



March 2024 Quarterly Report

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NEBRASKA

FOSTER CARE REVIEW OFFICE

Good Life, Great Outcomes

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EXECUTIVE SUMMARY

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

This report contains the most recent data available on conditions and outcomes for children in out-of-home care through the child welfare and juvenile justice systems. Some key findings for those children include:

- 4,098 Nebraska children were in out-of-home or trial home visit placements under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division (hereafter referred to as Probation) on 12/31/23, representing a 2.4% decrease from 12/31/22. (page 12)
- Of the 4,098 total children, 3,398 (82.9%) children were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation, a 5.5% decrease compared to children on 12/31/22. (page 14)
- Most DHHS/CFS wards in out-of-home placements or trial home visits (97.6%) were placed in a family-like, least restrictive setting. (page 18)
- Over half of the children in a least-restrictive foster home, excluding those in trial home visits, were placed with relatives or kin (55.7%). (page 18)
- Of the 60 DHHS/CFS wards in congregate care, a majority were in Nebraska (80.0%); that is less than the 85.1% in congregate care placed in Nebraska on 12/31/22. (page 21)
- Depending on the geographic area, between 8.2% and 36.8% of the children have had five or more workers since most recently entering the child welfare system. Furthermore, 135 children statewide had 10 or more workers in that timeframe, most of whom (123) were from the Eastern Service Area (ESA). This resulted in a

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.

¹ Data cited in this report are from the FCRO's independent data tracking system or FCRO completed case file reviews unless otherwise noted. Some of the most requested data is also available through the FCRO's data dashboards (accessed via fcro.nebraska.gov/data_dashboards). Data presented includes numbers of children impacted, the agencies and courts responsible, demographics, and key indicators, all of which can be sorted in the most useful ways.

significant decrease since 12/31/22 when 294 children had experienced 10 or more workers. (page 23)

- 138 (3.4%) youths in out-of-home care were involved with DHHS/CFS and Probation simultaneously, representing an 8.7% increase compared to youths on 12/31/22. (page 24)
- There were 483 (11.8%) youths that were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTCs, a 16.7% increase compared to youths on 12/31/22. (page 27)
- Probation most often utilizes in-state placements; 87.3% of the 363 youths with a known placement location in congregate care were placed in Nebraska. (page 31)
- 74 youths, 60 males and 14 females, from various counties across Nebraska were at a YRTC on 12/31/23 which is a 19.4% increase compared to the 62 such youths at the YRTCs at the same time last year. (page 32)
- Disproportionate rates for children of color in out-of-home care remains a critical issue to be examined and addressed, regardless of which agency or agencies are involved. No meaningful change or improvement has occurred in the last year in the disproportionate rates of Black, Non-Hispanic, and Native American, Non-Hispanic youth in out-of-home care. (pages 16, 25, 29, 34)
- The median age for Nebraska children in care on 12/31/23 by agency involvement: 8 years old for DHHS/CFS wards, 16 years old for dually involved youth, and 16 years old for Probation only youth. For youth at a YRTC the median age was 16.5 years old for males and 17 years old for females. (pages 16, 25, 28, 33)
- The average number of times in care on 12/31/23 by agency involvement: 1.3 for DHHS/CFS wards, 1.7 for dually involved youth, 2.1 for Probation only youth, and 2.7 for youth at a YRTC. (pages 16, 25, 29, 35)
- The median number of days in care on 12/31/23: 465 days for DHHS/CFS wards, 507 days for dually involved youth, 157 days for Probation only youth, and 361 days for youth placed at a YRTC. (pages 16, 25, 29, 35)
- The average number of lifetime placements as of 12/31/23 by agency involvement: 3.5 for DHHS/CFS, 9.8 for dually involved youth, 4.9 for Probation only youth, and 10.7 for youth at a YRTC. (pages 17, 25, 30, 35)
- Missing from care continues to be an issue. The following 53 children and youth were missing from care as of 12/31/23 by agency involvement: 20 DHHS/CFS wards, 10 dually involved youth, 22 Probation only youth, and 1 DHHS/OJS and Probation supervised youth. (pages 20, 26, 30, 32)
- Covid-19 undoubtedly had a significant impact on youth and families, programs, and providers. It is expected to take years, if not decades, to truly understand the full impact it has had on the children and youth involved in the child welfare and juvenile justice systems. It will continue to be an important factor to consider when reviewing outcome trends over time.

