

The Nebraska Foster Care Review Office Quarterly Report



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Table of Contents

Executive Summary 3

Special Section on Educational Outcomes..... 6

Total children in out-of-home or trial home visit placements 16

 Average daily population of DHHS/CFS involved children 18

 Children solely involved with DHHS/CFS, Point-in-time view 20

 Average daily population of youth at the
 Youth Rehabilitation and Treatment Centers (YRTCs) 29

 Youth at YRTCs, Point-in-time view 31

 Average daily population of Probation supervised youth 34

 Youth solely supervised by Probation, Point-in-time view 35

 Youth with both DHHS/CFS and Probation involvement, Point-in-time view 39

Appendix A: Definitions 43

FCRO Contact Information.....Back cover

Executive Summary

In this report, the Foster Care Review Office (FCRO) includes a discussion of the FCRO's findings on educational experiences and outcomes for children in out-of-home care. With these initial findings we invite stakeholders to come together to further delve into analyzing factors related to educational success and ways to support positive educational outcomes and minimize negative outcomes for children and youth in out-of-home care.

In addition, the FCRO shares some of 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 include:

- There were 4,078 Nebraska children in out-of-home or trial home visit placements under DHHS/CFS, DHHS/OJS, and/or the Office of Juvenile Probation on 03/31/21, a 1.6% decrease from 3/31/20. (page 16-17)
- DHHS/CFS wards continue to be placed in the least restrictive, most family-like settings at very high rates (96.6%). (page 22-23)
- 28.4% of DHHS/CFS wards have had more than four placements over their lifetime, including 10.6% of the children under age 6. (page 26)
- 31.7% of the DHHS/CFS wards in the Eastern Service Area have had 5 or more workers since their most recent removal.¹ Additionally, 19.4% of wards in the Southeast Service Area and 19.2% of wards in the Northern Service Area had 5 or more workers. (pages 26-27)
- 23.6% of DHHS/CFS wards experienced more than one court-involved removal from the parental home in their lifetime. (page 28)
- There were 42.6% fewer youth at a YRTC than a year ago. (page 31)

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

As in past reports, the FCRO shares average daily populations and point-in-time data for Nebraska's children in out-of-home or trial home visit care, both through child welfare and through juvenile justice. Data included in this report may differ from past reports as counts have been updated to reflect any added and/or corrected records entered over time.

¹ Many former PromiseShip caseworkers were subsequently employed by Saint Francis. If the same worker remained with the child's case without a break of service, the FCRO worked to ensure that the worker count was not increased. Counts were only increased during the transfer period if a new person became involved with the child and family.

- There were 17.9% fewer youth in out-of-home care with only the Administrative Office of the Courts and Probation – Juvenile Services Division, otherwise referred to as Probation, than a year ago. (page 35)
- For Probation youth needing a congregate placement, Probation continues to place them within the state of Nebraska at high rates (84.3%). (page 38)
- The number of youth involved with both DHHS/CFS and the Administrative Office of the Courts and Probation – Juvenile Services Division, also known as dually-involved youth, decreased by 5.1% over the last year. (page 39)
- In every agency-involved type of population examined in this report, minority children and youth continue to be overrepresented. (pages 21-22, 32-33, 36, 40-41)
- Undeniably Covid-19 has had significant impact on youth and families, programs and providers. Many instances where findings have changed over the last year are likely attributable to the pandemic; however, it is expected to take years, if not decades, to truly understand the full impact it has had on the children and youth involved in the child welfare and juvenile justice systems.

Recommendations

Issues related to children’s education can have life-long impact. Therefore, the Foster Care Review Office recommends that all the major agencies/stakeholders involved in the lives of children in out-of-home care and their families collaborate on means to improve overall and specific educational outcomes. Specifically, the FCRO, DHHS/CFS, Probation, the Department of Education, and representatives of the Courts need to meet regularly to create, implement, and monitor action plans for improvements.

DHHS/CFS and Probation must collaborate with the FCRO to determine why so many case file records are missing documentation on academic progress and work to correct the issue so that accurate, up-to-date education data is available in every child’s case file record.

The FCRO continues to monitor the situation in the Eastern Service Area (ESA), which experienced a transition in case management from PromiseShip to Saint Francis Ministries beginning in October 2019. Over the last nine months reports emerged of investigations into financial mismanagement by Saint Francis Ministries executives. In January 2021 Saint Francis Ministries Interim President & CEO, William Clark, informed the Legislature’s Health and Human Services Committee that Saint Francis would run out of money by February 12, 2021 due to the failure of Saint Francis to properly bid the ESA contract. DHHS entered into a new no-bid 25-month contract with Saint Francis with additional funding to cover losses from the current and previous fiscal year. The FCRO recommends that DHHS and the Eastern Service Area Child Welfare Contract Special Investigative and Oversight Committee of the Legislature should monitor for fiscal responsibility, while the FCRO continues to monitor outcomes for children.

The FCRO is concerned about the lack of documentation in case files, the turnover of case managers, and the questionability of some placements in the ESA. FCRO staff have taken case level concerns to DHHS/CFS administration and have met with Saint Francis leadership in ESA to address individual case concerns. However, systemic issues remain and the FCRO calls on DHHS/CFS and Saint Francis Ministries to be even more transparent about case manager turnover and caseload compliance. Lack of case file documentation makes case reviews difficult and diminishes the quality of recommendations that our local boards are able to make to the courts. During a time of uncertainty, high caseloads, and case manager turnover, external oversight is more important than ever, and adequate case file documentation is necessary in order to provide that oversight. The FCRO recommends that Saint Francis case manager turnover data be reported publicly in a manner similar to DHHS/CFS.

Case manager changes must be kept to a minimum and close attention must be paid to caseload ratios, training, and supervision. Supervision and support must be provided to case managers, especially those who are newly trained and just beginning their careers, so that children are safe, families' needs are being met, case work is being accurately and fully documented, and case managers are not leaving the field.

The unique needs of dually-involved youth must be identified so that DHHS/CFS and Probation can ensure each youth's circumstances are understood and needs are met.

Agencies need to work together to monitor the impact Covid-19 has had and may continue to have on service delivery and supports, placement constraints, workforce capacity, and on individual well-being. Understanding how to support children and their families, foster families, family support workers, caseworkers, young adults living independently, therapists, and all the other professional and non-professional individuals involved should be an area of interest and commitment for all system stakeholders.

In addition to the recommendations above, the FCRO continues to work with DHHS/CFS, the Courts, Probation, and all other stakeholders to pursue the recommendations brought forth in the 2020 Annual Report (September 2020).



Special Section on Educational Outcomes

Children in out-of-home care are at risk of having entered the foster care system with large gaps in academic achievement across subject areas and grade levels, and thus may require multiple years of successful interventions while they are students in order to catch up to grade-level standards. In addition, experiences while in care (such as placement or caregiver changes, attempting to process through past abuse or neglect, and dealing with separation from parents) may also disrupt learning, even if the student is able to remain in the same school.² In the long-term, educational deficits may impact life-long earning capacity and employment opportunities.

With those considerations in mind, there has been increased focus on federal, state, and local levels to make the educational needs of students who are or were in out-of-home (foster care) placements a priority. The 2008 Fostering Connections to Success and Increasing Adoptions Act included several education provisions, including a focus on school stability. The 2015 federal Every Student Succeeds Act (ESSA) required state and local education agencies to work with child welfare agencies towards ensuring educational stability for this already vulnerable group. Increased reporting requirements were put in place to help monitor.

In addition to the educational issues already occurring for children in out-of-home care, Covid-19 created additional challenges including off-site rather than in-person learning, cessation of normalizing activities such as sports, clubs, and other social interaction with peers, and the potential for students to experience related traumas such as not being able to have in-person visitation with their parents for an extended period of time.

From national research, we know that school-age children in out-of-home care are more likely than other students to have mid-year school changes, are more likely to have suspensions or expulsions, are more likely to need special education services, and are less likely to complete high school.³ Stability is central to school engagement and the efficacy of schools to function as supportive resources for students. Strong school engagement among students involved in the foster care system has potential to serve as a powerful counterweight to instability and adverse experiences.⁴

The Covid-19 pandemic undoubtedly added to school instability with in-class learning becoming at-home learning, or alternating at-home and in-class learning. This could be especially difficult for children needing special education services and children in out-of-home care whose caregivers may have been trying to provide at-home learning for many children simultaneously.

² The effects of placement and school stability on academic growth trajectories of students in foster care, Elysia V. Clems, Kristin Klopfenstein, Trent L. Lalonde, Matt Tis, 2018.

³ National Factsheet on the Educational Outcomes of Children in Foster Care | Revised April 2018

⁴ Pecora, 2012, as quoted in Educational Outcomes of Children Impacted by Foster Care in Washington State, September 2020.

From the Foster Care Review Office's case file reviews of Nebraska children in out-of-home care, similar patterns have been identified. The following are some key findings from reviews during the past year for school-aged children in out-of-home care.⁵

FCRO Review Numbers for School-Aged Children

Between April 1, 2020 and March 31, 2021, a total of 4,254 review records were added into the FCRO's Foster Care Tracking System (FCTS) data base. Of these 2,622 were for children and youth known to be enrolled in school and an additional 10 were homeschooled. There were 61 cases in which school enrollment was unknown. Counts by calendar quarter based on local review board meeting dates are described below.

Figure 1: Total Quarterly and Annual Count of Reviews by School Enrollment Category 04/01/20 - 03/31/21, n=4,254⁶

Meeting Date (by Quarter)	Yes	Home schooled	Graduated	No	No (but should be)	Not in age group	Unknown	Grand Total
Apr - Jun 2020	723	6	33	4	17	374	11	1,168
Jul - Sep 2020	622	2	22		22	327	22	1,017
Oct - Dec 2020	608		20	2	19	341	5	995
Jan - Mar 2021	669	2	17		18	345	23	1,074
Grand Total	2,622	10	92	6	76	1,387	61	4,254

Missing Documentation on Progress Status

Of the 2,632 records for children and youth either enrolled in school or homeschooled, a substantial number of records (583 or 22.2%) developed from review of files of the agency(s) responsible for the care of the children and youth did not contain sufficient information on children's school progress. (Figure 2)

The two areas with the highest percentage of case files with insufficient information were the Eastern Service Area and Southeast Service Area (the two most urban at 24.1% and 22.0% respectively). The rest of the state had substantially fewer of their case files missing information, varying between 5.0% and 8.8%. It should be further noted that the Eastern and Southeast service areas have the highest caseloads; creating further concern about the high rates of incomplete case files.

⁵ Nebraska law mandates that children be enrolled in school if the child is age 6 by January 1st of the then-current school year and be in school until the 18th birthday.

⁶ The FCRO typically reviews children every six months while in out-of-home care, therefore some children may have two reviews in a 12-month period.

Figure 2: Missing Documentation of Academic Progress, School-aged children Reviewed Between 04/01/20 and 03/31/21, n=2,632

	Apr - Jun 2020	Jan - Mar 2021	Jul - Sep 2020	Oct - Dec 2020	Grand Total
On target	432	353	335	324	1,444
More than half	86	89	53	67	295
Half or less	45	57	42	51	195
Not on target	36	25	27	27	115
Unable to determine	130	147	167	139	583
Grand Total	729	671	624	608	2,632

Collaborative work is needed to determine why there are consistently so many case file records with missing information and whether those responsible for the child's care and services were considering the school performance of the children when planning for the children's current and future needs.

