as limited access to extended family, friends and community supports for many children and youth.<sup>16</sup> A survey on COVID experiences resulted in 25% of parents with children ages five to 12 reporting their children experiencing overall worsened mental and emotional health during the pandemic.<sup>17</sup>

Disruptions to early childhood services, programs and schools caused by the COVID-19 pandemic heightened existing inequities and challenges to service provision.<sup>18</sup> Many early care and education programs, such as Head Start, offer children a safe place to learn, grow, and build healthy relationships with adults and peers and many of these programs closed in-person services, most of which were in low- and middle-income neighborhoods.<sup>19</sup> These losses of relationships and learning opportunities that programs like Head Start offer, can further exacerbate the already large achievement gaps between children from low-income families and their peers.<sup>20</sup>

The current Special Study was conducted in hopes of beginning to understand some of the impacts that COVID-19 had specific to children and youth in out-of-home care. Due to the significance that school plays in children's lives several measures related to academics have been included in addition to factors such as maintaining connection to normalcy activities and family or kin. For the purposes of this Special Study, we have used review data from calendar years January 1, 2018 to December 31, 2023 to create the COVID-19 period categories in which a Foster Care Review Board case review occurred. Below summarizes the number of children and youth in out-of-home care through child welfare who were reviewed during each timeframe and the number of those children who were enrolled in school or homeschooled.

- 2018-19 = Pre-COVID
  - Total Reviews = 8,531; Enrolled in School At time of Review = 5,344
- 2020-21 = COVID
  - Total Reviews = 8,345; Enrolled in School At time of Review = 5,219
- 2022-23 = Post-COVID
  - Total Reviews = 8,398; Enrolled in School At time of Review = 5,432

Significant results from the Special Study are described at a statewide level, with relevant drilldown by Department of Human Services (DHHS)/Children and Family Services (CFS) Service Area. Percentages for the measures are only based off the responses for children with review details that were able to be determined and applicable for them. For instance, children not yet enrolled in school and those who had graduated were excluded from the analysis of academic outcomes.

Extracurricular activities allow for children to easily participate in age-appropriate social, scholastic and enrichment activities. These activities allow children in out-of-home care to experience typical childhood activities and are important because they prepare children for life as an adult. Post-COVID, children were more likely to be involved with extracurricular activities (89.5%) compared to during COVID (85.8%) and Pre-

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<sup>14</sup> The Initial Impact of COVID-19 on Children and Youth (Birth to 24 years). (2021, September 21). ASPE. <https://aspe.hhs.gov/reports/impact-covid-19-children-youth>.

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.



COVID (85.7%). This was predominately due to the increase in the Eastern Service Area where involvement in extracurricular activities went from 79.0% Pre-COVID to 78.2% during COVID to 86.2% Post-COVID. Furthermore, youth attaining at least partial skills for adulthood improved into Post-COVID (84.7%) compared to Pre-COVID (81.1%); most notably in the Western Service Area where there was an increase from 88.9% Pre-COVID to 96.2% during COVID and 94.8% Post-COVID.

One study that was not expecting to find a positive impact from the COVID-19 pandemic actually resulted in foster parents of color feeling closer to family, expressing gratitude more often, and having a greater sense of resilience.<sup>21</sup> Similarly, children and youth in out-of-home care who were reviewed, across all CFS service areas in Nebraska, were found to be more connected to family and kin during COVID (92.9% compared to 85.3% Pre-COVID) and this trend continued into Post-COVID (93.4%).

By mid-March 2020, over 350,000 children and teachers in Nebraska were sent home to begin virtual learning.<sup>22</sup> Governor Pete Ricketts directed schools to continue education virtually through the end of the May 2020 academic school year.<sup>23</sup> Once the 2020-21 school year was beginning, most schools were ready to reopen but the decision on how and when was left up to local school officials.<sup>24</sup> Many children and youth in out-of-home care who faced housing and food insecurity hardships during the COVID-19 pandemic reported these issues having a negative impact on their education attainment.<sup>25</sup>

Enrollment rates in public schools have dropped by 4.0% since the 2019-20 school year, with an increase in homeschooling.<sup>26</sup> This decline in students in public schools may indicate a shift of parents enrolling their students in private schools or choosing to homeschool their children.<sup>27</sup> Between 2019 and 2020, there was a 7.4% increase in the number of school aged students being homeschooled.<sup>28</sup> In Nebraska's out-of-home care population, rates of children and youth not being enrolled in any type of school (public, private, or homeschooled) when they should be increased during COVID (2.7% compared to 0.2% Pre-COVID) and remained at similar levels Post-COVID (2.5%). The only exception to this was in the Central Service Area where there were no significant changes in enrollment status from Pre-COVID through Post-COVID.

School attendance is crucial for students to succeed academically, and a single missed school day is a lost opportunity to learn.<sup>29</sup> Prior to COVID-19 in the United States, 16.7% of public school students were chronically absent, meaning they missed more than 10% of their school days.<sup>30</sup> However, this number nearly doubled in the 2021-22 school year, when about 30.0% of public school students were chronically absent.<sup>31</sup>

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<sup>21</sup> Whitman, K. L. (2022). 36.2 Navigating Two Pandemics at Once: An Examination of Resource Parents' Experiences With COVID-19 and Racial Injustice. *Journal of the American Academy of Child & Adolescent Psychiatry*, 61(10), S332. <https://doi.org/10.1016/j.jaac.2022.07.758>.

<sup>22</sup> Nebraska Office of the CIO. (2022, January 31). Network Nebraska provides pandemic assistance. Retrieved November 12, 2024, from [https://cio.nebraska.gov/news/pressreleases/2022/01/Network\\_Nebraska\\_News\\_Release.pdf](https://cio.nebraska.gov/news/pressreleases/2022/01/Network_Nebraska_News_Release.pdf).

<sup>23</sup> School responses in Nebraska to the coronavirus (COVID-19) pandemic - Ballotpedia. (n.d.). Ballotpedia. [https://ballotpedia.org/School\\_responses\\_in\\_Nebraska\\_to\\_the\\_coronavirus\\_\(COVID-19\)\\_pandemic](https://ballotpedia.org/School_responses_in_Nebraska_to_the_coronavirus_(COVID-19)_pandemic).

<sup>24</sup> Ibid.

<sup>25</sup> The Initial Impact of COVID-19 on Children and Youth (Birth to 24 years). (2021, September 21). ASPE. <https://aspe.hhs.gov/reports/impact-covid-19-children-youth>.

<sup>26</sup> Ward, M. (2024, May 20). Why did enrollment plummet after COVID? Here are some answers. District Administration. <https://districtadministration.com/why-did-enrollment-plummet-after-covid-here-are-some-answers/>.

<sup>27</sup> Goulas, S. & The Hamilton Project and The Brookings Institution. (2024). Breaking down enrollment declines in public schools. [https://www.brookings.edu/wp-content/uploads/2024/03/20240314\\_THP\\_EnrollmentDeclines\\_Paper.pdf](https://www.brookings.edu/wp-content/uploads/2024/03/20240314_THP_EnrollmentDeclines_Paper.pdf).

<sup>28</sup> Ward, M. (2024, May 20). Why did enrollment plummet after COVID? Here are some answers. District Administration. <https://districtadministration.com/why-did-enrollment-plummet-after-covid-here-are-some-answers/>.

<sup>29</sup> National Center for Education Statistics. (n.d.). Every school day counts: The Forum Guide to Collecting and Using Attendance data - Why does attendance matter? <https://nces.ed.gov/pubs2009/attendancedata/chapter1a.asp>.

<sup>30</sup> Why is school attendance important? | American University. (2024, April 15). School of Education Online. <https://soeonline.american.edu/blog/importance-of-school-attendance/>.

<sup>31</sup> Chronic absenteeism and disrupted learning require an All-Hands-on-Deck approach. (2023b, September 13). The White House. Retrieved November 21, 2024, from <https://www.whitehouse.gov/cea/written-materials/2023/09/13/chronic-absenteeism-and-disrupted-learning-require-an-all-hands-on-deck-approach/>.

During the 2023-24 school year, 22.0% of Nebraska students enrolled in public schools were chronically absent.<sup>32</sup> A recent summary report given to the Omaha Public School (OPS) Board of Education in November 2024 stated during the 2023-24 school year, 40.2% of OPS enrolled students were chronically absent.<sup>33</sup> When comparing to the 2019-20 school year, 24.6% of OPS enrolled students were chronically absent, resulting in a 15.6% increase of chronic absenteeism in Omaha Public Schools since the COVID-19 pandemic began.<sup>34</sup> Missing too many school days has both short-term and long-term effects such as lower academic performance, negative social and behavioral impacts from isolation, higher likelihood of dropping out, as well as poorer health outcomes and a lower lifetime income.<sup>35</sup> While there were no significant changes found in regular all day school attendance for children in out-of-home care enrolled in school, statewide attendance rates did show an increase from Pre-COVID (88.4%) to COVID (91.7%) through Post-COVID (92.2%).

A collaboration between researchers at Harvard University and Stanford University found that the location children were living during the pandemic had more of an impact on their academic performance than race or income, noting declines in test scores were similar across all races and incomes.<sup>36</sup> Thomas Kane, the faculty director of the Center for Education Policy Research at Harvard University, has stated the communities most impacted by the COVID-19 pandemic have some students who have fallen behind by more than 1.5 years in math.<sup>37</sup> Additionally, researchers found there were greater declines in test scores in communities with higher COVID-19 mortality rates and found smaller instances of declines in test scores in communities that tend to have institutional and government trust.<sup>38</sup> For Nebraska's out-of-home care population, children and youth were more likely to be academically on target for all their core classes Pre-COVID (79.7%) than they were during COVID (69.7%). While statewide rates began to improve for academic performance Post-COVID (75.1%), figure 1 shows this trend is not universal for all CFS service areas.

<sup>32</sup> Chronic absenteeism – Nebraska Department of Education. (n.d.). <https://www.education.ne.gov/csds/chronic-absenteeism/>.

<sup>33</sup> Attendance presentation 111824 - SPARQ meetings. (n.d.). 2015-2024. Sparq Data Solutions Inc. - All Rights Reserved. <https://meeting.sparqdata.com/Documents/WebViewer/120?file=fb520249-c3d2-4bfb-a890-71213e628cff>.

<sup>34</sup> Change & Romero, Attendance Works, Baltimore Education Research Consortium, Alonso, U., University of Chicago Consortium on Chicago School Research, Roderick, U., Nebraska Department of Education, Research Division, & Student and Community Services. (2023). Attendance and absenteeism: 2022-23. <https://www.ops.org/cms/lib/NE50000695/Centricity/Domain/204/Attendance%20Report%202022-23%20BOE%20Report.pdf>.

<sup>35</sup> DeFlicht, S. (2024, September 24). The effects of chronic absenteeism in schools. Panorama Education. Retrieved November 21, 2024, from <https://www.panoramaed.com/blog/the-effects-of-chronic-absenteeism-in-schools#:~:text=combat%20chronic%20absenteeism,-,The%20Short%2DTerm%20and%20Long%2DTerm%20Effects%20of%20Chronic%20Absenteeism,challenges%20throughout%20a%20student's%20life..>

<sup>36</sup> New data show how the pandemic affected learning across whole communities Most comprehensive picture yet of COVID's unequal impacts — and the urgency to expand learning opportunities. (n.d.). Harvard Graduate School of Education. Retrieved November 20, 2024, from <https://www.gse.harvard.edu/ideas/news/23/05/new-data-show-how-pandemic-affected-learning-across-whole-communities>.

<sup>37</sup> Ibid.

<sup>38</sup> Ibid.

**Figure 1: Percent of Enrolled DHHS/CFS Wards on Target for All Core Classes by COVID-19 Period**

Service Area	Pre-COVID	COVID	Post-COVID
Central	80.6%	71.3%	69.4%
Eastern	80.3%	69.7%	80.5%
Northern	81.4%	76.3%	76.1%
Southeast	73.6%	63.2%	64.4%
Western	86.1%	72.4%	76.1%
<b>Statewide</b>	<b>79.7%</b>	<b>69.7%</b>	<b>75.1%</b>

Once schools had transitioned back to in-person learning, many teachers saw notable changes in the behaviors of students, including increased levels of disrespect, electronics and social media addiction, disruptions in class, and cheating.<sup>39</sup> One of the most common changes in student behavior post-pandemic was the increased lack of interest and motivation, which many attribute to the shift to remote learning resulting in disengaged students.<sup>40</sup> One study suggests the heightened levels of disrespect and defiance in the classroom may have been due to the over-reliance on virtual communication during remote learning weakening student's in-person communication and social skills making it more difficult for them to adhere to class rules.<sup>41</sup> Along with increased levels of disengagement from virtual communication during the pandemic, some researchers suggest the over-reliance placed on technology during the pandemic caused more difficulties in maintaining focus while in the classroom.<sup>42</sup> Overall, for Nebraska's children in out-of-home care, the rates of children who never or rarely had behaviors that negatively impacted their learning improved during COVID (74.0%) and remained higher Post-COVID (72.0%) than Pre-COVID rates (62.1%). This was a consistent trend for all CFS service areas.

The most recent data available from the U.S. Department of Education's Civil Rights Data Collection Office for Civil Rights, indicates in the 2017-18 school year, 5.0% of all enrolled students had been suspended, which compares to just 1.0% of students in the 2020-21 school year.<sup>43,44</sup> A study that was recently released discussed the ineffectiveness of suspensions when dealing with misconduct.<sup>45</sup> The study goes on to report that the more severely a student is punished does little to nothing in reducing the amount of misconduct the student is involved in following a suspension but rather results in repeated future punishment.<sup>46</sup> In Nebraska, children and youth in out-of-home care that were reviewed were less likely to be suspended or expelled during the COVID-19 pandemic (5.2% and 1.0%, respectively) compared to Pre-COVID (7.6% and 2.0%, respectively); however, Post-COVID rates for both began to increase (8.0% and 1.3%, respectively). Rates varied drastically by CFS service area (see figures 2 and 3).