RECOMMENDATIONS

Current Priority Recommendations

Children's experiences in out-of-home care have life-long impacts. In its September 2023 Annual Report, the FCRO made recommendations intended to improve conditions for children in Nebraska's child welfare and juvenile justice systems. Many of those recommendations remain relevant and can be found in the report on our website at fcro.nebraska.gov. The recommendations offered in this quarterly report are based on an analysis of the data tracked by the FCRO, as well as data collected during case reviews, findings by local review boards, and publicly available data.

1. Meaningful and active efforts across all system-involved levels need to be made to address the continued and often increasing racial disproportionality and overrepresentation of minority children and youth in the system.
2. The FCRO is concerned about the increase in the number of youth placed in detention facilities. This is a trend we are watching, and we believe it warrants further investigation as a means to understand this population of youth, what their needs are, and whether those needs are being met. Youth placed in detention or other juvenile justice confinement must have access to appropriate treatment services and programming, including educational programming, to ensure that time spent in detention is not lost and youth can continue to make progress toward healing and rehabilitation. Nearly one-fourth of Probation involved youth were placed in detention or other juvenile justice placements, an increase by nearly 5% since last quarter. More needs to be done to keep youth out of detention placements through services such as diversion and other rehabilitation efforts.
3. The COVID-19 pandemic saw a drastic reduction in the number of Probation involved youth in out-of-home care with the goal being to keep as many youth in their home as possible. Efforts should be made to continue these practices to keep youth in their homes whenever safely possible and to help reduce the number of Probation involved youth in more restrictive placements.
4. Relatives are the preferred placement and help children achieve better outcomes when a child is removed from the home and placed in out-of-home care. The FCRO is concerned about the increased use of non-relative foster homes and the reduction in the use of relative foster homes. The termination of the longstanding Family Finding contract with a private provider and DHHS' plan to move the service in-house despite not having the training, expertise, or personnel to meet the demand is a disturbing development. We are especially concerned because trained DHHS

resource developers and utilization management specialists have recently been reassigned as case managers, leaving those other support functions vacant or eliminated.

5. Although progress has been made in licensing relative and kinship homes over the last year, it has been inconsistent. From 9/30/23 to 12/31/23 the number of children placed in licensed relative homes has decreased from 318 to 286. While progress has been made since 2022, the current numbers are trending in the wrong direction. The federal government now permits states to have different licensing standards for relative foster homes and non-relative foster homes. The FCRO encourages DHHS to adopt favorable licensing standards for relative foster homes in order to increase federal Title IV-E reimbursement. Additionally, provide 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.
6. The FCRO recognizes the significant progress DHHS has made over the last year in decreasing the number of children in the Eastern Service Area who have had 10 or more caseworkers in their most recent episode in out-of-home care (from 275 to 123). Children with 10 or more caseworkers are minimal across the rest of the state. There remains an issue with children having five or more caseworkers across the state, but particularly in the ESA, where 36.8% of the children have had five or more caseworkers. DHHS must continue to make progress in workforce stability to prevent the unnecessary transfer of cases between caseworkers.
7. To address high turnover and other staffing challenges, DHHS is encouraged to create and implement a long-term plan to recruit individuals that might consider pursuing a career in social work, psychology, mental health practice, and related professions. This may include activities such as 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. As the number of caseworker trainees in the ESA continues to remain high, training and on-going support and supervision need to be top priorities.
8. The FCRO encourages the Legislature, DHHS, Probation, and the courts to give serious and timely consideration to the recommendations of the LB 1173 Work Group and begin implementing intersectoral strategies to transform child and family well-being in Nebraska. We are concerned that the report submitted to the Legislature on December 1, 2023 will become just another expensive report on child welfare in Nebraska that is collecting dust on a shelf.