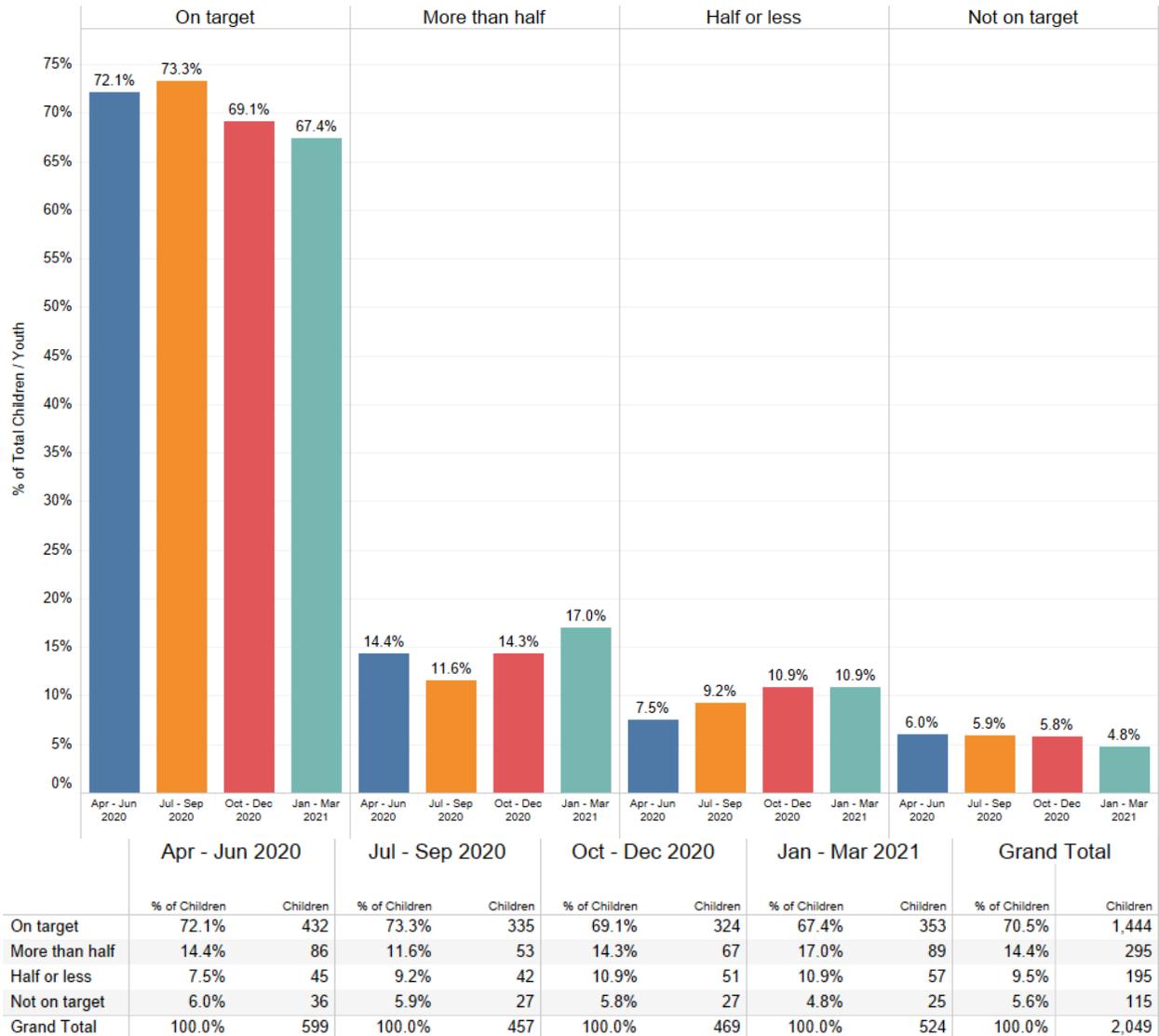
Academic Performance

Despite the volume of records with incomplete data, one of the key data points collected in the FCRO's review process is on the children's academic performance at the time of the review. Analyses based on available data indicate there is a critical need for further review and cross-system collaboration.

This initial FCRO data review is based upon the 2,049 records for enrolled and homeschooled children and youth who were reviewed between April 1, 2020 and March 31, 2021, where academic performance data was able to be determined. The following figures include children that may have been reviewed more than once during the 12-month period as there can be changes in the degree of performance from review to review. When FCRO staff measure "on target" they use the following definition: a child is on target if they are meeting grade level standards (advanced, proficient, or basic) and there should be no difficulty progressing to either the next grade or graduating (if in high school).

As shown in Figure 3, many children in out-of-home care are struggling academically and the impact of Covid-19 appears to have further complicated academic success over time.

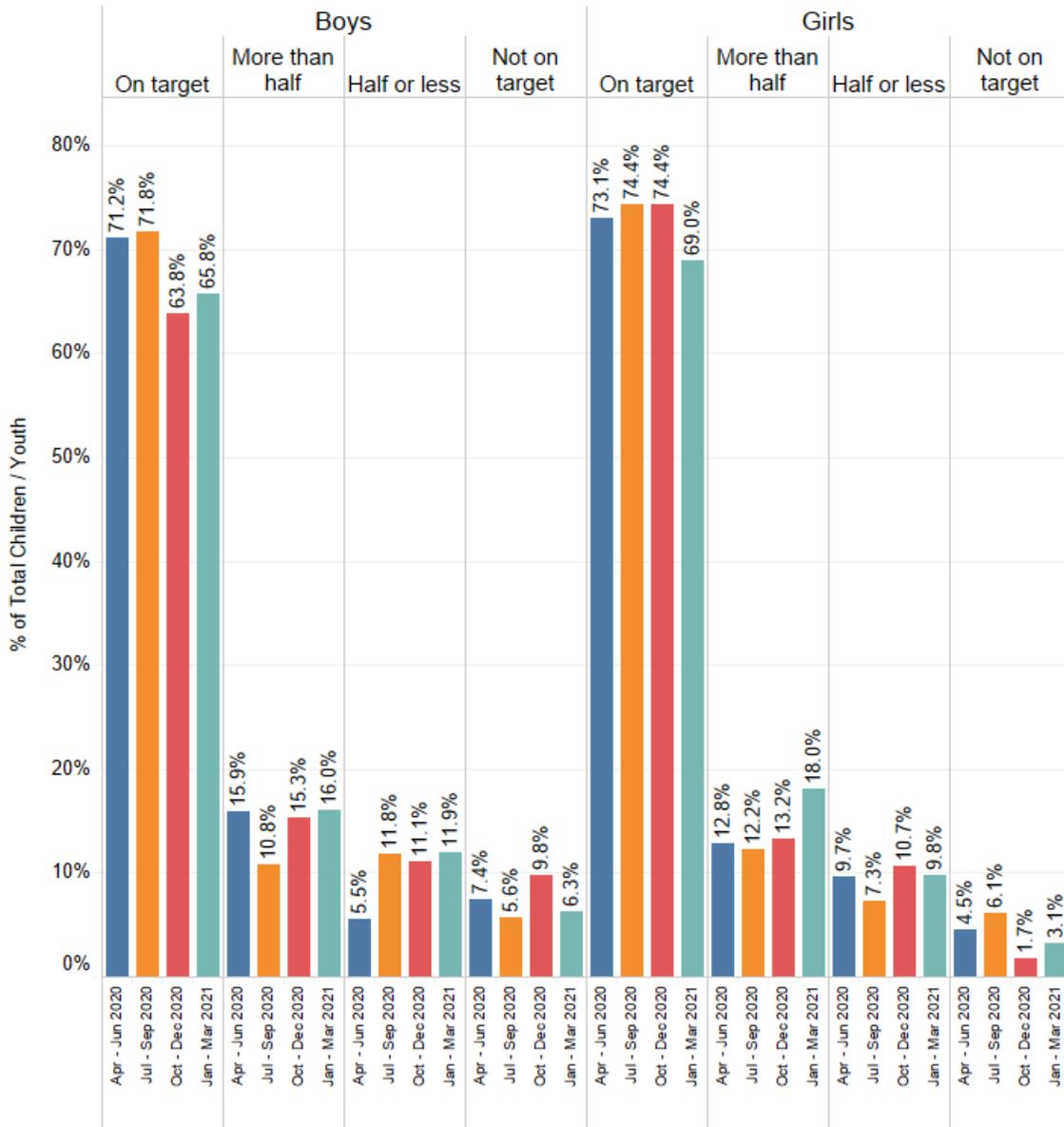
Figure 3: Academic Performance of Children in School or Homeschooled Reviewed During 04/01/20 - 03/31/21, n=2,632



Academic Performance and Gender Differences

As expected, there are some differences in academic performance based on the child’s gender. Of the 2,049 children enrolled in school or homeschooled where academic performance was known, 1,008 were boys and 1,041 were girls. Both boys and girls appear to have had greater challenges staying on target over time; though, boys have higher overall rates of not being on target with their core classes.

Figure 4: Academic Progress of Children with Available Academic Performance in School or Homeschooled by Gender who were Reviewed During 04/01/20 - 03/31/21, n=2,049

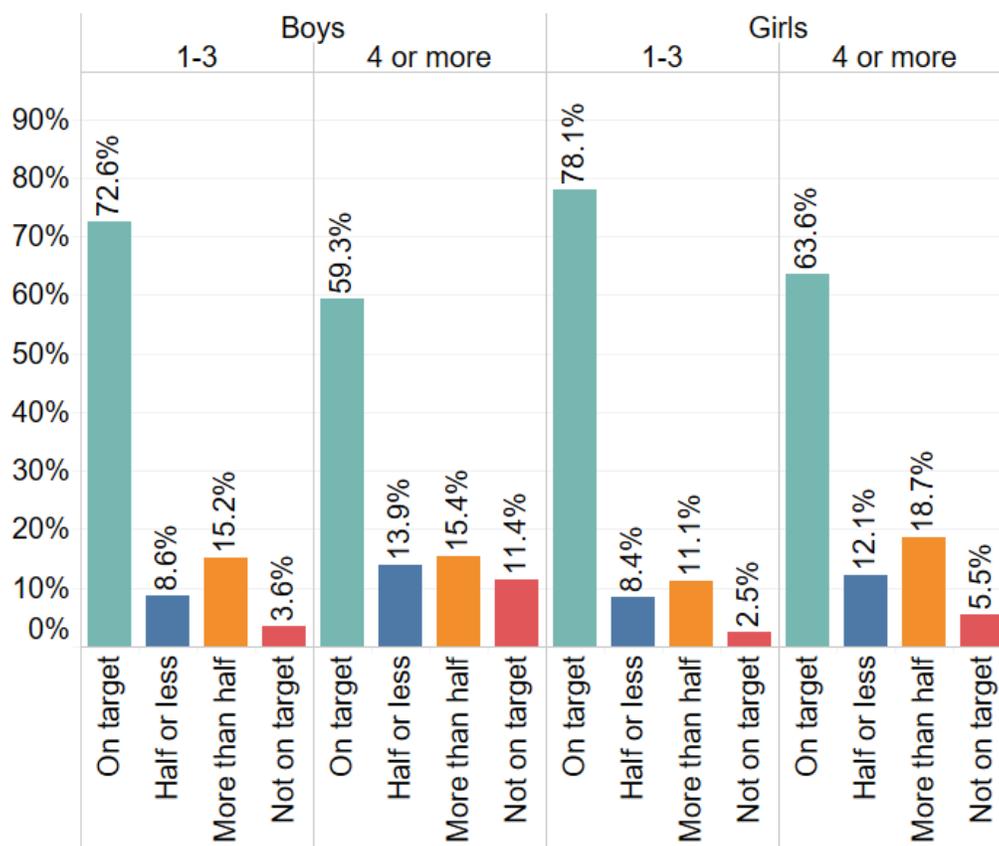


		Apr - Jun 2020		Jul - Sep 2020		Oct - Dec 2020		Jan - Mar 2021		Grand Total	
		% of Children	Children	% of Children	Children						
Boys	On target	71.2%	220	71.8%	140	63.8%	150	65.8%	177	68.2%	687
	More than half	15.9%	49	10.8%	21	15.3%	36	16.0%	43	14.8%	149
	Half or less	5.5%	17	11.8%	23	11.1%	26	11.9%	32	9.7%	98
	Not on target	7.4%	23	5.6%	11	9.8%	23	6.3%	17	7.3%	74
Girls	On target	73.1%	212	74.4%	195	74.4%	174	69.0%	176	72.7%	757
	More than half	12.8%	37	12.2%	32	13.2%	31	18.0%	46	14.0%	146
	Half or less	9.7%	28	7.3%	19	10.7%	25	9.8%	25	9.3%	97
	Not on target	4.5%	13	6.1%	16	1.7%	4	3.1%	8	3.9%	41
Grand Total		100.0%	599	100.0%	457	100.0%	469	100.0%	524	100.0%	2,049

Academic Performance and Placement Numbers

There were 1,526 from the group of 2,049 who, similar to those included in other quarterly report sections, were described as out-of-home on 3/31/21. Looking by gender at children enrolled in school or homeschooled, children with a higher number of placements⁷ had lower rates of being on target academically. This makes particular sense in light of national research showing that high numbers of placements are detrimental in many aspects of children’s lives.^{8,9}

Figure 5: Multiple Placements Impact on Academic Progress n=1,526
 (Children in Care on 3/31/21 that were Reviewed During 04/01/20 - 03/31/21 while in School or Homeschooled, Comparing 1-3 Placements to 4 or More Placements)



⁷ Placements are individual foster homes, group, or specialty facilities. Counts do not include placements with parents, respite short-term placements (such as to allow foster parents to jointly attend a training) or episodes of being missing from care.

⁸ Center for Advanced Studies in Child Welfare 2010 as quoted in What Impacts Placement Stability, Casey Family Programs, August 2018.

⁹ “Evidence shows that children who spend time in out-of-home care fare better when they experience fewer moves. Placement stability is one of the key desired outcomes for children and youth involved with the foster care system.” Child Welfare Information Gateway, Maintaining/Maximizing Placement Stability, <https://www.childwelfare.gov/topics/adoption/postplacement/stability/> on 5/25/21.

Special Section

		Academic Performance Excluding Unknown				
		On target	More than half	Half or less	Not on target	Grand Total
Boys	1-3	262	55	31	13	361
	4 or more	235	61	55	45	396
Girls	1-3	317	45	34	10	406
	4 or more	231	68	44	20	363
Grand Total		1,045	229	164	88	1,526

Missing Academic Performance Information in the Case Files Varies by Number of Placements

Notably, the percentage of those where academic performance was unable to be determined rises with the number of placements.