<sup>39</sup> Carl, M., & Carl, M. (2024, September 25). Navigating Post-Pandemic Student Behavior: Strategies for teachers and school administrators. ACSA Resource Hub | <https://content.acsa.org/navigating-post-pandemic-student-behavior-strategies-for-teachers-and-school-administrators/#:~:text=As%20schools%20transitioned%20from%20remote,phone%20and%20social%20media%20addiction.>

<sup>40</sup> Ibid.

<sup>41</sup> Ibid.

<sup>42</sup> Ibid.

<sup>43</sup> Civil rights data | U.S. Department of Education. (n.d.). <https://civilrightsdata.ed.gov/profile/us?surveyYear=2017>.

<sup>44</sup> Civil rights data | U.S. Department of Education. (n.d.-b). <https://civilrightsdata.ed.gov/profile/us?surveyYear=2020>.

<sup>45</sup> LiCalsi, C., Osher, D., Bailey, P., & American Institutes for Research. (2021). An empirical examination of the effects of suspension and suspension severity on behavioral and academic outcomes. <https://www.air.org/sites/default/files/2021-08/NYC-Suspension-Effects-Behavioral-Academic-Outcomes-August-2021.pdf>.

<sup>46</sup> Ibid.

**Figure 2: Percent of DHHS/CFS Wards Suspended by COVID-19 Period**

Service Area	Pre-COVID	COVID	Post-COVID
Central	4.5%	5.5%	6.8%
Eastern	8.6%	4.7%	8.5%
Northern	6.3%	5.6%	4.0%
Southeast	6.2%	5.5%	9.0%
Western	10.0%	6.2%	10.2%
<b>Statewide</b>	<b>7.6%</b>	<b>5.2%</b>	<b>8.0%</b>

**Figure 3: Percent of DHHS/CFS Wards Expelled by COVID-19 Period**

Service Area	Pre-COVID	COVID	Post-COVID
Central	1.4%	0.5%	1.2%
Eastern	1.9%	1.0%	1.4%
Northern	3.7%	1.4%	1.1%
Southeast	1.8%	0.3%	1.5%
Western	1.4%	2.1%	0.2%
<b>Statewide</b>	<b>2.0%</b>	<b>1.0%</b>	<b>1.3%</b>

Placement instability can play a role in academic success for children and youth in out-of-home care. A 2017 study found that youth in out-of-home care who were enrolled in high school had transferred between six different schools while they were in high school.<sup>47</sup> For children and youth in out-of-home care school changes often create educational disruptions by causing delays in enrollment, course repetition from difficulty transferring credits, and missing special needs requirements.<sup>48</sup> Rates of children in out-of-home care that were reviewed by the FCRO requiring a school change due to an out-of-home placement dropped during and after COVID (30.1% and 27.7% respectively) compared to 49.9% Pre-COVID. The most extreme example of this was in the Eastern Service Area where a required school change dropped from the Pre-COVID rate of 40.7% to 19.4% during COVID and 13.1% Post-COVID.

Overall, education records were more likely to be received from DHHS during COVID (95.1%) and Post-COVID (94.8%) than they had been Pre-COVID (93.5%). Exceptions to this trend were in the Eastern Service Area where the education records were less likely to be received from DHHS Post-COVID (92.1%) than they were Pre-COVID (93.1%); and the Southeast Service Area where there was an increase during COVID (99.1% compared to 98.3% Pre-COVID) but then fell to 97.5% Post-COVID. Figure 4 displays the breakout by each CFS service area.

<sup>47</sup> Benbenishty, R., Siegel, A., & Astor, R. A. (2017). School-related experiences of adolescents in foster care: A comparison with their high-school peers. *American Journal of Orthopsychiatry*, 88(3), 261–268. <https://doi.org/10.1037/ort0000242>.

<sup>48</sup> Ibid.

**Figure 4: Percent of Education Records Received by Foster Placement from DHHS by COVID-19 Period**

Service Area	Pre-COVID	COVID	Post-COVID
Central	96.0%	97.2%	98.4%
Eastern	93.1%	93.1%	92.1%
Northern	79.1%	90.4%	92.6%
Southeast	98.3%	99.1%	97.5%
Western	97.8%	98.4%	99.0%
<b>Statewide</b>	<b>93.5%</b>	<b>95.1%</b>	<b>94.8%</b>

Caseworker input declined from 89.0% of reviews Pre-COVID having sufficient caseworker input to 84.5% during COVID. Caseworker input continued to decline into Post-COVID (80.9%). An exception to this was in the Northern Service Area where caseworker input actually increased during COVID (from 86.5% to 91.5%) and remained higher Post-COVID (91.4%).

**Figure 5: Percent of Caseworker's Input Given at FCRO Reviews by COVID-19 Period**

Service Area	Pre-COVID	COVID	Post-COVID
Central	98.6%	93.9%	86.5%
Eastern	85.8%	78.4%	75.1%
Northern	86.5%	91.5%	91.4%
Southeast	93.6%	90.8%	91.1%
Western	84.9%	81.5%	69.8%
<b>Statewide</b>	<b>89.0%</b>	<b>84.5%</b>	<b>80.9%</b>

This Special Study offers preliminary findings related to the impact of COVID-19 on children and youth in out-of-home care. While it is clear and understandable that children tended to struggle more with certain areas of academic success during the pandemic, other protective factors that seemed to improve such as connectedness to family and kin are also important to recognize and build upon. There is still much to learn about the impact COVID-19 had on children and youth in out-of-home care and future analysis should seek to further identify differences that may have occurred between different subpopulations. Not only did COVID-19 create barriers and challenges for most households, but the most heavily impacted groups were also those that are historically vulnerable, including communities of color and those who have experience with the child welfare system.<sup>49</sup> The pandemic had significant impacts on the well-being of children and youth, which further heightened already existing inequities.<sup>50</sup> Households with children that were low-income, Black or African American, or Latino all reported being more likely to experience emotional and behavioral problems, housing instability (resulting from job loss from COVID-19 restrictions), and other material and financial hardships such as difficulty accessing emotional supports, childcare, and social supports since the pandemic began.<sup>51</sup>

Low-income communities and communities of color were disproportionately impacted by the COVID-19 pandemic due to the additional stressors which contributed to persistent anxiety and distress for many

<sup>49</sup> Navigating two pandemics at once: an examination of resource parents' experiences with COVID-19 and racial injustice. (2022). Journal of the American Academy of Child & Adolescent Psychiatry, 61(10), S332. <https://doi.org/10.1016/j.jaac.2022.07.758>.

<sup>50</sup> The Initial Impact of COVID-19 on Children and Youth (Birth to 24 years). (2021, September 21). ASPE. <https://aspe.hhs.gov/reports/impact-covid-19-children-youth>.

<sup>51</sup> Ibid.



children and youth.<sup>52</sup> As such, it is vital for agencies and stakeholders to continue to build resilience in children, youth, and families through human services programs to help strengthen families, limit the adverse effects caused by the pandemic, and address current inequities.<sup>53</sup> This can be achieved by meeting the basic needs of children and youth in out-of-home care, including providing emotional and behavioral support, building and maintaining connections, and supporting care-givers.<sup>54</sup>

Additionally, serious and timely consideration should be given to recommendations from the Bellwether consulting group and the Data Sharing for Systems-Involved Youth Leadership Team, which was tasked to develop a plan to improve how state agencies share data for systems-involved youth so they are better supported when school changes are necessary. Recommendations in their final report to the Legislature are based on input from students, families, and professionals from partnering state agencies. One such recommendation is that DHHS and Probation have the ability to request centralized education records packages for individual students on an as-needed basis. Another recommendation that came about from their work is for the state to create a new diploma option that is aligned with the state's minimum graduation requirements to accommodate students whose transitions and disruptions have created obstacles to successful and timely completion of their districts' requirements.

Every person has a right to protection from violence, especially children, therefore it is crucial that children's individual identities are taken into account when designing policies that are aimed at protecting children and these policies should reflect the child's rights and well-being.<sup>55</sup> To help lessen the long-term impacts of the COVID-19 pandemic, it is crucial to increase structural, school, family, and individual resources to help improve mental health, social, and educational outcomes.<sup>56</sup> One of the best practices in maintaining physical and emotional well-being of children and youth in out-of-home care is ensuring they remain in one out-of-home care placement to give them a sense of stability until they are able to reach reunification with their biological parents.<sup>57</sup>

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<sup>52</sup> Fortuna, L. R., Brown, I. C., Woods, G. G. L., & Porche, M. V. (2023). The impact of COVID-19 on anxiety disorders in youth. *Child and Adolescent Psychiatric Clinics of North America*, 32(3), 531–542. <https://doi.org/10.1016/j.chc.2023.02.002>.

<sup>53</sup> The Initial Impact of COVID-19 on Children and Youth (Birth to 24 years). (2021, September 21). ASPE. <https://aspe.hhs.gov/reports/impact-covid-19-children-youth>.

<sup>54</sup> Ibid.

<sup>55</sup> Katz, C., Varela, N., Korbin, J. E., Najjar, A. A., Cohen, N., Bérubé, A., Bishop, E., Collin-Vézina, D., Desmond, A., Fallon, B., Fouche, A., Haffejee, S., Kaawa-Mafigiri, D., Katz, I., Kefalidou, G., Maguire-Jack, K., Massarweh, N., Munir, A., Munoz, P., . . . Wekerle, C. (2022). Child protective services during COVID-19 and doubly marginalized children: International perspectives. *Child Abuse & Neglect*, 131, 105634. <https://doi.org/10.1016/j.chiabu.2022.105634>.

<sup>56</sup> Fortuna, L. R., Brown, I. C., Woods, G. G. L., & Porche, M. V. (2023). The impact of COVID-19 on anxiety disorders in youth. *Child and Adolescent Psychiatric Clinics of North America*, 32(3), 531–542. <https://doi.org/10.1016/j.chc.2023.02.002>.

<sup>57</sup> Crenshaw-Williams, N. (2023b). The Impact on Foster Care Children and Working with Their Families during and after COVID-19. *Youth*, 3(3), 800–808. <https://doi.org/10.3390/youth3030051>.

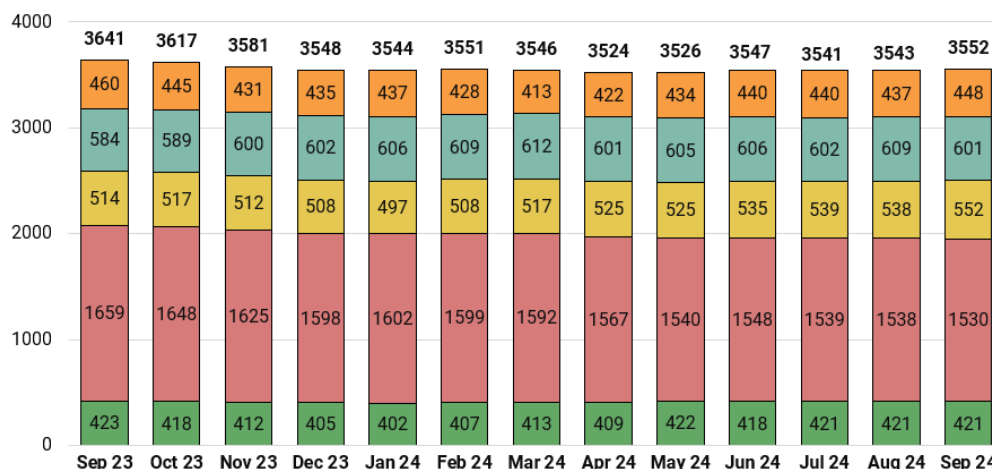
# OUT-OF-HOME TRENDS

This section includes Average Daily Population as well as Entry and Exit data for court-involved children in out-of-home care or a trial home visit involved with DHHS and/or Probation. Youth who were involved with both DHHS and Probation simultaneously (dually involved youth) are included in both system trends; youth who were placed at a YRTC are included with the Probation-involved youth.

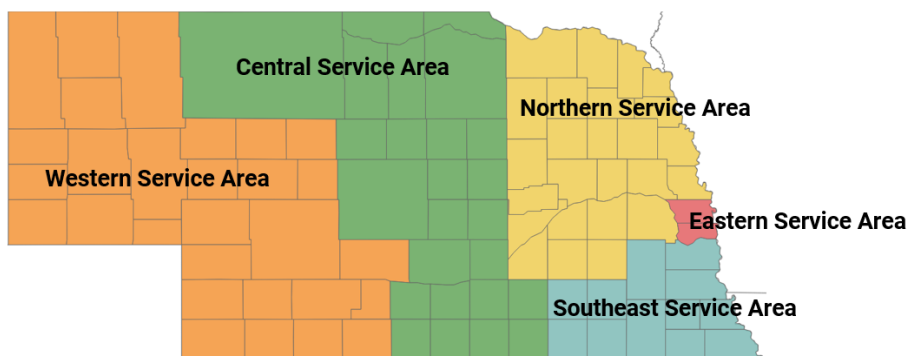
## CHILD WELFARE TRENDS

**Average Daily Population.** Figure 6 represents the average daily population (ADP) per month of all DHHS-involved children in out-of-home care or a trial home visit, including those simultaneously served by Probation, from September 2023 to September 2024. There were 2.4% fewer DHHS wards in out-of-home care on average in September 2024 compared to September 2023.

**Figure 6: Average Daily Population of DHHS Wards, September 2023-September 2024**



The colors refer to the service area (SA), as shown in the map below. Totals at the top of the chart may be slightly different than the sum of the service areas due to rounding.



