



2023 Annual Report

Submitted pursuant to Neb. Rev. Stat. §43-1303(4) Issued: September 1, 2023



NEBRASKA
FOSTER CARE REVIEW OFFICE

This Annual Report is dedicated to:

- The 291 Foster Care Review Office local board members on 53 boards across the state who meet each month to review children’s cases.
- The 28 FCRO staff members who are dedicated to the mission and vision of our agency, 18 of whom directly facilitate the citizen review boards and all of whom enable the collection of data described in this report and promote children’s best interests.
- Everyone in the child welfare and juvenile justice systems working each day to improve conditions for children and youth in out-of-home care.

ADVISORY COMMITTEE MEMBERS, 9/1/2023

(All Volunteers)

<u>Member</u>	<u>Represents</u>
Noelle Petersen, Lincoln (chair)	Local Board
Peggy Snurr, Lincoln (vice-chair)	Local Board
Michael Aerni, Fremont	Local Board
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TABLE OF CONTENTS

Executive Summary.....	6
Acknowledgements.....	14
Recommendations	15
Out-of-Home Trends.....	20
Child Welfare Entry and Exit Trends	20
Probation Entry and Exit Trends	23
Point in Time Trend Overview by Agency	27
 System-Wide Trends	 29
 DHHS/CFS Wards.....	 31
Court and Legal System Factors	31
Non-Court Services Prior to Removal.....	33
Child Welfare System Factors.....	34
Parental and Family Factors	38
Reasons for Removal.....	39
Termination of Parental Rights	41
Services for Parents.....	42
Parental Visitation.....	46
Children’s Experience and Well-being	47
Placements.....	47
Caseworker Changes	50
Sibling Contact	52
Medical.....	52
Behavioral Health	53
Disabilities	55
Education	55
Special Considerations for Young Children	58
Case Progress	59

Older Youths’ Experience and Well-being	60
Normalcy.....	60
Preparation for Adult Life	61
DHSS/CFS Point in Time Demographics and Placements.....	64
Children Involved in Approved Informal Living Arrangements.....	70
Point in Time Demographics.....	70
Exits.....	71
Dually Involved Youth (Child Welfare and Juvenile Justice simultaneously).....	72
Dually Involved Point in Time Demographics	72
Probation Supervised Youth (Juvenile Justice).....	75
Placement Safety and Appropriateness	75
Offense Type	75
Plans and Services.....	76
Court and Legal System Factors	77
Probation Youth Experience and Well-being.....	77
Contact with Family	77
Behavioral Health	78
Education	78
Appropriate Interventions for Youth with Special Needs.....	79
Case Progress	79
Risk to Reoffend: YLS Scores	81
Challenges to Successfully Completing Probation.....	82
Probation Point in Time Demographic and Placements	83
Youth Placed at the Youth Rehabilitation and Treatment Centers.....	87
Youths’ Experience and Well-being	88
Placement Safety and Appropriateness.....	88
Offense Type	88
Behavioral Health	88
Education	89

YRTC Point in Time Demographics 90

Appendix A: Youth Experience and Well-being Comparison by Agency 92

Appendix B: County to DHHS Service Area and Judicial (Probation) District 93

Appendix C: Glossary of Terms and Acronyms 95

Appendix D: The Foster Care Review Office..... 98

Appendix E: Understanding and Interpreting the Data 99

FCRO Contact Information 100

EXECUTIVE SUMMARY

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

In fiscal year 2022-23 (July 1, 2022-June 30, 2023), the FCRO tracked information about the experiences of 6,810 children who were removed from their homes and placed in state custody or care through the child welfare or juvenile justice systems.

In FY2022-23, 53 local boards met monthly from across Nebraska and:

- Conducted 4,202 reviews of cases involving 3,366 Department of Health and Human Services (DHHS) wards¹ in out-of-home care² or trial home visit placement.³
- Conducted 273 reviews of 252 youth in out-of-home care supervised by the Office of Probation Administration that had no simultaneous child welfare system involvement.
- Staff collected additional information on each child reviewed.

From the required annual data analysis and nearly 4,500 reviews of children's cases, the FCRO finds some progress has been made in both the child welfare and juvenile justice systems. However, many challenges in child welfare and juvenile justice remain to be addressed and some new issues have been identified. In summary,

- Neglect was the most common reason children in the child welfare system reviewed during FY2022-23 entered out-of-home care. In addition, families in the child welfare system continue to struggle with access to mental health treatment, substance use, and domestic violence. For many children in out-of-home care, minimal to no progress is being made toward permanency.
- Racial and ethnic disparities are pervasive throughout the child welfare and juvenile justice systems, and the disparities are greatest among the youth at the YRTCs.

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

² Out-of-home care is 24-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes but is not limited to foster family homes, foster homes of relatives, group homes, emergency shelters, residential treatment facilities, child-care institutions, pre-adoptive homes, detention facilities, youth rehabilitation facilities, and runaways from any of those facility types. These are court ordered placements.

³ Neb. Rev. Stat. §43-1301(11) defines a trial home visit as "Trial home visit means a placement of a court-involved juvenile who goes from a foster care placement back to his or her legal parent or parents or guardian but remains as a ward of the state." This applies only to DHHS wards, not to youth who are only under Probation supervision.

- This Annual Report includes comparative review data for youth who are involved with DHHS/CFS, Probation, and those placed at a Youth Rehabilitation and Treatment Center (YRTC). As described in Appendix A, it is apparent each population has unique and significant needs which must be addressed, including trauma history, mental health, substance use, and educational needs.
- The population of males and females at the YRTCs have both increased from two years ago. The YRTCs, located in Kearney, Hastings, and Lincoln, are the most restrictive placements available for juvenile justice youth in Nebraska. This population also has unique and significant needs that must be addressed.
- The number of children in child welfare slightly decreased during FY2022-23 compared to FY2021-22; while the number of youth involved with juvenile justice increased. It appears the number of families being served via in-home, non-court services has decreased according to DHHS reporting. The FCRO does not have the authority to provide oversight to the front end of the child welfare system or to in-home voluntary cases. As there is no other independent oversight of that part of the system, it is unclear how those families are faring.

This report contains acknowledgments of system improvements and the FCRO's systemic recommendations based on the data collected, analyzed, and reported during FY2022-23. The FCRO repeats unaddressed recommendations as applicable until its vision of a Nebraska where all children and families are flourishing is realized.

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

Child Welfare

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

The child welfare population in Nebraska decreased overall by 0.5% from June 2022 to June 2023. Three service areas experienced decreases in the number of state wards with the most dramatic decrease (-8.8%) in the Southeast Service Area followed by the Central Service Area (-1.8%) and then the Eastern Service Area (-0.7%).

DHHS' most recent point in time report indicated the number of in-home children as of 7/31/2023 was 1,086⁴. The FCRO firmly believes children and families are best served in their homes when it is safe to do so and only children whose safety cannot be assured in the home should be placed in temporary foster care.

⁴ DHHS Division of Children and Family Services, CFS Point in Time Dashboard Summary Report, 7/31/2023, [CFS Point in Time Dashboard Summary Report \(ne.gov\)](https://www.dhhs.gov/nebraska/cfs-point-in-time-dashboard-summary-report)

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

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

Court and Legal System Factors

- For children reviewed in FY2022-23 the median number of days from filing of a juvenile petition to adjudication was 72 days. (See page 32)
- The Strengthening Families Act requires courts to make certain findings at each dispositional, review, or permanency hearing. In FY2022-23 courts were making the required findings in 55.3% of cases. (See page 33)
- Exception hearings are to occur if the child has been in out-of-home care for 15 of the past 22 months. The FCRO found there was documentation of this occurring in only 34.3% of cases reviewed. (See page 34)
- The FCRO was unable to determine whether guardians ad litem were visiting the children they represented in 44.5% of the cases. One reason for this may be the FCRO generally does not receive a copy of the guardian ad litem report which is submitted to the court and is kept in the confidential portion of the court's file, where it is inaccessible to the FCRO. The FCRO recommends guardians ad litem provide their reports directly to the FCRO. (See page 33)
- The FCRO is adamant children's voices need to be heard throughout the life of a case, especially older children. Yet, during FY2022-23 only a small fraction (15.0%) of children aged 13-18 attended court hearings. (See page 43)

Child Welfare System Factors

- 95.5% of children were receiving all or most of the services they needed to address their trauma and behavioral concerns related to abuse and neglect experiences. (See page 35)
- DHHS/CFS was more likely to document a search for maternal relatives of children in care than paternal relatives. Search documentation, whether maternal or paternal, also varies by service area; the lowest rate for maternal relative searches was in the Northern Service Area (82.7%), a decrease of 7.7% from last year, and the lowest rate for paternal relative searches was in the Eastern Service Area (60.2%). Children have two parents, and it is important caseworkers apply due diligence to locating both maternal and paternal relatives in order to facilitate lifelong connections. (See page 37)

- SDM Reunification Assessments guide whether it is safe to return children to their parent(s) and is to be conducted within 90 days of removal and every 90 days thereafter while the plan remains reunification. The FCRO found 61.0% of applicable cases had a SDM reunification assessment within the appropriate time frame, a decrease from the 72.4% in FY2021-22. (See page 38)
- Racial and ethnic disparities permeate the child welfare system in Nebraska. (See pages 67 and 72)
- American Indian children as defined by the Indian Child Welfare Act (ICWA) had a written cultural plan to preserve the child's cultural bonds 52.4% of the time, up from 38.7% in FY 2021-22. (See page 43)
- In FY2022-23, 158 youth left the child welfare system on their 19th birthday having never reached permanency. (See page 62)

Parents and Family Factors

- Three common safety concerns for mothers and fathers of children in out-of-home care with a goal of reunification or family preservation were mental health, substance use, and domestic violence. The majority of mothers and fathers were making at least some progress on these issues at the time of review. (See page 42)
- The FCRO found 52.7% of mothers were regularly attending a majority of services offered compared to 32.8% of fathers. (See page 45)
- For 40.7% of the children, their mothers were regularly demonstrating improved parenting skills deemed necessary for their children to safely reunify at the time of review, and the same was true for 27.2% of children's fathers. For 28.9% of children, their fathers were unable or unwilling to improve their parenting skills, and the same was true for 23.7% of children's mothers. (See page 46)
- While the system's response to assisting parents with visitation of their children was mostly good to excellent, parental attendance at visitation was good to excellent for only 54.3% of mothers and 47.8% of fathers. (See page 48)

Children's Experience and Well-being

- For children who exited care in FY2022-23, the median number of days a child spent in foster care in Nebraska varies by service area from a low of 461 days in the Northern Service Area to a high of 727 days in the Southeast Service Area. (See page 22)
- About a quarter (24.7%) of children had 5 or more caseworkers during their current episode in care. The Eastern Service Area has the most children with 5 or more caseworkers at 38.9%, and of those, 8.3% had 10 or more workers in their current episode. (See page 52)
- 61.1% of children with siblings were placed with their siblings. Of the siblings placed together, 52.3% were placed with a relative. (See page 53)

- Just over half (50.4%) of the children reviewed had a mental health diagnosis at the time of review. Additionally, many children reviewed had one or more chronic cognitive or physical health impairments. (See pages 55-56)
- Of the 107 children reviewed who were eligible for Developmental Disabilities services, only 43.9% were receiving those specialized services funded through the DHHS Division of Developmental Disabilities. (See page 56)
- Both school performance and negative behaviors at school vary by gender. For children reviewed, 64.2% of females and 51.0% of males were on target for most or all core classes in school. Academic performance increased compared to last year for both females and males (61.3% and 50.8% respectively). Males were more likely than females to need occasional or constant redirection for behaviors at school. Information related to academic performance was not available in the case file for 32.5% of the cases reviewed in the Eastern Service Area, which serves nearly half of the children in out-of-home care in Nebraska. Lack of information in the case file significantly affects the FCRO's ability to report accurate statistics to policy makers and the public. (See pages 57-59)
- In nearly half of the children in out-of-home care reviewed, cases were stagnating and permanency was elusive. For 18.7% of children out-of-home, there was no progress toward the primary permanency goal, and for an additional 26.7% progress was minimal. (See page 60)
- For older youth (ages 14-18) in out-of-home care, the FCRO determined over half (59.6%) had a current and complete transitional living plan, but it varies widely by service area, from a low of 40.5% complete in the Eastern Service Area, a significant decrease from 52.6% last year, to a high of 83.5% complete in the Northern Service Area. (See page 63)
- Many children experience multiple placements during their time in out-of-home care with slight increases from the previous year. 10.9% of children ages 0-5, 30.2% of children ages 6-12, and 54.0% of teenagers have experienced 4 or more placements in their lifetimes, but the percentages vary greatly by service area. (See pages 67-68)
- Children continue to be placed in the least restrictive, most family-like settings at high rates (97.5%). More than half (57.5%) of all children placed in a family-like out-of-home setting are placed with relatives or in a kinship placement. (See page 68)
 - While the FCRO is encouraged children are often placed with persons known to them, thus reducing the trauma of removal, we recommend licensing for all relative and kin placements. This will provide standardized training for these caregivers, increase knowledge of available supports, reduce placement changes, and increase the amount of federal Title IV-E funds accessed by the state.

Approved Informal Living Arrangements

Approved informal living arrangements (AILA) occur when a family has come to the attention of DHHS/CFS, is involved in a non-court, voluntary case, and as part of the safety plan the parent places their child with a relative or friend for a certain period based on the facts of the case. DHHS/CFS reported only 24 children living in an AILA on June 30, 2023, a significant decrease from the 107 reported the previous year, with the greatest percentage of AILAs (41.7%) in the Eastern Service Area. (See page 71)

Dually Involved Youth

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

Dually involved youth are those youth in out-of-home care who are involved with the child welfare system and the juvenile justice system simultaneously. The population of youth who were dually involved increased from 107 on 6/30/2022 to 129 in 6/30/2023. The number of dually involved youth has increased nearly every quarter beginning in June 2022. (See page 30)

- Racial and ethnic disparities impact the dually involved population as well as the child welfare population. White youth are underrepresented among the dually involved youth, while most racial and ethnic minority groups are overrepresented. For example, Black or African American Non-Hispanic youth represent only 5.8% of the population in Nebraska yet represent 18.6% of the dually involved youth population. (See page 74)
- Over half (59.7%) of dually involved youth were placed in family-like settings (See page 74)
- 7.0% of the dually involved youth were missing from care, a decrease from 12.1% reported last year. (See page 74)

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

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

The average daily population of Probation supervised youth in out-of-home care increased in FY2022-23, with an average daily population of 594 youth in June 2022 compared with 661 in June 2023. Three of the 12 Probation districts in the state reduced

the numbers of youth out-of-home, including District 3J (Lancaster County), the state's 2nd most populous. (See pages 23-24)

Probation Supervised Youth in Out-of-Home Care

- Just as with child welfare and dually involved youth, the juvenile justice population is impacted by racial disproportionality. Youth who are Black or African American, Non-Hispanic make up 5.8% of Nebraska's youth population, yet represent 22.5% of the Probation supervised youth in out-of-home care. American Indian, Non-Hispanic youth are 1.0% of Nebraska's youth population, but 6.0% of the Probation out-of-home population. By contrast, White, Non-Hispanic youth make up 68.5% of Nebraska's youth population yet represent only 43.0% of Probation supervised youth in out-of-home care. (See page 85)
- The majority (59.1%) of Probation supervised youth in out-of-home care are in a non-treatment congregate (group) care facility or detention-related facility. This is a slight decrease from last year's 60.5%.
 - Considering 91.0% of reviewed Probation supervised youth were diagnosed with a mental health condition, 54.1% of those youth were prescribed a psychotropic medication, and 51.2% have a substance use issue, treatment-centered facilities are vital to meeting the needs of this youth population. (See pages 79, 86)
- The vast majority of Probation supervised out-of-home youth are getting their educational needs met. 88.9% were attending school regularly, 76.6% were passing all their core classes, and 86.5% rarely or never had negative behaviors in school. Additional attention should be given to youth with below average IQ scores to better understand if their educational needs are being met. (See pages 79-80)
- Challenges to completing probation include those which are youth-related, those which are parent-related, and those which are system-related. Lack of a written transition plan was a common system-related barrier (27.1%). 25.2% of involved mothers were inconsistent, resistant, or unwilling to engage with the youth's transition plan, while 50.0% of involved fathers were inconsistent, resistant, or unwilling to engage. This is a concern because it is beyond the control of the individual youth, and it is important the juvenile justice system identify concrete action steps when parents' issues prevent youth from making progress or returning home. (See pages 77, 83)
- A little over half (55.7%) of youth reviewed were making consistent progress towards completion of the terms of their probation. (See pages 80-81)

Court and Legal System Factors

- Almost all (99.8%) probation supervised youth reviewed by the FCRO in FY2022-23 who were placed in out-of-home care had legal representation. (See page 78)

The Juvenile Justice System

- The FCRO was provided with written transition plans for youth in 72.9% of cases in FY2022-23 compared with 78.4% of cases during the last fiscal year. Youth in the 3J Probation District (Lancaster County) (75.0%) were slightly more likely to have a written transition plan than youth in the 4J Probation District (Douglas County) (74.6%). (See page 77)
- The Youth Level of Service (YLS) is an evidence-based tool used by probation officers to assess a youth's risk to reoffend and to help gauge progress during a youth's case. Many youths at time of review were a high or very high risk to reoffend. (See page 82)

YRTC Youth

Youth Committed to the Youth Rehabilitation and Treatment Centers

In August 2023, DHHS announced the YRTC-Kearney facility earned a 100 percent compliance for standards mandated by the American Correctional Association (ACA). This is reflected within the data showing 98.0% of youth at a YRTC at time of review appeared safe. Additionally, a large majority (89.1%) of YRTC involved youth were passing all core classes. Furthermore, 74.5% of YRTC youth with a mental health diagnosis were making at least partial progress. (See pages 89-90, 93)

- 22.2% of the females committed to a YRTC and 47.6% of the males at a YRTC were charged with committing a violent felony. (See page 89)
- 100% of youth committed to a YRTC were diagnosed with a mental health condition. However, females were more likely than males to be prescribed a psychotropic medication (77.8% and 66.7%, respectively). (See page 90)
- 57.1% females at the YRTCs had exhibited no behaviors that disrupted learning compared to 46.2% of males. (See page 90)
- Racial and ethnic minorities are overrepresented at the YRTCs and white youth are significantly underrepresented. Black or African American, Non-Hispanic females are represented at a rate nearly 4 times their rate in the general population. Black or African American, Non-Hispanic males are represented at nearly 6 times their representation in the general population. This is simply unacceptable and must be addressed. (See page 92)

ACKNOWLEDGEMENTS

- DHHS announced in August 2023, that the YRTC-Kearney facility earned 100 percent compliance with the standards mandated by the American Correctional Association (ACA). The FCRO acknowledges and thanks the staff of YRTC-Kearney for their commitment to the youth being served at their facility.
- The Foster Care Review Office acknowledges and thanks the 291 volunteer board members who collectively completed over 1,000 hours of training, surpassing the required 3 hours every year per volunteer. FCRO board members assisted in conducting nearly 4,500 reviews of children and youth across the state of Nebraska in out-of-home care in FY2022-23. Without the hard work and dedication from these volunteers, the FCRO mission would not be possible. If you or someone you know are interested in volunteering to serve on a local foster care review board, apply through our website: [Foster Care Review Office \(nebraska.gov\)](https://www.foster-care-review-office.nebraska.gov).
- In 2022 the Legislature passed and the Governor approved Legislative Bill 1173 (LB1173) to create a work group and strategic leadership group for child welfare system reform. The FCRO acknowledges the LB 1173 “Reimagine Well-Being” Work Group and The Stephen Group for the months of continuous work, listening sessions, community forums, and focus groups as part of the collaborative process to develop a child welfare practice model and a finance model for Nebraska. The FCRO appreciates the opportunity to be part of this important work and looks forward to the final recommendations to be developed by the Work Group over the next few months.
- The FCRO acknowledges the Division of Children and Family Services (CFS) for choosing to participate in the Quality Improvement Center for Engagement of Youth (QIC-EY) to strengthen youth engagement with a focus on permanency.

RECOMMENDATIONS

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

- Annual completion of nearly 4,500 individual case file reviews on children and youth in out-of-home care by multi-disciplinary local review boards located statewide and staffed by FCRO System Oversight Specialists and
- The FCRO's research, collection, and analysis of critical data on children in the child welfare and juvenile justice systems.

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

Recommendations to the Legislature:

1. Consider legislation requiring that all children and youth attend all court hearings after the adjudication hearing unless the court waives their presence to ensure children's voices are integrated into all legal proceedings.
2. Consider legislation that would expand access to the Bridge to Independence program to a broader group of young adults, including those who lack immigration status at the time they age out of state care. In addition, consider extending eligibility for Bridge to Independence participants to age 23 or beyond to increase the opportunities for young adults to develop skills necessary for adult living in the 21st century, including but not limited to personal finance, mental and physical health care, and post-secondary education and career planning, to avoid the cliff effect.
3. Give serious and timely consideration to recommendations of the LB 1173 Work Group, which will be based on input from hundreds of Nebraskans in communities across the state.

Recommendations to Multiple Agencies:

1. DHHS/CFS, Probation, Courts, and stakeholders must do more to address racial and ethnic disparities, which continue to negatively impact children, families, and communities of color. The FCRO suggests that a task force be formed comprised

of mostly people with lived experience or who live in communities heavily impacted by the child protection system to identify the root causes and propose solutions to address the causes of disparities which exist from the time an abuse or neglect report is received for a child through achievement of permanency.

2. Access to resources and services for children and families continues to be a challenge, particularly across the rural and frontier regions of the state. DHHS/CFS, Probation, and other state and local government entities, in partnership with the Regional Behavioral Health Authorities, DHHS/Division of Behavioral Health, health care providers, nonprofit, and philanthropic organizations must fully invest in a capacity-building infrastructure. Considerations should include incentives for service providers to establish innovative programs and practices in rural communities which support the well-being of local children and families.

It is unclear whether the DHHS Request for Information: Innovative Child and Family Well-Being Solutions has yielded any new or innovative programs or services related to child and family well-being.

3. DHHS, Probation, and system partners explore ways in which the needs of LGBTQ+ youth can be met, and such youth can be supported. Develop safe and supportive contacts and resources within communities that LGBTQ+ youth can access. Ideally, this would include LGBTQ+ knowledgeable therapists who are willing to work with the juvenile probation system as well as the child welfare system.
4. The Special Report on Examining Missingness Among Children in Out-of-Home Care indicated the need for stakeholders to continue discussions recently underway on enhancing protective factors and identifying services, supports, and training to be offered to families and caregivers, particularly mental health treatment and substance abuse services for youth and strategies for increasing school engagement.
5. Collaboration across child- and youth-serving systems, including child welfare, juvenile justice, courts, education, and service providers to address the unique educational needs of dually involved youth, such as regular school attendance, academic success, acceptance of earned academic credits between school districts, and alternative learning environments necessitated by placement changes.

Recommendations to DHHS:

1. CFS must continue to address case manager turnover in the ESA and across the state. Recent pay increases are a good start; however, additional resources are needed in the areas of training, supervision, and support for case managers. Additional supportive supervision is especially needed for newly trained staff to address any knowledge or skills gaps. Additional support should also be provided to newly promoted supervisors so they are able to adequately support their direct reports.

2. To address high turnover and other staffing challenges, 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 speaking to 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.
3. Caseloads assigned remain too high in the Eastern Service Area where (per the July 2023 CFS report) only 27.7% of ongoing case managers met statutory caseload standards, down from 36.3% in July 2022. Statewide only 70.4% of all case managers' caseloads met standards. This must change. High caseloads lead to staff turnover, documentation gaps, and delays in permanency, which negatively impact children and families.
4. Collaborate with child placing agencies and system partners to recruit, train, support, and retain foster family homes able to meet the needs of children and youth with high needs, especially those with complex mental and/or behavioral health needs so that youth can remain safely in the least restrictive environments in their own communities. Licensed foster family homes are needed in every community across the state.
5. Continue to provide financial incentives for agencies that license relative or kinship homes. Recruitment and licensing are resource-heavy processes, so financial compensation is necessary given the investment that goes into training and completing home studies.
 - a. Similarly, provide a one-time financial incentive to relative/kin foster homes upon completion of licensure, a time-consuming but beneficial process for relative/kin foster parents who may be of modest means.
 - b. The costs of these financial incentives may be partly or wholly covered by a subsequent increase in the federal title IV-E penetration rate. To obtain title IV-E funding for juveniles in foster care, in addition to other requirements, the juvenile must be in a licensed placement; thus, increasing the number of licensed placements would likely increase the amount of title IV-E dollars collected.
6. Provide additional training and in-home supports and resources for foster parents, especially relatives/kin, whether licensed or not. It is unclear whether and to what extent the additional tiers of foster care rates have been effective in meeting the complex and unique needs of certain children in foster care.
7. Continue with efforts to improve poor documentation in case files. Some improvement has been made, but more work must be done. Lack of documentation, lack of updated documentation, and poor documentation are often a result of high turnover, high caseloads, or inexperience, and are a

contributing factor in poor case management, lack of progress toward permanency, and poor outcomes for children and families.

8. Work with provider organizations to improve delivery and documentation of independent living skills training and development for youth ages 14 and over, including financial literacy, preparation for post-secondary education, job skills, and establishing and maintaining permanent connections with extended family or other trusted adults that can be sustained into adulthood.
9. Collaborate with the b2i advisory committee of the Nebraska Children's Commission to incorporate the committee's recommendations regarding program evaluation and related measurement tools which will allow for ongoing outcome tracking and reporting before, during, and after b2i program participation.