Figure 6: Able/Unable to Determine Academic Progress, n=1,984
(Children in Care on 3/31/21 that were Reviewed During 04/01/20 - 03/31/21 while in School or Homeschooled, Comparing 1-3 Placements to 4 or More Placements)

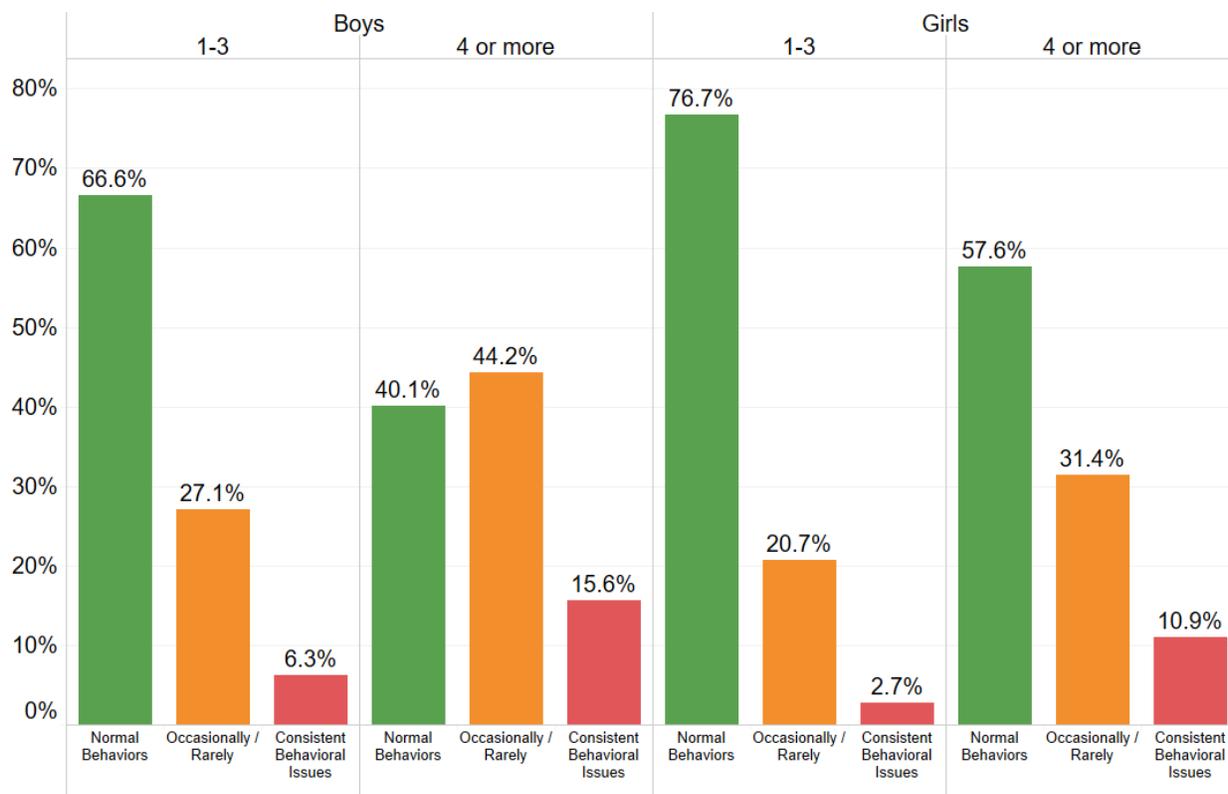
		Able to Determine	Unable to determine	Grand Total
Boys	1-3	361 77.1%	107 22.9%	468 100.0%
	4 or more	396 73.9%	140 26.1%	536 100.0%
Girls	1-3	406 80.2%	100 19.8%	506 100.0%
	4 or more	363 76.6%	111 23.4%	474 100.0%
Grand Total		1,526 76.9%	458 23.1%	1,984 100.0%

Behaviors at School

Some children in out-of-home care are dealing with serious trauma and behavioral issues which can impact their ability to learn and interact positively with teachers and peers. Therefore, it is important to measure behaviors at school. Of the 2,632 records for children and youth either enrolled in school or homeschooled, information on behaviors in school was available for 2,473 children. There were 1,855 from the group who were described as out-of-home on 3/31/21.

In general, girls were found to have normal behaviors in school at higher rates than boys, regardless of placement history. Consistent behavioral issues were found more frequently for both boys and girls with 4 or more placements than those children and youth who had 1 to 3 placements.

Figure 7: Behaviors in School, n=1,855
 (Children in Care on 3/31/21 that were Reviewed During 04/01/20 - 03/31/21 while in School or Homeschooled, Comparing 1-3 Placements to 4 or More Placements)



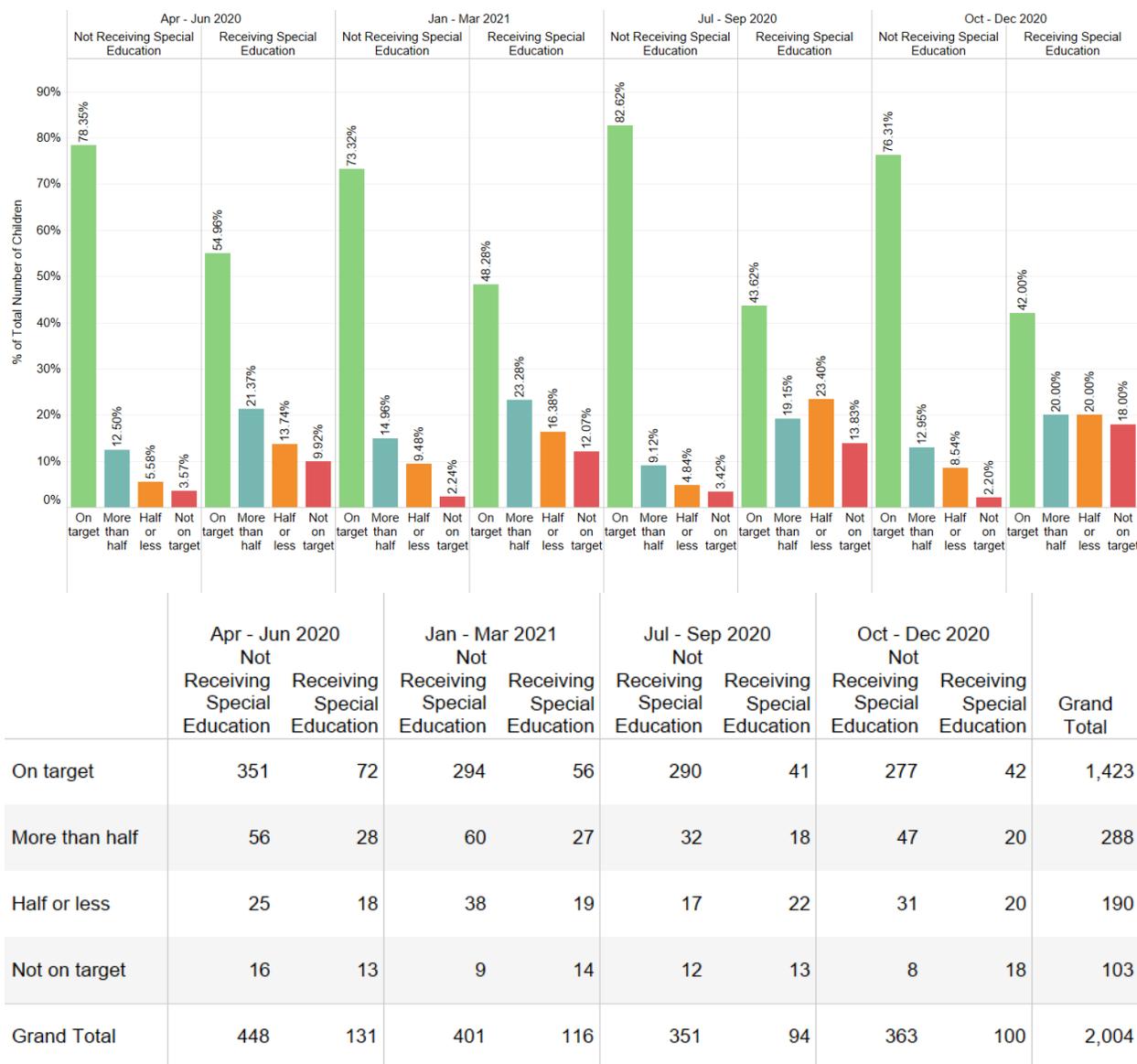
		Normal Behaviors	Occasionally / Rarely	Consistent Behavioral Issues	Grand Total
Boys	1-3	297	121	28	446
	4 or more	195	215	76	486
Girls	1-3	371	100	13	484
	4 or more	253	138	48	439
Grand Total		1,116	574	165	1,855

Special Education Services

Whether due to trauma, physical, mental health challenges, or developmental or learning disabilities, many children benefit from special education services. Of the 2,049 records for children and youth enrolled in school or homeschooled with known academic performance, information on whether special education services were received was available for 2,004 children. Overall 25.7% of boys (n=251) and 18.5% of girls (n=190) were receiving special education services and 74.3% of boys (n=725) and 81.5% of girls (n=838) were not receiving special education services at the time of the FCRO’s review.

Figure 8: Academic Progress for Children Receiving or Not Receiving Special Education Services, n=2,004

(Children Reviewed During 04/01/20 - 03/31/21 while in School or Homeschooled, Excluding Cases where the Special Education Status was Unable to be Determined)



Future Research

As often happens with data, the information provided in this report leads to other questions, recommendations, and opportunities. A few of the things yet to be researched and analyzed include:

1. How do the above findings compare to children that are not in out-of-home care?
2. Are there important differences for the findings based on the child’s age group at the time the data is collected?

3. Are there significant rate differences for children and youth in out-of-home care depending on which agency is responsible for their case?
4. How many placement changes result in a school change? Are there differences in outcomes between the different types of placements?
5. Why were there such high percentages of missing educational information in the agency case files? Does this affect the agency's ability to ensure that the child's caregivers are given accurate educational information when the child is placed in their care?
6. Are there attendance issues for children in out-of-home care?
7. Are there issues with prompt enrollment for children placed out-of-home or moved between foster homes/facilities?
8. Are there differences in the rates of expulsion and suspension for children in out-of-home care compared to other children?
9. Are young children (birth to three or birth to five) in out-of-home care accessing needed educational services? Are the rates significantly different than for other children in that age group?
10. Is there a difference in academic outcomes based on the age at which the child was removed from the home?
11. What accounts for the difference in academic outcomes for those children and youth with special education needs, particularly given the switch to at home learning during the pandemic?
12. What is the relationship between children's mental health conditions and academic performance?
13. Is there a relationship between positive parental visitation and children's ability to learn and retain information?
14. Are there regional and/or service area differences that need to be explored? Does access to broadband/internet make a difference?

Recommendations based on the June 2021 Education Outcomes Special Section can be found in the Executive Summary on pages 4 and 5.

The 4,078 children in out-of-home or trial home visit care on 3/31/21 included the following groups:

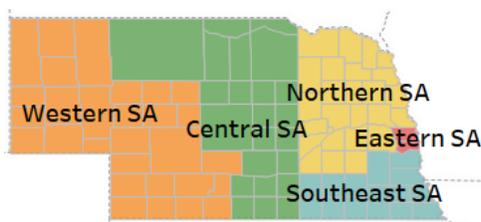
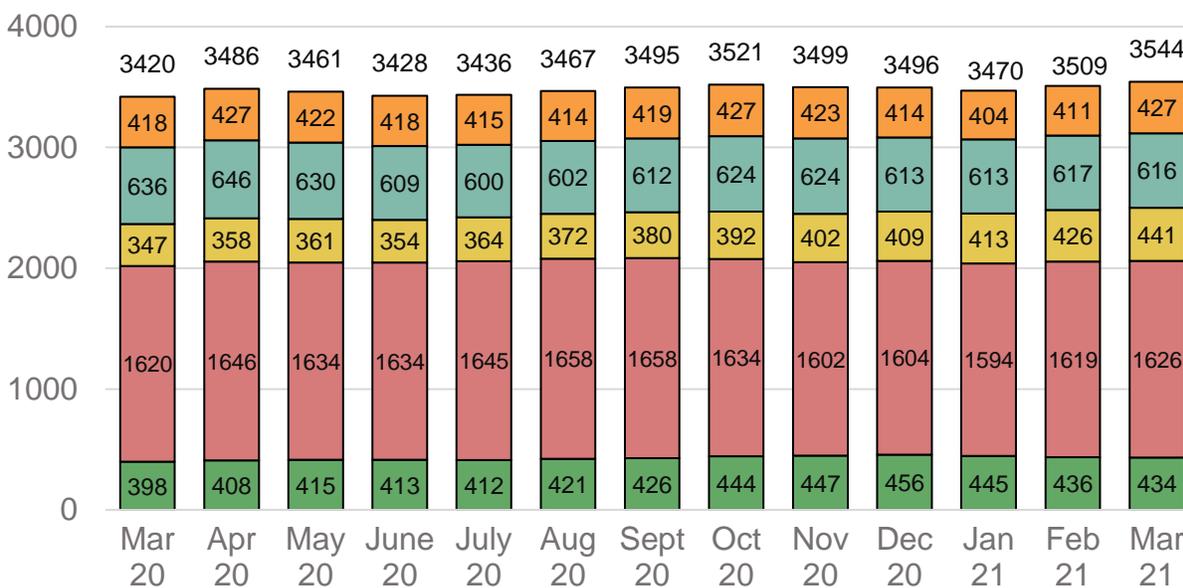
- 3,427 (84.0%) children that were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation.
 - This is a 2.8% increase compared to the 3,333 children on 3/31/20
- 454 (11.1%) youth that were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTC's.
 - This is a 17.9% decrease compared to the 553 such youth on 3/31/20.
- 131 (3.2%) youth in out-of-home care involved with DHHS/CFS and Probation simultaneously.
 - That is a 5.1% decrease compared to the 138 such youth on 3/31/20.
- 62 (1.5%) youth in out-of-home care involved with DHHS/OJS and Probation simultaneously.
 - That is a 46.1% decrease compared to the 115 such youth on 3/31/20.
- 4 (0.1%) children in out-of-home care that were served by DHHS/OJS only.
 - There were 7 such children on 3/31/20.