Out-of-Home Trends

Figure 7 indicates the percent change in average daily population varied throughout the state and illustrates the differences between service areas (geographic regions).

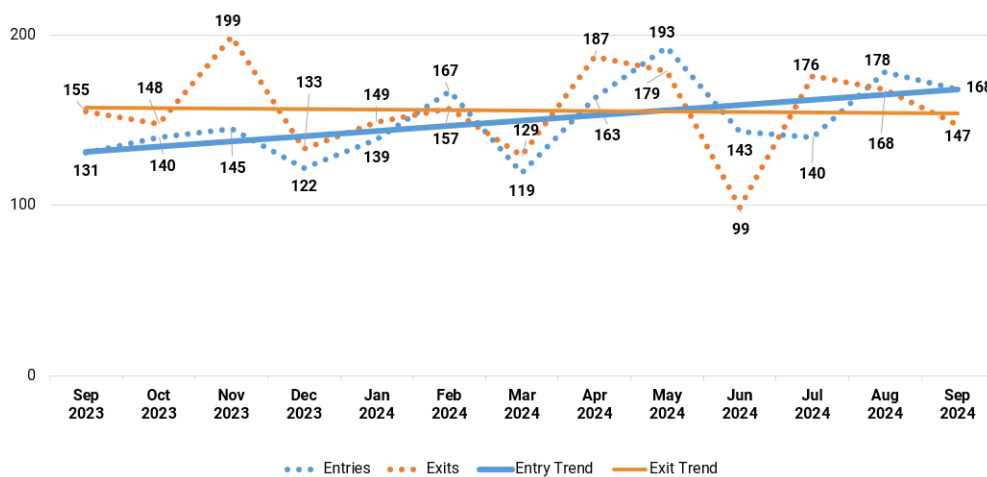
**Figure 7: Percent Change in Average Daily Population of DHHS Wards by Service Area, September 2023 to September 2024<sup>58</sup>**

Service Area (SA)	Sept-23	Sept-24	% Change
Central SA	423	421	-0.5%
Eastern SA	1,659	1,530	-7.8%
Northern SA	514	552	7.4%
Southeast SA	584	601	2.9%
Western SA	460	448	-2.6%
<b>Statewide</b>	<b>3,641</b>	<b>3,552</b>	<b>-2.4%</b>

**Entries and Exits.** Population changes of children in out-of-home care and trial home visits 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 toward the end of the school year, prior to holidays, during reunification or adoption days, and more entrances just before summer and after school starts (when reports of abuse or neglect tend to increase).

Figure 8 represents exits and entrances per month of all DHHS-involved children in out-of-home care or a trial home visit, including those simultaneously served by Probation, from September 2023 to September 2024.

**Figure 8: Monthly Entries and Exits of DHHS Wards, September 2023-2024**

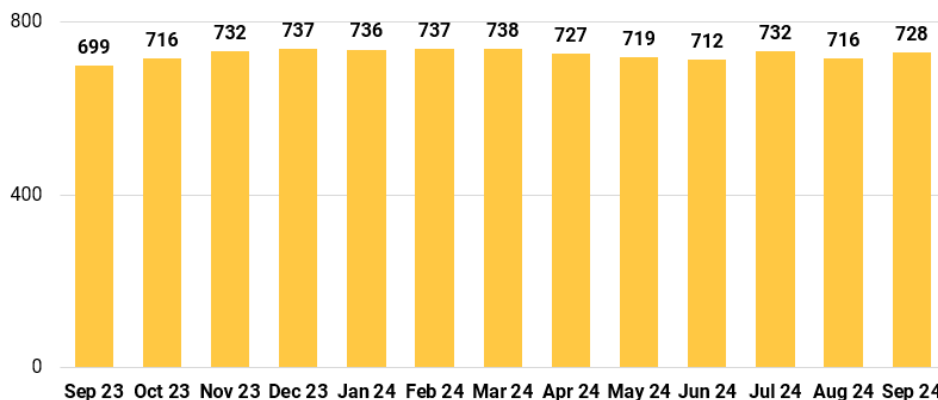


<sup>58</sup> Averages for each column may not be exactly equal to the sum of the service areas due to rounding.

### JUVENILE JUSTICE-PROBATION TRENDS

**Average Daily Population.** Figure 9 below represents the average daily population (ADP) per month of all Probation supervised youth in out-of-home care, including those simultaneously served by DHHS, from September 2023 to September 2024. The average daily population increased over the last year. There were 4.1% more Probation supervised youth in out-of-home care on average in September 2024 compared to September 2023.

**Figure 9: Average Daily Population of Probation Supervised Youth in Out-of-Home Care, September 2023 to September 2024**



Five of the 12 districts experienced a decline in the population of Probation supervised youth in out-of-home care, as demonstrated in Figure 10.

**Figure 10: Percent Change in Average Daily Population of Probation Supervised Youth by Probation District, September 2023 to September 2024<sup>59</sup>**

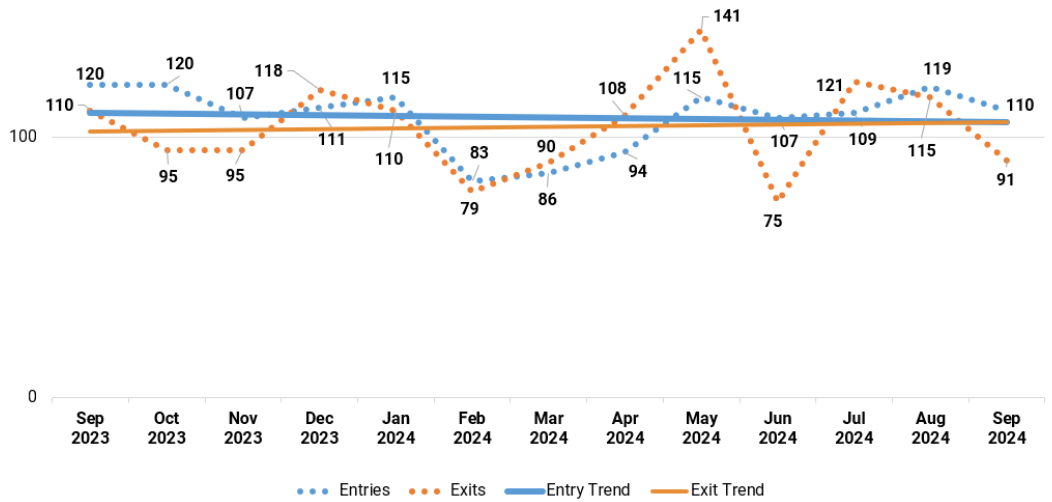
Probation District	Sept-23	Sept-24	% Change
District 1	24	16	-33.3%
District 2	41	36	-12.2%
District 3J	120	124	3.3%
District 4J	231	260	12.6%
District 5	45	40	-11.1%
District 6	45	46	2.2%
District 7	40	42	5.0%
District 8	12	13	8.3%
District 9	38	52	36.8%
District 10	30	28	-6.7%
District 11	42	44	4.8%
District 12	33	26	-21.2%
<b>State</b>	<b>699</b>	<b>728</b>	<b>4.1%</b>

<sup>59</sup> Averages for each column may not be exactly equal to the sum of the probation district due to rounding.

Out-of-Home Trends

**Exits.** Probation related placements are frequently long-term (6-12 months) placements, focused on community safety and rehabilitation of the youth. Under statute, the FCRO can track and review Probation supervised youth if 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.

**Figure 11: Monthly Entries and Exits of Probation Supervised Youth, September 2023-September 2024**





### POINT-IN-TIME TREND OVERVIEW BY AGENCY

The following tables represent a trend comparison of the number of children and youth in out-of-home care or trial home visits by agency type over the last eight point-in-time quarters. The DHHS/CFS and Dually Involved tables below show the statewide total as well as the breakout by service area. Probation displays the statewide total and the breakout by probation district. Finally, YRTC represents the statewide total and the breakout by gender.

DHHS/CFS	12/31/22	3/31/23	6/30/23	9/30/23	12/31/23	3/31/24	6/30/24	9/30/24
Statewide	3,596	3,584	3,530	3,480	3,398	3,388	3,446	3,426
CSA	385	409	407	404	378	393	407	404
ESA	1,652	1,643	1,612	1,581	1,536	1,503	1,496	1,458
NSA	487	500	508	495	489	503	521	533
SESA	609	590	549	554	570	585	589	590
WSA	463	442	454	446	425	404	433	441

- For children and youth involved only with DHHS/CFS, the most recent point-in-time data shows a 0.6% statewide decrease over the previous quarter.
- Two of the five service areas had a decrease with the largest decrease occurring in the ESA at 2.5%; whereas NSA had the largest increase at 2.3%.

Dually Involved	12/31/22	3/31/23	6/30/23	9/30/23	12/31/23	3/31/24	6/30/24	9/30/24
Statewide	127	127	129	127	138	138	119	132
CSA	20	17	19	15	18	17	12	16
ESA	54	60	56	57	62	63	58	67
NSA	17	15	18	15	14	20	20	24
SESA	21	21	20	25	28	24	17	16
WSA	15	14	16	15	16	14	12	9

- For youth who were dually involved with DHHS/CFS and Probation, the most recent point-in-time data shows a 10.9% statewide increase over the previous quarter.
- Three of the five service areas had an increase while two service areas (SESA and WSA) had decreases over the previous quarter.

Out-of-Home Trends

Probation	12/31/22	3/31/23	6/30/23	9/30/23	12/31/23	3/31/24	6/30/24	9/30/24
Statewide	414	419	435	473	483	480	486	475
District 1	11	13	16	20	18	18	19	13
District 2	32	27	31	30	35	34	29	30
District 3J	71	66	75	79	82	72	77	84
District 4J	113	121	125	139	151	155	163	154
District 5	23	28	32	37	32	35	29	31
District 6	28	26	37	32	28	25	30	30
District 7	33	32	20	28	28	30	26	20
District 8	7	6	8	7	6	4	4	6
District 9	39	41	32	30	29	38	37	40
District 10	17	16	15	22	24	25	27	19
District 11	17	22	30	29	34	30	31	28
District 12	23	21	14	20	16	14	14	20

- For youth who were only involved with Probation, the most recent point-in-time data shows a 2.3% statewide decrease over the previous quarter.
- Six of the 12 probation districts had an increase, with the largest increases occurring in District 8 at 50.0%, District 12 at 42.9%, District 3J at 9.1%, District 9 at 8.1%, District 5 at 6.9%, followed by District 2 at 3.4%.
- Five probation districts had a decrease over the previous quarter, with the largest decrease occurring in District 1 at 31.6%, followed by District 10 at 29.6%, District 7 at 23.1%, District 11 at 9.7% and lastly District 4J at 5.5%.
- District 6 had no change from the previous quarter.

YRTC	12/31/22	3/31/23	6/30/23	9/30/23	12/31/23	3/31/24	6/30/24	9/30/24
Statewide	62	82	84	78	74	96	95	103
Females	15	22	22	12	14	25	29	22
Males	47	60	62	66	60	71	66	81

- For youth who were placed at a YRTC, the most recent point-in-time data shows an 8.4% total population increase over the previous quarter; however, the male population solely accounted for the increase as the female population decreased by 24.1% over the previous quarter.

# SYSTEM-WIDE TRENDS

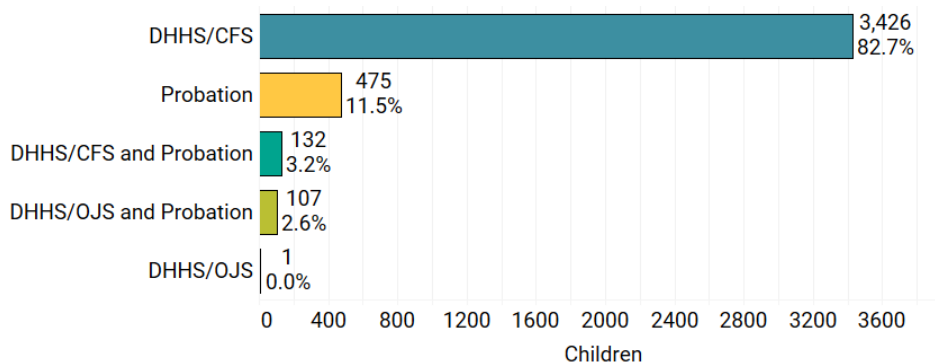
This section includes point-in-time data for court-involved children and youth under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juveniles Services Division (hereafter referred to as Probation) in out-of-home care or a trial home visit.

On 9/30/2024, 4,141 Nebraska children were in out-of-home or a trial home visit placement<sup>60</sup> under DHHS/CFS, DHHS/OJS, and/or Probation.

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 12 provides a snapshot of the agency involvement of non-duplicated children in out-of-home care on 9/30/2024.