Implement the Youth Thrive⁵ framework as part of b2i programming to create a seamless continuum of independent living supports for all youth and young adults ages 14-26, and consider whether additional, specialized training is required for Independence Coordinators related to adolescent development and the needs of emerging adults.

10. Ensure that Ansell Casey Assessments are completed for each youth age 14 and over in out-of-home care, and document case files accordingly.
11. Continue to provide trauma-focused treatment at the YRTCs, and maintain safe and effective staffing levels at all YRTC facilities.
12. Explore collaborative options with trade unions, workplaces, and community partners for workforce skill building with youth that are in care, especially older youth (16-18), so they experience a greater chance of achieving successful outcomes. This is especially important for youth who are likely to age out of the system instead of returning home.
13. Consider additional ways youth at the YRTCs can learn independent living skills, such as financial literacy, job skills, health and wellness, and other skills necessary for adult living.
14. The FCRO acknowledges the improvements made at the YRTCs over the last several years and encourages DHHS to make program evaluation data and reports easily accessible to the public to ensure that the outcomes of the new programming are transparent and used to achieve desired results through decision and policy development into the future.
15. The FCRO joins in the recommendations of the Inspector General of Nebraska Child Welfare regarding the need to develop a comprehensive suicide prevention plan to include training for all staff, foster care agencies, and foster parents.

⁵ Youth Thrive is a trademark of the Center for the Study of Social Policy. More information is available at: [Youth Thrive - Center for the Study of Social Policy \(cssp.org\)](https://www.cssp.org)

Recommendations to Probation:

1. Use written transition plans as guides for preparing youth in out-of-home placements to rejoin their communities and increase the availability of these plans for FCRO reviews. Ensure transition plans are developed within the appropriate timeframes.
2. Collaborate with the Department of Education and DHHS on ways to better serve youth with learning delays or educational deficits so that those youth can obtain the best possible outcomes from programs and services that address delinquent behaviors. This includes youth in out-of-home care, youth at the YRTCs, and youth who remain in the home but are under Probation supervision.
3. Explore ways to support and engage parents and families of youth involved with Probation. Having a relevant transition plan (see recommendation 1 above) can help with that goal.
4. Develop concrete steps that may be taken when parents' issues prevent a youth from returning home.
5. Explore collaborative options with trade unions, workplaces, and community partners for workforce skill building with youth that are in care, especially older youth (16-18), so they experience a greater chance of achieving successful outcomes. This is especially important for youth who are likely to age out of the system instead of returning home.

If not already doing so, consider providing older youth with education around financial literacy, the importance of safe and stable housing, and developing meaningful relationships with supportive adults as youth transition to adulthood.

Recommendations to the Court System:

1. Require that guardians ad litem provide the FCRO a copy of their GAL report or allow the FCRO reasonable access to the GAL report in the court's file.
2. Work with the FCRO to develop and implement a single, standardized technology solution for electronic submission of FCRO reports to all courts with juvenile court jurisdiction across the state.

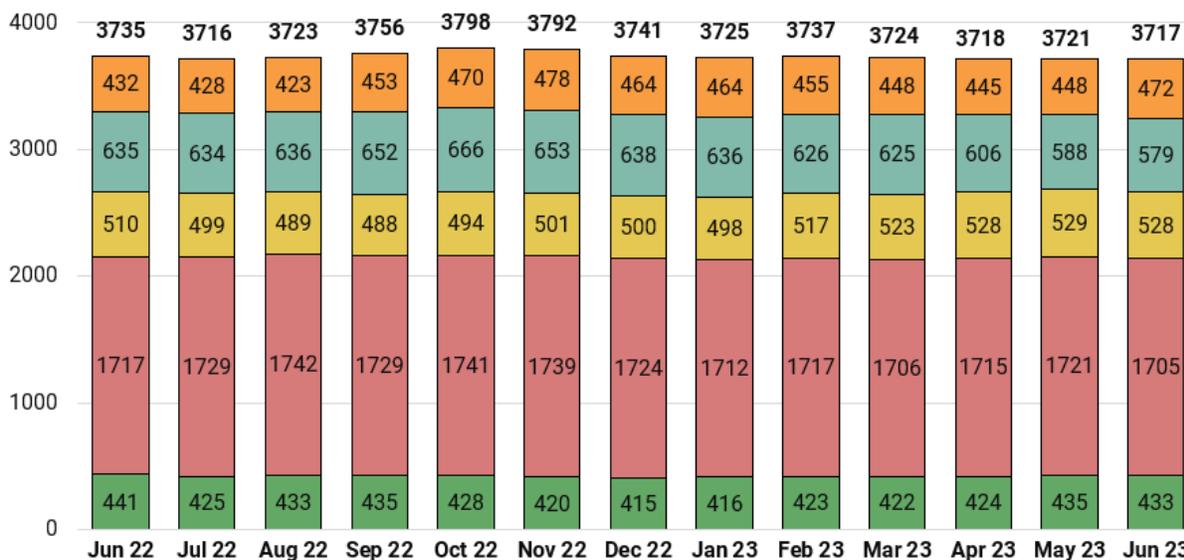
OUT-OF-HOME TRENDS

This section includes Average Daily Population as well as Entry and Exit data for court-involved children in out-of-home care or trial home visits involved with DHHS and Probation. Youth who were with 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.

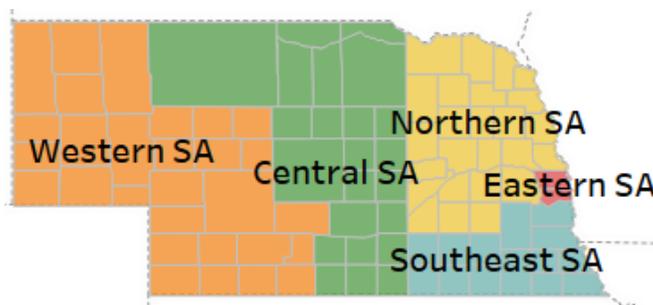
CHILD WELFARE TRENDS

Average Daily Population. Figure 1 represents the average daily population (ADP) per month of all DHHS-involved children in out-of-home care or trial home visit, including those simultaneously served by Probation, from June 2022 to June 2023.

Figure 1: Average Daily Population of DHHS Wards, June 2022-June 2023



The colors refer to the service area, 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 2 indicates the percent change in average daily population varied throughout the state and illustrates the differences between service areas (geographic regions).

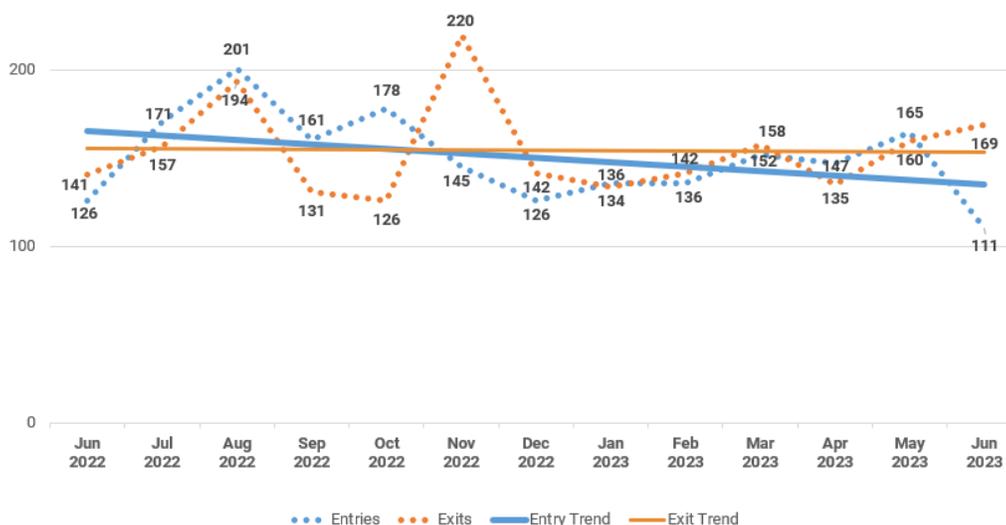
Figure 2: Percent Change in Average Daily Population of DHHS Wards by Service Area, June 2022 to June 2023

	Jun-22	Jun-23	% Change
Central SA	441	433	-1.8%
Eastern SA	1,717	1,705	-0.7%
Northern SA	510	528	3.5%
Southeast SA	635	579	-8.8%
Western SA	432	472	9.3%
State	3,735	3,717	-0.5%

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

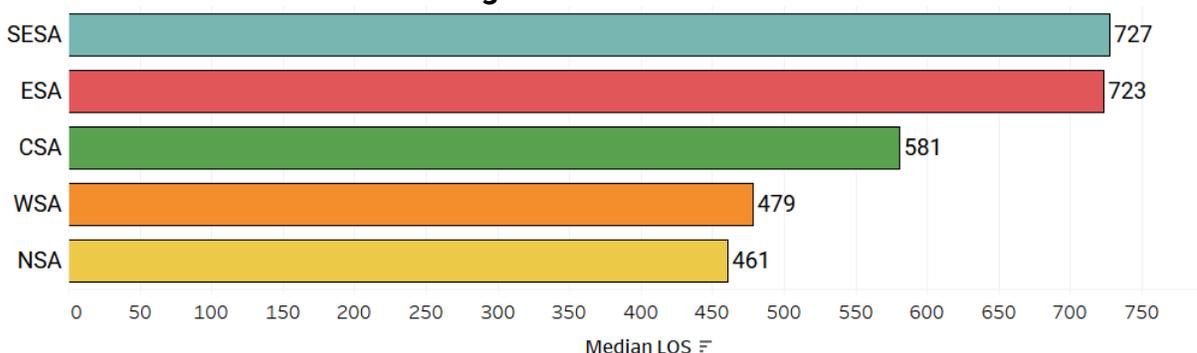
Figure 3 represents exits and entrances per month of all DHHS involved children in out-of-home care or trial home visit, including those simultaneously served by Probation, from June 2022 to June 2023.

Figure 3: Monthly Entries and Exits of DHHS Wards, June 2022-2023



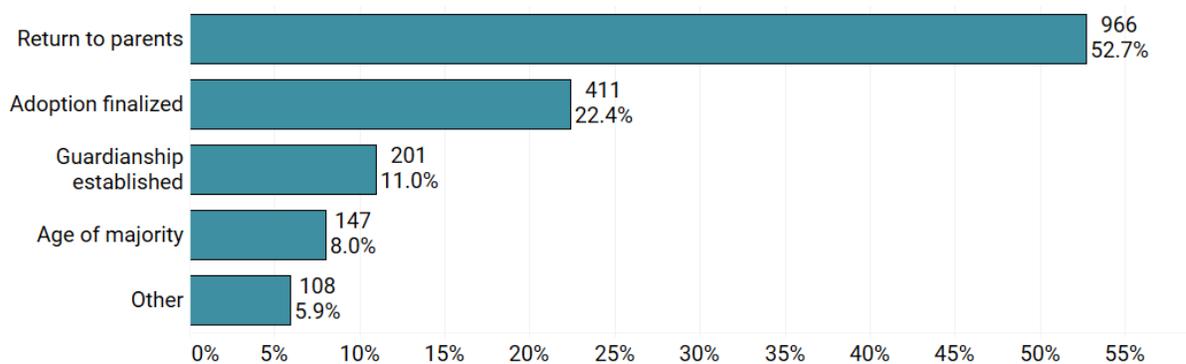
Length of Stay. The amount of time children spend in care also affects the overall population of children in care. An analysis of all children who were DHHS/CFS wards and who left care during FY2022-23 indicates that the median number of days varies by service area, from a low of 461 days in the Northern Service Area to a high of 727 days in the Southeast Service Area.⁶ Statewide, the median length of stay was 606 days.

Figure 4: Median Consecutive Days in Care by Service Area for DHHS/CFS Wards Exiting Care in FY2022-23



Exit Reason. Most (52.7%) wards leaving care return to one or both parents. The next most common reason (22.4%) is adoption. Figure 5 provides additional details.

Figure 5: Exit Reason for DHHS/CFS Wards Exiting Care in FY2022-23, n⁷= 1,833



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

- 1,168 days for children who reach the age of majority while in foster care.
- 1,002 days for children who are adopted.
- 620 days for children who exit to guardianship.
- 438 days for children who return to their parents' care.

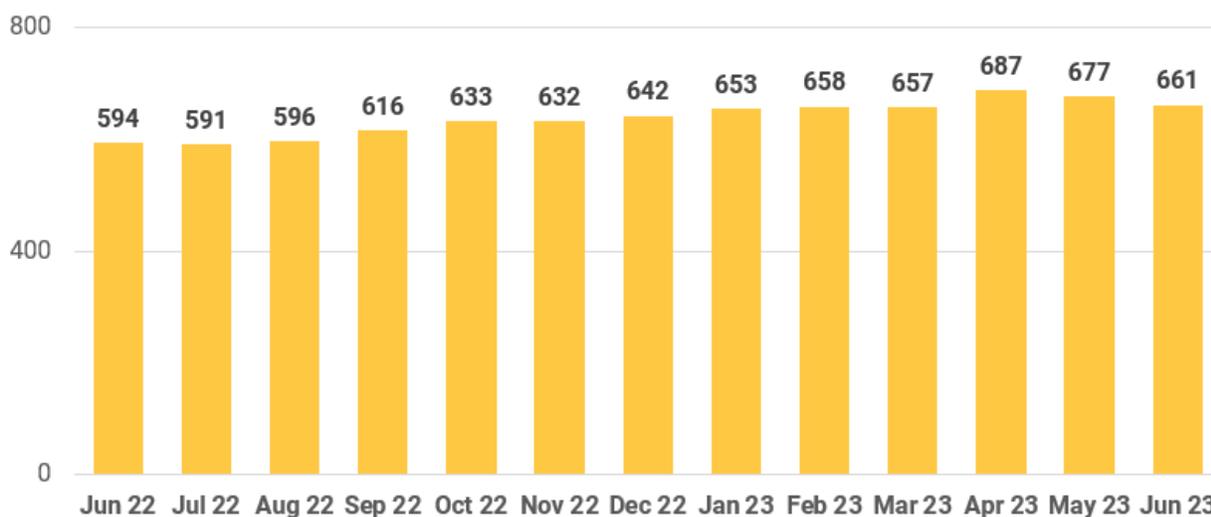
⁶ See page 20 for a map of the service areas.

⁷ See Appendix C for a glossary of terms and a description of acronyms.

JUVENILE JUSTICE-PROBATION TRENDS

Average Daily Population. Figure 6 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 June 2022 to June 2023. The average daily population increased during the fiscal year. There were 11.3% more Probation supervised youth in out-of-home care on average in June 2023 compared to June 2022.

Figure 6: Average Daily Population of Probation Supervised Youth in Out-of-Home Care, June 2022-June 2023⁸



Three of the 12 districts experienced a decline in the population of Probation supervised youth in out-of-home care, as demonstrated in Figure 7.

⁸ Averages for each column may not be exactly equal to the sum of the service areas due to rounding.

Figure 7: Percent Change in Average Daily Population of Probation Supervised Youth by Probation District, June 2022 to June 2023⁹

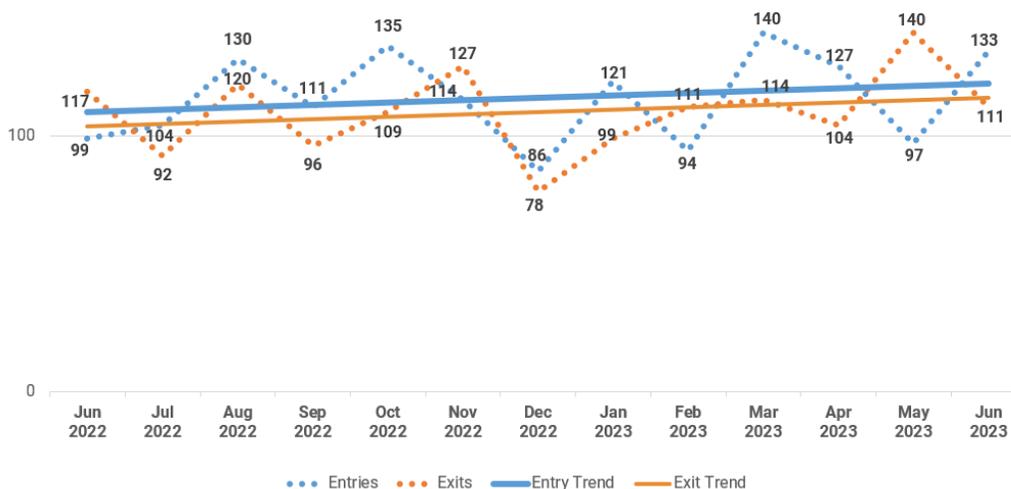
	Jun-22	Jun-23	% Change
District 1	12	21	75.0%
District 2	30	36	20.0%
District 3J	123	116	-5.7%
District 4J	199	216	8.5%
District 5	29	39	34.5%
District 6	35	50	42.9%
District 7	32	31	-3.1%
District 8	12	14	16.7%
District 9	53	39	-26.4%
District 10	19	29	52.6%
District 11	28	44	57.1%
District 12	21	26	23.8%
State	594	661	11.3%

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.

⁹ Averages for each column may not be exactly equal to the sum of the service areas due to rounding.

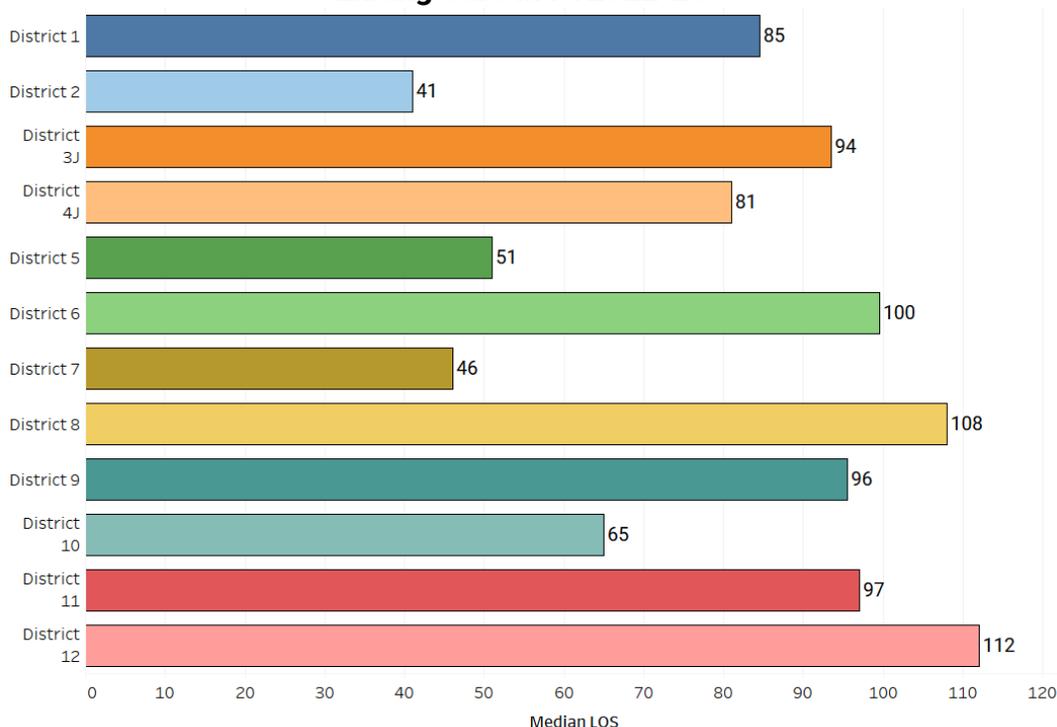
Out-of-Home Trends

Figure 8: Monthly Entries and Exits of Probation Supervised Youth, June 2022-June 2023



Length of Stay. An analysis of all children who were Probation Supervised Youth and who left care during FY2022-23 indicates that the median number of days varies by district, from a low of 41 days in District 2 to a high of 112 days in District 12.¹⁰ Statewide, the median length of stay was 79 days.

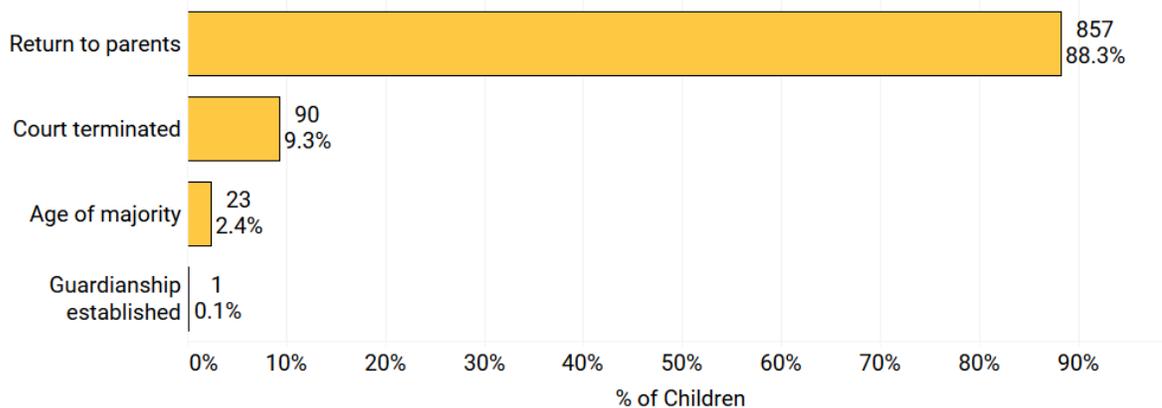
Figure 9: Median Consecutive Days in Care by District for Probation Supervised Youth Exiting Care in FY2022-23



¹⁰ See page 93 for a map of the Probation Districts.

Exit Reason. The FCRO can report that in FY2022-23, 23 Probation supervised youth exited out-of-home care on their 19th birthday compared to 24 the previous year. Most returned to parents/guardians (88.3%).

Figure 10: Exit Reason for Probation Supervised Youth Exiting Care in FY2022-23, n=971



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

- 823 days for youth who reach the age of majority while in foster care.
- 789 days for youth who exit to guardianship.
- 222 days for youth who had court ordered terminations.
- 61 days for youth who return to their parents' care.

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 Visit) by agency type over the last 8 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	9/30/21	12/31/21	3/31/22	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23
Statewide	3,599	3,620	3,613	3,606	3,633	3,596	3,584	3,530
CSA	436	454	436	421	408	385	409	407
ESA	1,643	1,650	1,655	1,655	1,666	1,652	1,643	1,612
NSA	467	476	474	499	477	487	500	508
SESA	632	603	612	604	629	609	590	549
WSA	421	437	436	427	453	463	442	454

- For children and youth involved only with DHHS/CFS, the most recent point in time data shows a 1.5% statewide decrease over the previous quarter.
- Three of the five service areas had a decrease with the largest decrease occurring in the SESA at 6.9%; whereas the NSA and WSA both had an increase (1.6% and 2.7% respectively).

Dually Involved	9/30/21	12/31/21	3/31/22	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23
Statewide	140	131	125	107	117	127	127	129
CSA	25	21	22	18	21	20	17	19
ESA	59	51	48	46	46	54	60	56
NSA	17	17	18	10	13	17	15	18
SESA	26	30	28	28	23	21	21	20
WSA	13	12	9	5	14	15	14	16

- For youth who were dually involved with DHHS/CFS and Probation, the most recent point in time data shows a 1.6% statewide increase over the previous quarter.
- Three of the five service areas had an increase while two services areas (ESA and SESA) had a decrease over the previous quarter.

Out-of-Home Trends

Probation	9/30/21	12/31/21	3/31/22	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23
Statewide	358	351	382	372	399	414	419	435
District 1	4	5	11	9	12	11	13	16
District 2	28	21	29	25	29	32	27	31
District 3J	54	60	72	67	64	71	66	75
District 4J	118	113	122	118	116	113	121	125
District 5	21	18	19	20	16	23	28	32
District 6	29	29	22	29	35	28	26	37
District 7	18	21	25	19	22	33	32	20
District 8	8	9	7	5	8	7	6	8
District 9	32	27	34	35	43	39	41	32
District 10	10	14	11	8	13	17	16	15
District 11	21	24	16	19	20	17	22	30
District 12	15	10	14	18	21	23	21	14

- For youth who only involved with Probation, the most recent point in time data shows a 3.8% statewide increase over the previous quarter.
- Eight of the 12 probation districts had an increase, with the largest increases occurring in District 6 at 42.3%, District 11 at 36.4%, District 8 at 33.3%, followed by District 1 at 23.1%.
- Four probation districts had a decrease over the previous quarter, with the largest decrease occurring in District 7 at 37.5%, followed by District 12 at 33.3%, District 9 at 22.0%, and lastly District 10 at 6.3%.

YRTCs	9/30/21	12/31/21	3/31/22	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23
Statewide	64	54	63	68	68	62	82	84
Females	19	21	15	15	15	15	22	22
Males	45	33	48	53	53	47	60	62

- For youth who were placed at a YRTC, the most recent point in time data shows a 2.4% total population increase over the previous quarter; however, the male population solely accounted for the increase as the female population count remained the same as the previous quarter.