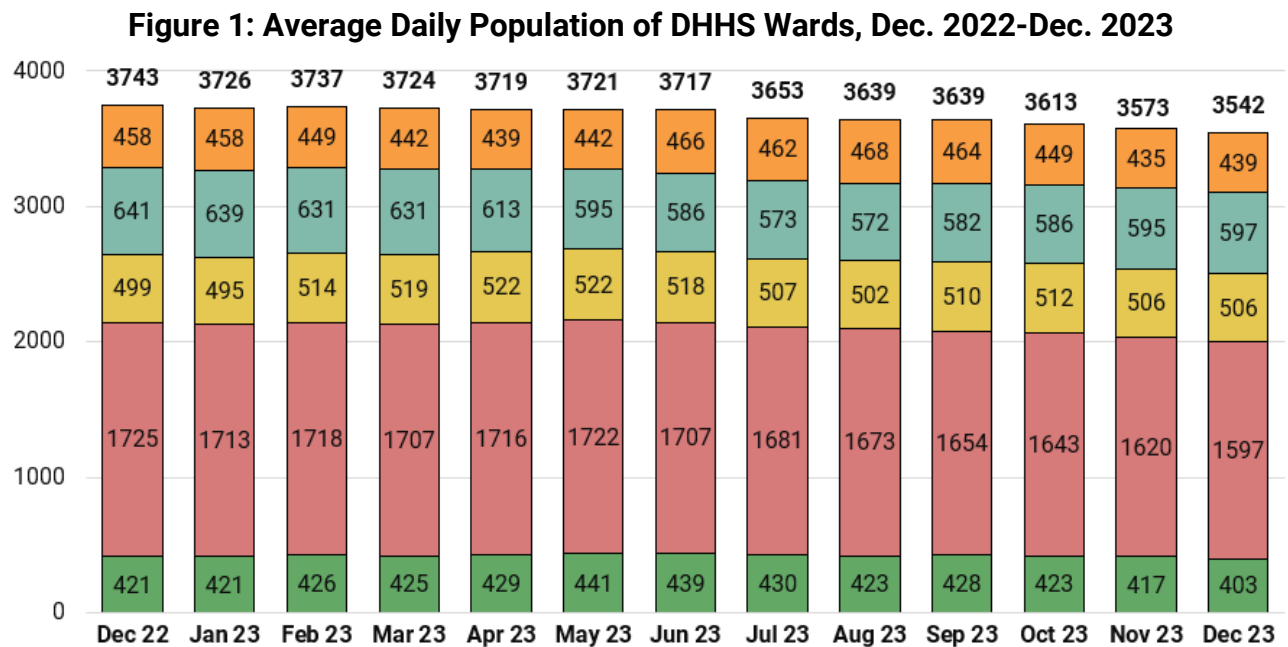
The FCRO will continue to work with all system stakeholders to pursue the recommended changes.

OUT-OF-HOME TRENDS

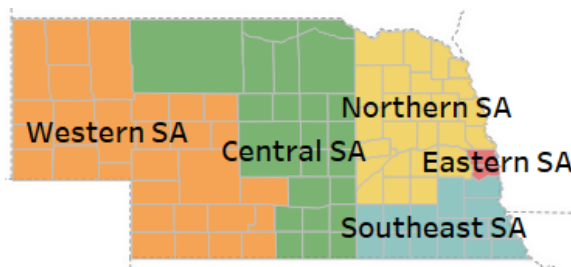
This section includes the Average Daily Population as well as the Entry and Exit data for court-involved children in out-of-home care or trial home visits involved with DHHS and Probation. Youth who were involved with both DHHS and Probation simultaneously (dually involved youth) are included in both 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 December 2022 to December 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 among service areas (geographic regions).