**Figure 12: All Court-Involved Children in Out-of-Home Care or a Trial Home Visit by Agency Involved on 9/30/2024, n<sup>61</sup>=4,141**



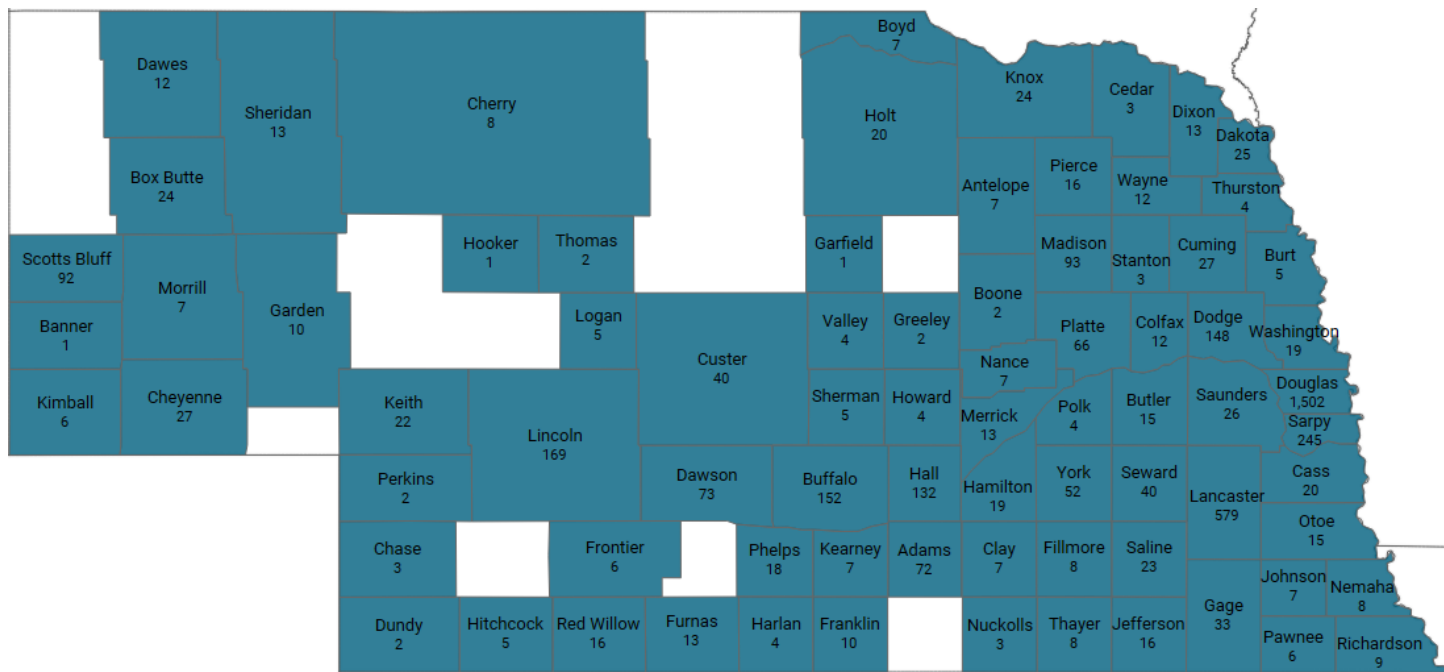
<sup>60</sup> This section does not include children in non-court Approved Informal Living Arrangements, tribal wards, or children that have never had a removal from the home.

<sup>61</sup> See Appendix B for a glossary of terms and a description of acronyms.

System-Wide Trends

Children in out-of-home care come from across the entire state of Nebraska. Figure 13 represents the county of court jurisdiction for the 4,141 court-involved children who were in out-of-home care on 9/30/2024 (which excludes AILAs).<sup>62</sup>

**Figure 13: County of Court Jurisdiction for all Nebraska Court-Involved Children in Out-of-Home Care or a Trial Home Visit on 9/30/2024, n=4,141**



\*Counties with no description or shading did not have any children in out-of-home care. These are predominately counties with sparse populations of children. Children who received services in the parental home without experiencing a removal and children placed directly with a non-custodial parent are not included as they are not within the FCRO’s authority to track or review.

The 4,141 shown above is a 0.5% decrease compared to 9/30/2023 when 4,163 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.

<sup>62</sup> See Appendix B for a glossary of terms and a description of acronyms.

# CHILD WELFARE CHILDREN

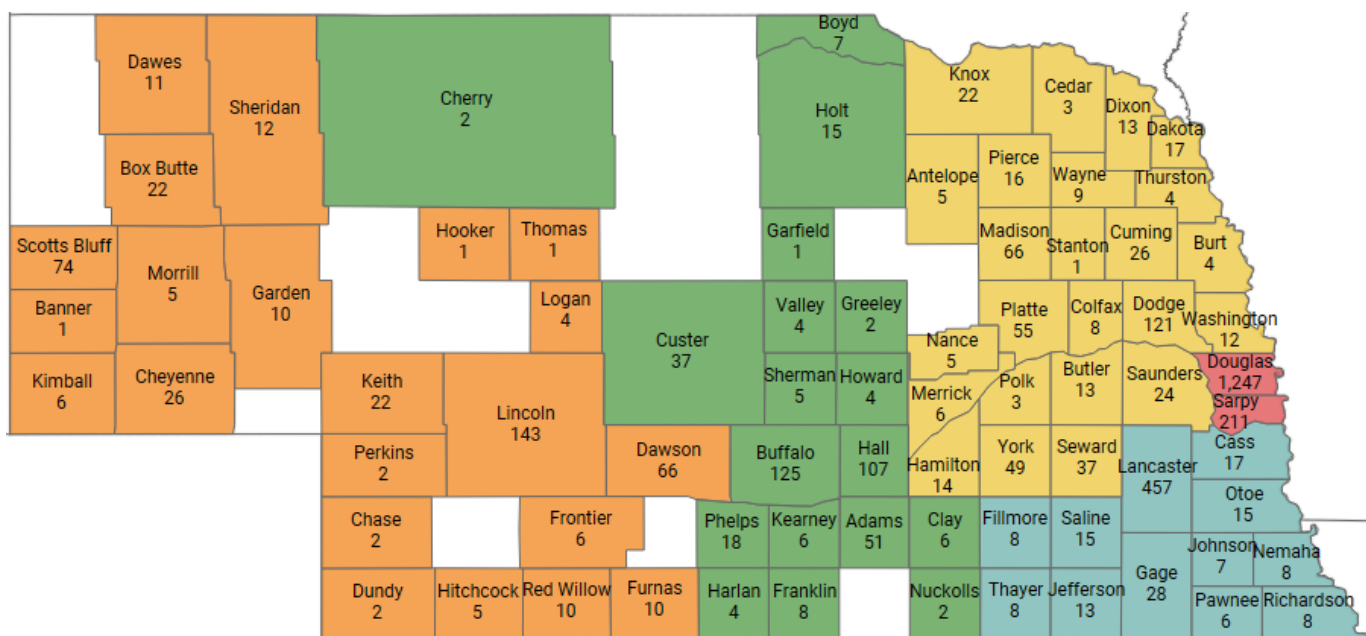
## DHHS/CFS COURT-INVOLVED CHILDREN IN CARE THROUGH THE CHILD WELFARE SYSTEM

This section includes point-in-time data for DHHS/CFS only court-involved children in out-of-home care or a trial home visit in the child welfare system (abuse and neglect). This does not include children and youth dually involved with DHHS/CFS and Probation.

### POINT-IN-TIME DEMOGRAPHICS AND PLACEMENTS

**County.** Figure 14 shows the county of court jurisdiction for the 3,426 children solely involved with DHHS/CFS in out-of-home care or a trial home visit on 9/30/2024. This compares to 3,480 on 9/30/2023.

**Figure 14: County of Court Jurisdiction for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 9/30/2024, n=3,426**



\*Counties with no description or shading did not have any children in out-of-home care with DHHS/CFS involvement. These are predominately counties with sparse populations of children. Children who received services in the parental home without experiencing a removal and children placed directly with a non-custodial parent are not included as they are not within the FCRO's authority to track or review.



**Figure 15: Service Areas for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 9/30/2024, n=3,426**

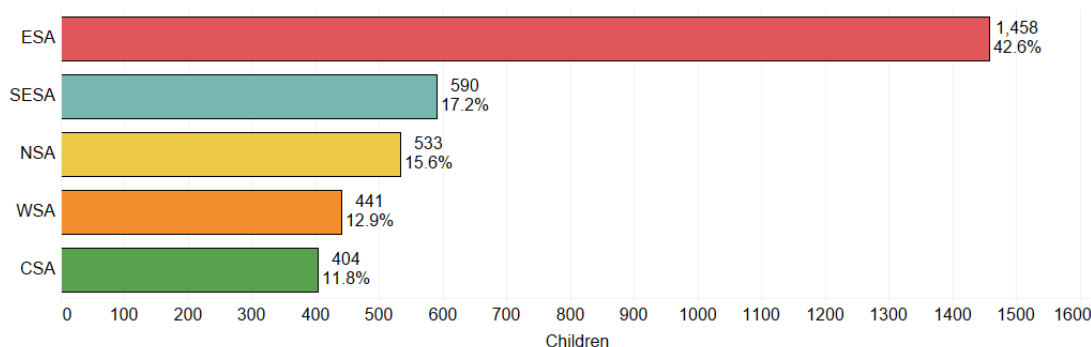


Figure 16 represents the top 10 counties by rate of DHHS/CFS wards in care per 1,000 children in the population, ages 0 to 19, on 9/30/2024. While the three most populous counties in Nebraska (Douglas, Lancaster, and Sarpy) make up approximately 56% of DHHS/CFS wards, these counties are not within the top 10 counties with the highest rates. Some rural counties, like Lincoln County (North Platte), which had the fourth highest count of children who are DHHS/CFS wards, have higher rates of children in out-of-home care. Statewide, the rate of DHHS/CFS wards in care per 1,000 children was 6.4.

**Figure 16: Top 10 Counties by Rate of DHHS/CFS Wards in Care per 1,000 Children in the Population on 9/30/2024**

County	Children in Care	Total Age 0-19 <sup>63</sup>	Rate per 1,000 children	Family Count
Garden	10	361	27.7	5
Logan	4	153	26.1	1
Boyd	7	355	19.7	2
Lincoln	143	8,325	17.2	88
Custer	37	2,789	13.3	19
York	49	3,781	13.0	29
Franklin	8	649	12.3	4
Keith	22	1,848	11.9	13
Dodge	121	10,303	11.7	77
Cheyenne	26	2,392	10.9	16

<sup>63</sup> U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2023.

**Figure 17: Service Areas by Rate of DHHS/CFS Wards in Care per 1,000 Children in the Population on 9/30/2024**

Service Area	Children in Care	Total Age 0-19 <sup>64</sup>	Rate per 1,000 children	Family Count
CSA	404	62,732	6.4	227
ESA	1,458	219,710	6.6	766
NSA	533	91,884	5.8	306
SESA	590	115,153	5.1	336
WSA	441	46,805	9.4	263

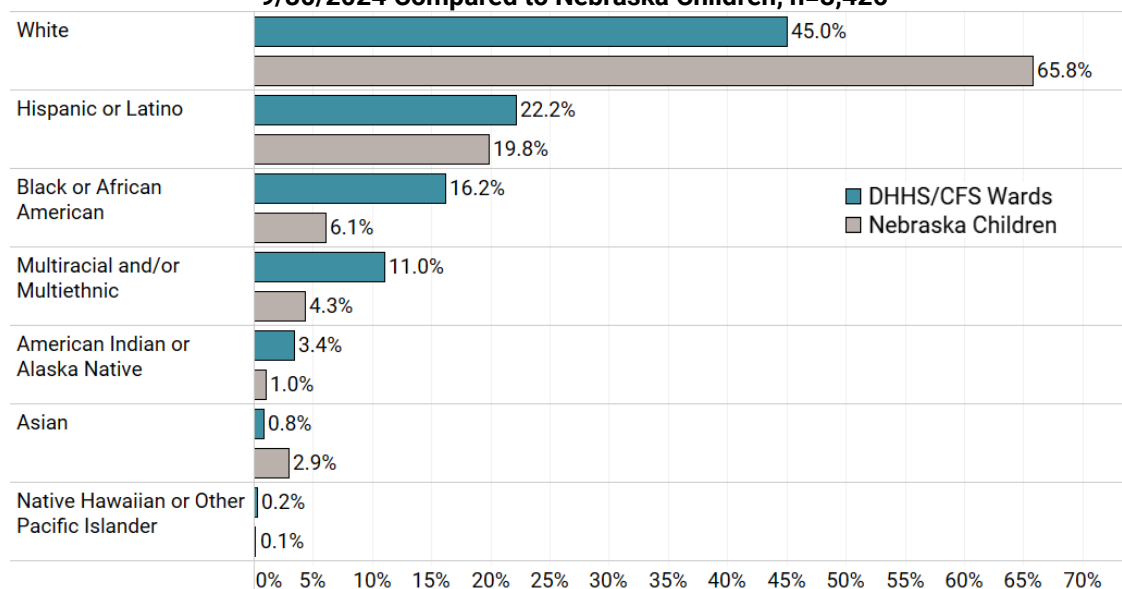
**Age.** The median age was 8 years old for both males and females who were DHHS/CFS wards in care on 9/30/2024.

- 37.0% of the children in out-of-home care or trial home visits on 9/30/2024 were age 5 and under.
- 35.0% of the children were age 6-12.
- 28.1% of the children were age 13-18.

**Gender.** Males (49.2%) and females (50.8%) are nearly equally represented in the number of DHHS/CFS wards in care.

**Race.** Figure 18 compares the race and ethnicity of children in out-of-home care or a trial home visit to the number of children in the state of Nebraska. Children of color continue to be overrepresented in the out-of-home population. This overrepresentation is very similar to the data presented last year. A truly equitable out-of-home care system should reflect a population composed of race/ethnicity ratios in out-of-home care equivalent to the ratios of children in the general population per census records.

**Figure 18: Race and Ethnicity of DHHS/CFS Wards in Out-of-Home Care and Trial Home Visits on 9/30/2024 Compared to Nebraska Children, n=3,426**



<sup>64</sup> U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2023.

**Times in Care Over Lifetime.** The average number of times in care over their lifetime for current DHHS/CFS wards as of 9/30/2024 was 1.3.

**Median Length of Stay.** For those in care on 9/30/2024, the median number of days in care for DHHS/CFS wards was 432 days.