SYSTEM-WIDE TRENDS

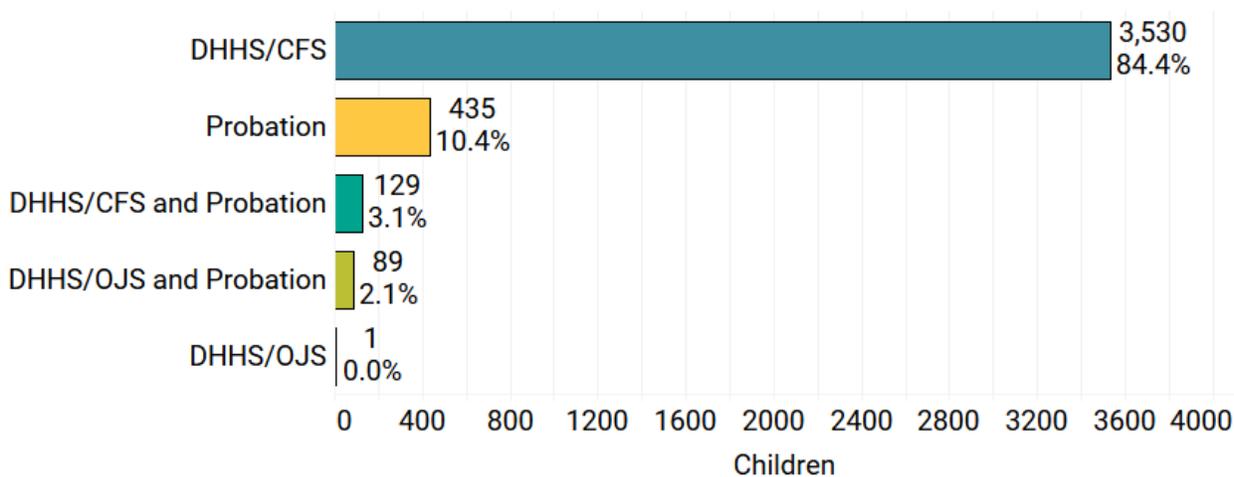
The FCRO tracked 6,810 individual children in Nebraska who were in out-of-home care or in a trial home visit for at least one day during FY2022-23. The population includes:

- DHHS/CFS child welfare wards in out-of-home care or trial home visit, in court-ordered placements,
- Juvenile Probation supervised youth in court-ordered out-of-home care,
- DHHS/OJS state wards in out-of-home care (primarily at the Youth Rehabilitation and Treatment Centers with a small number placed in other settings such as detention centers),
- DHHS/CFS involved children who are voluntarily placed by parents in Approved Informal Living Arrangements (AILA) and not involved with the juvenile court system.

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

Figure 11 provides a snapshot of the agency involvement of non-duplicated children in out-of-home care on 6/30/2023.

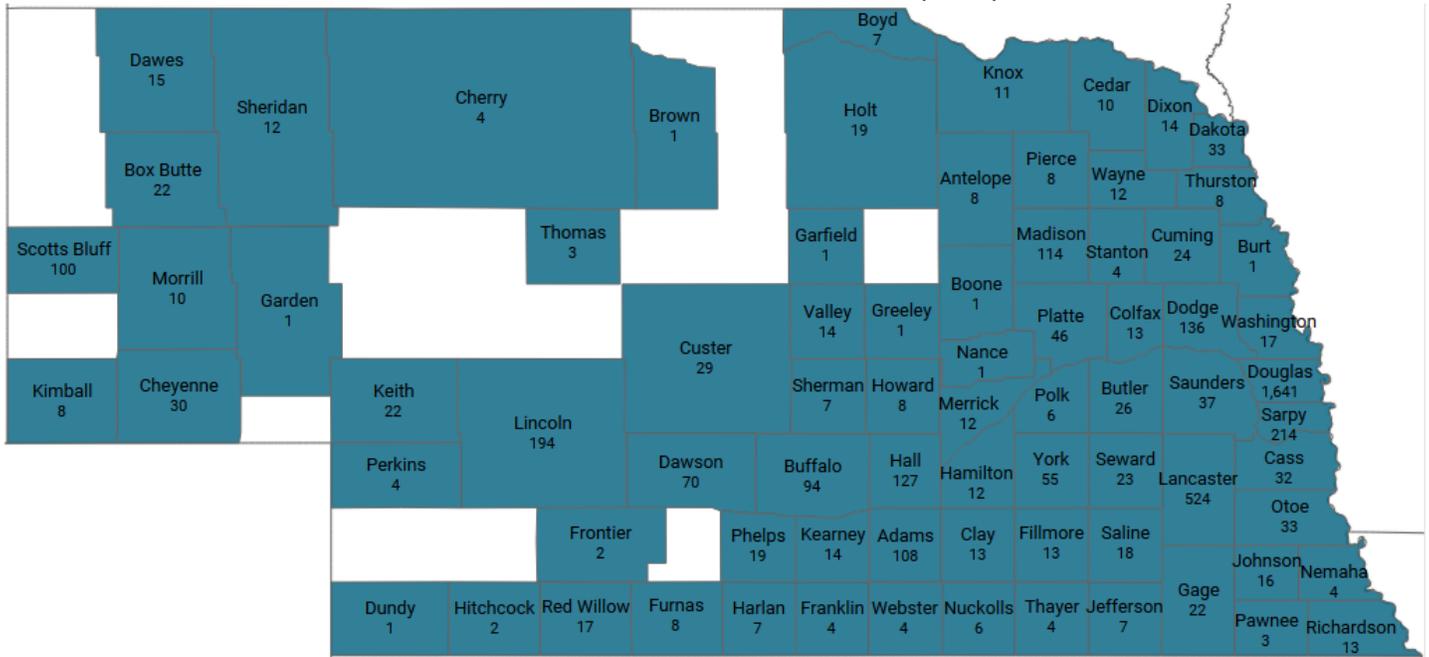
Figure 11: All Court-Involved Children in Out-of-Home Care or Trial Home Visit by Agency Involved on 6/30/2023, n¹¹=4,184



¹¹ See Appendix C for a glossary of terms and a description of acronyms.

Children in out-of-home care come from all areas of Nebraska. Figure 12 represents the county of court jurisdiction for the 4,184 court-involved children who were in out-of-home care on 6/30/2023 (which excludes AILAs).¹²

Figure 12: County of Court Jurisdiction for all Nebraska Court-Involved Children in Out-of-Home Care or Trial Home Visit on 6/30/2023, n=4,184



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

The 4,184 shown above is a 0.6% increase compared to 6/30/2022 when 4,159 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.

¹² See Appendix C for a glossary of terms and a description of acronyms.

COURT-INVOLVED CHILDREN IN CARE THROUGH THE CHILD WELFARE SYSTEM

This section includes tracking and FY2022-23 review data for court-involved children in out-of-home care or trial home visit in the child welfare system (abuse and neglect). This also includes children youth dually involved with DHHS/CFS and Probation.

COURT AND LEGAL SYSTEM FACTORS

Timeliness of Adjudication. The court hearing at which the judge determines if the allegations in the petition filed by the county attorney are true is known as the adjudication hearing. If found true, the case then proceeds to the disposition hearing.

Under Neb. Rev. Stat. §43-278, the adjudication hearing must occur within 90 days of the child entering out-of-home care, unless there is a showing of good cause. Best practice for adjudication hearings is 60 days¹³ and Nebraska Supreme Court Rule §6-104 was amended to reflect this best practice as a case progression standard for adjudication hearings in juvenile court.

- For children reviewed in FY2022-23, the median days from petition to adjudication was 72 days.¹⁴

Court review hearings. Court review hearings were held every six months as required in the vast majority of cases reviewed (93.9%).

Permanency Hearings. Under Neb. Rev. Stat. §43-1312(3), courts shall have a permanency hearing no later than 12 months after the date the child enters foster care and annually thereafter. The permanency hearing is a pivotal point in each child's case during which the court should determine whether the pursuit of reunification remains a viable option, or whether alternative permanency for the child should be pursued.

¹³ Gatowski, S., Miller, N., Rubin, S., Escher, P. & Maze, C. (2016) Enhanced resource guidelines: Improving court practice in child abuse and neglect cases. Reno, NV: National Council of Juvenile and Family Court Judges.

¹⁴ The Nebraska Court Improvement Project has an extensive online dashboard measuring case progression across several hearings that can be filtered by specific region. The dashboard can be accessed at:

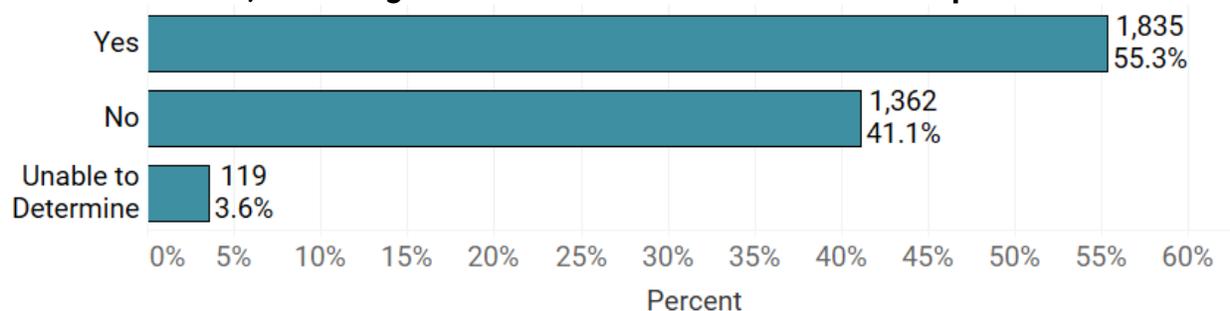
<https://supremecourt.nebraska.gov/programs-services/court-improvement-project/court-improvement-project-data-dashboard>

To make this determination, adequate evidence is needed, as well as a clear focus on the purpose of these special hearings. Timely hearings are also needed for otherwise federal IV-E eligible cases to continue to be eligible. For FY2022-23:

- In the majority (89.4%) of cases reviewed where children had been in care at least 12 months, a permanency hearing had occurred.

Required SFA¹⁵ Findings Made by the Court. The federal Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) requires courts to make certain findings. There was documentation that the required findings were made in 55.3% of the cases, as shown in Figure 13.

Figure 13: SFA Findings Made at Last Court Hearing for Cases Reviewed During FY2022-23, Excluding Cases That Have Not Reached the Disposition Level



'Yes' means findings made. 'No' means findings not made.

Guardian Ad Litem (GAL) Practice. According to Neb. Rev. Stat. §43-272.01 the Guardian Ad Litem is to "stand in lieu of a parent of a protected juvenile who is the subject of a juvenile court petition..." and "shall make every reasonable effort to become familiar with the needs of the protected juvenile which shall include...consultation with the juvenile."

Per Nebraska statutes, GALs are to visit children they represent in their placement at least once every six months. FCRO staff review court documents and reach out directly to every GAL during every FCRO case review. For FY2022-23:

- GAL-child contact was unable to be determined for 44.5% of cases reviewed in FY2022-23.
- For 51.8% of cases, the GAL was reported as having had contact with the child.

¹⁵ See Appendix C for a glossary of terms and a description of acronyms.

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

- At the time of FCRO review during FY2022-23, 34.0% of children reviewed had a CASA volunteer.

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

- In 34.3% of cases reviewed during FY2022-23 there was documentation that this had occurred, consistent with the 34.0% in FY2021-22.

NON-COURT SERVICES PRIOR TO CURRENT REMOVAL

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

- 13.6% of the children reviewed in FY2022-23 had non-court services provided in the 12 months prior to their current episode of court-ordered out-of-home care. This is slightly less than last year’s 15.8%. Of those:
 - 92.3% had the same safety issue present when entering court-involved care.
 - 54.5% had a written safety plan while accessing non-court services (one should be available for every case), a decrease from 62.4% the prior year.
 - 68.9% had sufficient information available to determine the reason for and nature of non-court services, a decrease from 76.0% the prior year.
 - 68.7% left the non-court services due to the filing of an involuntary case. This is an increase from 62.8% in FY2021-22.

CHILD WELFARE SYSTEM FACTORS

Adequacy of Services for Children. It is expected that most children will need some services to address early traumas and foster care related needs. During the review process, the FCRO assesses if children are receiving needed services.

- 66.7% of all cases reviewed were receiving all services they need, and another 28.8% were at least partially receiving needed services, for a total of 95.5% which is slightly more than the 91.5% receiving services in the prior fiscal year.

Caseworker Contact with Children. According to DHHS/CFS policy, caseworkers are required to have personal, face-to-face, contact with each child a minimum of once a month. This is an important safeguard for children, particularly children under age six who may not be visible in the community.

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

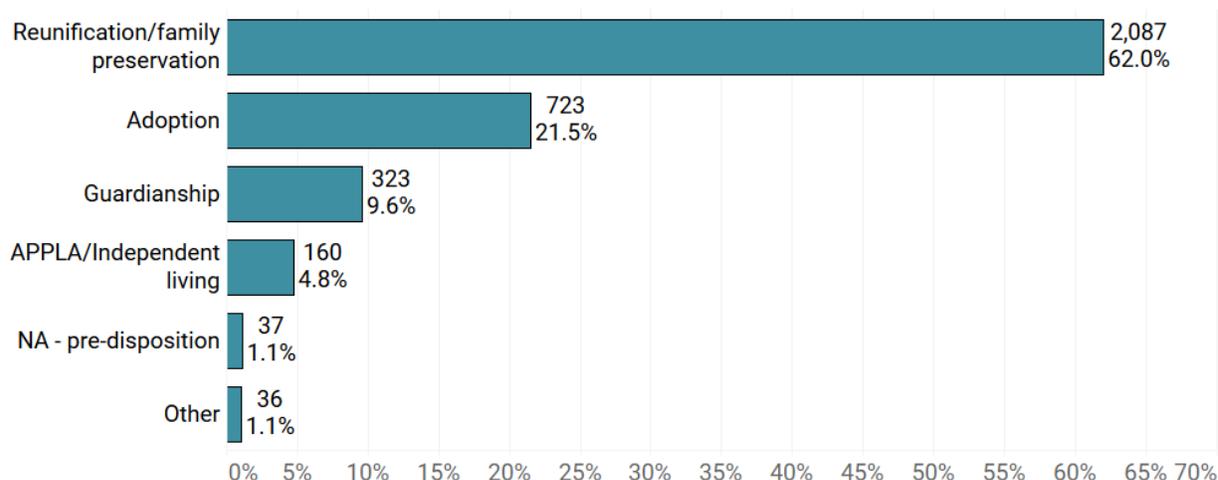
The FCRO found that for reviews conducted in FY2022-23:

- Worker-child contact was documented as occurring within 60 days of the review for 98.3% of children reviewed across the state, compared to 98.7% last year. There was very little difference by service area in either year.

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

Figure 14 shows the primary objective ordered by the court for children at the time of review. The percentage with each objective has remained steady for the past two years.

Figure 14: Primary Permanency Plan at the Last Review Conducted During FY2022-23, n=3,366



Continued Appropriateness of Primary Permanency Objective. Courts are to determine the appropriate permanency objective at every court review hearing. After a thorough analysis of available information, local boards determine whether the primary permanency objective is still the most fitting for the individual child being reviewed and should be continued or if a different objective should be ordered. Since reviews are timed to occur before court hearings, this finding and the accompanying rationale is made to assist the legal parties in determining future case direction.

- In FY2022-23, reunification efforts were appropriate to continue for 71.2% of the children reviewed.

Adoption as Primary Permanency Plan. 723 children reviewed during FY2022-23 had a plan of adoption; 480 (66.4%) of those children were free for adoption, meaning parental rights had been resolved. Of the children free for adoption, 386 (80.4%) had pre-adoptive homes that appeared able to meet their needs, while suitability was unable to be determined for 60 (12.5%) children.

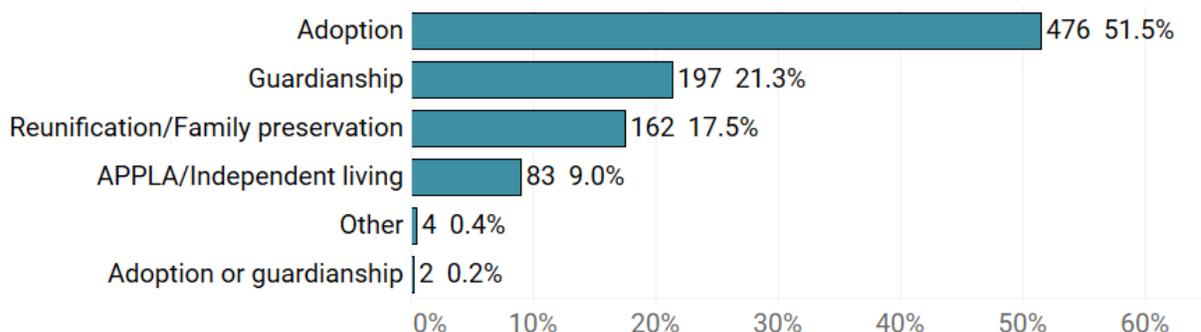
Guardianship as Primary Permanency Plan. 323 children reviewed during FY2022-23 had a plan of guardianship. Of the children that had a potential guardian identified, 68.8% had a potential guardian who was a relative or kin.

Family Team Meetings. DHHS/CFS defines a family team meeting as a meeting with the family and others who develop and monitor a plan for child safety, permanency, and well-being.¹⁶ They also work toward sustainable change and support for the family and children. The team meeting is to be held every 90 days.

- For children whose plan was family preservation or reunification, DHHS/CFS held a family team meeting 75.7% of the time. That is less than the 83.0% in the previous fiscal year.

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

Figure 15: Concurrent Permanency Plan at Last Review Conducted FY2022-23, Excluding Children Without a Concurrent Plan, n=924



Relative Identification. The Federal Fostering Connections to Success and Increasing Adoptions Act (PL 110-351, 2008) requires that DHHS/CFS apply “due diligence” in identifying relatives within the first 30 days after a child is removed from the home. The percentages in FY2022-23 were similar to FY2021-22; however, there were decreases in the Northern Service Area for both maternal and paternal searches.

	CSA	ESA	NSA	SESA	WSA
Maternal searches documented	97.4%	83.8%	82.7%	95.6%	99.0%
Paternal searches documented (where father was identified)	88.4%	60.2%	72.8%	73.8%	93.5%

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

SDM Assessments. DHHS/CFS uses Structured Decision Making (SDM), an evidence-based model, as its assessment and decision tools for families involved in the child welfare system.¹⁷ This includes the SDM Reunification Assessment, the SDM Family Strengths and Needs Assessment (FSNA), and SDM Risk Assessment.

SDM Reunification Assessment which guides whether it is safe to return children to their parent(s), per DHHS/CFS policy, is to be conducted within 90 days of removal and every 90 days thereafter while the plan remains reunification. For reviews conducted in FY2022-23, the FCRO found that:

- 61.0% of applicable cases had a SDM reunification assessment within the appropriate time frame. This compares to 72.4% in the prior fiscal year.

When an SDM reunification assessment was conducted:

- 44.2% were rated as very high risk to return home,
- 39.3% were rated as high risk,
- 14.6% were rated as moderate risk, and
- 1.9% were rated as low risk.

SDM Family Strengths and Needs Assessment (FSNA) is used to guide case planning. It is to be completed within 60 days of case opening and updated at least once every six months. This tool assesses needs of parents and children and those needs identified as increased or extreme needs should be addressed within the case plan that guides services. For reviews conducted in FY2022-23, the FCRO found that:

- 63.0% of the cases had a finalized FSNA within the appropriate timeframe, compared to 72.4% in the last fiscal year.

Of the cases that had a timely FSNA,

- 97.7% utilized all or some of the findings to drive case planning and reunification planning.

SDM Risk Assessment DHHS/CFS must conduct an SDM risk assessment to determine level of risk to the child before recommending a child is returned home through a trial home visit or a reunification case is closed. If the SDM safety finding is safe, and the risk level is either low or moderate, then the case should be recommended for case closure.

¹⁷ Structured Decision Making is a proprietary set of evidence-based assessments. There are specialized SDM assessments appropriate for use under different case circumstances.

For reviews conducted FY2022-23, the FCRO found that:

- An SDM Risk Assessment was completed prior to a trial home visit with a plan of reunification only 26.2% of the time.
 - Of those Risk Assessments, 67.6% were rated as moderate or low risk, indicating a plan of reunification or trial home visit was safe, while 32.4% indicated there was still very high or high risk in the home.

Reasonable efforts. DHHS/CFS is obligated to make reasonable efforts to preserve and reunify families if this is consistent with the health and safety of the child.¹⁸ If the court finds that reunification of the child is not in his or her best interests, DHHS/CFS is then required to make reasonable efforts to ensure that necessary steps are in place to achieve an alternative permanency for that child.

Juvenile courts make determinations of reasonable efforts on a case-by-case basis. A finding that the state failed to provide reasonable efforts has significant consequences to DHHS/CFS, such as disqualification from eligibility of receipt of federal foster care maintenance payments.

The FCRO makes an independent finding at each case review on whether “reasonable efforts” are being made towards achieving permanency. During FY2022-23, the FCRO found “reasonable efforts” made 91.1% of the time statewide. This can also be seen broken out by service area below.

	CSA	ESA	NSA	SESA	WSA
Reasonable efforts made	92.9%	84.7%	97.5%	98.1%	98.9%

One element in reasonable efforts is for DHHS/CFS or its contractors to develop a complete plan for case progression. The FCRO found there was a complete plan in 96.6% of cases reviewed.

PARENTAL AND FAMILY FACTORS

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

¹⁸ Required unless a statutory exception of “aggravated circumstances” is found by the juvenile court, or the juvenile court has adopted another permanency objective.

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

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

REASONS FOR REMOVAL

Home of Origin. The following describes the home of origin (the home from which removed) for children the FCRO reviewed during FY2022-23.

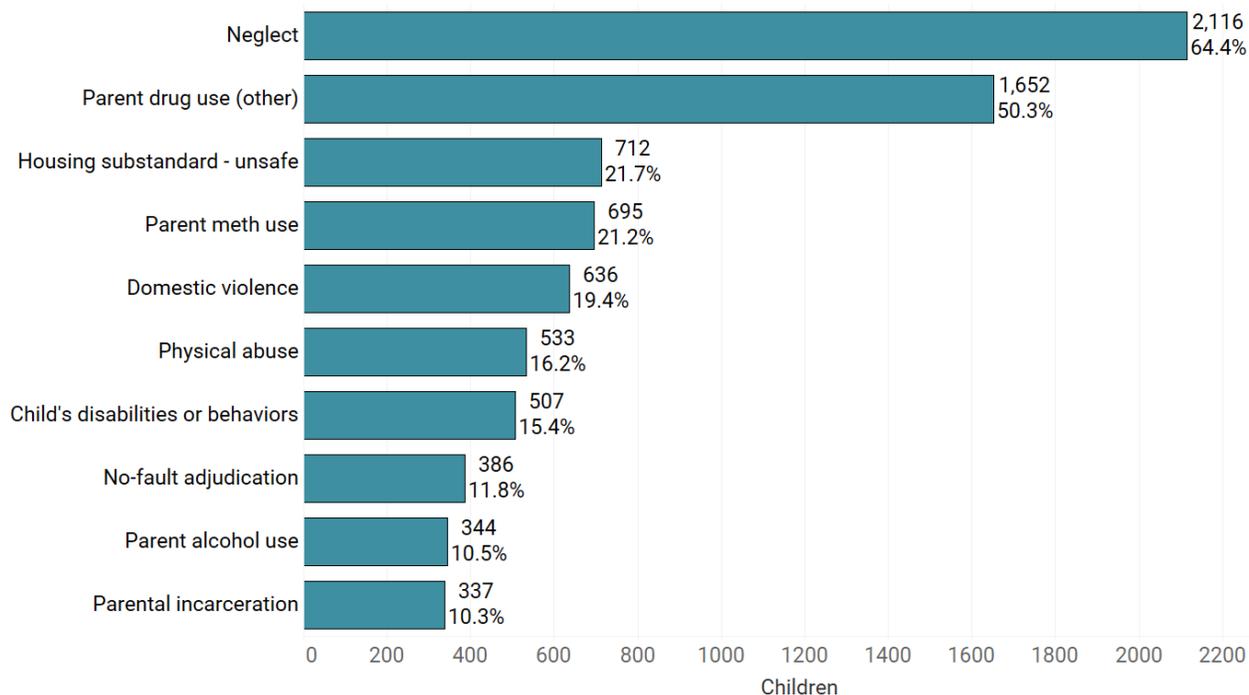
- 60.4% lived with only their mother.
- 26.9% lived with both parents.
- 7.2% lived with only their father.
- 5.3% lived with a non-parent at removal (often a relative such as a grandparent).

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

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

Figure 16 represents the adjudicated reasons for the removal of 3,366 children the FCRO reviewed, who were under DHHS/CFS custody in FY2022-23. Multiple reasons can be identified per child.

Figure 16: Top Adjudicated Reasons Children Entered Care, Reviewed FY2022-23, n=3,366



Non-Adjudicated Reasons for Removal. There may be reasons to remove a child from the home that are not adjudicated in court, but that greatly impact a successful parental reunification plan.¹⁹ FCRO reviews of children's cases identify which, if any, additional issues contributed to the decision to remove a child from their home.

The most frequently identified non-adjudicated reasons were:

- Parent drug use (other) (21.1%)
- Child's disabilities or behaviors (14.0%)
- Parent mental health (11.1%)
- Domestic violence (10.9%)
- Neglect (8.9%)
- Housing substandard unsafe (7.5%) and parent meth use (7.5%)

¹⁹ Plea bargains, insufficient evidence, fragility of child witnesses/victims, or other legal considerations may result in an issue not being adjudicated.