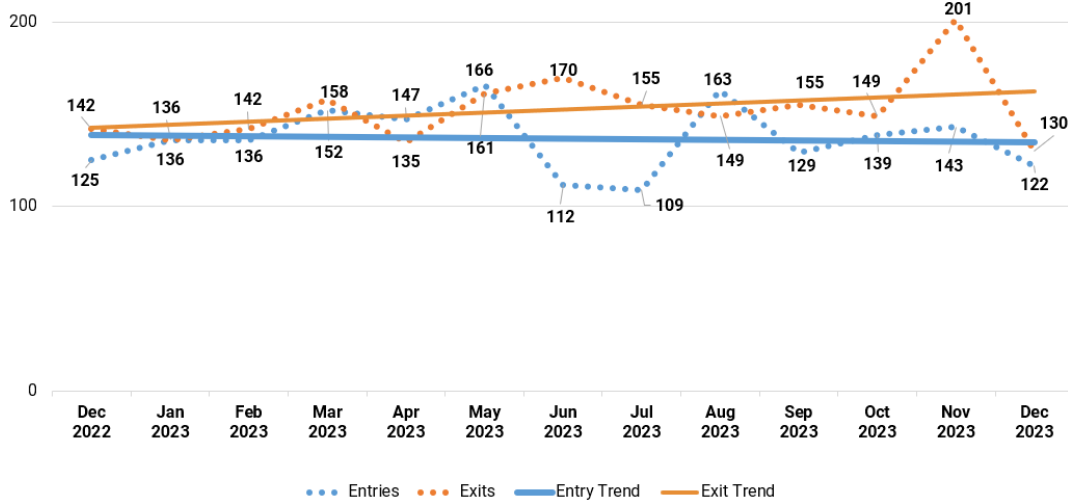
Figure 2: Percent Change in Average Daily Population of DHHS Wards by Service Area, Dec. 2022 to Dec. 2023²

	Dec-22	Dec-23	% Change
Central SA	421	403	-4.3%
Eastern SA	1,725	1,597	-7.4%
Northern SA	499	506	1.4%
Southeast SA	641	597	-6.9%
Western SA	458	439	-4.1%
State	3,743	3,542	-5.4%

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

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

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

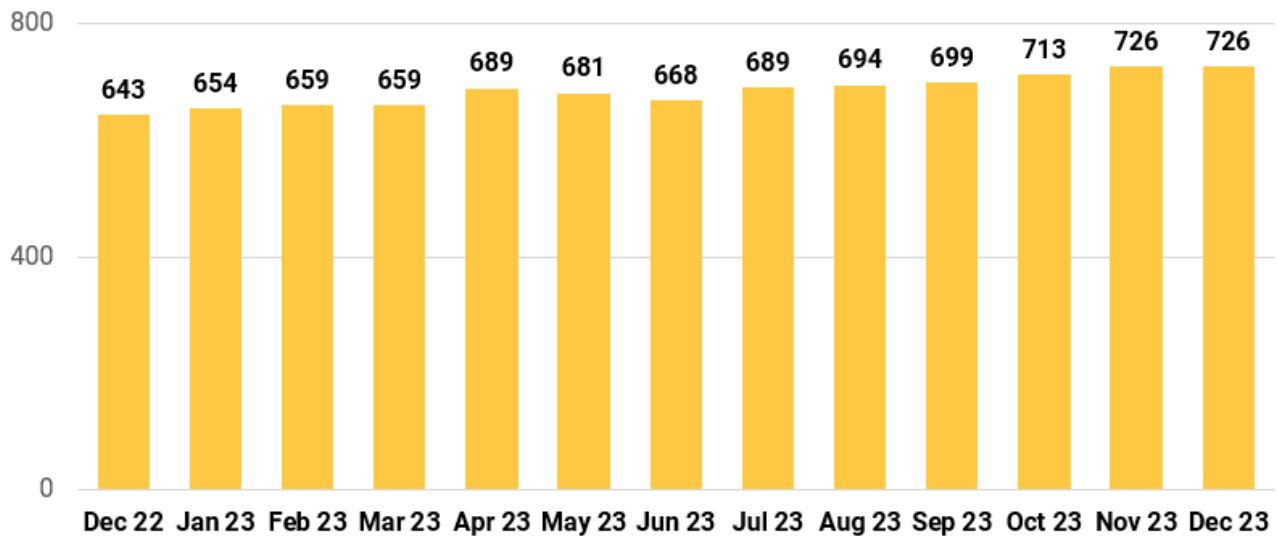


² Averages for each column may not be exactly equal to the sum of the service areas due to rounding.