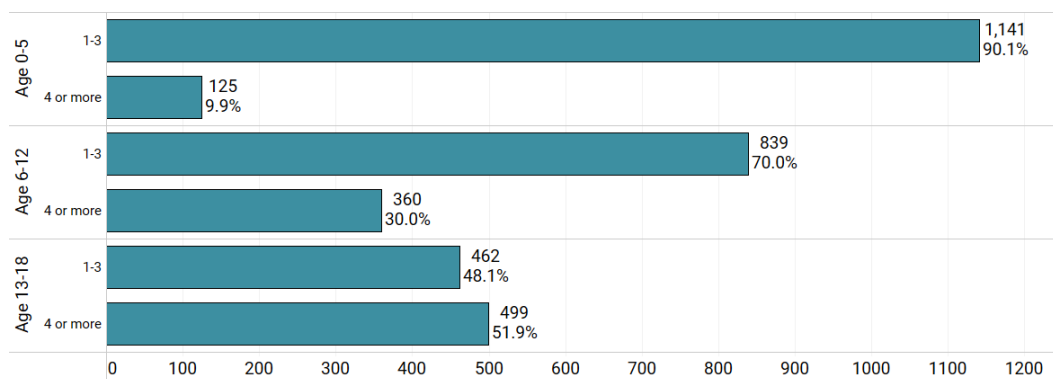
**Number of Placements.** Research indicates that children experiencing multiple placements over their lifetime puts them at greater risk for negative outcomes, such as delays in permanency, academic challenges, and difficulties forming meaningful attachments.<sup>65</sup> However, children who have experienced consistent, stable, and loving caregivers are more likely to have better long-term mental and physical health outcomes.<sup>66</sup>

On 9/30/2024, DHHS/CFS wards had an average of 3.4 placements in their lifetime.

Figure 19 shows the number of lifetime placements for DHHS/CFS wards by age group. It is unacceptable that 9.9% of children ages 0-5, and 30.0% of children ages 6-12 have been moved between caregivers four or more times. 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 (51.9%) have exceeded four lifetime placements.

**Figure 19: Lifetime Placements for DHHS/CFS Wards in Care 9/30/2024, n=3,426**



The percentage with four or more lifetime placements varies by service area.

Age Group	CSA	ESA	NSA	SESA	WSA
0-5	4.8%	11.5%	10.8%	7.8%	11.1%
6-12	25.2%	37.3%	23.4%	26.4%	23.2%
13-18	55.1%	59.2%	40.6%	49.1%	41.7%

**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 for them to grow and thrive. Thus, placement type matters. The least restrictive placements are home-like settings, moderate restrictive placements include 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.

<sup>65</sup> sbrown@casey.org. (2024, May 22). Placement stability impacts - Casey Family Programs. Casey Family Programs. <https://www.casey.org/placement-stability-impacts/>.

<sup>66</sup> Ibid.

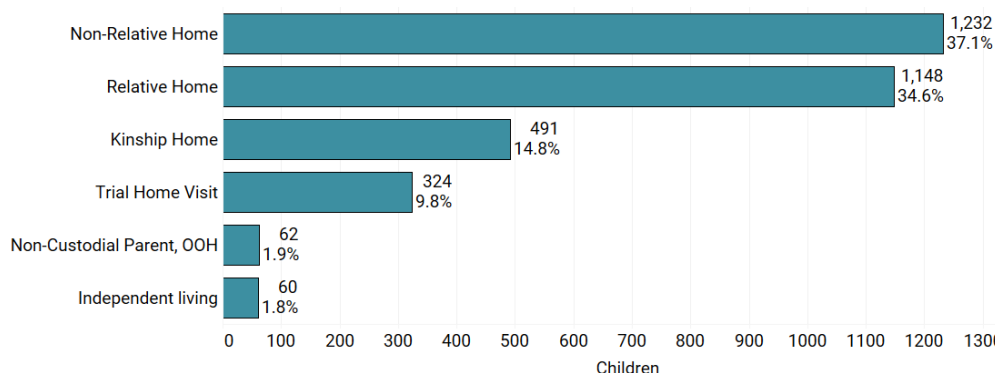
- The vast majority (96.8%) of DHHS/CFS state wards in care on 9/30/2024 were placed in the least restrictive placement, well above the 2021 national average of 90%.<sup>67</sup> This is a continuing trend.
  - Of the children placed in family-like settings (not including trial home visits), 54.8% were in a relative or kinship placement.<sup>68</sup>

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 by being placed with persons they already know, who make them feel safe and secure; however, it is not required that relatives have a pre-existing relationship with the child in order to be placed with them.

When considering Figure 20, remember that some children in out-of-home care do not have any adult relatives available for consideration, while others may have relatives, but the relatives are not suitable to provide care.

**Figure 20: Additional Details on Least Restrictive Placement Type for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 9/30/2024, n=3,317**



**Licensing of Relative and Kinship Foster Homes.** Compliance to the new DHHS relative and kinship foster home approval process approved by the Administration for Children and Families (ACF) is crucial to ensure placement safety and stability, as well as to increase the amount of federal Title IV-E funding accessed by the state.<sup>69</sup> Completion of the Reasonable and Prudent Parenting Standards training should support these approved caregivers so they are better able to cope with the types of behaviors that children with a history of abuse or neglect can exhibit, along with intra-familial issues present in relative care that are not present in non-family situations. These approved caregivers will also need ample information on the workings of the foster care system and supports available to them and the children.

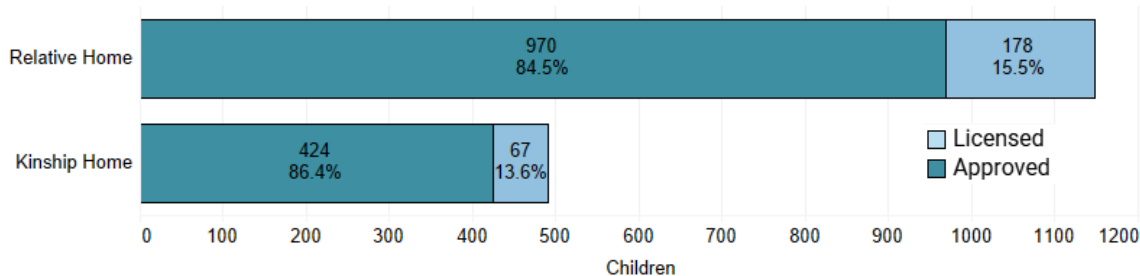
<sup>67</sup> Children in foster care by placement type: Kids Count Data Center. Children in foster care by placement type | KIDS COUNT Data Center. (n.d.). <https://datacenter.aecf.org/data/line/6247-children-in-foster-care-byplacement-type?loc=1&loct=1#1/any/true/2048/asc/2622,2621,2623,2620,2625,2624,2626/12995>

<sup>68</sup> 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.

<sup>69</sup> Per a DHHS news release from May 8, 2024: On April 17, 2024, the Administration for Children and Families (ACF) approved Nebraska’s plan to utilize a separate relative and kinship approval process. The new process will allow Nebraska to draw additional federal dollars for child welfare services.

**Current License Status.** Due to the prior fiscal impact and caregiver training issues, the FCRO looked at the licensing status for relative and kinship placement types. As shown in Figure 21, in keeping with the FCRO’s focus on individual children, we see that relatively few are in a licensed placement. Since 9/30/2023, children in licensed relative placements have decreased from 25.2% to 15.5% and children in licensed kinship placements have decreased from 17.3% to 13.6%. Slow progress was being made but it is now trending in the wrong direction.

**Figure 21: Licensing for DHHS/CFS Wards in Relative or Kinship Foster Homes on 9/30/2024, n=1,148 (Relatives) and n=491 (Kinship)**

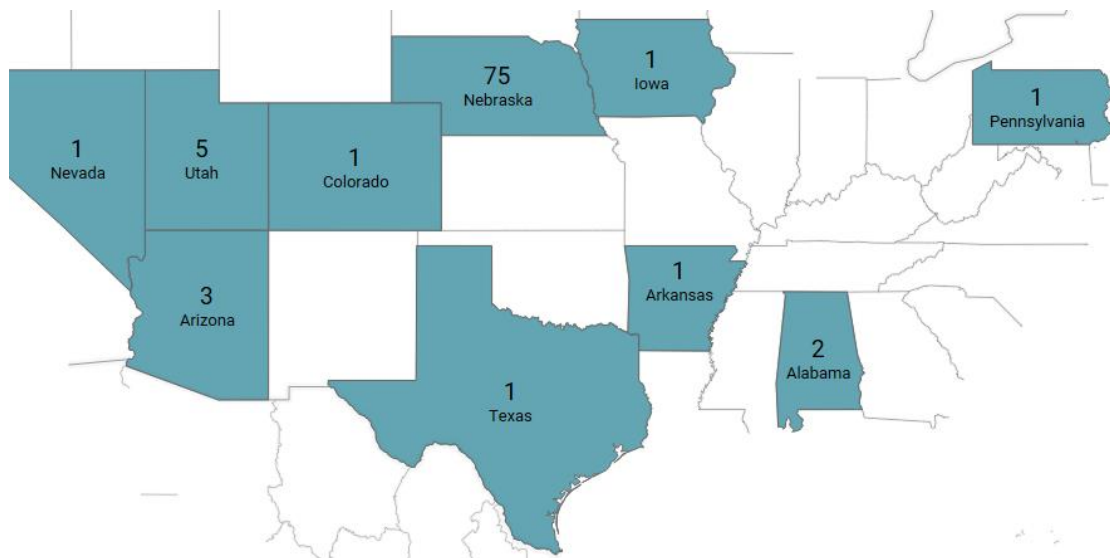


**Missing from Care.** On 9/30/2024, there were 16 DHHS/CFS wards missing from care. Of those missing, 13 were female and three were male. This is always a serious safety issue that deserves special attention. While unaccounted for, these children have a higher likelihood of having experiences with sex trafficking or other poor outcomes.

**Congregate Care.** A majority (82.4%) of DHHS/CFS wards in congregate care facilities<sup>70</sup> are placed in Nebraska (Figure 22).

- DHHS/CFS had 91 children in congregate care, resulting in a large increase from 70 on 9/30/2023.

**Figure 22: DHHS/CFS Wards in Congregate Care on 9/30/2024 by State of Placement, n=91**



<sup>70</sup> Congregate care includes non-treatment group facilities, group facilities that specialize in psychiatric, medical, or juvenile justice related issues, and group emergency placements.



## 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, causing delays in permanency. It is also significant to the child welfare system because funding is directed to training new workers instead of serving families.

A study still frequently quoted from Milwaukee County, Wisconsin, found that children who 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.<sup>71</sup> Caseworker turnover has been associated with more placement disruptions, time in foster care, incidents of maltreatment, and re-entries into foster care.<sup>72</sup> Turnover is also significant to the child welfare system because resources are directed to recruiting, hiring, and training new workers instead of serving families. Every time a caseworker leaves the workforce, the cost to the agency is approximately 70% to 200% of the exiting employee's annual salary.<sup>73</sup>

The FCRO receives information from DHHS/CFS about the caseworkers children have had while in out-of-home care or trial home visits during their current episode.<sup>74</sup> Due to recent system changes, the following explanations are necessary:

- In the Eastern Service Area, ongoing casework was done by lead agency (contractor) Family Permanency Specialists (FPS) until March 2022. Since then, it has been conducted by DHHS/CFS Case Managers. Thus, the count for the Eastern Service Area may include workers in each category. The FCRO was careful not to duplicate the counts for previous lead agency workers who were hired by DHHS/CFS if they continued to serve the same family.<sup>75</sup>
- In the rest of the state, the data represents the number of DHHS/CFS Case Managers assigned to a case.

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<sup>71</sup> [Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff](#), January 2005. Authors C. Flower, J. McDonald, and M. Sumski. Inquiries regarding the report should be directed to Child Welfare Associates LLC in Wheaton, IL. [turnoverstudy.pdf \(uh.edu\)](#)

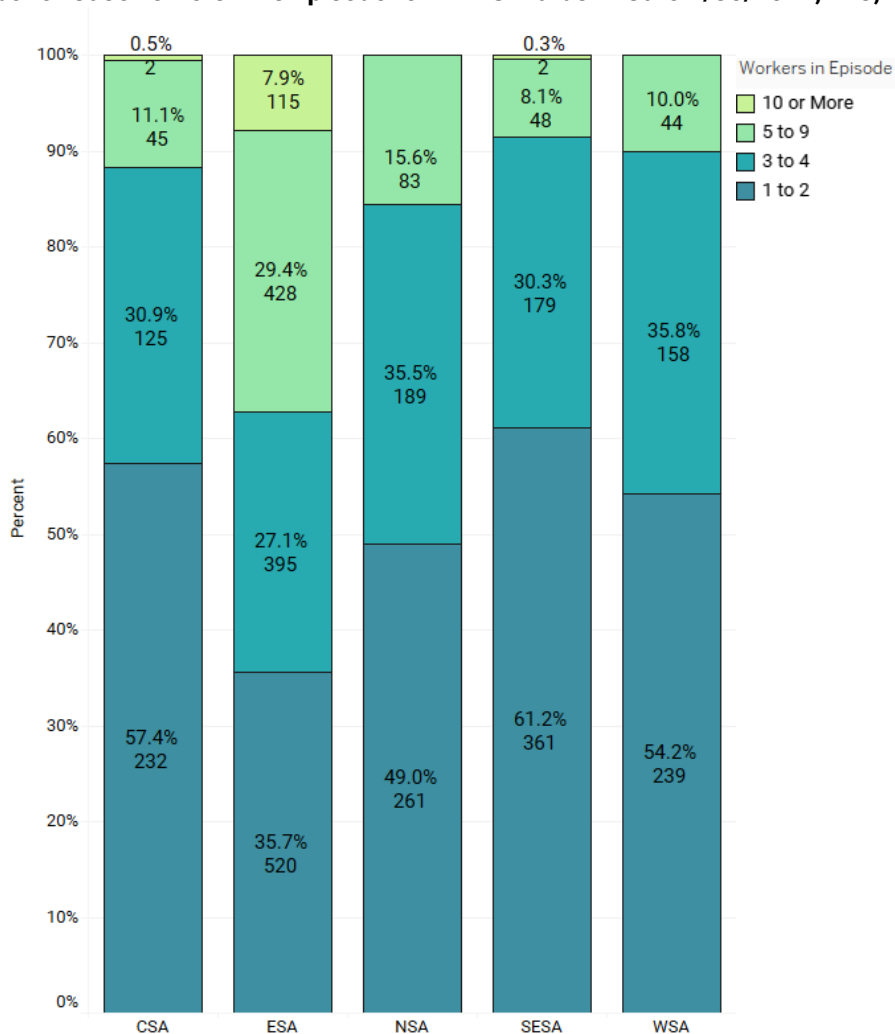
<sup>72</sup> "How Does Turnover Affect Outcomes - Casey Family Programs." 2017. Casey Family Programs. December 29, 2017. <https://www.casey.org/turnover-costs-and-retention-strategies/>.