Figure 17: Safety Concerns and Progress Regarding Parents with Intact Parental Rights for Children with a Reunification or Family Preservation Goal, Reviewed FY2022-23

	Mother's Mental Health	Mother's Substance Use	Mother's Domestic Violence Involvement	Father's Mental Health	Father's Substance Use	Father's Domestic Violence Involvement
Identified Issue	1,362 (69.7%)	1,108 (56.7%)	345 (17.7%)	533 (40.9%)	446 (34.2%)	217 (16.7%)
Percent Now Making Progress	66.4%	60.4%	71.3%	63.4%	65.5%	62.2%

Parental Incarceration. At the time of the FCRO's FY2022-23 review,

- 15.6% of children's fathers and 3.4% of children's mothers who still had parental rights were incarcerated. This is about the same as FY2021-22.
- Further, 13.6% of children's fathers and 11.2% of children's mothers had pending criminal charges that could result in incarceration.

TERMINATION OF PARENTAL RIGHTS

Parents have a fundamental right to the care, custody, and control of their children but that right must be balanced with children's critical need for safety, stability, and permanency. Termination of parental rights (TPR) is the most extreme remedy for parental deficiencies. With a TPR, parents lose all rights, privileges, and duties regarding their children and children's legal ties to the parent are permanently severed. Severing parental ties can be extremely hard on children, who in effect become legal orphans; therefore, in addition to proving 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.

Grounds for TPR and Best Interest of the Child. The FCRO is required by Neb. Rev. Stat. §43-1308 to make the following findings regarding termination of parental rights for each child reviewed: 1) if grounds appear to exist; 2) if a return to parents is likely; and 3) if a return to parents is unlikely, what should be the permanency goal. During FY2022-23 reviews, the FCRO found that for cases where parental rights remain intact:

- 21.3% of cases reviewed found that TPR grounds appear to exist and TPR would be in the child's best interests.

- If it was unlikely that a child could safely return to their parent, the recommended plans included adoption (61.8%), guardianship (22.4%), APPLA²⁰ (12.6%) and custody transfer to non-custodial parent (2.2%).

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

- Bridge orders were needed for a small group (392) of the children in out-of-home care reviewed in FY2022-23.

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

- During FY2022-23, the FCRO found that ICWA applied to 4.4% of the children reviewed. For 81.6% of the cases, ICWA compliance for qualified children had minimal to no delay in permanency. In those cases, 52.4% had a written cultural plan (a plan to maintain connection to the child's heritage). This is an increase from 38.7% in FY2021-22.

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

- For teenagers reviewed in FY2022-23, the FCRO found that 15.0% had attended their court hearings.
 - This is a decrease from the 17.9% in FY2021-22

SERVICES FOR PARENTS

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

²⁰ APPLA - Another Planned Permanent Living Arrangement. A common type is independence for youth about to leave the foster care system due to becoming a legal adult (at their 19th birthday).

The statistics in this section serve both as important indicators and as baselines by which to measure improvements in the future.

FCRO reviews of children whose parents had intact parental rights during FY2022-23, indicates that on average, children’s mothers and fathers were receiving a majority or all service provisions (Figures 18 and 19).

Figure 18: Service Provision for Children’s Mothers, Reviewed FY2022-23, (if parent is adjudicated and plan is reunification or family preservation) n=1,953

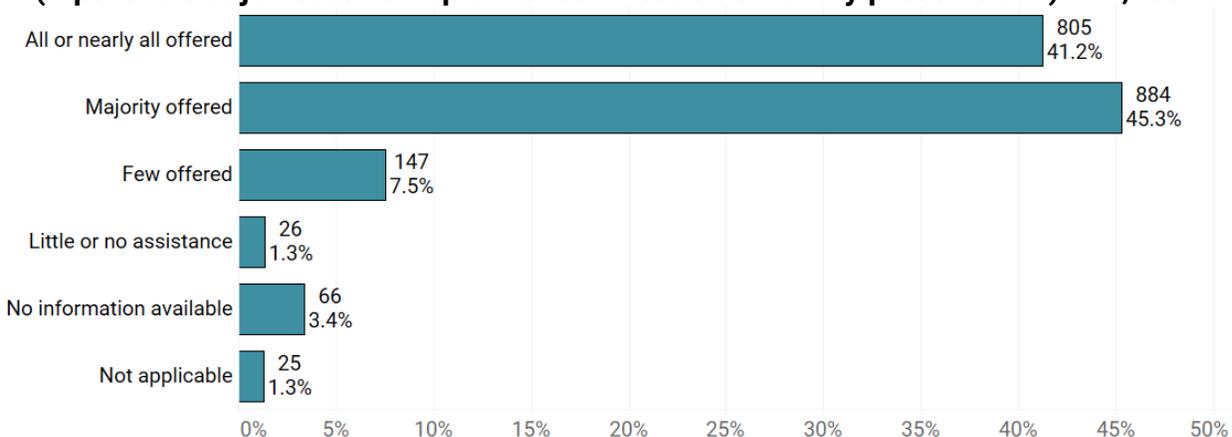
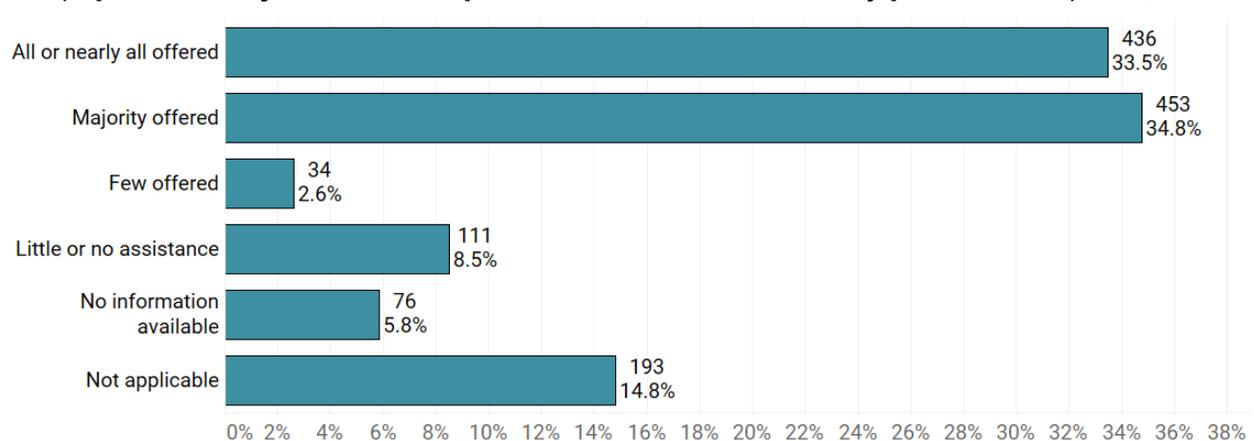


Figure 19: Service Provision for Children’s Fathers, Reviewed FY2022-23, (if parent is adjudicated and plan is reunification or family preservation) n=1,303



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

In addition, scheduling can be problematic, as many system-involved parents lack flexible work hours or have transportation issues. Other challenges have been created by the COVID-19 pandemic and its aftermath. (Figures 20 and 21).

Figure 20: Attendance at Services for Children’s Mothers, Reviewed FY2022-23, (if parent is adjudicated and plan is reunification or family preservation) n=1,953

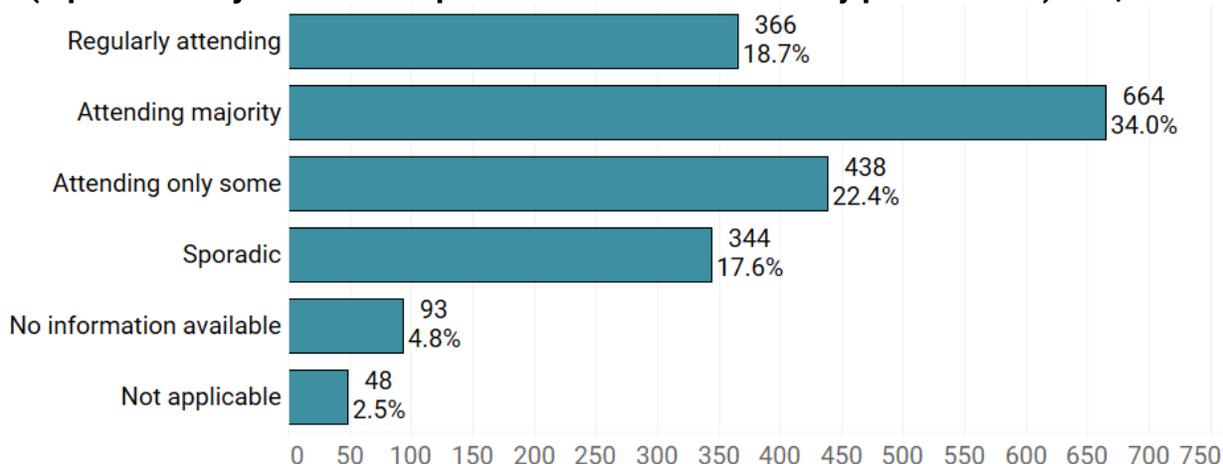
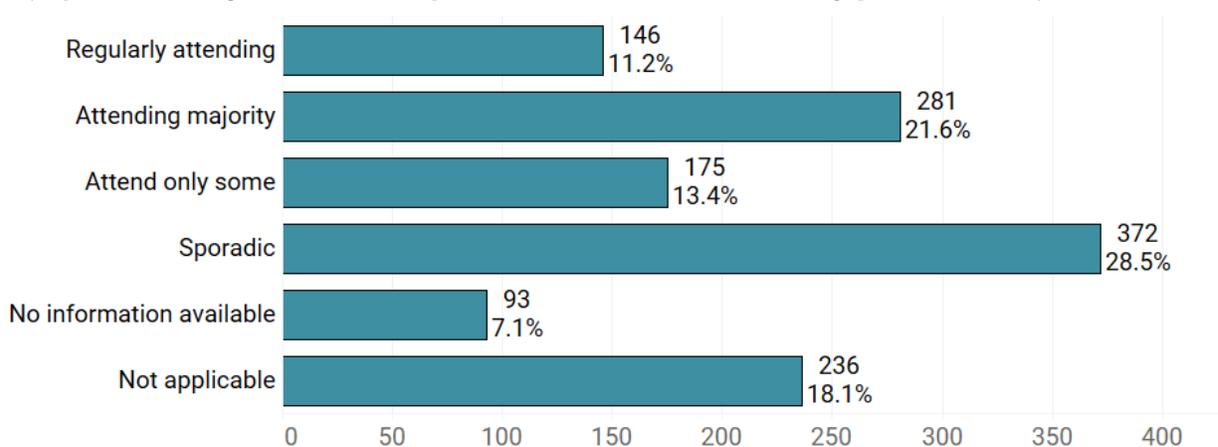


Figure 21: Attendance at Services for Children’s Fathers, Reviewed FY2022-23, (if parent is adjudicated and plan is reunification or family preservation) n=1,303



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

While 40.7% of children’s mothers and 27.2% of children’s fathers were demonstrating or showing improvement on the skills needed to safely parent, it is concerning that many parents (49.4% mothers, 44.7% fathers) were not showing progress at the time of FCRO review (Figures 22 and 23).

Figure 22: Skill Integration for Children’s Mothers, Reviewed FY2022-23 (if parent is adjudicated and plan is reunification or family preservation), n=1,953

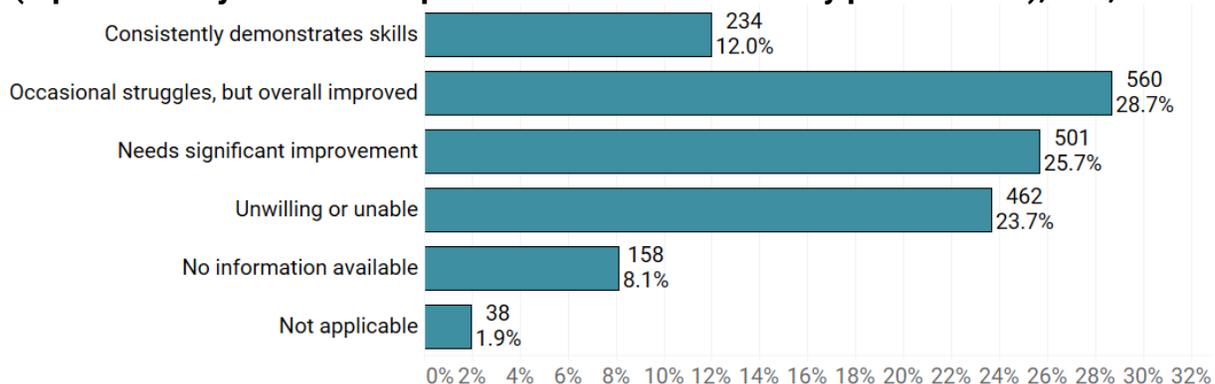
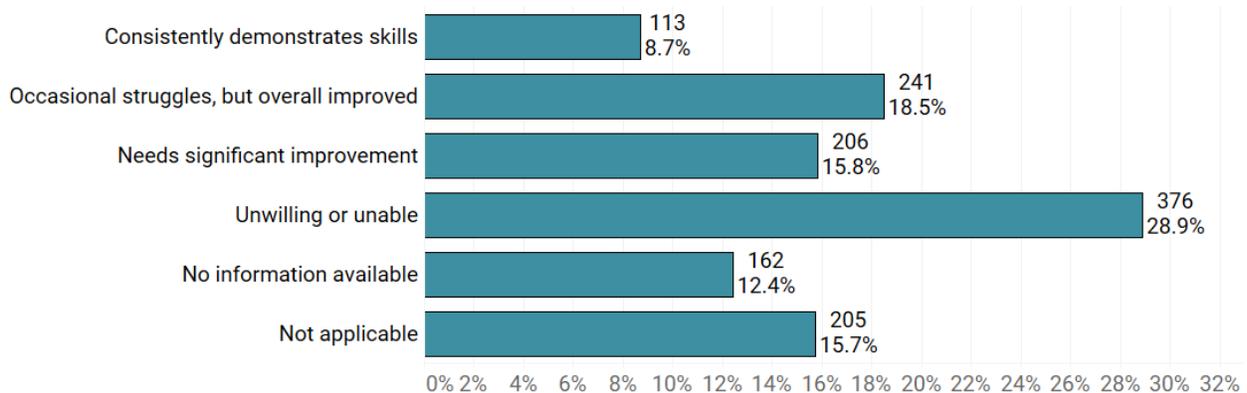


Figure 23: Skill Integration for Children’s Fathers, Reviewed FY2022-23 (if parent is adjudicated and plan is reunification or family preservation), n=1,303



Parental Contact with Caseworkers. As previously noted, services can be difficult for parents to complete. Parents may easily become discouraged, especially when progress seems slow. Caseworkers can and should play a primary role in building parental engagement.

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

During FY2022-23 when parents had intact rights, were adjudicated, and the plan was reunification or family preservation, the FCRO found that most parents were consistently or nearly consistently keeping workers informed of changes to their contact information.

**Figure 24: Parental Contact Information to Caseworkers, Reviewed FY2022-23
(if the parent is adjudicated and the plan is reunification or family preservation)**

Level of Contact Information Provided	Mothers (n=1,953)	Fathers (n=1,303)
Consistently lets worker know contact info	48.2%	32.3%
For the most part lets worker know	30.8%	22.6%
Very little compliance	16.0%	25.3%
No contact info provided	2.2%	13.0%
Unable to determine	2.8%	6.7%

As shown above, for 18.2% of the children’s mothers and 38.3% of the children’s fathers, there was little to no compliance. This needs to be documented in the case file and addressed because it indicates a reduced chance at successful reunification in a timely manner and the possible need for a change in case planning.

PARENTAL VISITATION

Importance of Parenting Time (Visitation). National research indicates that children who have regular, frequent contact with their family while in foster care experience a greater likelihood of reunification, shorter stays in out-of-home care, increased chances that reunification will be long-term, and overall improved emotional well-being and positive adjustment to placement.²¹ Additionally, parenting time helps to identify and assess potentially stressful situations between parents and their children and monitor parental progress in integrating skills needed to safely parent.²²

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

²¹ U.S. Department of Health and Human Services, Administration on Children, Youth and Families, “Family Time and Visitation for children and youth in out-of-home care”. ACYF-CB-IM-20-02, February 5, 2020. Available on 8/26/2021 at: <https://familyfirstact.org/sites/default/files/ACYF-CB-IM-20-02.pdf>

²² Ohio Caseload Analysis Initiative, Visitation/Family Access Guide 2005. Adapted from Olmsted County Minnesota CFS Division.

Parenting Time Supervision Level. Reviews in FY2022-23 indicate that when parents are not restricted from interacting with their children, most parenting time is fully supervised (74.6% for mothers, 70.4% for fathers).

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

Figure 25 represents the findings from FCRO reviews regarding visitation in cases where a parent retained their parental rights. The chart includes whether the system adequately assisted parents, whether parents were attending parenting time, whether parents were making efforts to ensure parenting time occurred, and the quality of parent/child interactions.

Figure 25: Visitation Findings Regarding Parents with Parental Rights Who are Allowed Visitation, Reviewed FY2022-23,

n=1,727 children's mothers and n=926 children's fathers

Percentage of Excellent/Good Visitation Findings by Parent	Mothers	Fathers
System response to meet visitation requirements – Excellent/Good	86.1%	77.7%
Attendance at visits – Excellent/Good	54.3%	47.8%
Efforts to ensure visits occur – Excellent/Good	54.6%	49.6%
Parent child interaction during visits – Excellent/Good	54.4%	48.9%

CHILDREN'S EXPERIENCE AND WELL-BEING

PLACEMENTS

Missing from Care. During FY2022-23, there were 28 children missing from care, which is always a serious safety issue deserving special attention. While unaccounted for, these children have a higher likelihood of being victimized by sex traffickers or having other poor outcomes.

- Of the 28 children missing, 20 (71.4%) were female and 8 (28.6%) were male.
- 14 (70.0%) females were missing for 2 or more months
- 3 (37.5%) males were missing for 2 or more months
- 17 (60.7%) children were missing for 2 or months

Licensing of Relative or Kinship Homes. DHHS has reported that 75.1% of current relative and 82.4% of kinship homes are approved, rather than licensed.²³ No standardized training is required in an approved home, so most caregivers do not receive specific and needed information on the workings of the foster care system, coping with the types of behaviors that children with a history of abuse or neglect can exhibit, or the intra-familial issues present in relative care that are not present in non-family situations.

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

Documentation of safety must be readily available to other workers, supervisors, and oversight entities. To assess safety, the FCRO's System Oversight Specialists research whether any abuse allegations have been made against the child's placement, and the system's response to those allegations.

This information, along with a summary of the results from the home study, where applicable, is utilized by the local review boards to make the finding regarding safety.²⁴ In order to determine appropriateness, consideration is given to the restrictiveness level and the match between caregiver or facility strengths coupled with the needs of the child being reviewed.

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

The FCRO found that:

- 95.3% of the children reviewed were determined to be in a safe placement at time of review. This is comparable to the prior two years.
- Of the children determined to be safe,
 - 97.5% were found to be in an appropriate placement,
 - 0.6% were in an inappropriate placement, and for
 - 1.9% the appropriateness was not able to be determined.

²³ LB1078 (2018), required DHHS to report the license status of relative and kinship placements to the FCRO effective July 2018.

²⁴ A home study measures the suitability of each foster family placement.

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

- Statewide, 29.0% of children reviewed in FY2022-23 changed school due to their most recent placement.

	CSA	ESA	NSA	SESA	WSA
School changed	45.0%	15.7%	46.2%	41.8%	37.2%

Placements Reported to the FCRO as Required. The placement reports made to the FCRO by DHHS/CFS, or other parties were incomplete or inaccurate for 2.3% of FY2022-23 reviews, no change from 2.3% the year prior. Accurate placement information is critical to ensuring children's safety, especially during crises like those experienced by Nebraskans in the past few years, such as major flooding and the COVID-19 pandemic.

Reasons for Placement Moves. Reasons for moving children to a new caregiver can vary. From reviews conducted during FY2022-23, the top five reasons for the move to current placement were:

1. Initial removal from home, 25.4%
2. To be with parent (non-custodial or in trial home visit), 16.6%
3. Provider request, 15.0%
4. To be with a relative or kin, 10.4%
5. Worker or agency initiated, 7.5%

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.

An often-quoted study 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.²⁵ The University of Minnesota also found that caseworker turnover/changes correlated with increased placement disruptions.²⁶

The FCRO receives information from DHHS about the number of caseworkers children have had while in out-of-home or trial home visit during their current episode.²⁷ 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.²⁸
- In the rest of the state, the data represents the number of DHHS Case Managers assigned to a case.

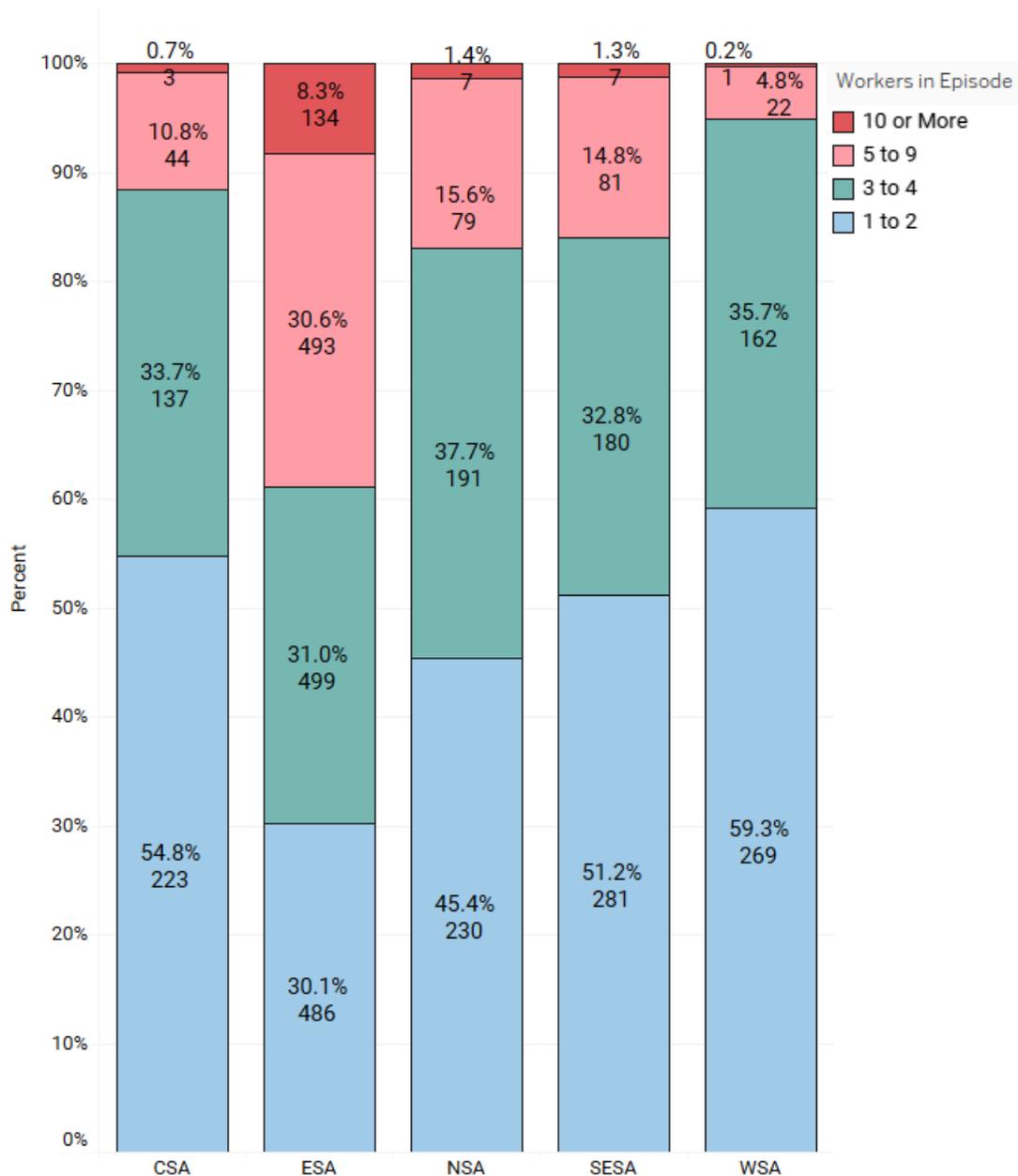
²⁵ [Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff](#), January 2005. Authors C. Flower, J. McDonald, and M. Sumski. Inquiries regarding the report should be directed to Child Welfare Associates LLC in Wheaton, IL. [turnoverstudy.pdf \(uh.edu\)](#)

²⁶ PATH Bremer Project – University of Minnesota School of Social Work, 2008.

²⁷ 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.”

²⁸ 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 26: Number of Caseworkers This Episode for DHHS Wards in Care 6/30/2023, n=3,529²⁹



About a quarter (24.7%) of the children served by DHHS have had 5 or more caseworkers during their current episode in care. The Eastern Service Area, which had been served by a private contractor until last year, has a much higher percentage of children with 5 or more caseworkers than any other service area in the state. In fact, many children (38.9%) in the Eastern Service Area had 5 or more workers, and of those, 134 children (8.3% of the total) had 10 or more workers in their current episode in care (decrease from last year;

²⁹ Caseworker information was missing for one child.

was 54.3% and 17.1% respectively). That 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.