JUVENILE JUSTICE-PROBATION TRENDS

Average Daily Population. Figure 4 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 and those placed at a YRTC, from December 2022 to December 2023. The average daily population increased resulting in 12.9% more Probation supervised youth in out-of-home care on average in December 2023 compared to December 2022.

Figure 4: Average Daily Population of Probation Supervised Youth in Out-of-Home Care, Dec. 2022-Dec. 2023³



³ Averages for each column may not be exactly equal to the sum of the probation districts due to rounding.

Three of the 12 probation districts experienced a decline in the population of Probation supervised youth in out-of-home care, as demonstrated in Figure 5.

Figure 5: Percent Change in Average Daily Population of Probation Supervised Youth by Probation District, Dec. 2022 to Dec. 2023⁴

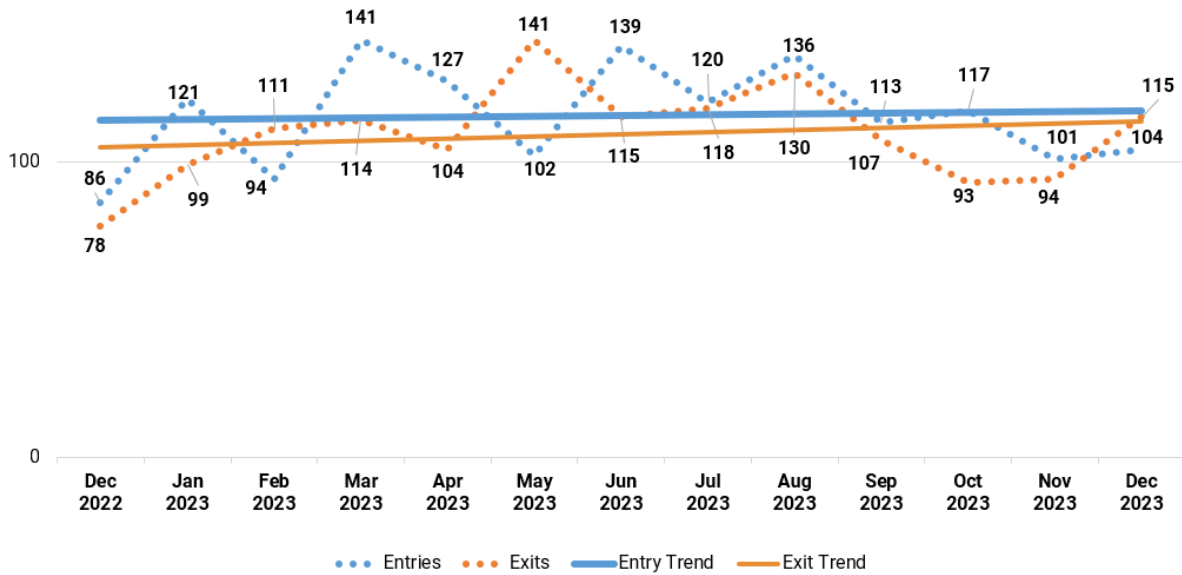
	Dec-22	Dec-23	% Change
District 1	17	24	41.2%
District 2	40	40	0.0%
District 3J	117	128	9.4%
District 4J	207	252	21.7%
District 5	32	37	15.6%
District 6	38	35	-7.9%
District 7	42	45	7.1%
District 8	12	13	8.3%
District 9	54	44	-18.5%
District 10	24	33	37.5%
District 11	27	47	74.1%
District 12	32	26	-18.8%
State	643	726	12.9%

⁴ Averages for each column may not be exactly equal to the sum of the probation districts due to rounding.