Average Daily Population of Children with any DHHS/CFS Involvement

Daily population

Figure 10 shows the monthly fluctuation in average daily population (ADP) of DHHS/CFS involved children in out-of-home or trial home visit placements (including those simultaneously serviced by Probation) over the course of the 13 months from Mar. 2020 to Mar. 2021. It includes both service area and statewide numbers.

Figure 10: Average Daily Population of All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements¹²
(includes children with simultaneous involvement with Probation)¹³



¹² The average shown at the top of each column may not be exactly equal to the sum of the service areas due to rounding.

¹³ The FCRO's FCTS data system is a dynamic computer system that occasionally receives reports on children's entries, changes, or exits long after the event took place. The FCRO also has a robust internal CQI (continuous quality improvement) process that can catch and reverse many errors in children's records regardless of the cause in order to reflect the most accurate data available for review. Therefore, due to delayed reporting and internal CQI, some of the numbers on this rolling year chart will not exactly match that of previous reports. The same is true for additional data components described throughout the report.

Figure 11 compares the average daily populations from Mar. 2020 to Mar. 2021 by service area (SA). In Mar. 2021, there were 2.3% more DHHS/CFS wards in out-of-home care or trial home visit than at the same time last year. Differences in the number of children in out-of-home care over that period varies by service area, with the Central Service Area seeing the largest rolling year increase (+6.4%). Further research is needed to determine what may be accounting for the variance across service areas.

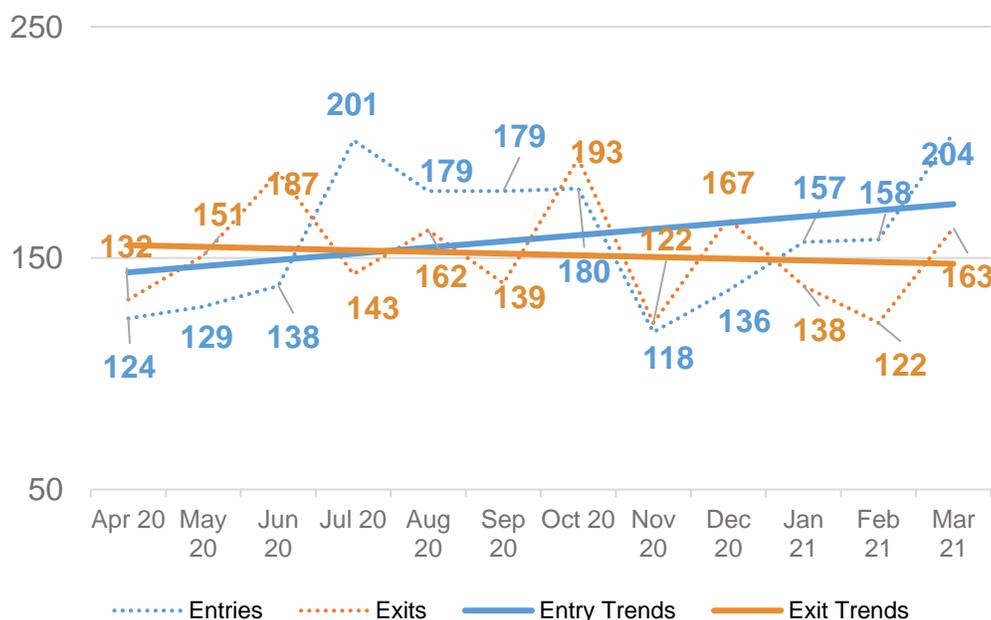
Figure 11: Percent Change in All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements

	Mar. 20	Mar. 21	% Change
Central SA	408	434	6.4%
Eastern SA	1,611	1,626	0.9%
Northern SA	438	441	0.7%
Southeast SA	606	616	1.6%
Western SA	402	427	6.2%
State	3,465	3,544	2.3%

Entries and Exits

Figure 12 shows that in 6 of the 12 months from Apr. 2020 to Mar. 2021 there were more exits than entries. Entries and exits during that time were likely impacted by the COVID-19 pandemic; however, more research will be needed to understand the direct impact COVID-19 has had on children’s placements.

Figure 12: Statewide Entries and Exits of DHHS/CFS Involved Children



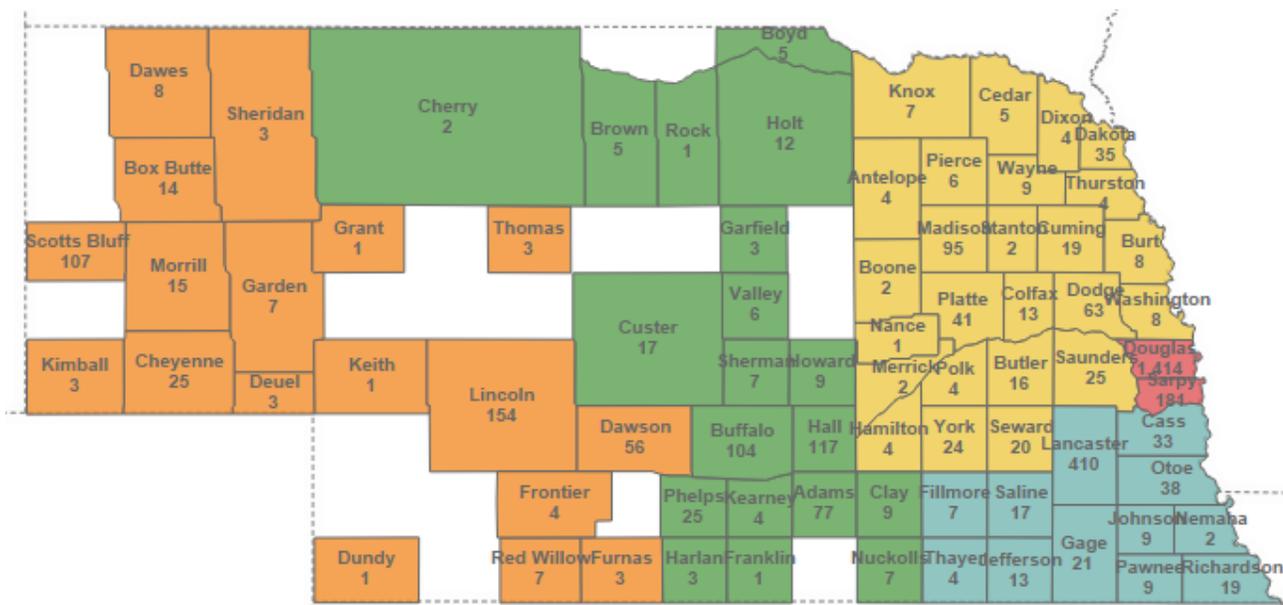
Children Solely Involved with DHHS/CFS – Point-in-time (Single Day) View

Single day data on DHHS/CFS wards in this section includes only children that meet the following criteria: 1) involved with DHHS/CFS and no other state agency and 2) reported to be in either an out-of-home or trial home visit placement.¹⁴ On 03/31/21 there were 3,427 children who met those criteria.

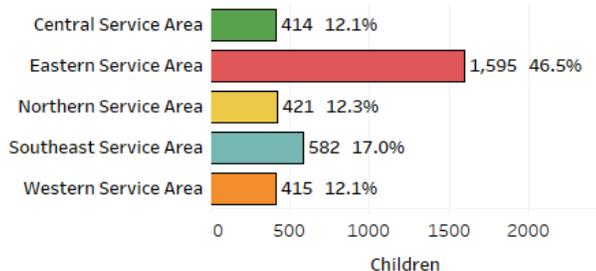
Demographics

County. Figure 13 shows the 3,427 DHHS/CFS wards by county. This compares to 3,333 on 3/31/20. Child abuse and neglect affects every part of the state, as shown in the map below. Counties with the most children in care included Douglas (1,414), Lancaster (410), and Sarpy (181).

Figure 13: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement by County of Court Involvement on 3/31/21 and DHHS/CFS Service Area, n=3,427*



*Counties without numbers had no children in out-of-home care or trial home visit. Total counts for service area (SA) by county may differ from overall counts due to case assignments across SAs.



¹⁴ Youth at one of the YRTC's, youth only involved with Probation, or youth dually involved with Probation are not included. Those groups are described elsewhere in this report.

As expected, most of the children in Figure 13 are from the two largest urban areas (Omaha and Lincoln, in the Eastern and Southeast service areas, respectively). Of equal importance is the number of state wards from counties with relatively few children in the population as described in Figure 14.

When comparing the number of children in out-of-home care and trial home visit to the number of children in the population for the county, the counties with the highest rates of children in out-of-home or trial home visit placement are Garden, Lincoln, Thomas, Greeley, Pawnee, Morrill, Boyd, Cheyenne, Scotts Bluff, and Phelps.

Figure 14: Top 10 Counties by Rate of NDHHS Wards in Care on 03/31/21¹⁵

County	Children in Care	Total Age 0-19	Rate per 1,000
Garden	7	386	18.13
Lincoln	154	8986	17.14
Thomas	3	178	16.85
Greeley	9	583	15.44
Pawnee	9	612	14.71
Morrill	15	1150	13.04
Boyd	5	394	12.69
Cheyenne	25	2241	11.16
Scotts Bluff	107	9708	11.02
Phelps	25	2343	10.67

Gender. Girls (50.3%) and boys (49.7%) were equally represented in the population of children in care on 03/31/21, as has been true for several years.

Age. Results are consistent with past reports:

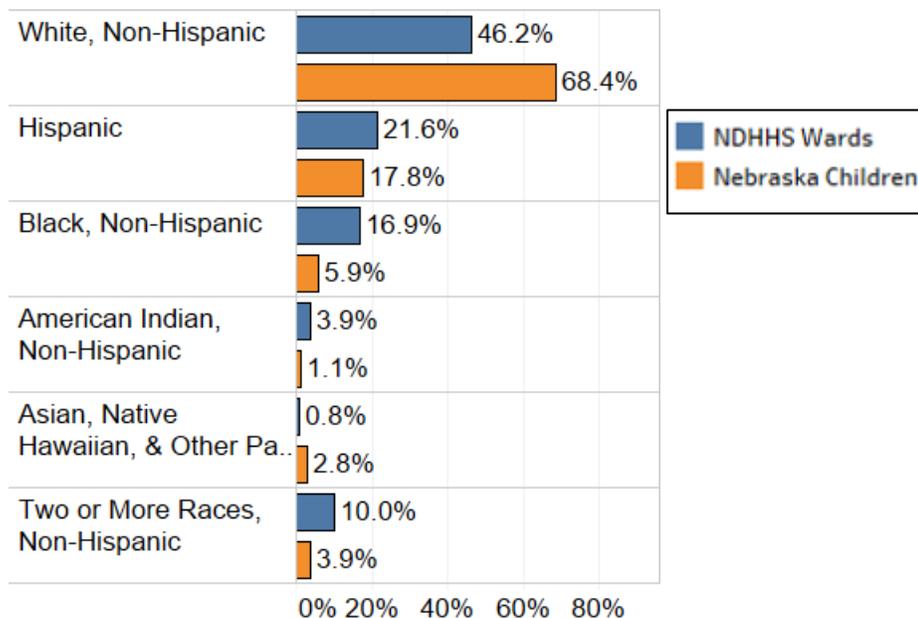
- 39.0% of children in care are 5 and under,
- 33.7% are between 6 and 12, and
- 27.3% are teenagers.