SIBLING CONTACT

Children who have experienced abuse or neglect may have formed their strongest bonds with siblings.³⁰ It is important to keep these bonds intact, or children can grow up without essential family and suffer from that loss. Ideally, if children with siblings are removed from home, they will be placed with siblings.

Sibling Separations. Placement together happened for 61.1% of children with siblings who were involved in an abuse or neglect case reviewed in FY2022-23. Children placed together are in relative placements more often than other out-of-home placement types (52.3%).

The FCRO found that in 86.9% of the cases where siblings were not placed together, there was a valid reason. Some valid reasons may be safety issues between siblings, a sibling needs a treatment level placement, extended family members are unwilling or unable to take the children not biologically related to them, and other case-specific reasons.

When children are unable to be placed with their siblings, the next best alternative is to make certain that they have adequate contact, except for a small number of cases where contact is therapeutically contra-indicated. Adequate sibling contact was reported for 63.8% of the children, down from 70.7% in the prior year.

MEDICAL

The American Academy of Pediatrics (AAP) notes that many children in foster care have “received only fragmentary and sporadic health care” and may enter the system with undiagnosed or under-treated medical problems. Some health conditions may be exacerbated during times of distress, such as being removed from the home or transitioned from one foster placement to another. According to the AAP, approximately 50% of children nationally entering foster care have chronic physical problems, 10% are medically fragile or complex, and many were exposed to substances prenatally.³¹

³⁰ Children’s Bureau/ACYF/ACF/HHS. June 2019. “Sibling Issues in Foster Care and Adoption.” Child Welfare Information Gateway. Available at: <https://www.childwelfare.gov/pubs/siblingissues/index.cfm>

³¹ American Academy of Pediatrics. 2022. Physical Health Needs of Children in Foster Care. Available on 7/21/2021 at: <https://www.aap.org/en/patient-care/foster-care/physical-health-needs-of-children-in-foster-care/>.

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

- Most or some medical records were available on the DHHS/CFS system of record (NFOCUS) for 85.5% of cases reviewed in FY2022-23. This varied by service area.

	CSA	ESA	NSA	SESA	WSA
Available in file	97.7%	77.1%	89.0%	90.3%	99.2%

- In most cases during FY2022-23 (83.6%) foster care placements were found to have received the medical records for the children in their care when applicable. This also varied by service area.

	CSA	ESA	NSA	SESA	WSA
Given caregiver	96.9%	74.3%	82.6%	94.4%	99.3%

Children’s Medical and Dental Health Needs. During reviews conducted FY2022-23, most children’s medical (85.3%) and dental (83.4%) needs appeared to have been met. When local review boards identify an unmet medical or dental health need, a recommendation to all legal parties to address that need is made.

- The percent where medical needs were documented as met varies by Service Area. Dental needs being met was fairly consistent across all service areas.

	CSA	ESA	NSA	SESA	WSA
Med. needs met	89.7%	83.9%	81.0%	86.0%	91.2%
Dental needs met	84.2%	81.7%	80.4%	85.9%	88.7%

BEHAVIORAL HEALTH

Mental Health and Substance Use Diagnosis and Progress. Mental health is the overall wellness of how one thinks, regulates feelings, and behaves. Mental health disorders in children are generally defined as delays or disruptions in developing age-appropriate thinking, behaviors, social skills, or regulation of emotions. These problems are distressing to children and disrupt their ability to function well at home, in school, or in other social situations.³²

³² Mayo Clinic. 2020. “Mental Illness in Children: Know the Signs.” Available at: <https://www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/mental-illness-in-children/art-20046577#:~:text=Mental%20health%20disorders%20in%20children%20%E2%80%94%20or%20developmental,Post-traumatic%20stress%20disorder%20%28PTSD%29.%20...%207%20Schizophrenia.%20>

Child maltreatment and instability in placement among children in foster care increases the likelihood of a child being diagnosed with a psychiatric disorder.³³ Behaviors resulting from trauma or mental health conditions can make it more difficult to ensure children have stable, appropriate placements well equipped to assist the children.

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

Preventing mental health and/or substance use disorders, co-occurring disorders, and related problems is critical to behavioral and physical health. Prevention and early intervention strategies can reduce the impact of substance use and mental disorders in America's communities.³⁴

During FY2022-23, the FCRO found the following for reviewed children:

- 50.4% of all Nebraska children in foster care had a mental health diagnosis, up slightly from 47.8% the previous year. When considering only teens ages 13-18, 74.6% had a mental health diagnosis.
 - 71.8% of children with a diagnosis were at least partially improving their mental health.
- 13.1% of teens in foster care had diagnosed substance use issues, up slightly from 9.7% the previous year.
 - 41.4% of teens with a diagnosis were at least partially improving their substance use disorder.

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

- 6.5% of children age birth-5 were prescribed at least one psychotropic medication.
- 33.5% of children ages 6-12 were prescribed at least one psychotropic medication.
- 53.7% of children ages 13-18 were prescribed at least one psychotropic medication.

³³ Child Welfare League of America. March 2019. "The Nation's Children 2019." Available at: <https://www.cwla.org/wp-content/uploads/2019/04/National-2019.pdf>

³⁴ SAMHSA. April 2020. "Prevention of Substance Use and Mental Disorders." U.S. Department of Health & Human Services. <https://www.samhsa.gov/find-help/prevention>

DISABILITIES

Diagnosed with Disabilities. During FY2022-23, the FCRO reviewed 1,216 children who had one or more disabilities diagnosed by a qualified professional. While 107 of those children were eligible for Developmental Disabilities Services, only 43.9% of eligible children were receiving those specialized services funded by Developmental Disabilities at the time of review.

Regarding the type of disabilities (multiple can be diagnosed for a single child), among the top physical disabilities are 13.4% with developmental delays, 10.6% with autism spectrum disorder, 10.5% with speech/language impairments, 4.6% with a medical condition which qualifies for special education, 3.1% with physical/ortho impairment, 0.6% with hearing impairment, and 0.6% with visual impairment.

EDUCATION

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

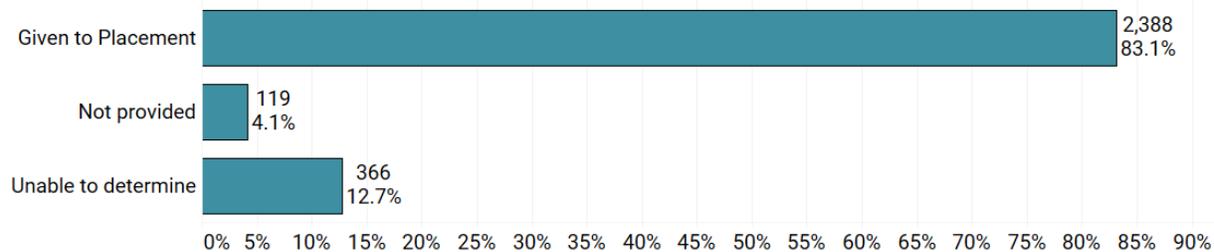
Education Records Shared with Caregiver. Foster parents, group homes and other placements are charged with ensuring that children placed with them receive all necessary educational services. Having critical educational information about each child in their care is essential for this to occur.

During FCRO reviews, attempts are made to contact the child's placement, per federal requirements, to determine whether the placement had received educational background information on the child at the time the child was placed.³⁵ Even young children can receive Special Education or EDN services through the schools, so every foster caregiver must be given the education status of the children being placed in their homes. For children of mandatory age for school attendance this is especially relevant.

Figure 27 depicts whether education information was shared with the foster caregiver and does not include children in independent living or who were missing from care at the time of review. There was no documentation that important educational information was shared for 12.7% of children.

³⁵ Foster parents are provided the phone number and email address for the System Oversight Specialists. They are also provided a questionnaire which can be completed online at any time prior to the review. Prior to COVID-19 foster parents were given the opportunity to personally attend reviews at the meeting site, since COVID-19 the FCRO has deployed technology to allow them to join internet-based meetings regardless of whether the local board is also doing some in-person reviews. System Oversight Specialists also attempt to contact the placement via phone or email.

Figure 27: Education Information Given Foster Placement, Reviewed FY2022-23, n=2,873 (excludes youth in independent living or missing from care, most recent review in fiscal year)



Below represents the educational information given to the foster placement by service area excluding children in independent living or who were missing from care.

	CSA	ESA	NSA	SESA	WSA
Placement received information	98.2%	73.2%	82.3%	94.1%	99.4%

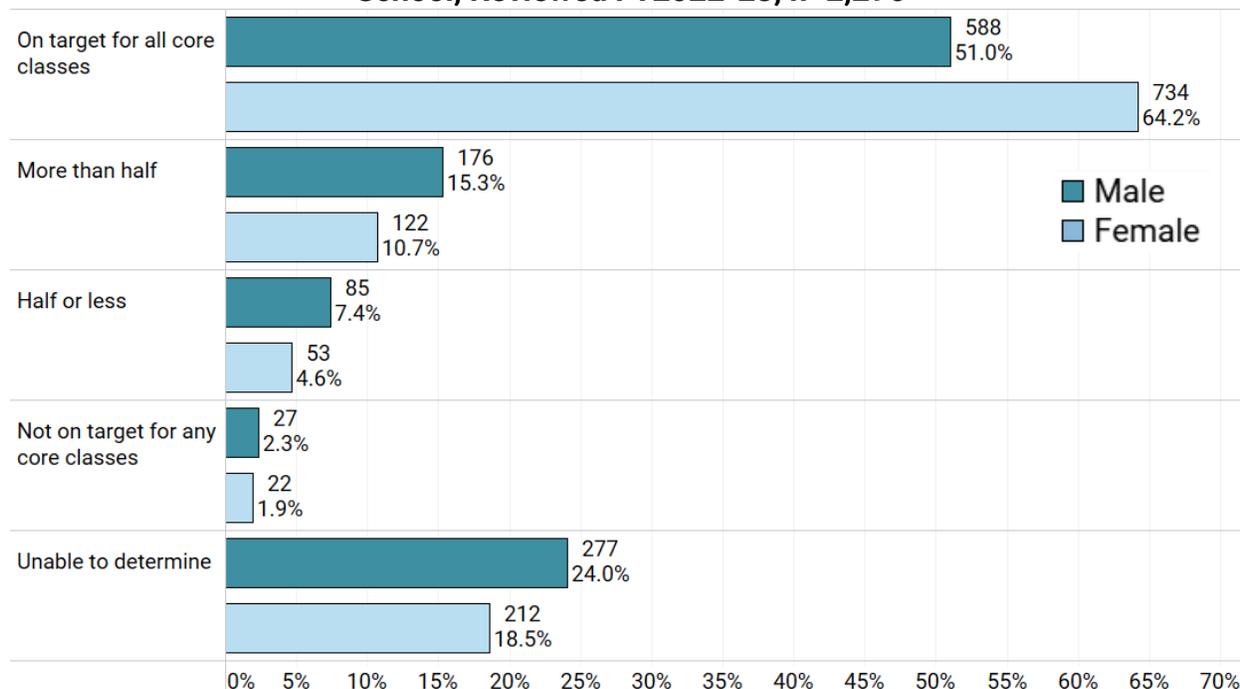
School Attendance. During FY2022-23, the FCRO found that 85.5% of the children reviewed that were enrolled in school were attending regularly. That is nearly the same as the prior fiscal year.

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

	CSA	ESA	NSA	SESA	WSA
On target – all core classes	60.0%	53.8%	67.9%	50.9%	69.6%
On target – more than half of core classes	22.7%	8.4%	8.2%	21.0%	16.2%
On target – half or less of core classes	6.5%	3.3%	8.2%	8.3	11.1%
Not on target – any core classes	0.8%	1.9%	4.4%	2.9%	0.8%
Information not available	10.0%	32.5%	11.3%	16.9%	2.4%

There are also gender differences in the rates of academic achievement. Figure 28 indicates that, for children whose academic performance was available, over half were on target in core classes for both males and females.³⁶

Figure 28: Academic Performance at Time of FCRO Review for Children Enrolled in School, Reviewed FY2022-23, n=2,296

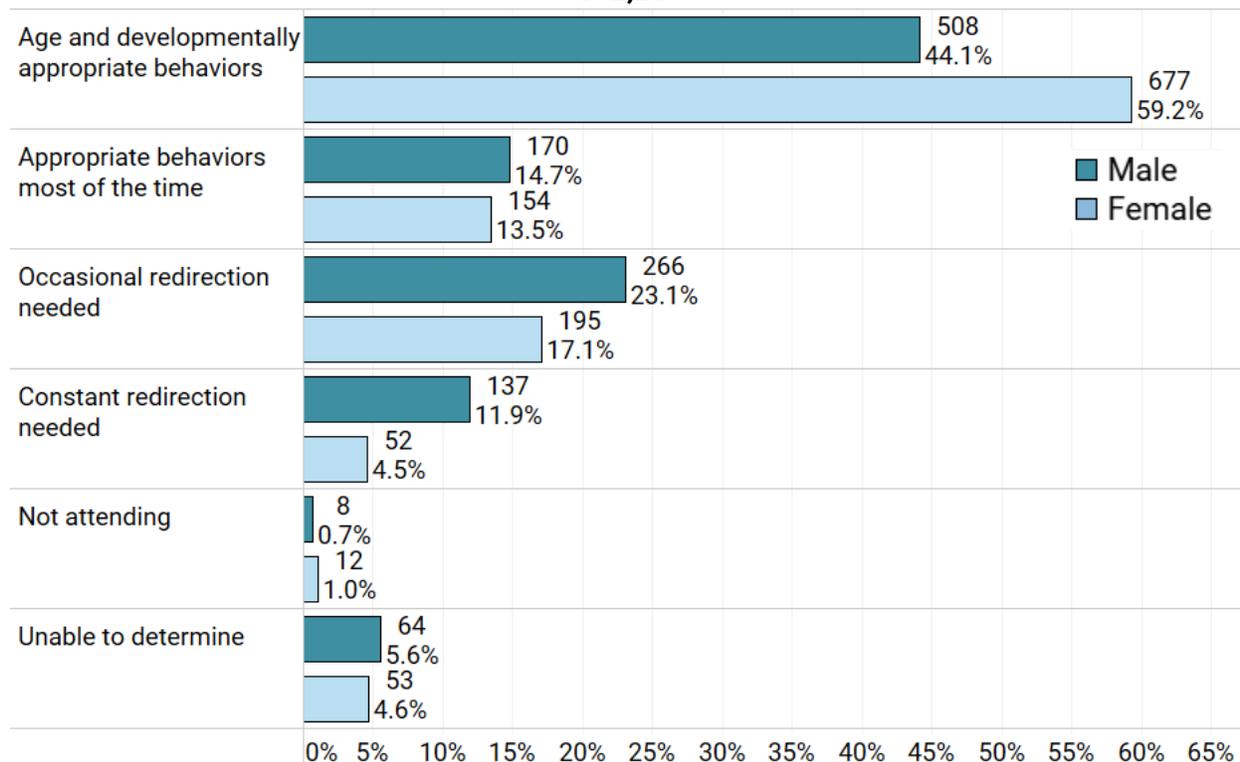


Behaviors at School. Children in out-of-home care can display some very challenging behaviors due to the cumulative traumas they have experienced. These behaviors may be displayed in the child’s placement, during visitation, and during the school day.

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

³⁶ Core classes are typically math, English, science, and social studies/civics/history.

Figure 29: Behaviors at School for Children Enrolled in School, Reviewed FY2022-23, n=2,296



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

- 68.1% of the school-aged males and 57.4% of the school-aged females reviewed had a current Individualized Education Program (IEP).
- 28.1% of the males and 17.3% of the females were enrolled in Special Education.

SPECIAL CONSIDERATIONS FOR YOUNG CHILDREN

Early Development Network. A young child is eligible for Early Development Network (EDN) services if he or she is not developing typically, has been diagnosed with or suspected of having a health condition that will impact his or her development, or was born testing positive for the presence of drugs. Parents must consent to an Early Development Network referral for children age birth through three years of age.

- During FY2022-23, the FCRO found that referrals were made for 79.5% of children ages 0-3. EDN services were completed for 86.9% of those children.

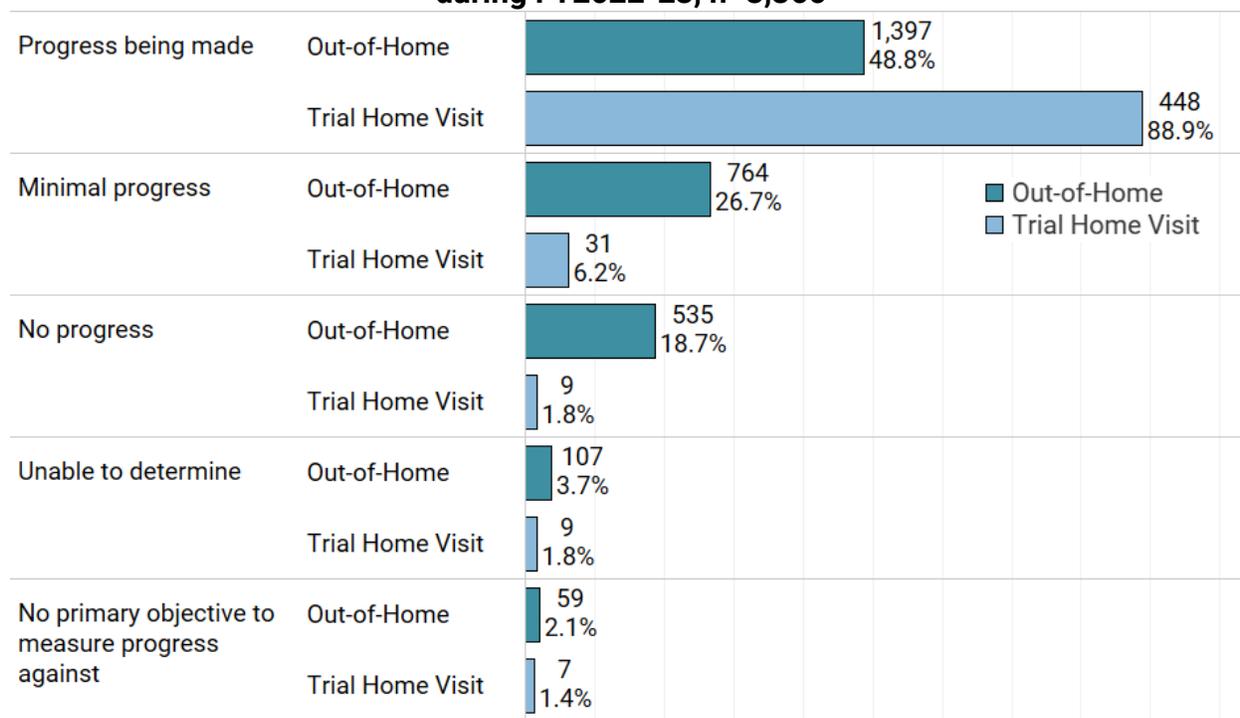
CASE PROGRESS

Continued Need for Care. Foster care is meant to act as a safety net for children so they can be safe and have all their basic needs met while adults in the family address the issues that led to children’s removal. At the same time, it is imperative that children not remain in temporary care (foster care) longer than necessary. Statute requires the FCRO determine if there is a continued need for state oversight at every review conducted.

- In 88.9% of reviews of children placed out-of-home at time of review during FY2022-23, such care was still needed. This is an increase from 86.2% last fiscal year.
- In 69.2% of reviews of children on a trial home visit, continued court oversight was needed. Depending on how long the children had been on a trial home visit at the time of review, this can be disturbing. Once placed in a trial home visit, the case should be nearly ready to close.

Progress to Primary Permanency Objective. Another finding (Figure 30) made by local boards during case file reviews is whether progress is being made towards achieving the permanency objective. This finding is made after considering all the available documentation and stakeholder information. As shown, there is a difference in progress rates for children in out-of-home placements and children in a trial home visit.

Figure 30: Progress to Permanency for Children at Their Last Review during FY2022-23, n=3,366



When combining out-of-home and trial home visit data, there are differences in the rates of those making progress by service area. All service areas except the Western Service Area showed improvement from FY2021-22.

	CSA	ESA	NSA	SESA	WSA
Progress being made, out-of-home care and THV	46.2%	52.4%	57.9%	63.1%	56.6%
Same measure in prior year	40.1%	50.6%	57.1%	56.7%	58.3%

OLDER YOUTHS' EXPERIENCE AND WELL-BEING

NORMALCY

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

Foster parents are asked to apply a “reasonable and prudent parent standard” when making decisions about allowing the children/youth in their care to spend a night at a friend’s house, play sports, etc. This is the “standard characterized by careful and sensible parental decisions that maintain a child’s health, safety, and best interests while at the same time encouraging the child’s emotional and developmental growth,” according to federal and state law.³⁷

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

- For cases reviewed by the FCRO FY2022-23, 79.8% of children and youth ages 5-18 years participated in extra-curricular normalcy activities, a slight increase from 78.7% the previous year when COVID-19 was more heavily impacting activities.

³⁷ Administration for Children and Families. October 2014. “ACYF-CB-IM-14-03.” U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/sites/default/files/documents/cb/im1403.pdf>
Neb. Rev. Stat. §43-4706. Available at: <https://nebraskalegislature.gov/laws/statutes.php?statute=43-4706>

PREPARATION FOR ADULT LIFE

Nationally, there is concern for the number of young adults who age out of the foster care system without achieving permanency and find themselves ill-prepared for adult life. Research shows that these youth are “more likely than their peers to drop out of school, be unemployed or homeless, experience health and mental health problems and not have health insurance, become teen parents, use illegal drugs, and have encounters with the criminal justice system.”³⁸

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

- In Nebraska during FY2022-23, 158 young adults left the child welfare system on the day they reached legal adulthood having never reached permanency. That is an increase from 150 in the previous fiscal year.

Independent Living Assessment (also known as Ansell Casey). All youth ages 14-18 are to take an assessment to determine the youth’s strengths and needs, and which skills for adulthood are still in need of work.³⁹ The percentages for complete or not complete could look very different if there were fewer in the “unable to determine” category, which is unacceptably high in all parts of the state.

	CSA	ESA	NSA	SESA	WSA
Assessment complete	19.6%	17.5%	40.0%	30.5%	30.5%
Assessment NOT complete	37.4%	36.9%	36.5%	58.7%	53.7%
Unable to determine	43.0%	45.6%	23.5%	10.8%	15.9%

Transitional Living Plan. The completed Independent Living Assessment (Ansell Casey) is to drive the creation of the Transitional Living Plan (Independent Living Plan). This plan must be developed for state wards 14 years of age or older and is designed to empower youth in achieving successful adulthood and provide guidance for adult caretakers and youth identified support systems as they work with the youth to prepare them for adult living.^{40,41} It needs to be periodically updated as situations dictate.

³⁸ Child Welfare Information Gateway. April 2018. “Helping Youth Transition to Adulthood.” Children’s Bureau/ACYF/ACF/HHS. 8/26/2021 at: https://www.childwelfare.gov/pubPDFs/youth_transition.pdf.

³⁹ Nebraska Department of Health and Human Services. December 2020. “Nebraska’s Five-Year Title IV-E Prevention Program Plan 2020 (3rd edition)” at: <https://dhhs.ne.gov/Documents/NE%20FFPSA%205%20Year%20Plan.pdf#search=transitional%20living%20plan%20memo>

⁴⁰ Ibid.

⁴¹ Child Welfare Information Gateway, 2018 “Working with Youth to Develop a Transition Plan” Available on 8/26/2021 at: https://www.childwelfare.gov/pubPDFs/transitional_plan.pdf

For youth reviewed in FY2022-23, 59.6% had a current plan.

	CSA	ESA	NSA	SESA	WSA
Plan created and current	78.5%	40.5%	83.5%	82.6%	63.4%
Created but not current	16.8%	21.5%	0.9%	8.4%	13.4%

Youth Involved in Developing their Own Transitional Living Plan. Youth who take an active role in development of their own plan may be more invested in the process and outcome.⁴² The youth in foster care have a motto “Nothing done for us, without us.”

- For reviews completed FY2022-23, 64.7% of youth were involved in developing their own plan. This varies widely by DHHS service area.

	CSA	ESA	NSA	SESA	WSA
Youth involved	97.1%	39.9%	77.3%	73.0%	87.3%

Relationships with Positive Adults. All youth need to have at least one positive adult, whether family or friend, who can assist them not only as minors but also as they transition into adulthood. “Helping youth develop lifelong connections should also be a part of the transition-planning process. Having caring adults in youths’ lives who work with them on these planning tasks can lay the foundation for relationships that will last beyond emancipation.”⁴³ Nebraska has incorporated this principle into practice by having youth include the important adults in their lives in their transition-planning meetings.

- Where possible to determine, statewide 83.9% of the older youth reviewed FY2022-23 are connected to at least one positive adult mentor.