<sup>73</sup> Ibid.

<sup>74</sup> The FCRO has determined that there are issues with the way that DHHS reports the number of caseworker changes. Therefore, this information is issued with the caveat "as reported by DHHS."

<sup>75</sup> PromiseShip held the lead agency contract with DHHS until 2019 when DHHS rebid the contract and awarded to Saint Francis Ministries. Cases transferred in the fall of 2019. Many former PromiseShip caseworkers were subsequently employed by Saint Francis. Then in spring 2022 the contract was discontinued, and many Saint Francis workers were hired as DHHS/CFS Case Managers. Throughout those transfers 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 each transfer period if a new person became involved with the child and family.

**Figure 23: Number of Caseworkers This Episode for DHHS Wards in Care 9/30/2024, n=3,426**



Nearly a quarter (22.4%) of the children served by DHHS/CFS have had five or more caseworkers during their current episode in care. Children in the Eastern Service Area (ESA), which had been served by a private contractor, were disproportionately impacted by caseworker changes, and had a much higher percentage of children with five or more caseworkers than any other service area in the state. In fact, many children (37.3%) in the ESA had five or more workers, and of those, 115 children (7.9% of the ESA total) had 10 or more workers in their current episode in care, just slightly less than the previous year. This does not include caseworkers that may have worked with the child during a previous episode in out-of-home care or a non-court, voluntary case. It is apparent DHHS/CFS has made strides in reducing case transfers in the ESA over the last couple of years, but progress has stalled. The FCRO encourages DHHS/CFS to continue to decrease the number of children who have had five or more caseworkers in their most recent episode in care.

# DUALY INVOLVED YOUTH

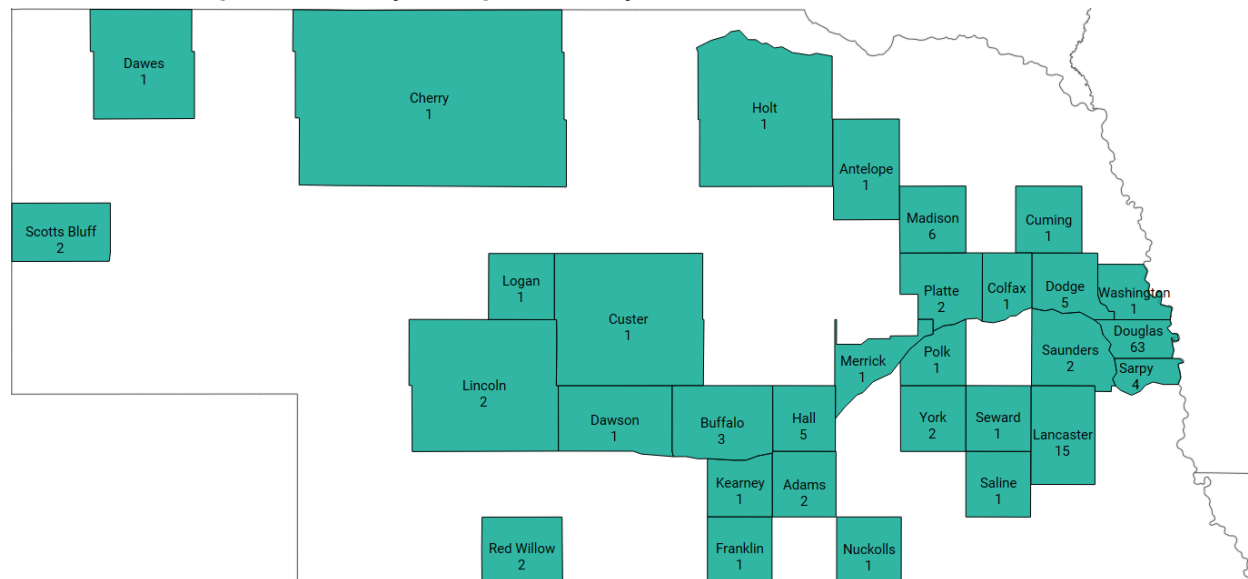
## COURT-INVOLVED YOUTH IN CARE THROUGH CHILD WELFARE AND SUPERVISED BY THE ADMINISTRATIVE OFFICE OF COURTS AND PROBATION – JUVENILE SERVICES DIVISION

This section includes point-in-time data for court-involved youth in out-of-home care, or a trial home visit simultaneously involved in the Child Welfare System (abuse and neglect) and supervised by the Administrative Office of Courts and Probation – Juvenile Services Division.

### POINT-IN-TIME DEMOGRAPHICS AND PLACEMENTS

**County.** On 9/30/2024, there were 132 dually involved youth in out-of-home care. (See Appendix A for a list of counties and their respective judicial districts and service areas).

**Figure 24: County of Origin for Dually Involved Youth on 9/30/2024, n=132**



\*Counties with no description or shading did not have any youth in out-of-home care simultaneously involved with DHHS/CFS and Probation. These are predominately counties with sparse populations of children and youth. Youth who received services in the parental home without experiencing a removal and children and youth placed directly with a non-custodial parent are not included as they are not within the FCRO’s authority to track or review.

**Age.** The median age for dually involved youth was 16 years old for both males and females.

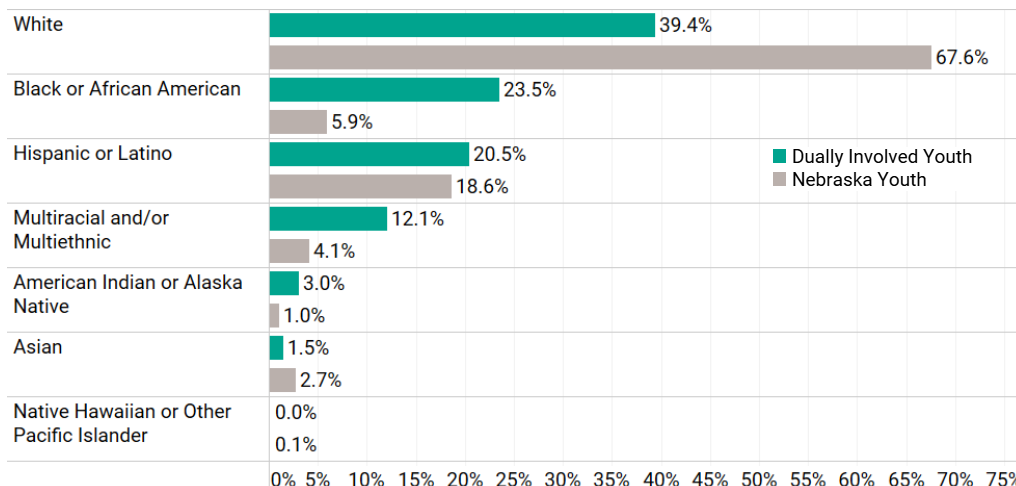
- 3 (2.3%) were age 11-12.
- 26 (19.7%) were age 13-14.
- 49 (37.1%) were age 15-16.
- 54 (40.9%) were age 17-18.

**Gender.** Males outnumbered females among dually involved youth (61.4% to 38.6%, respectively).

Dually Involved

**Race and Ethnicity.** As discussed throughout this report, there is racial disproportionality in this group also. Many racial and ethnic groups of color are overrepresented, while white youth are underrepresented.

**Figure 25: Race and Ethnicity of Dually Involved Youth in Out-of-Home Placement Compared to Nebraska Youth on 9/30/2024, n=132**



**Times in Care Over Lifetime.** The average number of times in care over their lifetime for current dually involved youth as of 9/30/2024 was 1.7.

**Median Length of Stay.** For those in care on 9/30/2024, the median number of days in care for dually involved youth was 647.5 days.

**Number of Placements.** The average number of placements over their lifetime for dually involved youth on 9/30/2024 was 9.9.

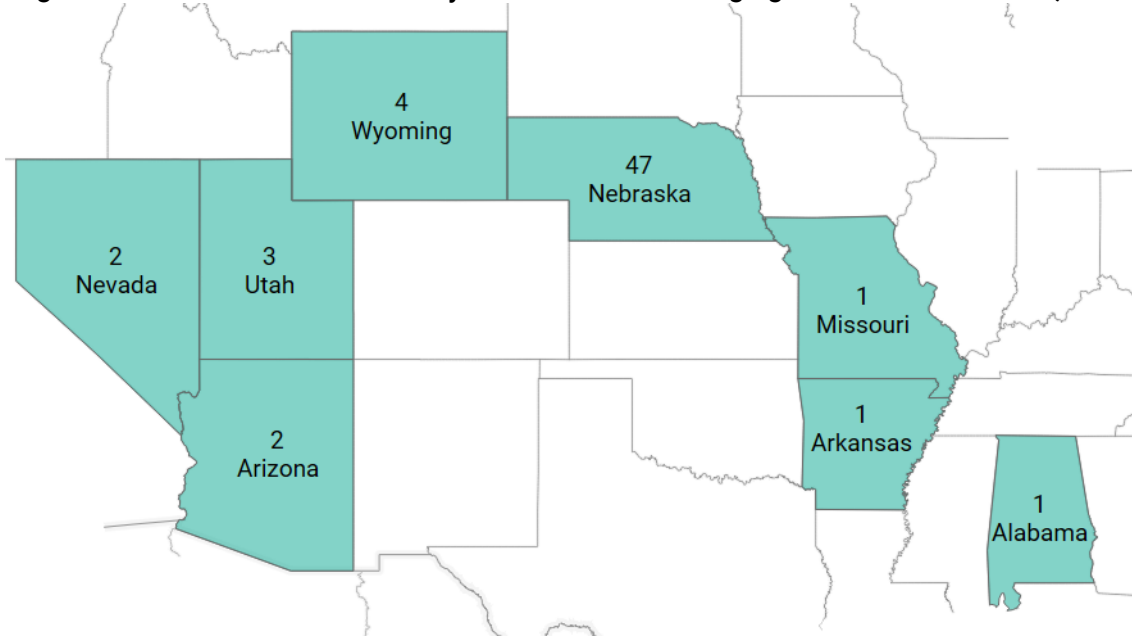
**Placement Types.** On 9/30/2024:

- 44.7% were in family-like settings (relative, kin, or non-relative foster care).
- 15.2% were in non-treatment congregate care, excluding corrections related placements (see below).
- 12.9% were in treatment congregate care.
- 12.9% were in a corrections related placement.
- 6.1% were in independent living.
- 5.3% were in emergency placements.
- 3.0% were missing from care.

**Missing from Care.** On 9/30/2024, there were four dually involved youth missing from care. Of the missing youth, one was female and three were male.

**Congregate Care.** Most (77.0%) dually involved youth in congregate care were placed in Nebraska.

**Figure 26: Placement State for Dually Involved Youth in Congregate Care on 9/30/2024, n=61**



# PROBATION YOUTH

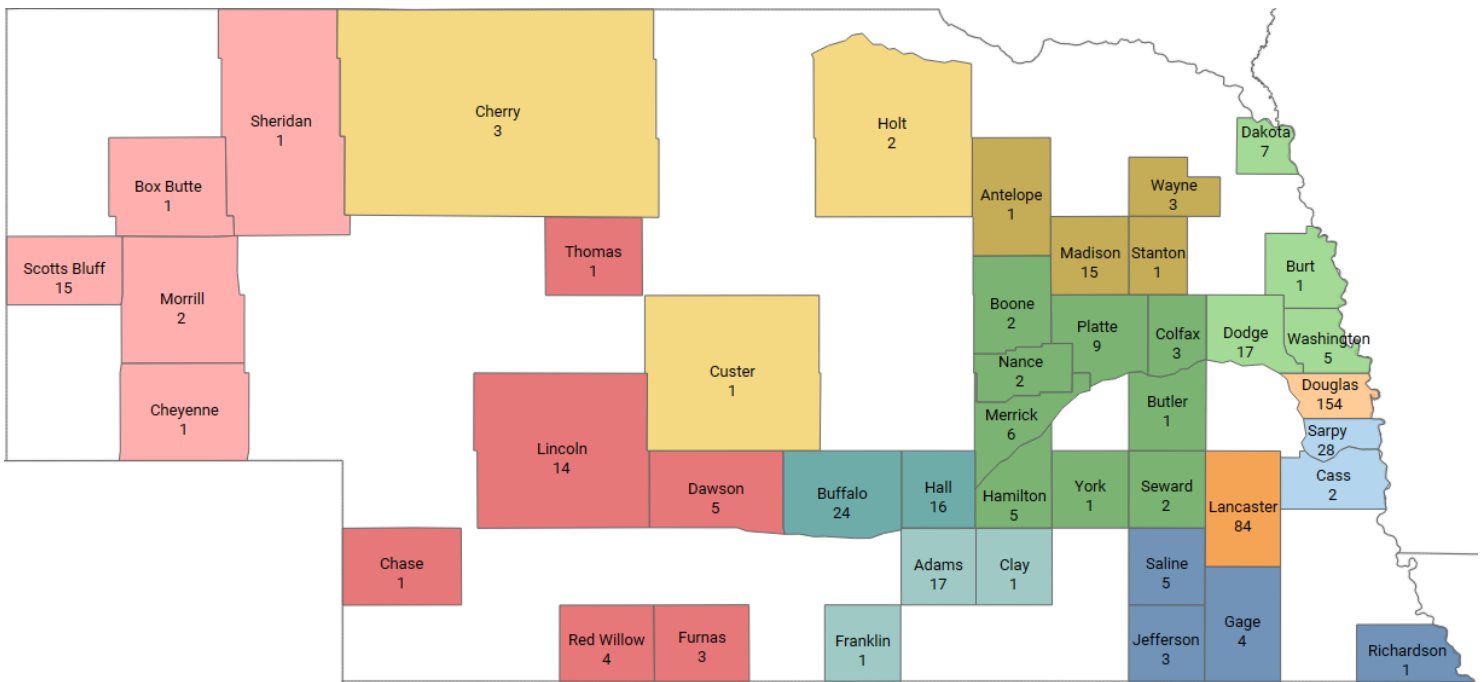
## YOUTH IN OUT-OF-HOME CARE SUPERVISED BY THE ADMINISTRATIVE OFFICE OF THE COURTS AND PROBATION-JUVENILE SERVICES DIVISION

This section includes point-in-time data for court-involved youth in out-of-home care for Probation only supervised youth.