Race and Ethnicity. As the FCRO and others have consistently reported, minority children continue to be overrepresented in the out-of-home population (Figure 15).

The Census estimates that 5.9% of Nebraska's children (ages 0 through 19) are Black or African American, 1.1% are American Indian or Alaska Native, and 3.9% are multiracial; yet all three groups are overrepresented among DHHS/CFS wards when compared with their representation in the general population of children in Nebraska.

¹⁵ U.S. Census Bureau, Population Division, July 1, 2019, as found at [County Population by Characteristics: 2010-2019 \(census.gov\)](https://www.census.gov/data/tables/2019/c2kbr/c2kbr01-04.html).

Figure 15: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement on 3/31/21 by Race or Ethnicity, n=3,427*



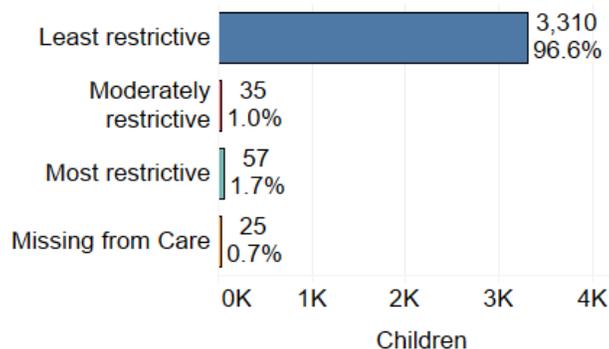
*Nebraska children is based on U.S. Census for Nebraska children ages 0-19; currently the most accessible county data on juveniles for comparison.

Placements

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

Figure 16 shows that most (3,310 or 96.6%) DHHS/CFS wards in out-of-home placements or trial home visits were placed in a family-like, least restrictive setting. The proportion of children in the least restrictive setting has remained above 95% for the past three years.

Figure 16: Placement Restrictiveness for DHSS/CFS Wards in Out-of-home or Trial Home Placements on 3/31/21, n=3,427



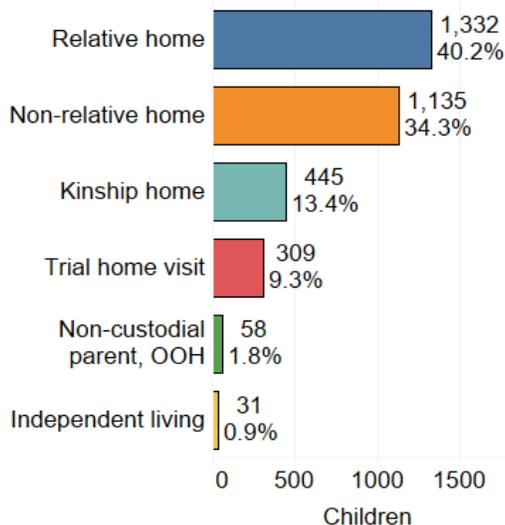
Children missing from care must always be a top priority as their safety cannot be assured. Children missing from care may be subjected to maltreatment, exploitation, and sex or labor trafficking. History shows that some may be in unsafe situations.

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

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

The majority (1,777 or 59.2%) of children in a least restrictive foster home, excluding trial home visits, are placed with relatives or kin (Figure 17).

Figure 17: Specific Placement Type for DHHS/CFS Wards in the Least Restrictive Placement Category on 03/31/21 (see Figure 16), n=3,310



Licensing of relative and kinship foster homes. Under current Nebraska law, DHHS can waive some of the licensing standards and requirements for relative (not kin) placements. For a variety of reasons DHHS is approving rather than licensing the vast majority of these homes. That practice creates a two-fold problem:

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

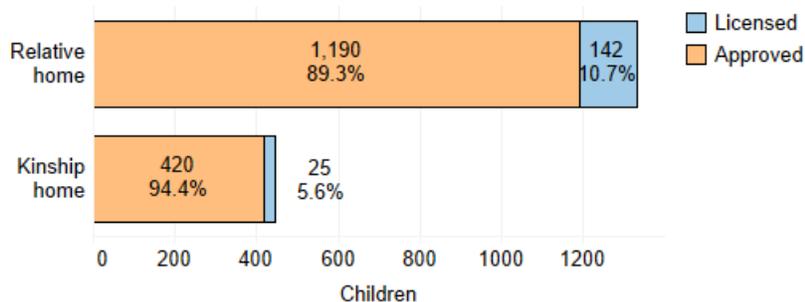
Kinship homes cannot receive a license waiver, but a relative can be granted a waiver of one or more of the following requirements:

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

Current License Status. Due to the fiscal impact and training issues the FCRO looked at the licensing status for these specific types of placement. As shown in Figure 18, in keeping with the FCRO's focus on individual children, we see that relatively few of those children are in a licensed placement.

The percentage of children in a licensed relative or kinship home has decreased in the last year. On 3/31/21, 10.7% of children in a relative placement were in a licensed home compared to 15.5% on 3/31/20. On 3/31/21, 5.6% of children in a kinship placement were in a licensed home, compared to 7.1% on 3/31/20. It is unclear whether or how COVID-19 impacted this measure.

Figure 18: Licensing for DHHS/CFS Wards in Relative or Kinship Foster Homes on 3/31/21, n=1,332 (relatives) and n=445 (kinship)

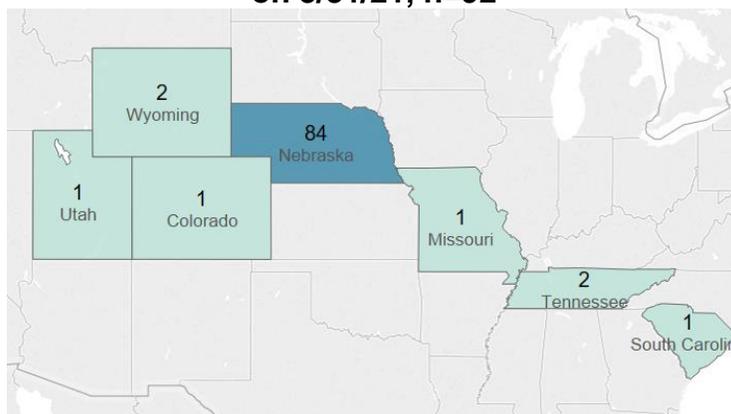


The FCRO has repeatedly advocated for licensing for relative and kinship foster homes, both for accessing federal funding and for the important training needed for caregivers. It is a positive step that DHHS/CFS recently made online foster parent training available for relative and kinship foster care providers.

Congregate Care. On 3/31/21, 92 (or 2.7%) of DHHS/CFS wards were placed in moderately or most restrictive congregate care facilities. This compares to 95 such children and youth on 3/31/20.

Figure 19 shows that of the 92 DHHS/CFS wards in congregate care, most (84 or 91.3%) are in Nebraska. This is an increase from the 73.7% in Nebraska on 3/31/20. Congregate care facilities should be utilized only for children with significant mental or behavioral health needs, and it is best when those needs can be met by in-state facilities in order to keep children connected to their communities.

Figure 19: State of Placement for DHHS/CFS Wards in Congregate Care on 3/31/21, n=92

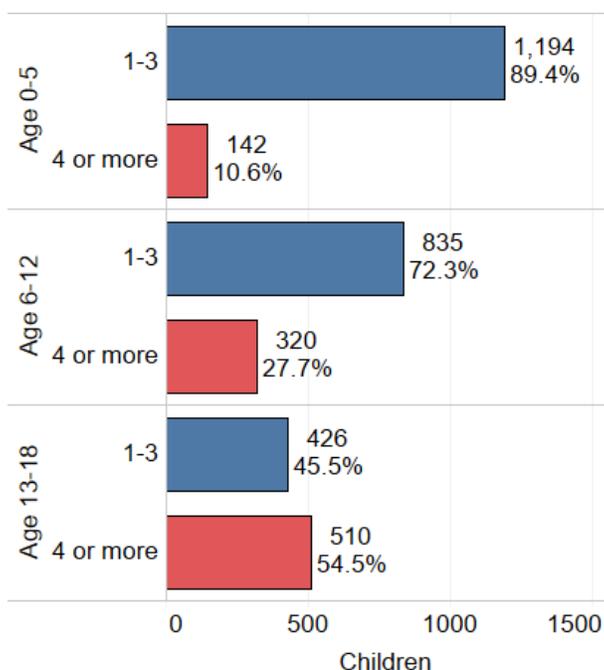


Multiple placements

National research indicates that children experiencing four or more placements over their lifetime are likely to be permanently damaged by the instability and trauma of broken attachments.¹⁶ However, children that have experienced consistent, stable, and loving caregivers are more likely to develop resilience to effects of prior abuse and neglect, and more likely to have better long-term outcomes.¹⁷

Of the 3,427 children in care on 3/31/21, 972 children (28.4%) had experienced four or more placements over their lifetime (Figure 20).¹⁸ Further, it is concerning that 10.6% of young children have experienced a high level of placement change while simultaneously coping with removal from the parent(s).

Figure 20: Lifetime Placements for DHHS/CFS wards in Out-of-Home or Trial Home Visit on 3/31/21, n=3,427



Number of Workers during Current Episode of Care

Figure 21 shows the number of workers during the current episode of care for 3,427 children in out-of-home or trial home visit placement on 3/31/21 as reported by DHHS. Workers here include lead agency workers in the Eastern Service Area where DHHS/CFS contracts for such services, and DHHS/CFS case managers elsewhere.

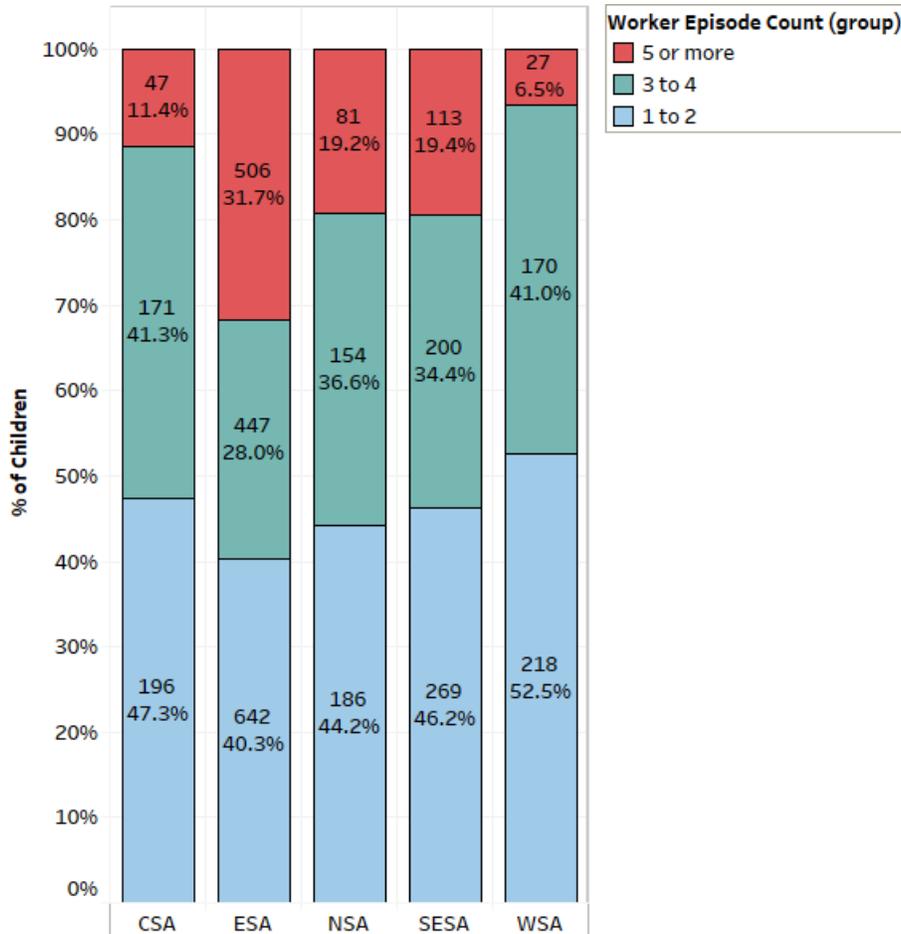
¹⁶ Examples include: Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

¹⁷ Ibid.

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

More than four workers is considered an unacceptable number of worker transfers that likely significantly delays permanency.¹⁹ Depending on the geographic area, between 6.5% - 31.7% (see footnote) of the children have had five or more workers since most recently entering the child welfare system.²⁰ As stated earlier, close attention to case manager changes, caseload ratios, training, and supervision is necessary.