	CSA	ESA	NSA	SESA	WSA
Has mentor	92.5%	75.5%	87.0%	92.2%	100.0%

⁴² Ibid

⁴³ Ibid

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

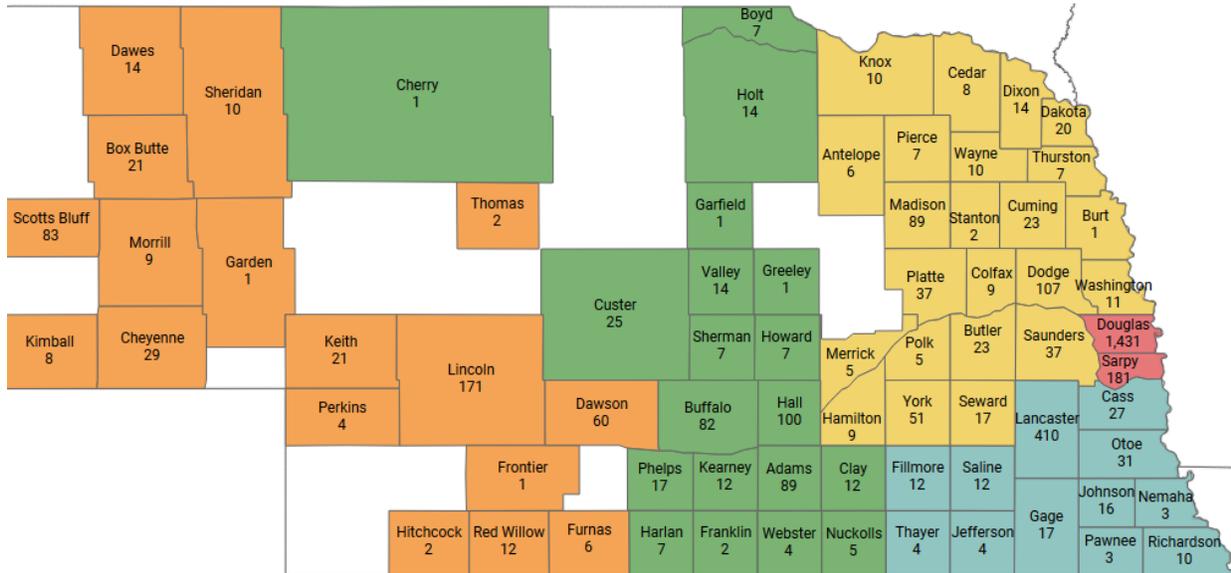
- 48.4% of the youth reviewed in FY2022-23 were receiving at least some skills for adulthood. This is a 21.6% decrease from the 70.0% reported in the previous year.

	CSA	ESA	NSA	SESA	WSA
Receiving most skills	61.7%	29.0%	79.1%	61.7%	72.0%
Partially receiving	21.5%	20.3%	11.3%	19.2%	19.5%

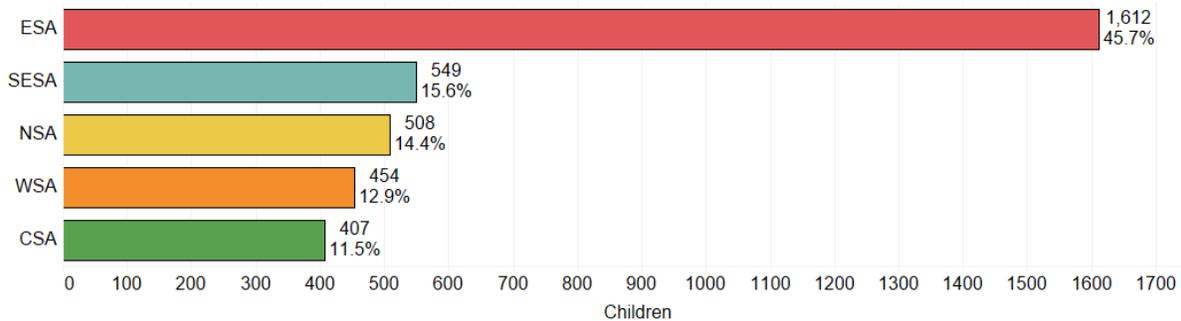
POINT IN TIME DEMOGRAPHICS AND PLACEMENTS

County. Figure 31 shows the county of court jurisdiction for the 3,530 children in out-of-home care or trial home visit on 6/30/2023. This compares to 3,606 on 6/30/2022.

Figure 31: County of Court Jurisdiction for DHHS Wards in Out-of-Home Care or Trial Home Visit on 6/30/2023, n=3,530



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



Approximately 57% of DHHS wards are from the three most populous counties in Nebraska: Douglas, Lancaster, and Sarpy. However, some rural counties, like Lincoln County (North Platte), which had the 4th highest count of children who are DHHS wards, have higher rates of children in out-of-home care per 1,000 children in the population, ages 0 through 18, as shown in Figure 32.

Figure 32: Top 10 Counties by Rate of DHHS Wards in Care per 1,000 Children in the Population on 6/30/2023⁴⁴

County	Children in Care	Total Children Ages 0 - 19	Rate per 1,000 children	Family Count
Lincoln	171	8,416	20.3	96
Boyd	7	358	19.6	2
Johnson	16	1,038	15.4	7
York	51	3,713	13.7	26
Valley	14	1,026	13.6	7
Thomas	2	163	12.3	2
Cheyenne	29	2,371	12.2	16
Keith	21	1,820	11.5	11
Kimball	8	716	11.2	4
Adams	89	8,254	10.8	50

Age. Consistent with past years,

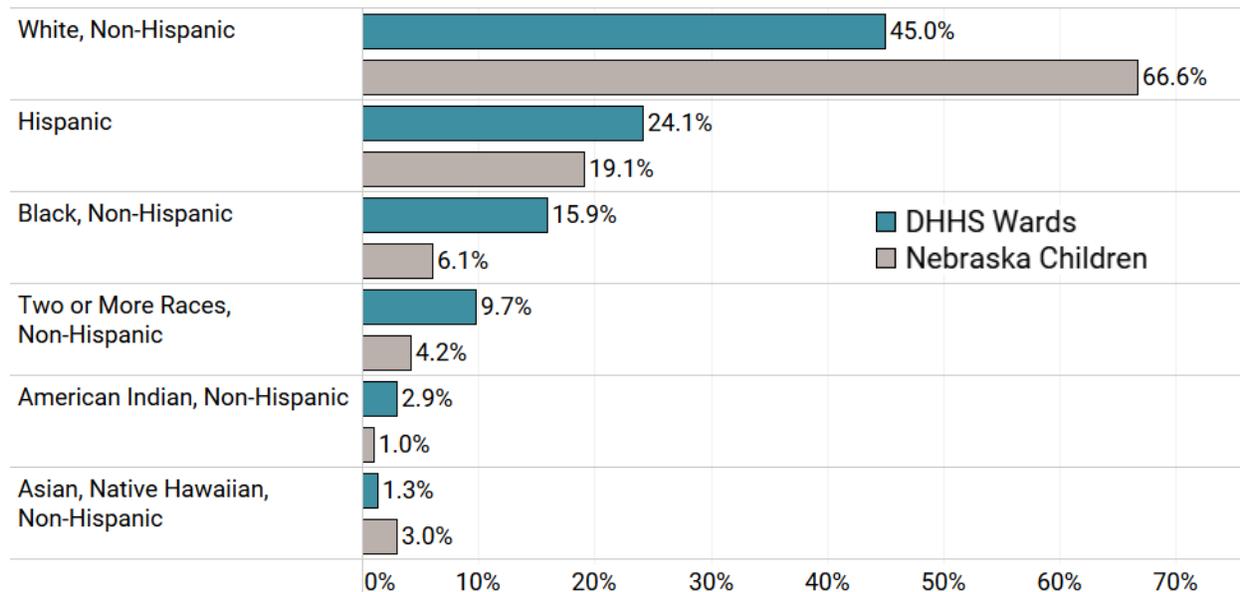
- 37.3% of the children in out-of-home care or trial home visit on 6/30/2023 were age 5 and under.
- 34.0% of the children were age 6-12.
- 28.7% of the children were age 13-18.

Gender. Males (48.4%) and females (51.6%) are nearly equally represented in the number of DHHS wards in care.

⁴⁴ U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2022.

Race. Figure 33 compares the race and ethnicity of children in out-of-home care or trial home visit to the number of children in the state of Nebraska. Minority children continue to be overrepresented in the out-of-home population. This overrepresentation is nearly identical to the data presented last year.⁴⁵

Figure 33: Race and Ethnicity of DHHS Wards in Out-of-Home Care and Trial Home Visit on 6/30/2023 Compared to Nebraska Children, n=3,530



Number of Placements. National research indicates that children experiencing four or more placements over their lifetime are likely to be permanently damaged by the instability and trauma of broken attachments.⁴⁶ However, children who have experienced consistent, stable, and loving caregivers are more likely to develop resilience to the effects of prior abuse and neglect, and more likely to have better long-term outcomes.⁴⁷

Figure 34 shows the number of lifetime placements for DHHS wards by age group. It is unacceptable that 10.9% of children ages 0-5, and 30.2% of children ages 6-12 have been moved between caregivers 4 or more times. This has implications for children’s health and safety at the time of review and throughout their lifetime.

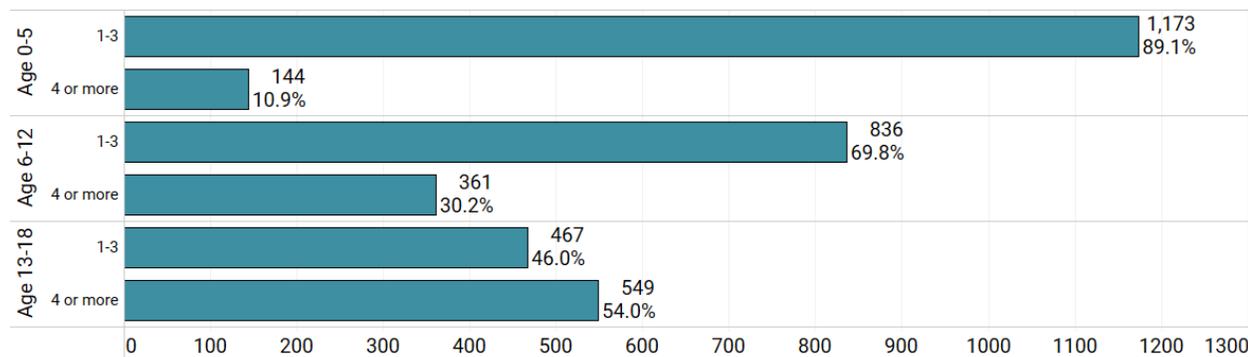
By the time children reach their teen years, over half (54.0%) have exceeded four lifetime placements.

⁴⁵ Ibid.

⁴⁶ Examples include Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

⁴⁷ Ibid.

Figure 34: Lifetime Placements for DHHS Wards in Care 6/30/2023, n=3,530



The percentage with 4 or more lifetime placements varies by DHHS/CFS service area.

Age Group	CSA	ESA	NSA	SESA	WSA
0-5	3.7%	13.4%	12.4%	12.8%	4.3%
6-12	29.5%	38.6%	17.0%	28.8%	20.1%
13-18	45.5%	62.2%	42.4%	50.3%	51.0%

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.

- The vast majority (97.5%) of DHHS/CFS state wards in care on 6/30/2023 were placed in the least restrictive placement, well above the national average of 90%.⁴⁸ This is a continuing trend.
 - Of the children placed in family-like settings (not including trial home visits), 57.5% were in a relative or kinship placement.⁴⁹

⁴⁸ Child Welfare Information Gateway. Numbers and Trends March 2021, Foster Care Statistics 2019. Available on 8/23/2022 at: <https://www.childwelfare.gov/pubPDFs/foster.pdf>

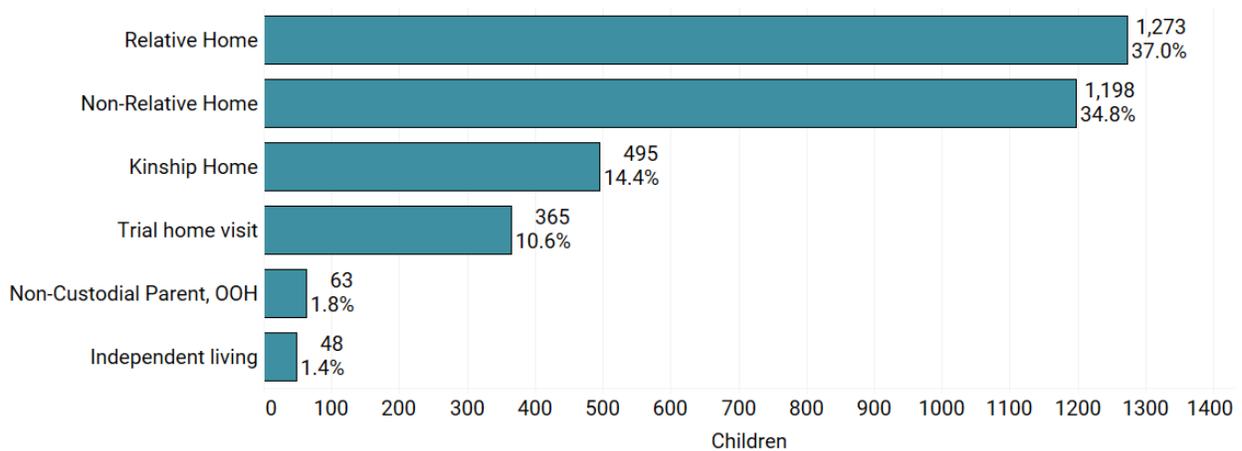
⁴⁹ Neb. Rev. Stat. §71-1901 defines relative care as placement with a relative of the child or of the child’s sibling through blood, marriage, or adoption. Kinship care is with a fictive relative, someone with whom the child has had a significant relationship prior to removal from the home. Other states may use different definitions of kin, making comparisons difficult.

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 35, 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.

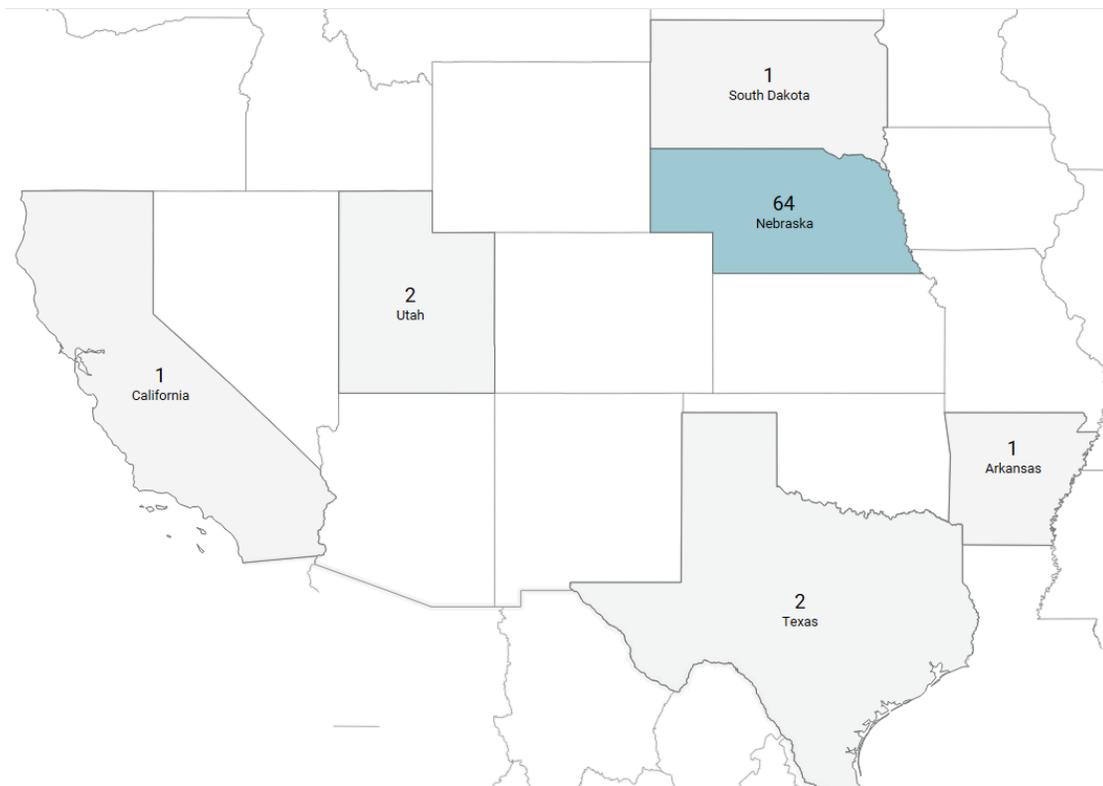
Figure 35: Additional Details on Least Restrictive Placement Type for DHHS Wards in Out-of-Home Care or Trial Home Visit on 6/30/2023, n=3,442



Congregate Care. The majority (90.1%) of DHHS/CFS wards in congregate care facilities⁵⁰ are placed in Nebraska (Figure 36).

- DHHS/CFS had 71 children in congregate care, resulting in no change from the previous fiscal year.

Figure 36: DHHS Wards in Congregate Care on 6/30/2023 by State of Placement, n=71



⁵⁰ Congregate care includes non-treatment group facilities, group facilities that specialize in psychiatric, medical, or juvenile justice related issues, and group emergency placements.

CHILDREN INVOLVED IN APPROVED INFORMAL LIVING ARRANGEMENTS

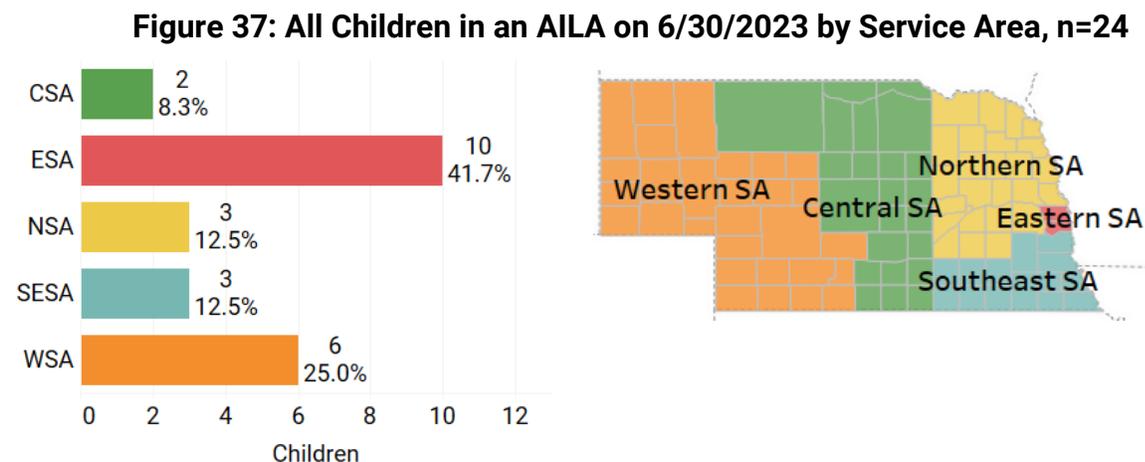
Approved Informal Living Arrangements (AILAs) occur when a family that has come to the attention of DHHS/CFS is involved in a non-court voluntary case, and as part of the safety plan the parent places their child(ren) with a relative or friend for various lengths of time based on case specifics. Placement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

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

- On 6/30/2023, there were 24 children in an approved informal living arrangement, a large decrease from the 107 on 6/30/2022.

POINT IN TIME DEMOGRAPHICS FOR AILAS

Service Area. Figure 37 shows the children in an AILA by service area.



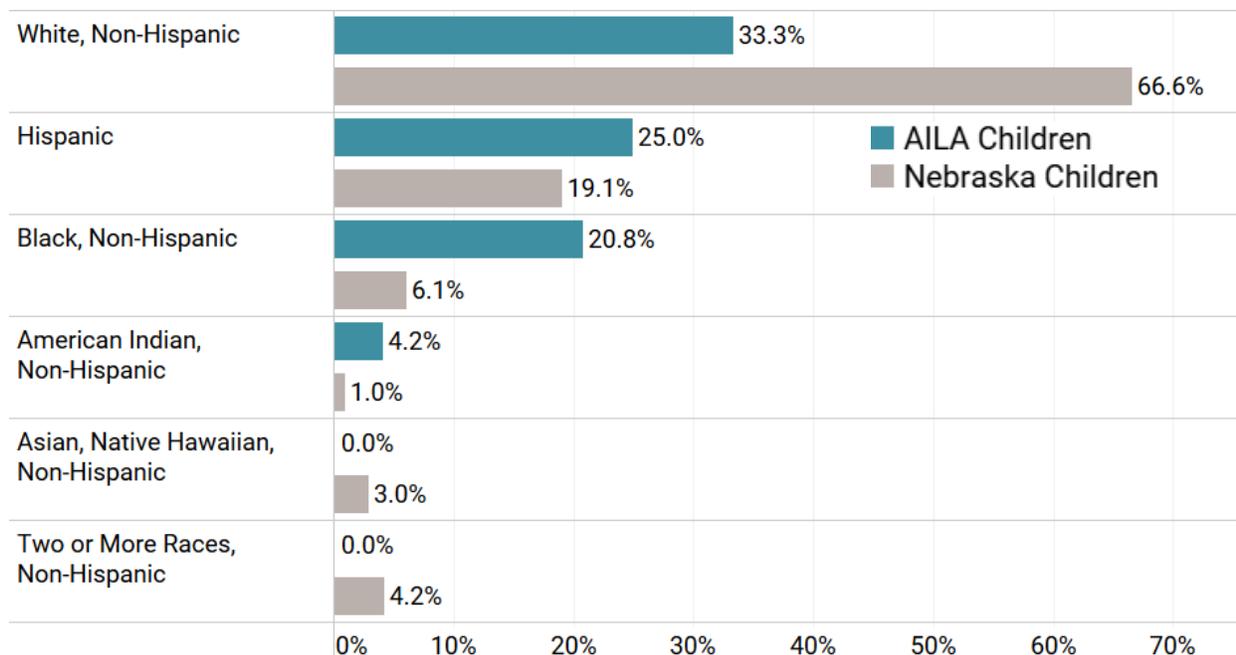
Age. The age of children in approved informal living arrangements.

- Age 0-5, 41.7%.
- Age 6-12, 29.2%.
- Age 13-18, 29.2%

Gender. There have been more females than males in AILAs, 15 females (62.5%) and 9 males (37.5%).

Race and Ethnicity. Children involved in AILAs have a slightly different racial and ethnic make-up compared to children who are court ordered into out-of-home care through DHHS/CFS (see Figure 33, page 66).

Figure 38: Race of All Children in an AILA on 6/30/2023, as Reported to the FCRO Compared to Percent of Nebraska Children, n=24



EXITS

Exits from an AILA. Exits from an approved informal living arrangement are typically either to return to a parent, to an adoption or guardianship, or to an involuntary case. The top reasons for children exiting an AILA during FY2022-23 were:

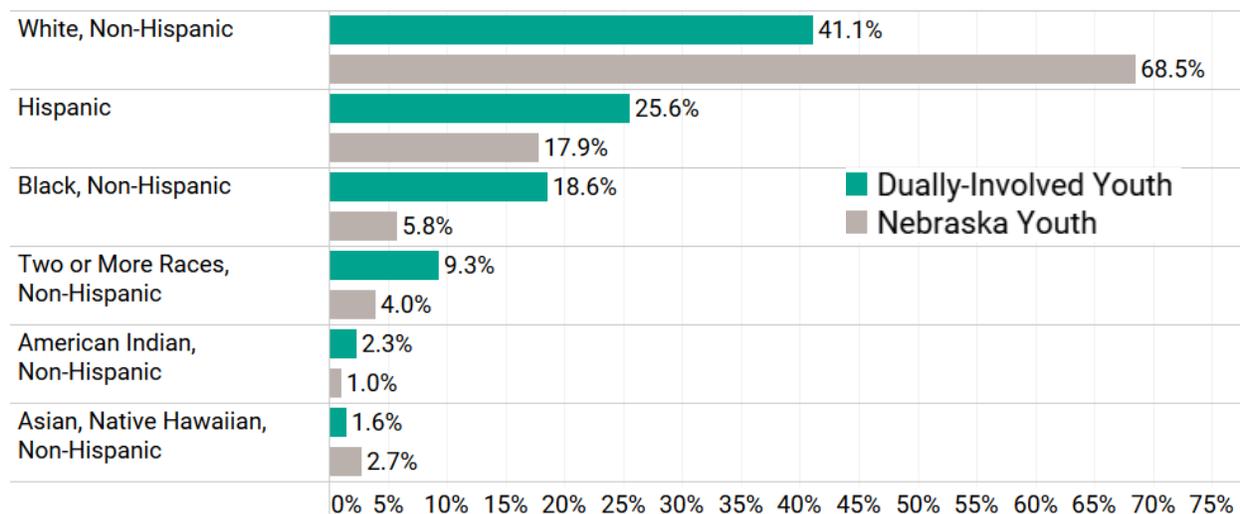
- 52.9% returned to parents.
- 30.1% became court involved due to safety concerns.
- 8.5% had a guardianship established.
- 7.2% had parents that quit cooperating, so the AILA was dropped

Dually Involved

- 26 (20.2%) were age 13-14.
- 48 (37.2%) were age 15-16.
- 50 (38.8%) were age 17-18.