### POINT-IN-TIME DEMOGRAPHICS AND PLACEMENTS

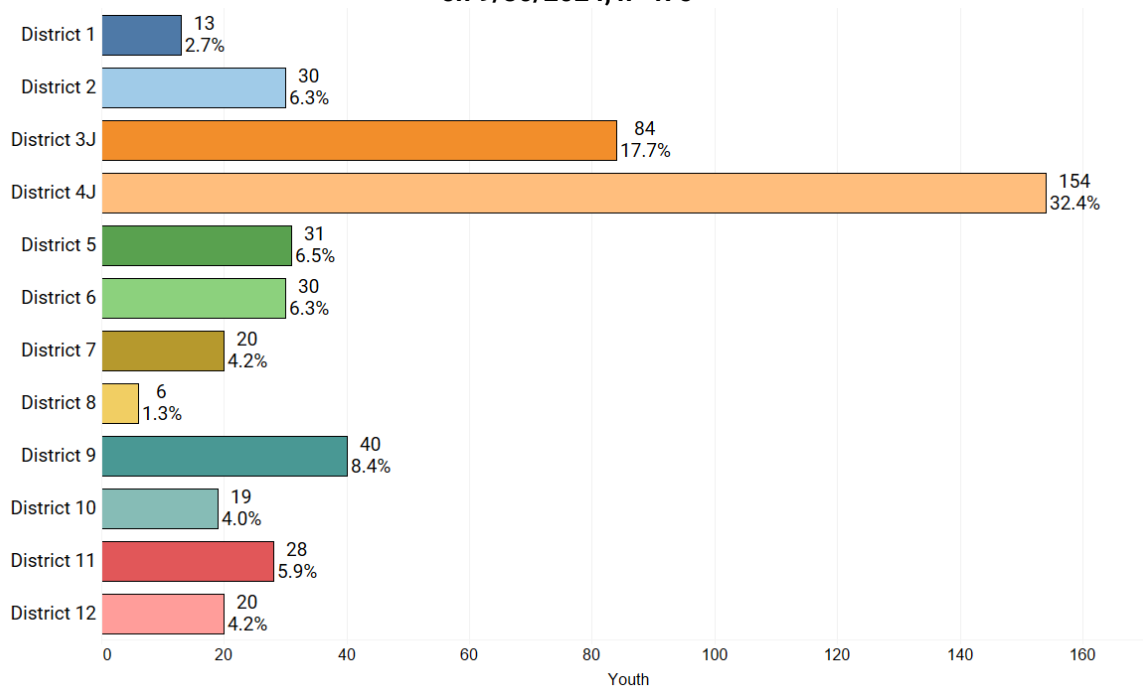
**County.** Figure 27 shows the county of court jurisdiction for Probation supervised youth in out-of-home care on 9/30/2024, based on the judicial district. On 9/30/2024. (See Appendix A for a list of counties and their respective district).

**Figure 27: County of Court Jurisdiction for Probation Supervised Youth in Out-of-Home Care on 9/30/2024, n=475**



\*Counties with no description or shading did not have any youth in out-of-home care under Probation supervision. These are predominately counties with sparse populations of children and youth. Youth who received services in the parental home without experiencing a removal and youth placed directly with a non-custodial parent are not included as they are not within the FCRO's authority to track or review.

**Figure 28: Probation Districts for Probation Supervised Youth in Out-of-Home Care or a Trial Home Visit on 9/30/2024, n=475**



**Age.** The median age of Probation supervised youth in out-of-home care on 9/30/2024 was 16 years old for both males and females.

- 6 (1.3%) were age 11-12.
- 73 (15.4%) were age 13-14.
- 230 (48.4%) were age 15-16.
- 166 (34.9%) were age 17-18.

**Gender.** Males were 73.9% of the population of Probation supervised youth in out-of-home care, females were 26.1%.

**Race.** Black or African American and American Indian or Alaska Native youth were disproportionately represented in the population of Probation supervised youth in out-of-home care.

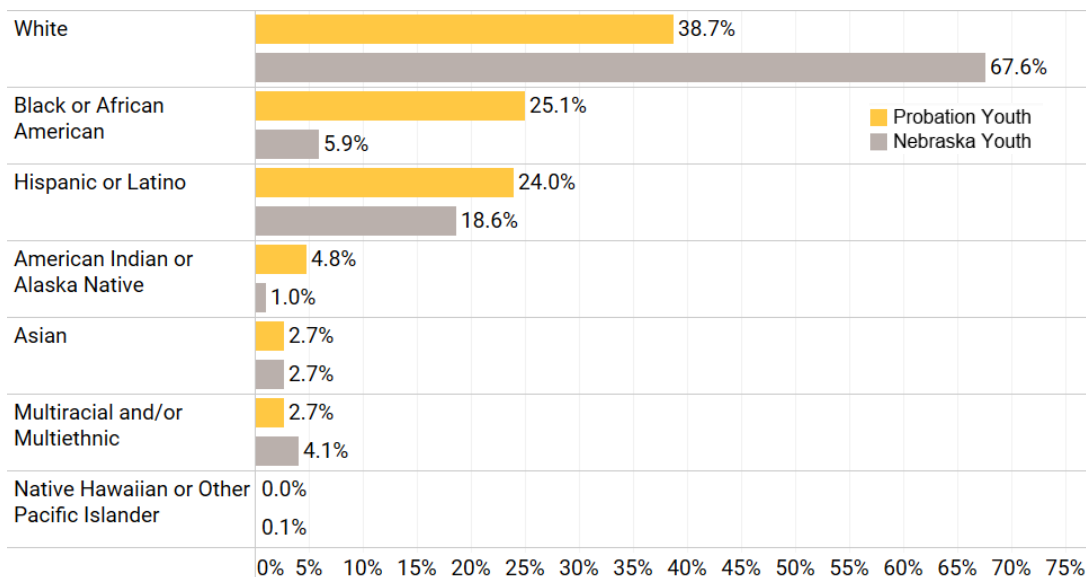
- As shown in Figure 29, Black or African American youth make up 5.9% of Nebraska’s youth population but represent 25.1% of the Probation supervised youth in out-of-home care.
- American Indian or Alaska Native youth are just 1.0% of Nebraska’s youth population, but 4.8% of the Probation supervised youth in out-of-home care.<sup>76</sup>

The disproportionality for Black or African American youth has increased and the disproportionality for American Indian or Alaska Native youth has stayed consistent from the previous year (22.8% and 4.9%, respectively).

<sup>76</sup> The number of American Indian or Alaska Native youth in out-of-home care while on probation does not include those involved in Tribal Court.



**Figure 29: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Placement Compared to Nebraska Youth on 9/30/2024, n=475**

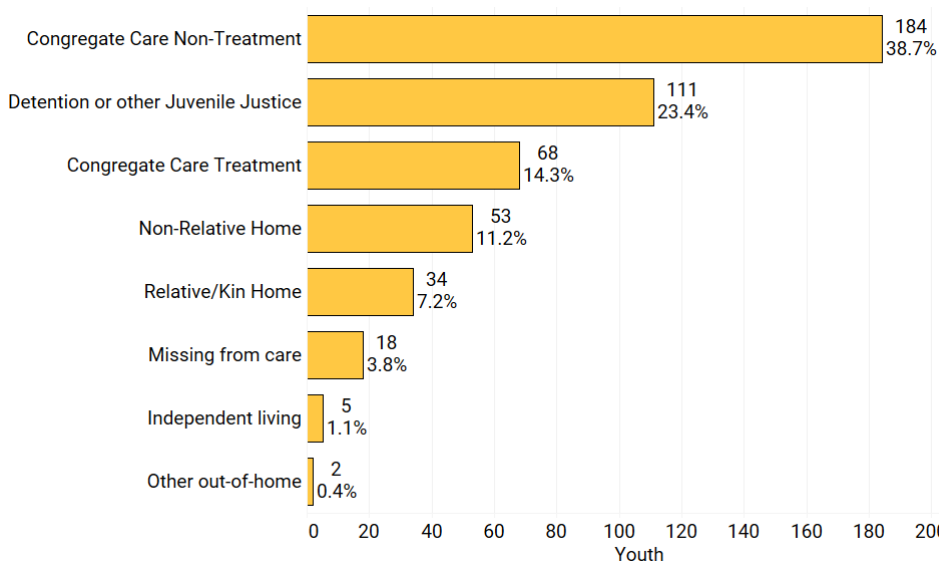


**Times in Care Over Lifetime.** The average number of times in care over their lifetime for Probation supervised youth as of 9/30/2024 was 2.1.

**Median Length of Stay.** For those in care on 9/30/2024, the median number of days in care for Probation supervised youth was 144 days.

**Placement Type.** Probation supervised youth in out-of-home care were most frequently placed in a non-treatment group care facility (Figure 30). Only 14.3% were in a treatment facility. Of note, 23.4% were in a detention-type setting.

**Figure 30: Probation Supervised Youth in Out-of-Home Care on 9/30/2024 by Placement Type, n=475**

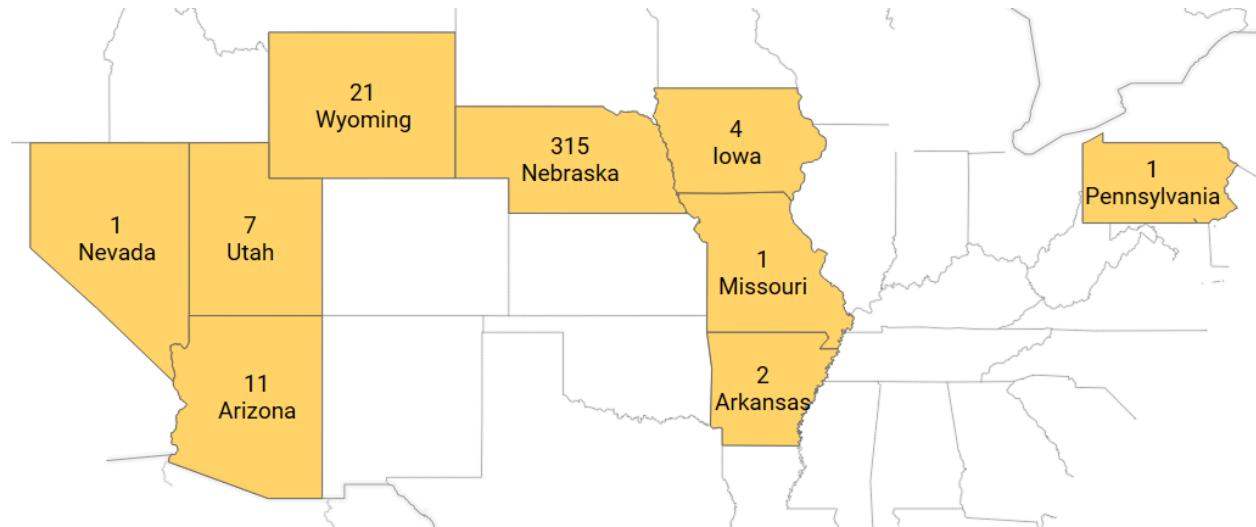


**Number of Placements.** The average number of lifetime placements as of 9/30/2024 for Probation supervised youth was 4.9 placements.

**Missing from Care.** On 9/30/2024, there were 18 Probation supervised youth missing from care. Of the missing youth, one was female and 17 were male.

**Congregate Care.** Comparing 9/30/2024 to 9/30/2023, there was a 4.9% increase in the number of Probation supervised youth placed in congregate care facilities (363 and 346, respectively). On 9/30/2024, 86.8% were placed in Nebraska.