Figure 21: Number of Workers for DHHS/CFS Wards 3/31/21 in Current Episode, n=3,427



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

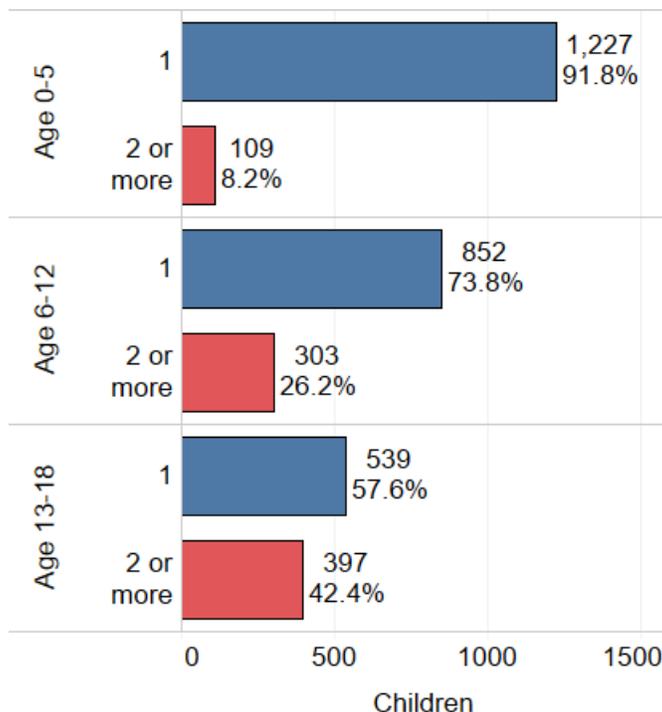
²⁰ PromiseShip held the lead agency contract with DHHS until 2019 when the contract was rebid by DHHS and awarded to Saint Francis Ministries. Cases transferred in the fall of 2019. Many former PromiseShip caseworkers were subsequently employed by Saint Francis. If the same worker remained with the child's case without a break of service, the FCRO ensured that the worker count was not increased. Counts were only increased during the transfer period if a new person became involved with the child and family.

Lifetime episodes involving a removal from the home

Figure 22 shows that 809 (23.6%) of the DHHS wards in care on 3/31/21 had experienced more than one court-involved removal from the parental home. This compares to 27.1% on 3/31/20. Part of this reduction may be attributable to early COVID-19 lockdowns when fewer children were seen in the community and fewer were attending school in-person, and thus fewer may have been reported to Child Protective Services. Regardless, each removal can be traumatic and increases the likelihood of additional moves between placements.

Child abuse prevention efforts need to include reducing or eliminating premature or ill-planned returns home that result in further abuse or neglect. The State must do more to determine and then address why nearly 1 in 4 children currently in the system had a prior removal.

Figure 22: Lifetime Removals for DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placements on 3/31/21, n=3,427



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

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

Prior to August 2019, boys were placed at the YRTC in Kearney and girls at the YRTC in Geneva. As a result of an August 2019 incident at Geneva, some girls were moved to the Lancaster County Youth Services Center in Lincoln and then to the Kearney YRTC, with additional girls transferred to the Kearney YRTC thereafter.

On 10/21/19 DHHS-OJS announced development of a modified YRTC system with three facilities. Due to these changes, Figure 23 shows the average daily number of DHHS/OJS wards by gender, instead of by facility location.

The number of girls at a YRTC dramatically decreased as the result of an August 2019 incident at YRTC-Geneva, and thus there were fewer girls placed at a YRTC at the beginning of the COVID-19 pandemic (the first month in this rolling year). Decreases in the number of boys placed at a YRTC began in March 2020, which is when the state began to be impacted by the COVID-19 pandemic.

Figure 23: Average Daily Number of DHHS/OJS Wards Placed at a Youth Rehabilitation and Treatment Center

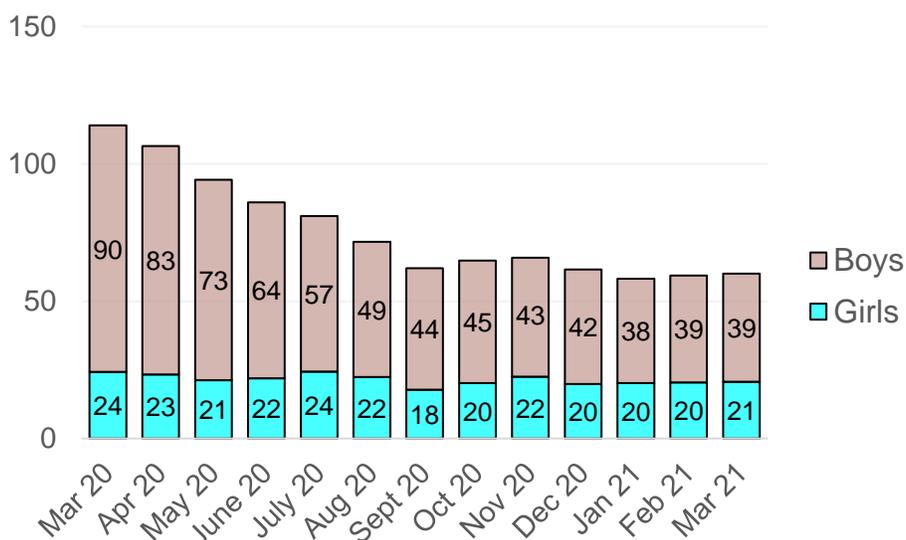


Figure 24 shows the percentage change between Mar. 2020 and Mar. 2021. There were marked differences by gender.

Figure 24: Percent Change in Youth Placed at the YRTC

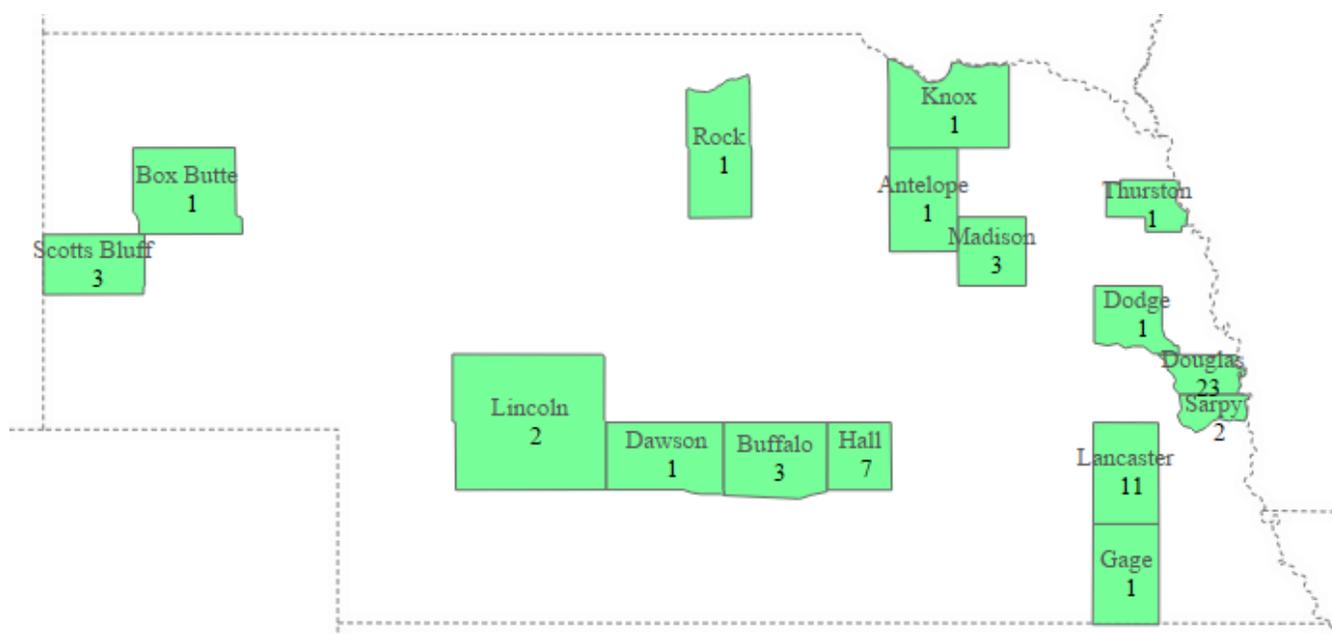
	Mar. 20	Mar. 21	% Change
Girls	24	21	-12.5%
Boys	90	39	-56.7%
Total	114	60	-47.4%

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

Demographics

County. Youth at the YRTCs come from every region of the state, as illustrated in Figure 25; with most coming from the more populous regions, as would be expected. There were 62 youth at a YRTC on 3/31/21 compared to 108 on 3/31/20, a 42.6% decrease.

Figure 25: Boys and Girls Placed by a Juvenile Court at a Youth Rehabilitation and Treatment Center on 3/31/21 by County of Court, n=62*



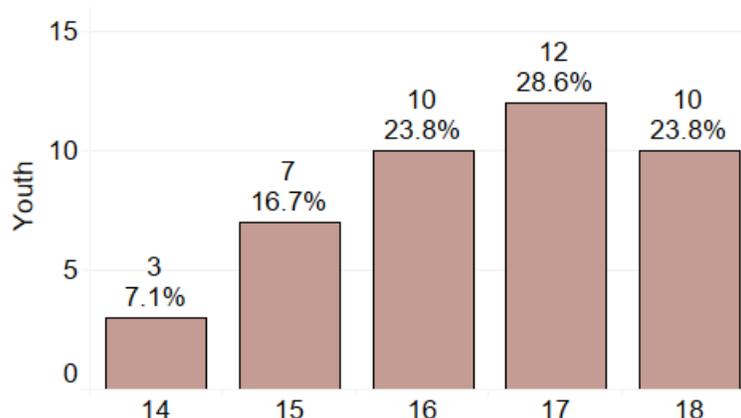
*Counties with no shading had no youth at one of the YRTCs.

Per Neb. Rev. Stat. §43-251.01(4), boys and girls committed to a Youth Rehabilitation and Treatment Center must be at least 14 years of age. Children can be committed to a YRTC through age 18. There can be challenges when serving boys and girls from such a wide age, and, therefore developmental range. Youth are committed to a YRTC for an indeterminate amount of time to allow them to work through the program.²¹

²¹ See Nebr. Rev. Stat. §43-286 for more details on how a court can commit a youth to a YRTC, and see §43-407(2) for details on the services available.

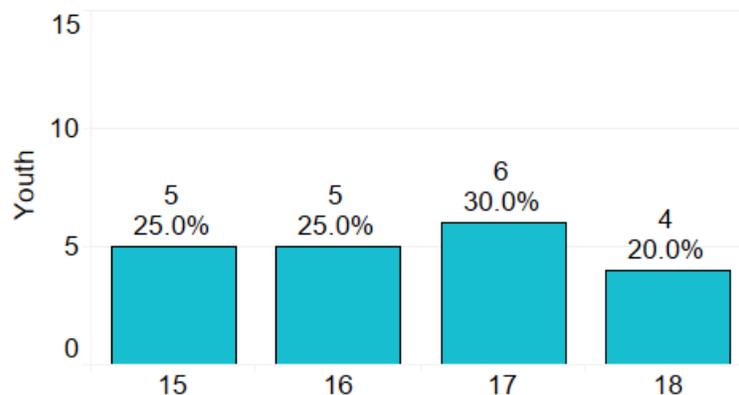
Age and Gender. On 3/31/21, 42 of the youth placed at a YRTC were boys (Figure 26).

Figure 26: Ages of Boys Placed at a YRTC under DHHS/OJS on 3/31/21, n=42



On 3/31/21, 20 of the youth placed at a YRTC were girls. National research indicates that girls are less likely to be a part of the juvenile justice population; the number of girls in Figure 27 reflects this pattern when compared to the figure on boys above.²²

Figure 27: Ages of Girls at a YRTC under DHHS/OJS on 3/31/21, n=20



The median age for boys was 17.0 years and the median age for girls was 16.5 years.

Race and Ethnicity. There is significant racial and ethnic disproportionality in the YRTC populations (Figures 28 and 29). Nebraska general population estimates are based on data from US Census for Nebraska youth who are ages 10 through 19, by gender. Disproportionality includes boys that are Black or Hispanic, and girls that are Black, Native American, or Hispanic.

²² National Center for Juvenile Justice, *Juvenile Court Statistics 2018*, April 2020, Sarah Hockenberry and Charles Puzzanchera.