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

Figure 40: Race and Ethnicity of Dually Involved Youth in Out-of-Home Placement Compared to Nebraska Youth on 6/30/2023, n=129



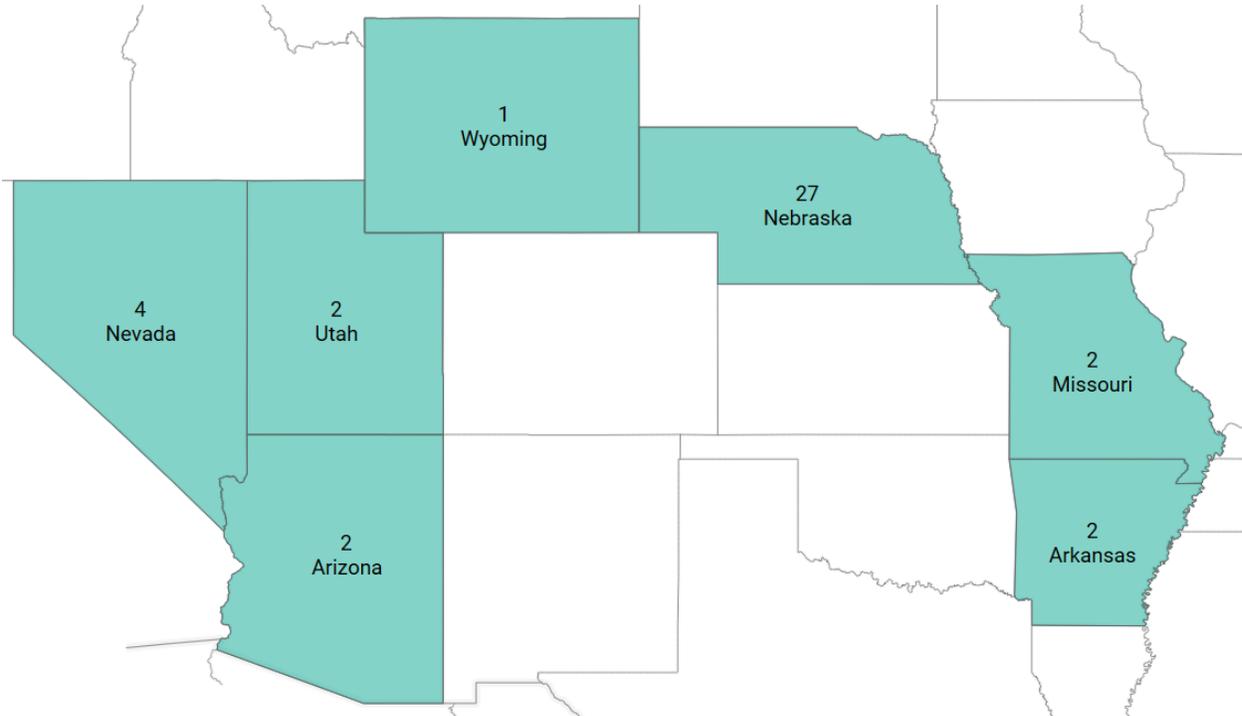
Gender. Males outnumber females among dually involved youth (62.0% to 38.0%, respectively).

Placement Types. On 6/30/2023:

- 59.7% were in family-like settings (relative, kin, or non-relative foster care).
- 15.5% were in treatment congregate care.
- 8.5% were in a corrections related placement.
- 7.0% were missing from care.
- 5.4% were in non-treatment congregate care, excluding corrections related placements (see above).
- 2.3% were in independent living.
- 1.6% were in emergency placements.

Congregate Care. Most (67.5%) dually involved youth in congregate care were placed in Nebraska.

Figure 41: Placement State for Dually Involved Youth in Congregate Care on 6/30/2023, n=40



PROBATION YOUTH

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

PLACEMENT SAFETY AND APPROPRIATENESS

During FY2022-23, 273 reviews were completed by the FCRO on 252 youth who were only under Probation supervision. The following does not include outcomes for youth at a YRTC at time of review. Those are included in the YRTC reporting section.

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

- In 86.6% of FY2022-23 reviews, the placement was evaluated as safe, down from 87.1% in the previous fiscal year and 90.8% two fiscal years ago. This should elicit discussions on why this trend is occurring and what can be done to address it.

Placement Appropriateness. In assessing the appropriateness of a placement, the local board evaluates whether the placement can meet the immediate needs of the youth and if the placement is the least restrictive placement possible to meet those needs.

- In 81.6% of reviews, the board found the placement to be appropriate.

OFFENSE TYPE

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

The following shows the active adjudication types for youth at time of FY2022-23 review. Multiple offense types are possible.

Offense Type	Males with Active Offense	Females with Active Offense	All
Non-violent misdemeanor	73.2%	72.9%	73.1%
Non-violent felonies	25.5%	12.5%	22.4%
Violent misdemeanor	27.5%	27.1%	27.4%
Violent felonies	23.5%	4.2%	18.9%

PLANS AND SERVICES

Transition Plans. Each reviewed youth in Probation supervised out-of-home care should have a plan for transition into the community with goals and steps toward achieving those goals; however, based on the number of cases where the plan was not provided for the FCRO's review, it appears that this is not done consistently.

- The FCRO was provided a written plan for review in 72.9% of the cases where the goal was to return home. A written plan to transition home was not provided in 27.1% of cases.

There were regional differences whether a plan to transition home was provided for review, with a low of 30% in District 5 and high of 100% in District 9.

- Districts 4J and 3J (Douglas and Lancaster counties, respectively) have the highest population of youth and provided plans for 74.6% and 75.0% of the youth.

Plan Objectives. Even in situations where a written plan is provided, the plan's objective was not always clear. Plan objectives for youth at the time of review in FY2022-23 included:

- Return to parent/guardian (52.2%).
- Unable to determine (27.9%).
- Other (10.4%).
- Independent living (6.5%).
- Permanent placement with relative or kin (3.0%).

Services. Whether there is a written plan or not, most youth eventually return to the family and/or the community. To prevent future acts of delinquency and increase community safety, juveniles in state care must be provided with the appropriate services. An assessment of the services offered to Probation supervised youth in out-of-home care extends beyond the scope of what is written into the plan and looks at the overall status of the case and the feedback provided by review participants.

Services offered for cases of Probation supervised youth when reviewed in FY2022-23 included:

- In 65.2% of cases all needed services were offered.
- An additional 22.4% had some services offered.

COURT AND LEGAL SYSTEM FACTORS

Court-Appointed Attorneys. When involved in a court case, it is critical to have adequate legal representation. Almost all (99.8%) Probation supervised youth in out-of-home care were represented by an attorney at time of review.

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

- 43.7% of youth reviewed had a GAL.
- CASA representatives work in tandem with a youth's guardian ad litem and were involved in less than 1.0% of the cases.

PROBATION YOUTH EXPERIENCE AND WELL-BEING

CONTACT WITH FAMILY

Contact with Family. Contact with parents or siblings can be an indicator of future success reintegrating into families and communities.^{52,53}

- 14.3% of the females and 8.0% of the males were not having contact with their mothers at time of review; 54.5% of the females and 56.4% of the males were not having contact with their fathers.
- Based on contact measures, family engagement appears to be an increasing area of concern. Additional efforts from Probation Officers to engage family in the youth's care (as applicable and possible) are recommended.
- 49.4% of those with siblings were having contact with all siblings and another 12.3% were having contact with at least some of their siblings.

⁵² Burke, Jeffrey D., Edward Mulvey, Carol Schubert, and Sara Garbin. April 2014. "The Challenge and Opportunity of Parental Involvement in Juvenile Justice Services." *Child and Youth Serv Rev.*, p39-47. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3989100/pdf/nihms569441.pdf>

⁵³ Garfinkel, Lili. November 2010. "Improving Family Involvement for Juvenile Offenders with Emotional/Behavioral Disorders and Related Disabilities." *Behavioral Disorders*, 36(1), p52-60. Available at: <https://www.jjfeop.org/uploads/1/2/4/5/124548311/bedi-36-01-52.pdf>

BEHAVIORAL HEALTH

Mental Health Diagnosis. There is a complex relationship between mental health conditions and involvement in the juvenile justice system.⁵⁴ Thus, it is not surprising that 91.0% of Probation supervised youth reviewed in FY2022-23 were diagnosed with at least one mental health condition. This is a slight increase from FY2021-22.

Psychotropic medications. Psychotropic medications are a commonly prescribed treatment for certain types of mental health conditions.⁵⁵ While not all conditions respond to or require medications, 54.1% of the youth with a mental health condition were prescribed a psychotropic medication at the time of review.

Substance Use. Substance use diagnoses are common.

- Just over half of the youth reviewed (51.2%) had a substance use diagnosis. This is a nearly 7% decrease from the previous year.

EDUCATION

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

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

- 76.6% of the youth reviewed were passing all core classes.
- 88.9% were maintaining regular attendance.
- 41.5% rarely or only occasionally had behaviors in school that impeded learning; an additional 45.0% had no disruptive behaviors.

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

⁵⁵ See definitions on pages 95-97.

APPROPRIATE INTERVENTIONS FOR YOUTH WITH SPECIAL NEEDS

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

- IQ test scores were available for 60 youth reviewed during FY2022-23.
 - There were 3 youth who had a score of less than 70, 18 youth scored between 70-79, 21 youth scored between 80-89; whereas 17 youth scored between 90-109 and 1 youth scored above 120.

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

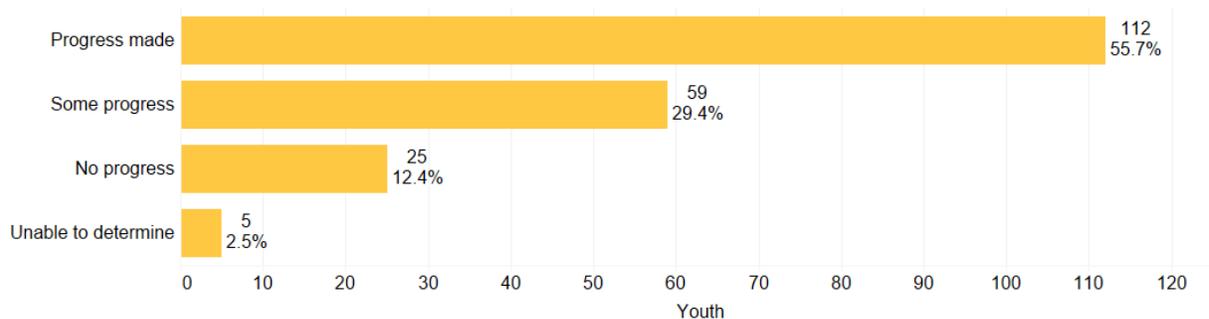
- Are interventions appropriate for youth with different types of disabilities? Information about the disability often helps to explain behavior in a way that facilitates constructive intervention, and it is essential to arrive at a disposition that will meet the youth's rehabilitative needs at a level that can be internalized by the youth.
- Is the YLS (Youth Level of Service) valid for youth with lower IQs? The YLS is an assessment of the risk to re-offend that is used by Probation in making decisions regarding youth assigned to them. Further research needs to include whether YLS scores are valid for youth with below average IQs.
- Is the IDEA being complied with by juvenile justice? The Individuals with Disabilities Education Act (IDEA) is the federal government's special education law. IDEA provides supplementary federal funds to assist states and local communities in providing educational opportunities for approximately 6 million students with varying degrees of disability who participate in special education. As a requirement for receiving IDEA federal funding, states must offer free, appropriate public education in the least restrictive environment. Youth with below average IQs may be covered under IDEA.⁵⁶

CASE PROGRESS

Progress toward Successful Completion of Probation. As shown in Figure 42, 55.7% of youth reviewed were making consistent progress towards the completion of the terms of their probation. This is less than last year's 61.1%.

⁵⁶ Segal, Adam. 2020. "IDEA and the Juvenile Justice System: A Factsheet." *The National Technical Assistance Center for the Education of Neglected or Delinquent Children and Youth*. Available at: <https://neglected-delinquent.ed.gov/idea-and-juvenile-justice-system-factsheet>

Figure 42: Progress toward Successful Completion of Probation at Time of Review for Probation Supervised Youth, Reviewed FY2022-23, n=201



Need for Continued Out-of-Home Placement. Progress is not the same as being currently ready to transition from out-of-home placement back to the community. Time may be needed for the youth to benefit from the services and programming received.

- In 95.5% of the cases reviewed, there was a recognized need to continue out-of-home placement.

Need for Continued Probation Supervision. Need for out-of-home placement and need for Probation supervision are distinct. Continued supervision can provide youth returning to their homes and communities the services needed to ease the transition and improve the chances for continued success.

- In 99.0% of reviewed cases, the FCRO found that Probation supervision needed to continue.

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

RISK TO REOFFEND: YLS SCORES

Most Recent YLS Score. The Youth Level of Service (YLS) is an evidence-based scoring tool that indicates the youth’s likelihood to reoffend. It is not designed to measure the risk of a youth to sexually reoffend but does cover other types of offenses. It is given at different stages of the youth’s Probation case to help gauge progress.

The higher the numerical score on the YLS, the higher the likelihood to re-offend. Ideally, the score would decrease as services are used and internalized by the youth. There are slight differences in the categories for females and males,⁵⁷ so they are presented separately below.

Figure 43: Most Recent YLS Score Category for Probation Supervised Males, Reviewed FY2022-23, n=153

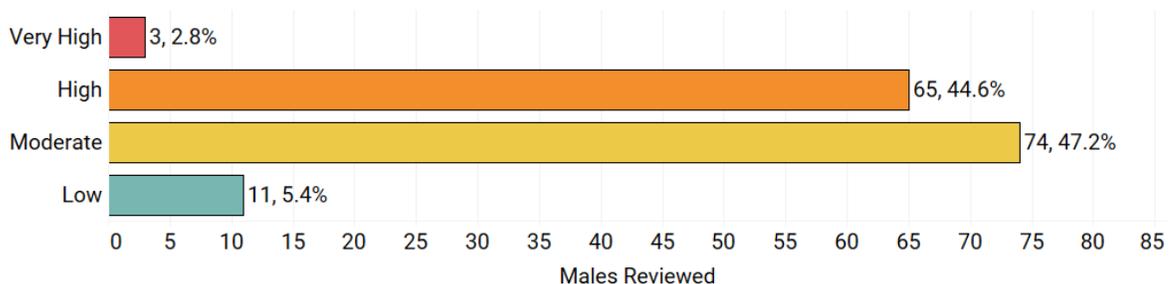
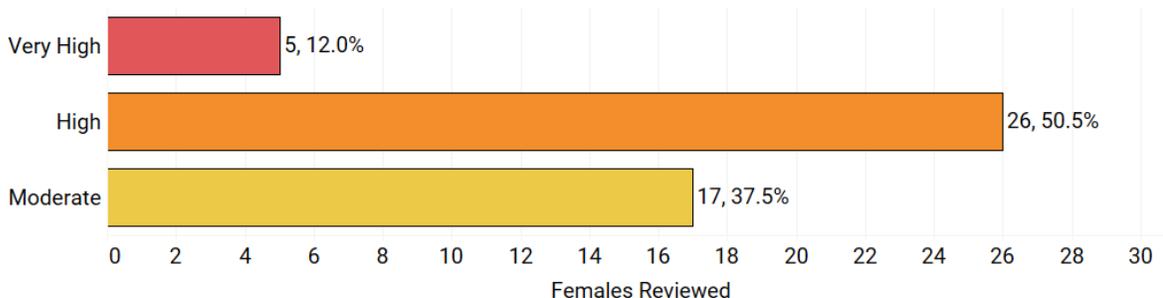


Figure 44: Most Recent YLS Score Category for Probation Supervised Females, Reviewed FY2022-23, n=48



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

⁵⁷ YLS 2.0 was implemented in February 2021. In that version, for males a score of 0-9 is considered low, 10-21 is moderate, 22-31 is high, 32-42 is very high risk to reoffend; for females a score of 0-8 is considered low, 9-19 is moderate, 20-28 is high, and 29-42 is very high risk to reoffend.

CHALLENGES TO SUCCESSFULLY COMPLETING PROBATION

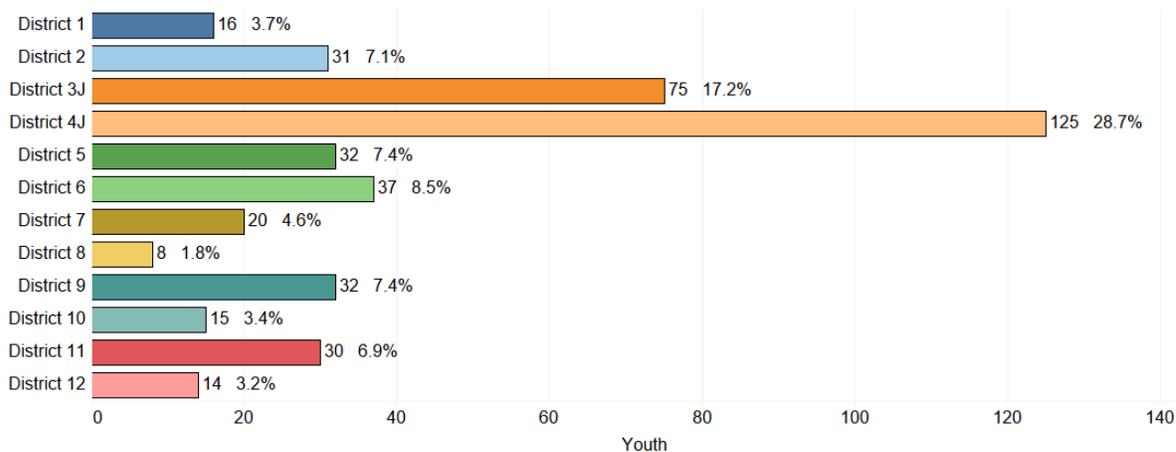
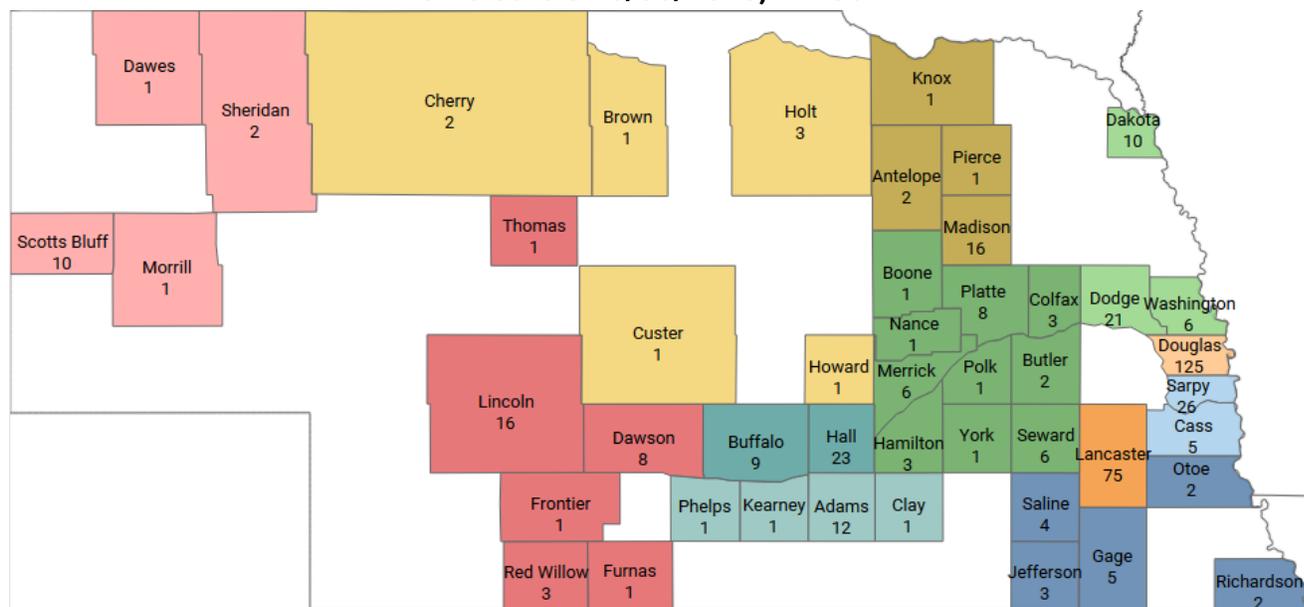
Probation supervised youth in out-of-home care experience a variety of challenges that may prevent them from returning safely to their home and community. Multiple challenges can be identified for each youth. Some of the more common include:

- 91.0% of the youth reviewed had a mental health diagnosis.
 - 66.1% with a diagnosis were making at least partial progress, whereas 30.6% were making minimal or no progress.
- 51.2% of the youth reviewed had a substance use diagnosis.
 - 48.6% with a diagnosis were making at least partial progress, whereas 40.7% were making minimal or no progress.
- No records indicated documented sex trafficking; however, there were 3 suspected female victims and 1 female where sex trafficking was unable to be determined.
- 14.3% of the females and 8.0% of the males were not having contact with their mothers at time of review; 54.5% of the females and 56.4% of the males were not having contact with their fathers.
- 25.2% of involved mothers were inconsistent, resistant, or unwilling to engage.
- 50.0% of involved fathers were inconsistent, resistant, or unwilling to engage.
- Placements were inappropriate for 18.8% of the females and 10.5% of the males. This is an increase from the 4.3% for females and 8.2% of males reviewed in FY2021-22.
- 16.7% of the females and 11.1% of the males had made no progress towards completing Probation when last reviewed.
- As previously discussed, the most prevalent systemic barrier is the lack of a written transition plan with goals and the steps that must be completed to meet those goals.

POINT IN TIME DEMOGRAPHICS AND PLACEMENTS

County. Figure 45 shows the county of court jurisdiction for Probation supervised youth in out-of-home care on 6/30/2023, based on the judicial district. (See Appendix B for a list of counties and their respective district).

Figure 45: County of Court Jurisdiction for Probation Supervised Youth in Out-of-Home Care on 6/30/2023, n=435



Age. The median age was 16 years for both males and females.

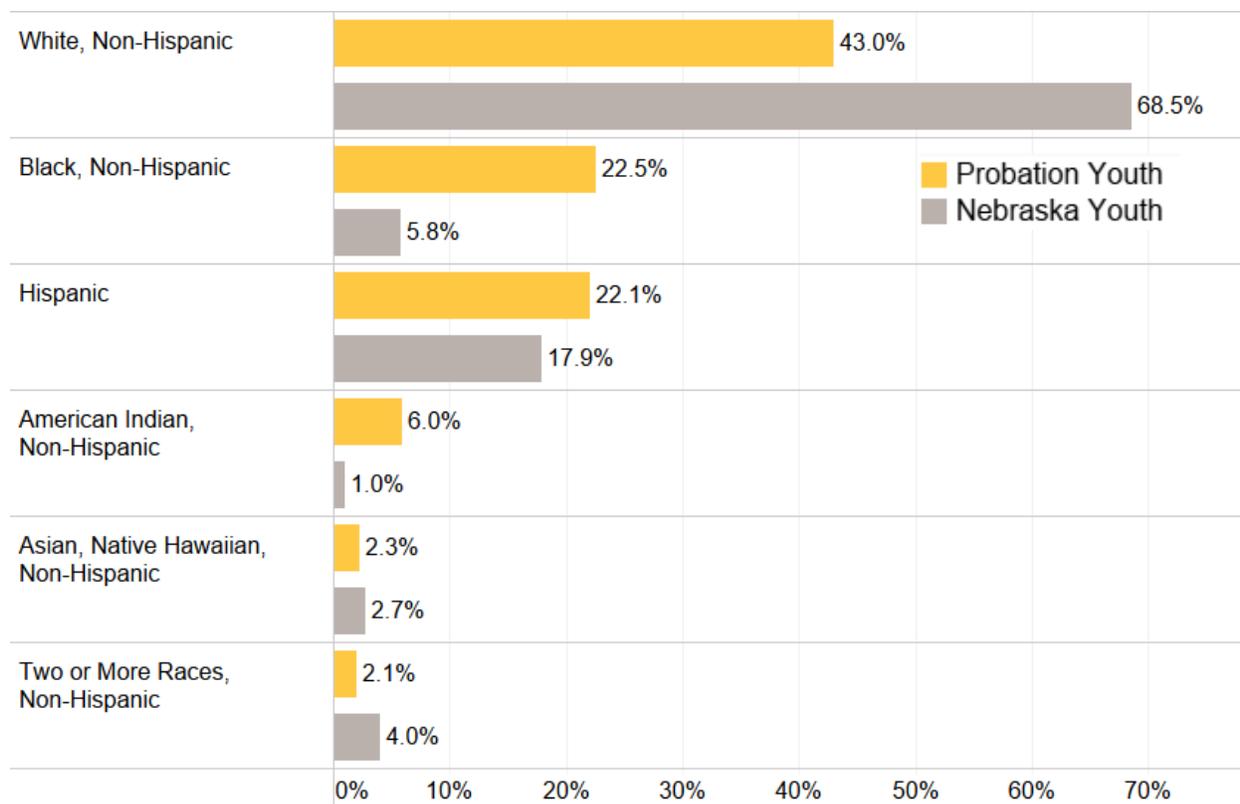
- 4 (0.9%) were age 11-12
- 87 (20.0%) were age 13-14.
- 206 (47.4%) were age 15-16.
- 138 (31.7%) were age 17-18.

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

- As shown in Figure 46, Black youth make up 5.8% of Nebraska’s youth population, but 22.5% of the Probation supervised youth in out-of-home care.
- American Indian youth are just 1.0% of Nebraska’s youth population, but 6.0% of the Probation supervised youth in out-of-home care.⁵⁸

The disproportionality for both racial groups above has stayed consistent from the previous year (22.6% and 5.9% in FY2021-22, respectively).