**Figure 31: Probation Supervised Youth in Congregate Care on 9/30/2024 by State of Placement, n=363**



# YRTC YOUTH

## YOUTH PLACED AT THE YOUTH REHABILITATION AND TREATMENT CENTERS

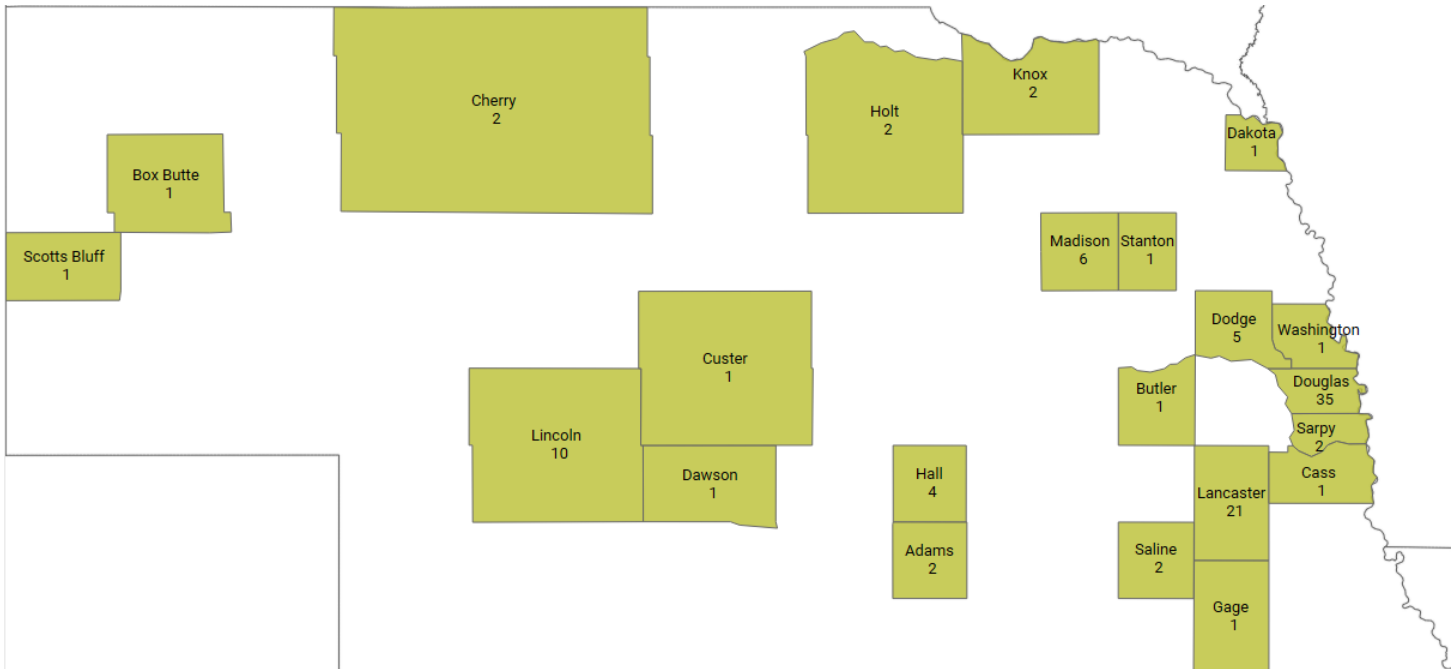
This section includes tracked data for youth placed at a Youth Rehabilitation and Treatment Center (YRTC). There are currently three YRTC facilities in the state; they are located in Lincoln, Hastings, and Kearney. Data describes population trends, snapshot distributions, and point-in-time data for youth at the YRTCs.

Over the past few years, the YRTC system has gone through some 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 were aimed to improve the programs within the YRTC system. Only the most pertinent measures are included in this section.

### POINT-IN-TIME DEMOGRAPHICS

**County.** On 9/30/2024, there were 108 youth involved with OJS or OJS and Probation; 103 of these youth were placed at a YRTC. Of the five remaining youth not at a YRTC, four were placed at a detention center and one was missing from care. Figure 32 illustrates the county of court of each of the 103 youth placed at a YRTC.

**Figure 32: Youth Placed by a Juvenile Court at a YRTC on 9/30/2024 by County of Court, n=103**



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

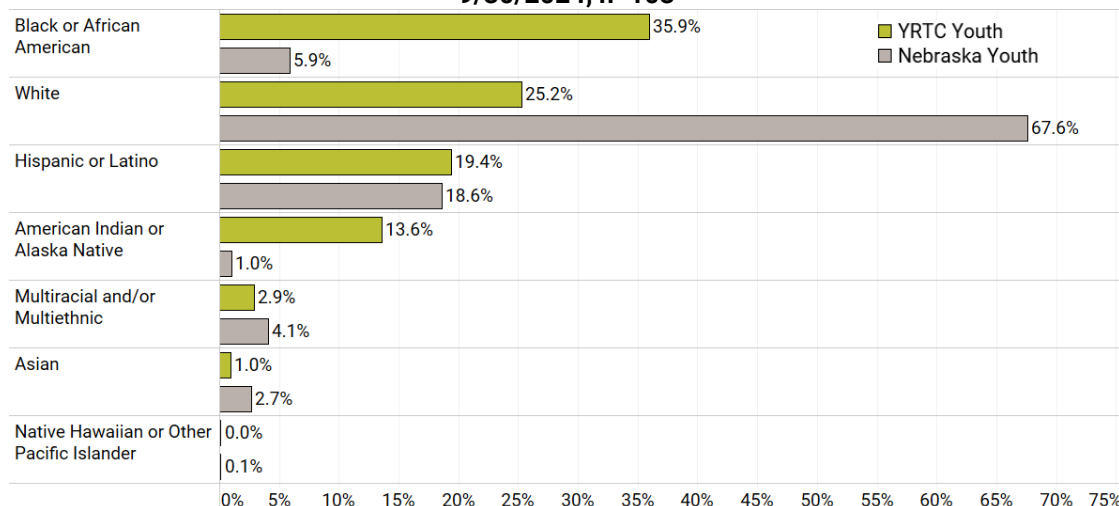
**Age.** By law, youth placed at a YRTC range in age from 14 to 18. On 9/30/2024, the median age for males was 17 and for females it was 16.

**Gender.** On 9/30/2024, there were 81 males and 22 females placed at a YRTC.

**Race and Ethnicity.** Youth of color are disproportionately represented at the YRTCs. In particular:

- Black or African American and American Indian or Alaska Native youth were disproportionately represented in the YRTC population on 9/30/2024.
  - Black or African American youth make up 5.9% of Nebraska’s youth population but were 35.9% of the YRTC population on 9/30/2024. This is an overrepresentation of more than six times their census population.
  - American Indian or Alaska Native youth make up only 1.0% Nebraska’s youth population but were 13.6% of the YRTC population on 9/30/2024, meaning they are overrepresented by almost 14 times their census population.

**Figure 33: Race and Ethnicity of Youth Placed at a YRTC Compared to Nebraska Youth on 9/30/2024, n=103**



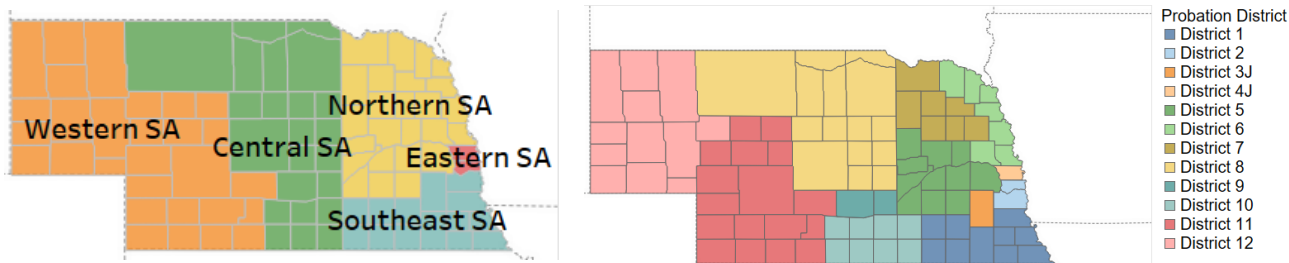
**Times in Care Over Lifetime.** The average number of times in care over their lifetime for youth at a YRTC on 9/30/2024 was 2.9.

**Median Length of Stay.** For those in care on 9/30/2024, the median number of days in care for youth at a YRTC was 382 days.

**Number of Placements.** Average number of placements over their lifetime for youth at a YRTC on 9/30/2024 was 10.3.

## Appendix A

### County to DHHS Service Area and Judicial (Probation) District<sup>77</sup>



County	DHHS 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
Cuming	Northern SA	District 7
Custer	Central SA	District 8

County	DHHS Service Area	Probation District
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
Greeley	Central SA	District 8
Hall	Central SA	District 9
Hamilton	Northern SA	District 5
Harlan	Central SA	District 10

<sup>77</sup> District boundaries in statute effective July 20, 2018, Neb. Rev. Stat. §24-301.02. DHHS service areas per Neb. Rev. §Stat. 81-3116.

County	DHHS Service Area	Probation District
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 SA	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
Platte	Northern SA	District 5
Polk	Northern SA	District 5
Red Willow	Western SA	District 11
Richardson	Southeast SA	District 1

County	DHHS Service Area	Probation District
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

**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.

**AILA** is an Approved Informal Living Arrangement for children who are involved with DHHS/CFS and placed in out-of-home care voluntarily by their parents. AILA cases are not court-involved.

**Child** is defined by statute [Neb. Rev. Stat. §43-245(2)] as being age birth through eighteen; in Nebraska a child becomes a legal adult on their 19<sup>th</sup> 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.

**Delinquency** refers to offenses that constitute criminal behavior in adults – misdemeanors, felonies, or violations of a city ordinance.

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

**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 for delinquent youth.

**Disproportionality/overrepresentation** refers to instances where the rate of what is measured (such as race or gender) in the foster care population significantly differs from the rate in the overall population of Nebraska's children.

**Dually involved youth** are court-involved youth in care through the child welfare system (DHHS/CFS) simultaneously supervised by the Administrative Office of Courts and Probation - Juvenile Services Division.

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

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

**Guardian Ad Litem (GAL)** 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." according to Neb. Rev. Stat. §43-272.01.

**ICWA** refers to the Indian Child Welfare Act.

**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 are sometimes referred to as runaways and are at a much greater risk for human trafficking.

**n=** refers to the number of individuals represented within the dataset.



**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** includes extracurricular, or other enrichment and fun activities designed to give any child the skills that will be useful as adults, such as strengthening the ability to get along with peers, leadership skills, and skills common for hobbies such as those in 4-H, choir, band, scouts, athletics, etc.

**Out-of-home (OOH) 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 as 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.<sup>78,79</sup>

**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 American Indian children they may also be an extended family member per the child's Tribe's definition of extended family.

**Structured Decision Making (SDM)** is a proprietary set of evidence-based assessments that DHHS/CFS used to guide decision-making. Per the CFS Field Guidance on Assessments of Family, made effective December 1, 2023; previously used SDM assessments are no longer required.

**Service Area (SA)** is the geographic region within the state of Nebraska responsible for DHHS wards. The service areas are broken out as Central, Eastern, Northern, Southeast, and Western. Counties in each are listed in Appendix A.

**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.

**System Oversight Specialists (SOS)** are FCRO staff members that perform reviews, facilitate board meetings, and work directly with volunteers who provide recommendations to the court for each individual child reviewed in out-of-home care.

**Status offense** is a term that applies to conduct that would not be considered criminal if committed by an adult, such as truancy or leaving home without permission.

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<sup>78</sup> 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](https://www.aacap.org/App_Themes/AACAP/docs/press/guide_for_community_child_serving_agencies_on_psychotropic_medications_for_children_and_adolescents_2012.pdf)

<sup>79</sup> 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/sites/default/files/2022-12/cfop\\_155-01\\_guidelines\\_for\\_the\\_use\\_of\\_pschotherapeutic\\_medications\\_in\\_state\\_mental\\_health\\_treatment\\_facilities.pdf](https://www.myflfamilies.com/sites/default/files/2022-12/cfop_155-01_guidelines_for_the_use_of_pschotherapeutic_medications_in_state_mental_health_treatment_facilities.pdf)

**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 one or more of the grounds enumerated in Neb. Rev. Stat. §43-292, it requires proof that the action is in the children's best interests.

**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 DHHS/CFS remain involved. This applies only to DHHS 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

The Foster Care Review Office (FCRO) celebrated 42 years of service on July 1, 2024. The FCRO is the independent state agency responsible for overseeing the safety, permanency, and well-being of children in out-of-home care in Nebraska. Through a process that includes case reviews, data collection and analysis, and accountability, we are the authoritative voice for all children and youth in out-of-home care.

**Mission.** Ultimately, our mission is for the recommendations we make to result in meaningful change, great outcomes, and hopeful futures for children and families.

**Data.** Tracking is facilitated by the FCRO's independent data system, through collaboration with our partners at DHHS 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, verified, 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 the child's time in care and certain upcoming court hearings.<sup>80</sup>

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 who have successfully completed required initial and ongoing instruction, conduct case file reviews, and make required findings.<sup>81</sup>

**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. 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 utilizes best practices and a continuum of evidence-based services accessible across the state, regardless of geography.

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<sup>80</sup> Data quoted in this report are from the FCRO's independent data tracking system and FCRO completed case file reviews unless otherwise noted.

<sup>81</sup> Children and youth are typically reviewed at least once every six months for as long as they remain in care.

## **ADDITIONAL INFORMATION IS AVAILABLE**

The Foster Care Review Office can provide additional information on many of the topics in this Report. For example, much of the data previously presented can be further divided by judicial district, DHHS/CFS service area, county of court involved in the case, and various demographic measures.

Some of the most requested data is publicly accessible with easy-to-use sort and limitation features at the FCRO's data dashboard:

[https://fcro.nebraska.gov/data\\_dashboards.html](https://fcro.nebraska.gov/data_dashboards.html)

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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