Figure 28: Race and Ethnicity of Boys placed at a YRTC under DHHS/OJS on 3/31/21, n=42

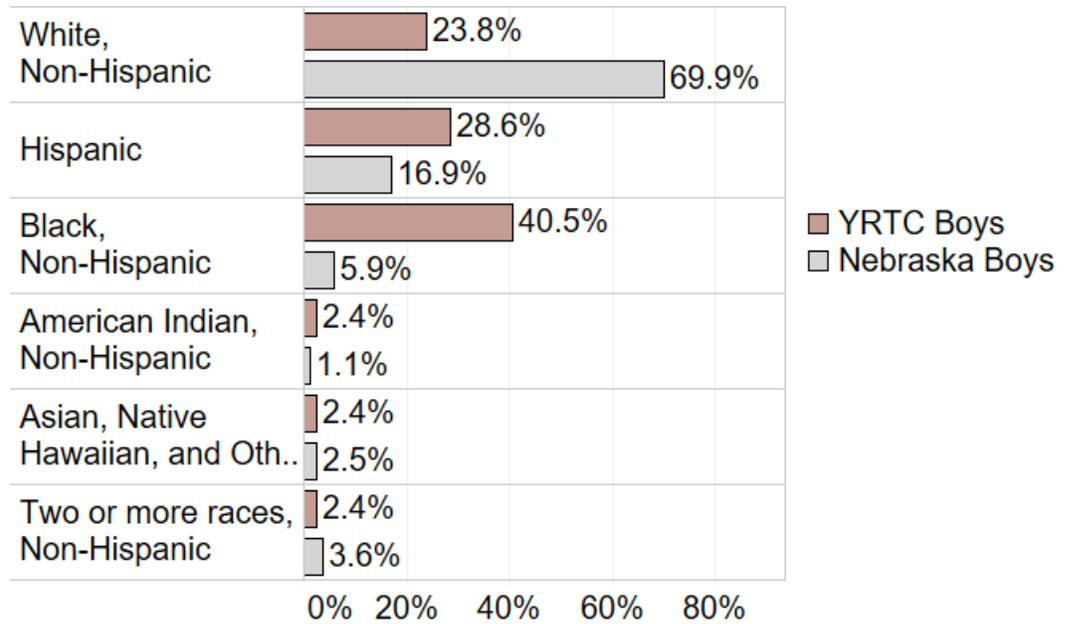
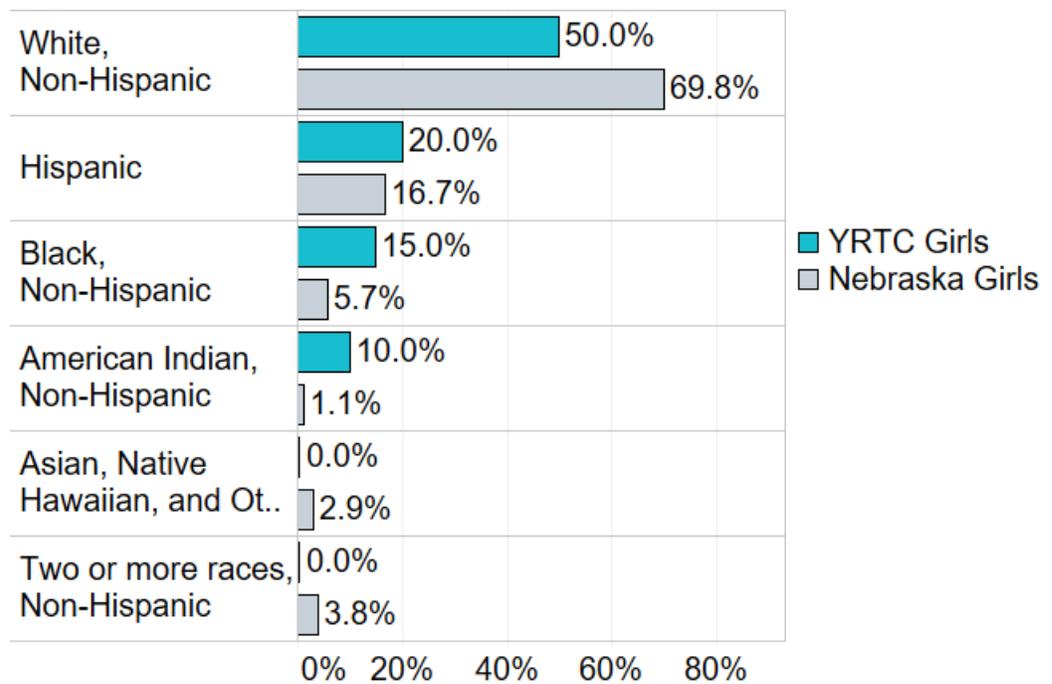


Figure 29: Race and Ethnicity of Girls placed at a YRTC under DHHS/OJS on 3/31/21, n=20



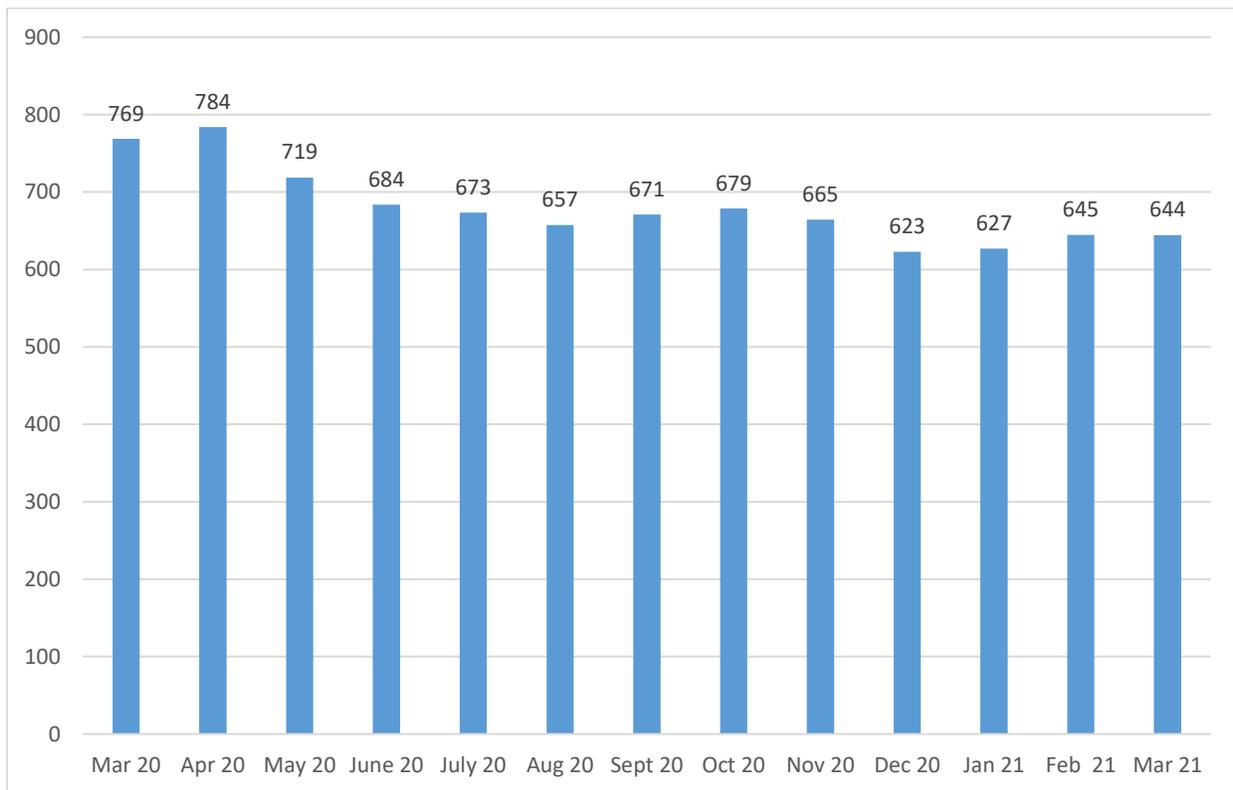
Average Daily Population for Youth Out-of-Home With Any Probation Involvement

Average daily population

Figure 30 shows the average daily population (ADP) per month of all Probation-involved youth in out-of-home placements for the last 13 months (including those with simultaneous involvement with DHHS/CFS and DHHS/OJS). The average daily population in out-of-home care began to decrease in April 2020, which coincides with the beginning of the COVID-19 pandemic. Comparing March 2020 to March 2021 there has been a decrease of 16.3%.

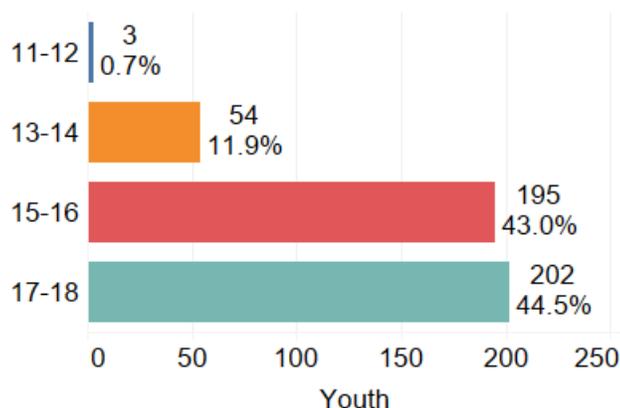
Figure 30: Average Daily Population of Youth in Out-of-Home Care Supervised by Probation

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



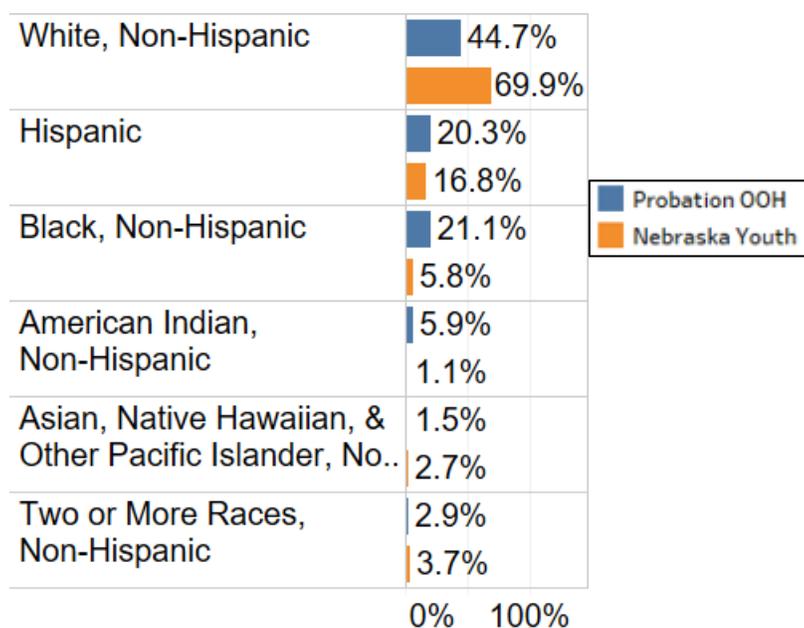
Age. Figure 32 shows the ages of Probation youth in out-of-home care on 03/31/21. The median age was 16.0 for both girls and boys, similar to last quarter.

Figure 32: Age of Probation Supervised Youth in Out-of-Home Care on 3/31/21, n=454



Race and Ethnicity. Disproportionate representation of minority youth continues to be a problem (Figure 33). Black youth make up 5.8% of Nebraska’s youth (ages 10 through 19), yet account for 21.1% of the Probation youth out-of-home. Native children are also represented at a rate more than five times their proportion of the general population.

Figure 33: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Care on 3/31/21, n=454



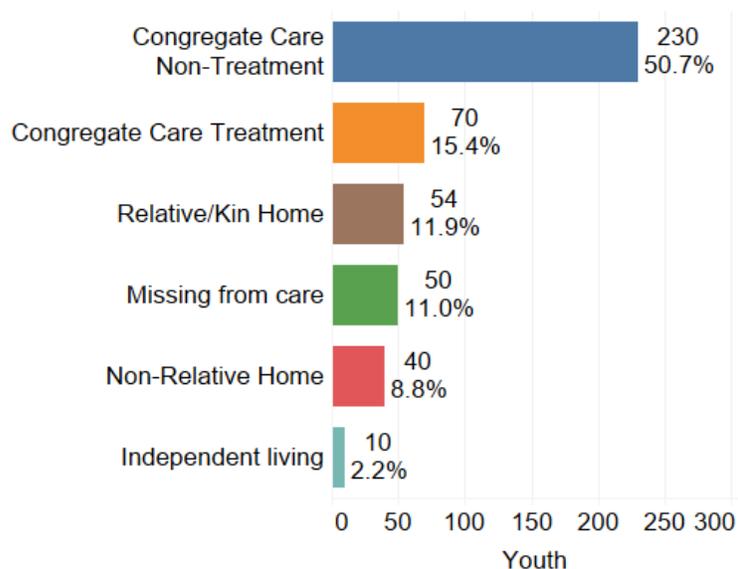
Gender. There are over twice as many boys (73.8%) in out-of-home care served by Probation as there are girls (26.2%). That is similar to the last few years.

Placements

Placement Type. Figure 34 shows that 15.4% of Probation youth in out-of-home care on 3/31/21 are in congregate treatment placements, similar to the 15.2% on 3/31/20. Congregate treatment placements include acute inpatient hospitalization, psychiatric residential treatment facilities, short term residential and treatment group home.

Non-treatment congregate care is where 50.7% of the youth were placed. Non-treatment congregate care includes crisis stabilization, developmental disability group home, enhanced shelter, group home (A and B), maternity group home (parenting and non-parenting), independent living and shelter.