Figure 46: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Placement Compared to Nebraska Youth on 6/30/2023, n=435

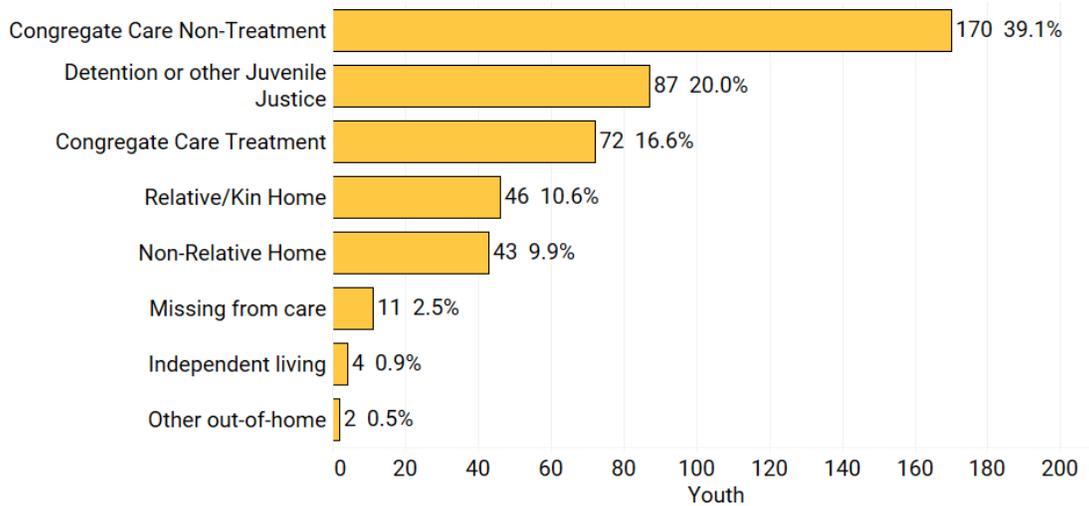


Gender. Males were 73.1% of the population of Probation supervised youth in out-of-home care, females were 26.9%.

⁵⁸ The number of American Indian youth in out-of-home care while on probation does not include those involved in Tribal Court.

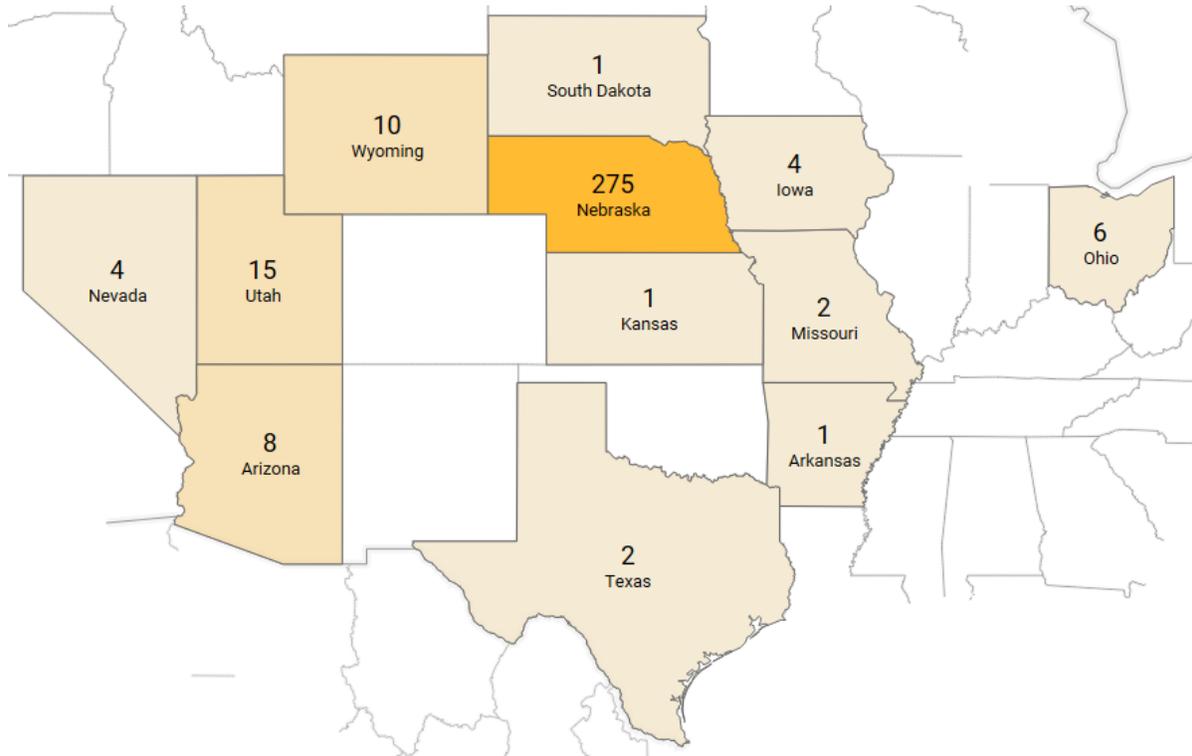
Placement Type. Probation supervised youth in out-of-home care were most frequently placed in a non-treatment group care facility (Figure 47). Only 16.6% were in a treatment facility. Of note, 20.0% were in a detention-type setting.

Figure 47: Probation Supervised Youth in Out-of-Home Care on 6/30/2023 by Placement Type, n=435



Congregate Care. Comparing 6/30/2023 to 6/30/2022, there was a 14.6% increase in the number of Probation supervised youth placed in congregate care facilities (329 and 287, respectively). In 2023, 83.6% were in Nebraska.

Figure 48: Probation Supervised Youth in Congregate Care on 6/30/2023 by State of Placement, n=329



YRTC YOUTH

YOUTH PLACED AT THE YOUTH REHABILITATION AND TREATMENT CENTERS

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

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

- From June 2019-July 2019, all males were placed at the YRTC in Kearney and females were placed at the YRTC in Geneva.
- In August 2019, the females were moved to YRTC-Kearney, and the facility served both males and females.⁵⁹
- In October 2019, DHHS announced a three-facility YRTC program that includes placing both males and females at YRTC in Kearney, placing some females close to transitioning home at YRTC in Geneva, and the creation of a new location and program of YRTC in Lincoln for “both male and female youth with high behavioral acuity.”⁶⁰

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.

⁵⁹ DHHS. August 2019. “Youth from Rehabilitation and Treatment Center in Geneva Relocating to Kearney.” Available at: <http://dhhs.ne.gov/Pages/Youth-from-Rehabilitation-and-Treatment-Center-in-Geneva-Relocating-to-Kearney.aspx>

⁶⁰ DHHS. October 2019. “DHHS Announces Development of Youth Rehabilitation and Treatment Center System.” Available at: <http://dhhs.ne.gov/Pages/DHHS-Announces-Development-of-Youth-Rehabilitation-and-Treatment-Center-System.aspx>

YRTC

YRTC YOUTH EXPERIENCE AND WELL-BEING

PLACEMENT SAFETY AND APPROPRIATENESS

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

- During FY2022-23, FCRO review boards found 98.0% of youth at a YRTC at time of review appeared safe.

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

- Of the youth found safe, 98.0% were found to be in an appropriate placement.

OFFENSE TYPE

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

Figure 49: Active Offenses for YRTC Youth Reviewed in FY2022-23, [multiple types possible]

Offense	Males	Females	All
Non-violent misdemeanor	83.3%	100.0%	86.3%
Non-violent felony	28.6%	44.4%	31.4%
Violent misdemeanor	31.0%	33.3%	31.4%
Violent felony	47.6%	22.2%	43.1%

BEHAVIORAL HEALTH

Mental Health. According to the Federal Office of Juvenile Justice and Delinquency Prevention, nationally, 70% of youth in the juvenile justice system have a diagnosable mental health condition.⁶¹ There is a complex relationship between mental health and juvenile justice involvement. Certain mental health conditions may increase a youth’s risk, and involvement in the juvenile justice system can intensify existing mental health issues.

⁶¹ Development Services Group, Inc. 2017. "Intersection between Mental Health and the Juvenile Justice System." Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. <https://www.ojjdp.gov/mpg/litreviews/Intersection-Mental-Health-Juvenile-Justice.pdf>

YRTC

- 100.0% of the youth placed at a YRTC, whether males or females, who were reviewed during FY2022-23 had been diagnosed with a mental health condition. Therefore, it is important that all programming be trauma-informed and focused.
 - 74.5% were making at least partial progress with their mental health.

Psychotropics. Males and females were prescribed psychotropic medications at different frequencies.⁶² One hypothesis is that there may be differences in the mental health conditions between males and females. Further research is needed to determine if this is true and, if so, how it impacts the youth's service needs.

- 77.8% of the females reviewed during FY2022-23 had a psychotropic medication prescribed, and
- 66.7% of the males had such a prescription.

Substance Use. Over half of reviewed males (76.2%) and females (55.6%) placed at a YRTC were diagnosed with substance use issues.

EDUCATION

Behaviors at School. 57.1% of females had no negative behaviors impacting learning compared to 46.2% of males. These behaviors cannot be untangled from mental health diagnosis and trauma resulting from abuse/neglect removals and multiple placement changes.

Academic performance. During FY2022-23 reviews, the FCRO found:

- 85.7% of females were passing all core classes.
- 89.7% of males were passing all core classes.

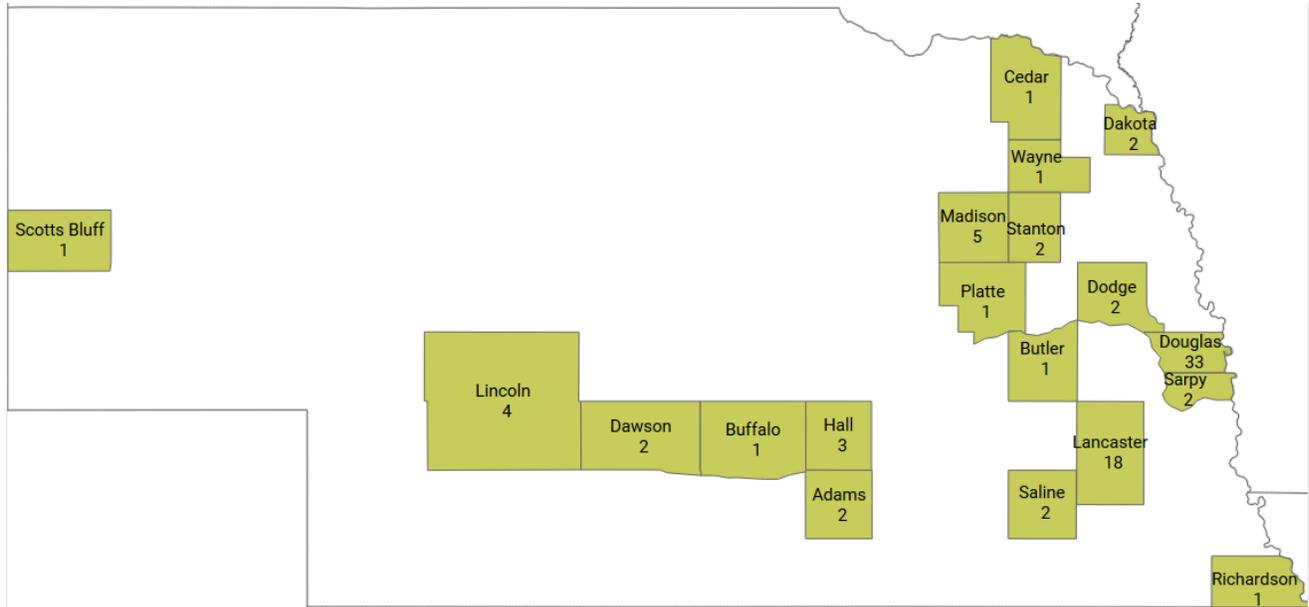
⁶² See page 97 for a definition of psychotropic medications.

YRTC

POINT IN TIME DEMOGRAPHICS

County. On 6/30/2023, there were 90 youth involved with OJS or OJS and Probation; 84 of these youth were placed at a YRTC. Of the 6 remaining youth not at a YRTC, most were placed at a detention center. Figure 50 illustrates the county of court of each of the 84 youth placed at a YRTC.

Figure 50: Youth Placed by a Juvenile Court at a YRTC on 6/30/2023 by County of Court, n=84*



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

Gender. On 6/30/2023, there were 62 males and 22 females placed at a YRTC.

Age. By law, youth placed at a YRTC range in age from 14 to 18. On 6/30/2023, the median age of both males and females was 17.0.

Race and Ethnicity. Minority youth are disproportionately represented at the YRTCs. As shown in Figures 51 and 52, this is true for both males and females. In particular:

- Hispanic, Black Non-Hispanic, American Indian Non-Hispanic, and 2 or more races Non-Hispanic males were disproportionately represented in the YRTC population on 6/30/2023.
- Hispanic, Black Non-Hispanic, and 2 or more races Non-Hispanic females were disproportionately represented in the YRTC population on 6/30/2023.

YRTC

Figure 51: Race and Ethnicity of Male Youth Placed at a YRTC Compared to Nebraska Male Youth on 6/30/2023, n=62

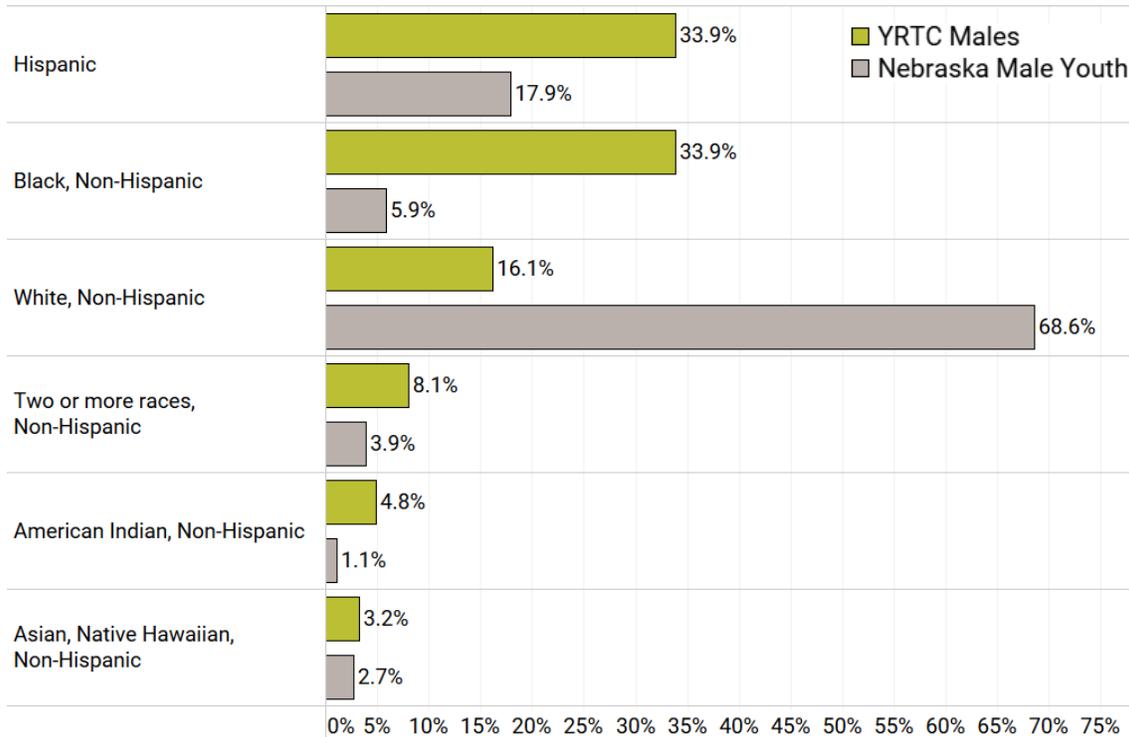
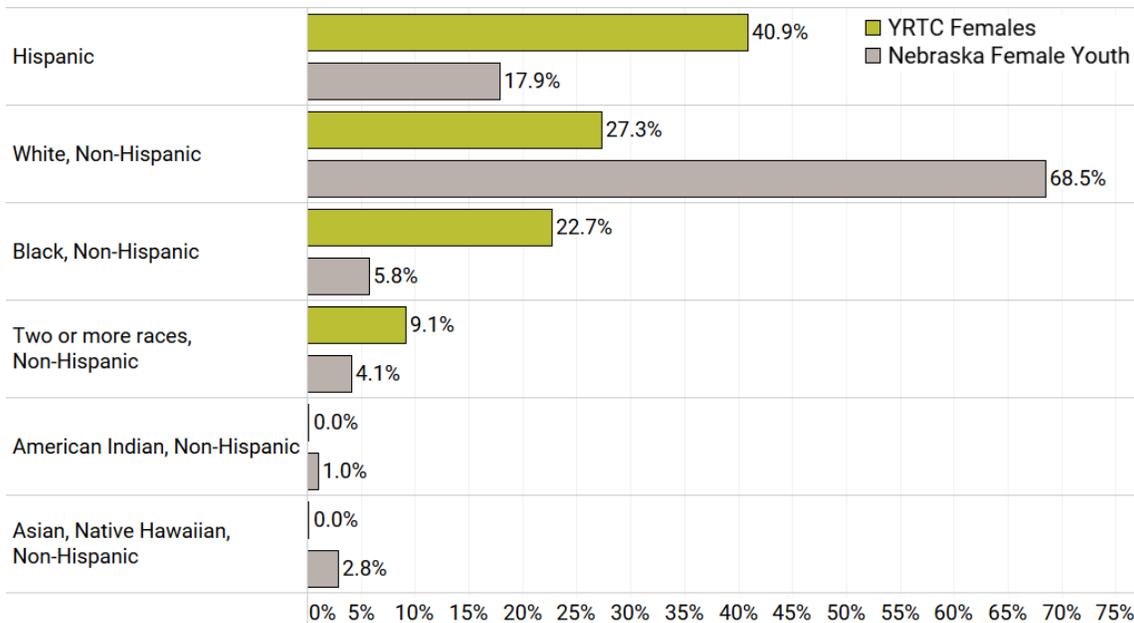


Figure 52: Race and Ethnicity of Female Youth Placed at a YRTC Compared to Nebraska Female Youth on 6/30/2023, n=22



Appendix A

YOUTH EXPERIENCE AND WELL-BEING COMPARISON BY AGENCY

Experiences and well-being outcomes for children and youth in out-of-home care can look considerably different depending on a variety of factors. The following information compares youth experiences and well-being outcomes while in out-of-home care with: DHHS/CFS, Probation (only), or a Youth Rehabilitation and Treatment Center (YRTC). The outcomes are only for system involved youth ages 14 through 18 who had a FCRO case review during FY2022-23. DHHS/CFS outcomes described include both those youth that were dually involved with DHHS/CFS and Probation, along with those only involved with DHHS/CFS at the time of their case review.

Measures of focus in this comparison include the percent of youth:

- Who had a mental health diagnosis,
- Of those with a mental health diagnosis, had been prescribed at least one psychotropic,
- Who had a substance use disorder diagnosis,
- Who had a disability diagnosis,
- Who were enrolled in school and had regular attendance,
- Who had no negative behaviors at school that impeded learning,
- Who were academically on track for all their core classes,
- Who participated in extra-curricular normalcy activities.

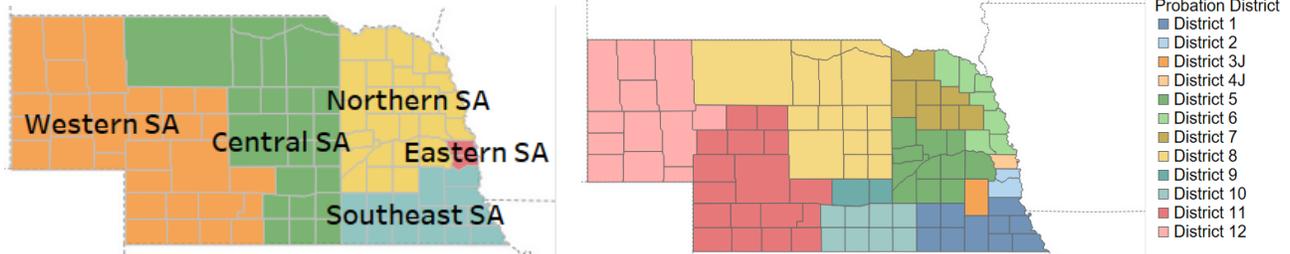
Youth Factors and Outcomes in OOH Care (14-18 only)	DHHS/CFS ⁶³ n=1,094	Probation n=196	YRTC ⁶⁴ n=51
Mental Health Dx	75.0%	90.8%	100.0%
Prescribed Psychotropics	55.3%	53.9%	68.6%
Substance Use Dx	14.8%	51.5%	72.5%
Disability Dx	52.5%	81.6%	94.1%
Regular Attendance	73.2%	88.6%	93.5%
No Negative Behaviors at School	44.3%	44.9%	47.8%
On Track for Core Classes	46.8%	77.2%	89.1%
Normalcy Activities	76.0%	83.2%	98.0%

⁶³ The dual population included within this agency type tends to have less desirable outcomes than youth only involved with DHHS/CFS. Future reporting will look into further separating the DHHS/CFS involved populations.

⁶⁴ By law, YRTC involved youth are only ages 14-18.

Appendix B

County to DHHS Service Area and Judicial (Probation) District⁶⁵



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

County	DHHS Service Area	Probation District
Cuming	Northern SA	District 7
Custer	Central SA	District 8
Dakota	Northern SA	District 6
Dawes	Western SA	District 12
Dawson	Western SA	District 11
Deuel	Western SA	District 12
Dixon	Northern SA	District 6
Dodge	Northern SA	District 6
Douglas	Eastern SA	District 4J
Dundy	Western SA	District 11
Fillmore	Southeast SA	District 1
Franklin	Central SA	District 10
Frontier	Western SA	District 11
Furnas	Western SA	District 11
Gage	Southeast SA	District 1
Garden	Western SA	District 12
Garfield	Central SA	District 8
Gosper	Western SA	District 11
Grant	Western SA	District 12

⁶⁵ 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
Greeley	Central SA	District 8
Hall	Central SA	District 9
Hamilton	Northern SA	District 5
Harlan	Central SA	District 10
Hayes	Western SA	District 11
Hitchcock	Western SA	District 11
Holt	Central SA	District 8
Hooker	Western SA	District 11
Howard	Central SA	District 8
Jefferson	Southeast SA	District 1
Johnson	Southeast SA	District 1
Kearney	Central SA	District 10
Keith	Western SA	District 11
Keya Paha	Central SA	District 8
Kimball	Western SA	District 12
Knox	Northern SA	District 7
Lancaster	Southeast SA	District 3J
Lincoln	Western SA	District 11
Logan	Western SA	District 11
Loup	Central SA	District 8
Madison	Northern SA	District 7
McPherson	Western SA	District 11
Merrick	Northern SA	District 5
Morrill	Western SA	District 12
Nance	Northern SA	District 5
Nemaha	Southeast SA	District 1
Nuckolls	Central	District 10
Otoe	Southeast SA	District 1
Pawnee	Southeast SA	District 1
Perkins	Western SA	District 11
Phelps	Central SA	District 10
Pierce	Northern SA	District 7

County	DHHS Service Area	Probation District
Platte	Northern SA	District 5
Polk	Northern SA	District 5
Red Willow	Western SA	District 11
Richardson	Southeast SA	District 1
Rock	Central SA	District 8
Saline	Southeast SA	District 1
Sarpy	Eastern SA	District 2
Saunders	Northern SA	District 5
Scotts Bluff	Western SA	District 12
Seward	Northern SA	District 5
Sheridan	Western SA	District 12
Sherman	Central SA	District 8
Sioux	Western SA	District 12
Stanton	Northern SA	District 7
Thayer	Southeast SA	District 1
Thomas	Western SA	District 11
Thurston	Northern SA	District 6
Valley	Central SA	District 8
Washington	Northern SA	District 6
Wayne	Northern SA	District 7
Webster	Central SA	District 10
Wheeler	Central SA	District 8
York	Northern SA	District 5

Appendix C

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 [Nebr. Rev. Stat. §43-245(2)] as being age birth through eighteen; in Nebraska a child becomes a legal adult on their 19th birthday.

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

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

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). Geographic regions under DHHS/CFS are called **service areas**

CSA is the Central area, **ESA** is the Eastern area, **NSA** is the Northern, **SESA** is the Southeast, and **WSA** is the Western area. Counties in each are listed in Appendix B.

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.

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

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

The FCRO uses the term “out-of-home care” to avoid confusion because some researchers and groups define “**foster care**” narrowly 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.^{66,67}

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

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

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

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

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.

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

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.

⁶⁶ 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

⁶⁷ 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

Appendix D

The Foster Care Review Office

The Foster Care Review Office (FCRO) celebrated 41 years of service on July 1, 2023. 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.⁶⁸

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.⁶⁹

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.

⁶⁸ Data quoted in this report are from the FCRO's independent data tracking system and FCRO completed case file reviews unless otherwise noted.

⁶⁹ Children and youth are typically reviewed at least once every six months for as long as they remain in care.

Appendix E

Understanding and Interpreting the Data

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

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

This data may be presented as an aggregate for the fiscal year or snapshot data on the last day of the fiscal year (6/30/2023) as appropriate. Annual aggregated data (such as average daily population) will contain duplicated children across agencies if a child is involved with DHHS/CFS, Probation, or DHHS/OJS simultaneously. Snapshot data counts each child only one time, regardless of their agency involvement.

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

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

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

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 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

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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