Figure 34: Treatment or Non-Treatment Placements of Probation Supervised Youth in Out-of-Home Care on 3/31/21, n=454



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

Congregate Care. When congregate care is needed, Probation most often utilizes in-state placements. Per Figure 35, 84.3% of youth with a known placement location in congregate care were placed in Nebraska. This compares to 90.0% on 3/31/20.

Figure 35: State Where Youth in Congregate Care Supervised by Probation were Placed on 3/31/21, n=299



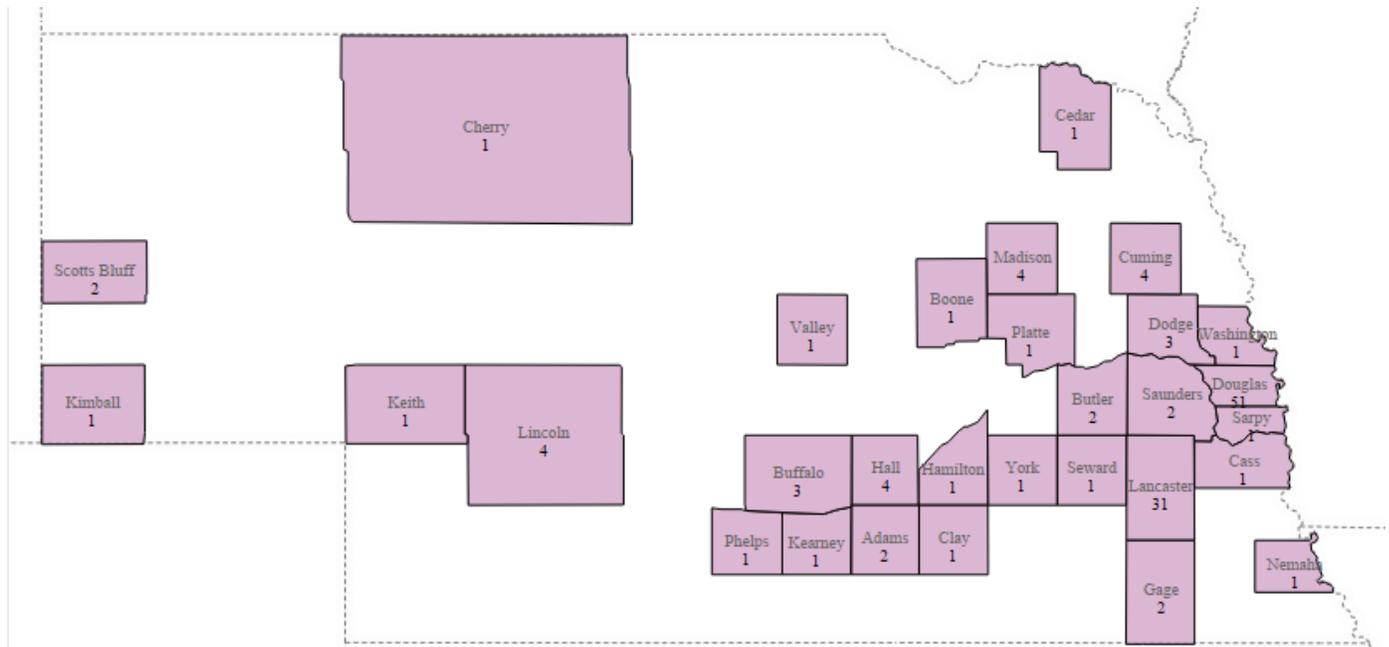
Youth in Out-of-Home Care with Simultaneous DHHS/CFS and Probation Involvement – Point-in-time (Single Day) View

On 3/31/21, 131 youth were involved with both DHHS/CFS and Probation (also known as dually-involved youth), which is 5.1% fewer than the 138 such youth on 03/31/20.

Demographics

County. Dually-involved youth come from each region of the state, as illustrated in Figure 36 below, with the majority from the most populous areas (Douglas and Lancaster counties), as would be expected.

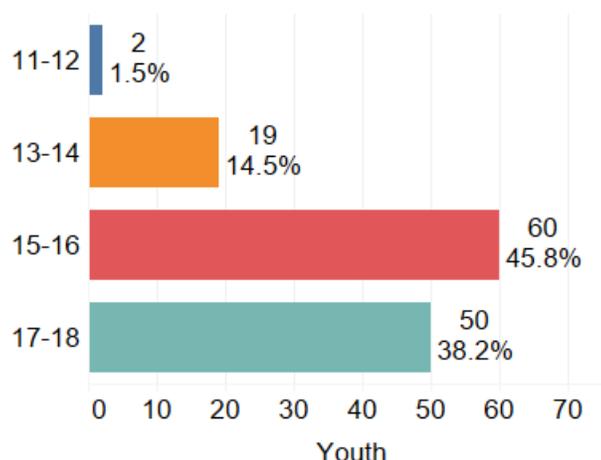
Figure 36: Dually-Involved Youth in Out-of-Home or Trial Home Visit Placement by County of Court Involvement on 3/31/21, n=131*



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

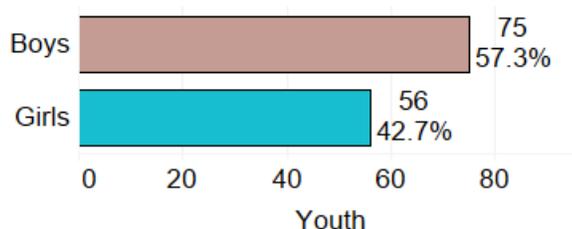
Age. Figure 37 indicates that nearly all dually-involved youth are teenagers. The median age was 16.0 for both girls and boys.

Figure 37: Ages of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/21, n=131



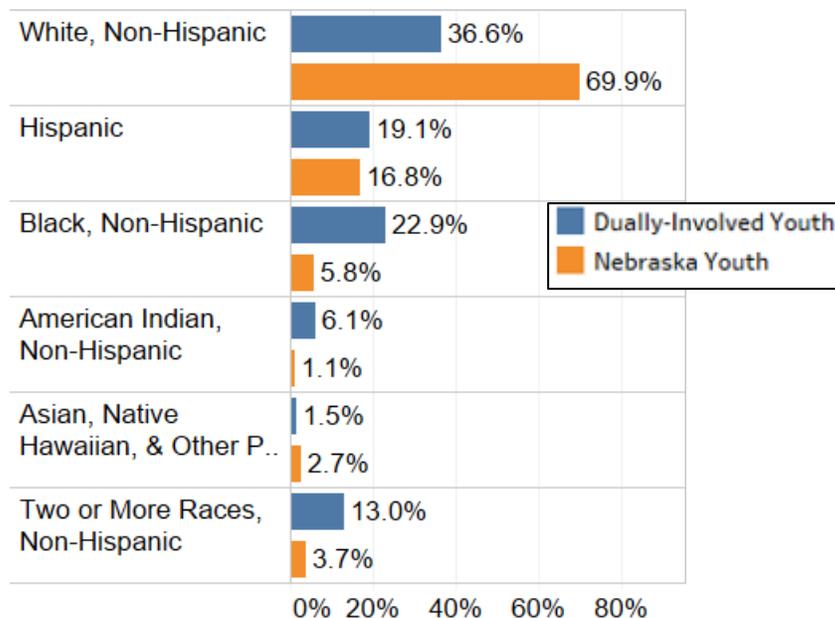
Gender. Figure 38 shows that, as is true with other juvenile justice populations, there are more boys (57.3%) in this group than girls (42.7%). On 3/31/20, the percent of boys was 57.2% and girls was 42.8% so the ratio has remained constant.

Figure 38: Gender of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/21, n=131



Race and Ethnicity. Black, American Indian, and multi-racial youth continue to be overrepresented in the dually-involved population (Figure 39). For example, 22.9% of dually-involved youth are Black, compared to 5.8% in the general population of Nebraska’s youth ages 10 through 19 (per US Census).

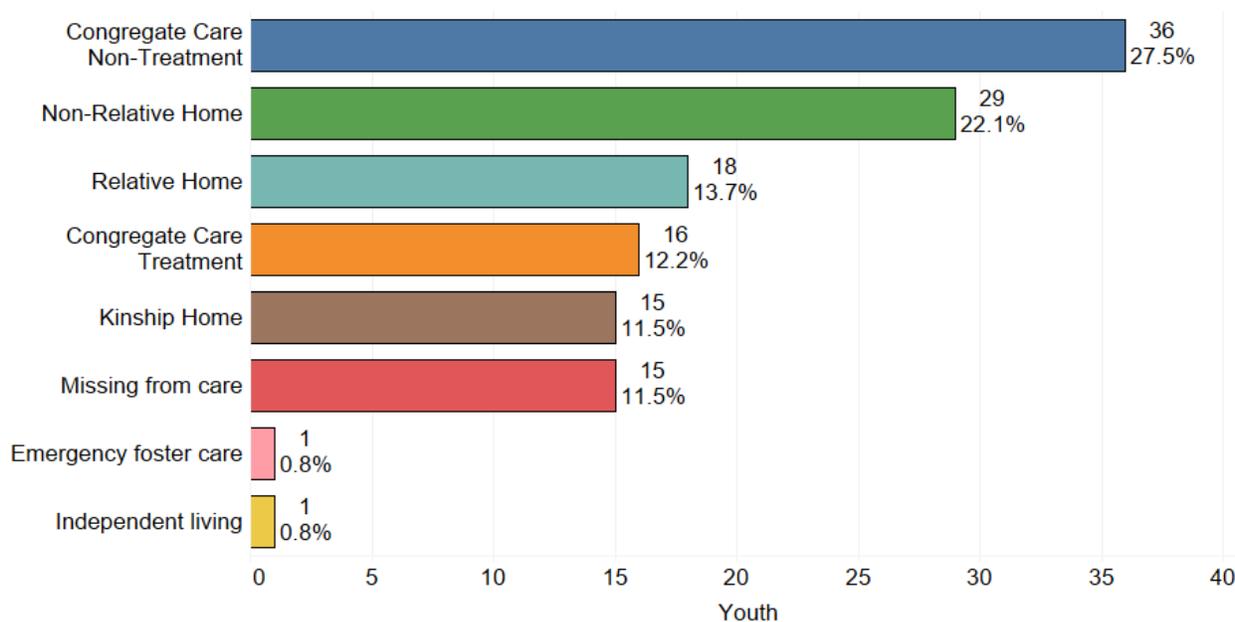
Figure 39: Race and Ethnicity of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/21, n=131



Placements

Placement Type. Figure 40 shows the placement types for youth with dual-agency involvement, using Probation’s definitions of treatment and non-treatment.

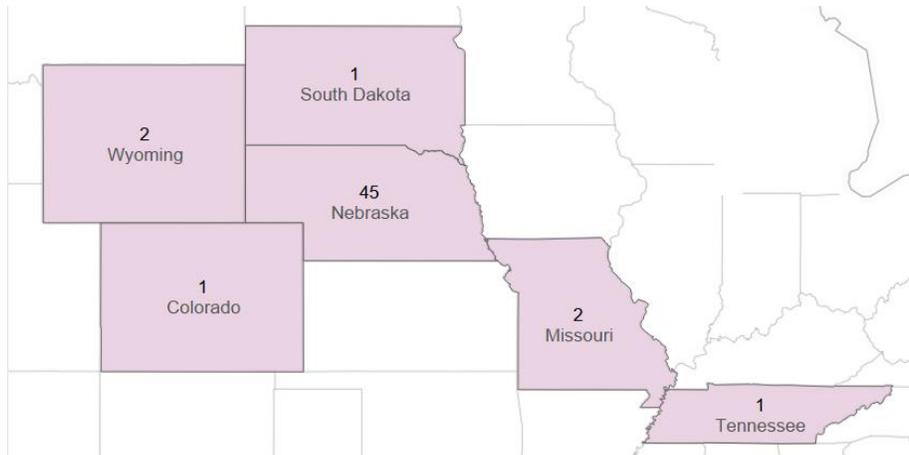
Figure 40: Placement Types for Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/21, n=131



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

Congregate Care. Figure 41 shows the state where dually-involved youth in congregate care are placed; 86.5% were placed in Nebraska, up slightly from last year when it was 85.2%. Most of the out-of-state youth were in bordering states, with the exception of one youth. The total number in congregate care (52) is similar to the 54 youth on 03/31/20.

Figure 41: Placement State for Youth in a Congregate Care Facility on 3/31/21 that are Served by both DHHS/CFS and Probation, n=52



APPENDIX A: Definitions

- **FCRO** is the Foster Care Review Office, author of this report.
- **Child** is defined by statute as being age birth through eighteen; in Nebraska a child becomes a legal adult on their 19th birthday.
- **Youth** is a term used by the FCRO in deference to the developmental stage of those involved with the juvenile justice system.
- **Out-of-home care** is 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to, foster family homes, foster homes of relatives, group homes, emergency shelters, residential treatment facilities, child-care institutions, pre-adoptive homes, detention facilities, youth rehabilitation facilities, and runaways from any of those facility types. It includes court ordered placements and non-court cases.

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

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

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