Out-of-Home Trends

Entries and Exits. Probation related placements are focused on community safety and rehabilitation of the youth. Under statute, the FCRO tracks and reviews Probation supervised youth if they are in an out-of-home placement. For Probation supervised youth, the end of an episode in out-of-home care does not necessarily coincide with the end of their Probation supervision; therefore, the FCRO is unable to report on successful or unsuccessful releases from Probation.

Figure 6: Monthly Entries and Exits of Probation Supervised Youth, Dec. 2022-Dec. 2023



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 eight point in time quarters. The DHHS/CFS and Dually Involved tables below show the statewide total as well as the breakout by service area. Probation displays the statewide total and the breakout by probation district. Finally, YRTC represents the statewide total and the breakout by gender.

DHHS/CFS	3/31/22	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23	9/30/23	12/31/23
Statewide	3,613	3,606	3,633	3,596	3,584	3,530	3,480	3,398
CSA	436	421	408	385	409	407	404	378
ESA	1,655	1,655	1,666	1,652	1,643	1,612	1,581	1,536
NSA	474	499	477	487	500	508	495	489
SESA	612	604	629	609	590	549	554	570
WSA	436	427	453	463	442	454	446	425

- For children and youth involved only with DHHS/CFS, the most recent point in time data shows a 2.4% statewide decrease over the previous quarter.
- Four of the five service areas had a decrease with the largest decrease occurring in the CSA at 6.4%; whereas the SESA had an increase of 2.9%.

Dually Involved	3/31/22	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23	9/30/23	12/31/23
Statewide	125	107	117	127	127	129	127	138
CSA	22	18	21	20	17	19	15	18
ESA	48	46	46	54	60	56	57	62
NSA	18	10	13	17	15	18	15	14
SESA	28	28	23	21	21	20	25	28
WSA	9	5	14	15	14	16	15	16

- For youth who were dually involved with DHHS/CFS and Probation, the most recent point in time data shows an 8.7% statewide increase over the previous quarter.
- Four of the five service areas had an increase while one service area (NSA) had a slight decrease over the previous quarter.

Out-of-Home Trends

Probation	3/31/22	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23	9/30/23	12/31/23
Statewide	382	372	399	414	419	435	473	483
District 1	11	9	12	11	13	16	20	18
District 2	29	25	29	32	27	31	30	35
District 3J	72	67	64	71	66	75	79	82
District 4J	122	118	116	113	121	125	139	151
District 5	19	20	16	23	28	32	37	32
District 6	22	29	35	28	26	37	32	28
District 7	25	19	22	33	32	20	28	28
District 8	7	5	8	7	6	8	7	6
District 9	34	35	43	39	41	32	30	29
District 10	11	8	13	17	16	15	22	24
District 11	16	19	20	17	22	30	29	34
District 12	14	18	21	23	21	14	20	16

- For youth who were only involved with Probation, the most recent point in time data shows a 2.1% statewide increase over the previous quarter.
- Five of the 12 probation districts had an increase, with the largest increase occurring in District 11 at 17.2%, followed by District 2 at 16.7%, District 10 at 9.1%, District 4J at 8.6%, and District 3J at 3.8%.
- Six probation districts had a decrease over the previous quarter, with the largest decrease occurring in District 12 at 20.0%, followed by District 8 at 14.3%, District 5 at 13.5%, District 6 at 12.5%, District 1 at 10.0%, and lastly District 9 at 3.3%.
- District 7 had no change from the previous quarter.

YRTCs	3/31/22	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23	9/30/23	12/31/23
Statewide	63	68	68	62	82	84	78	74
Females	15	15	15	15	22	22	12	14
Males	48	53	53	47	60	62	66	60

- For youth who were placed at a YRTC, the most recent point in time data shows a 5.1% total population decrease over the previous quarter; however, the male population solely accounted for the decrease as the female population count increased.

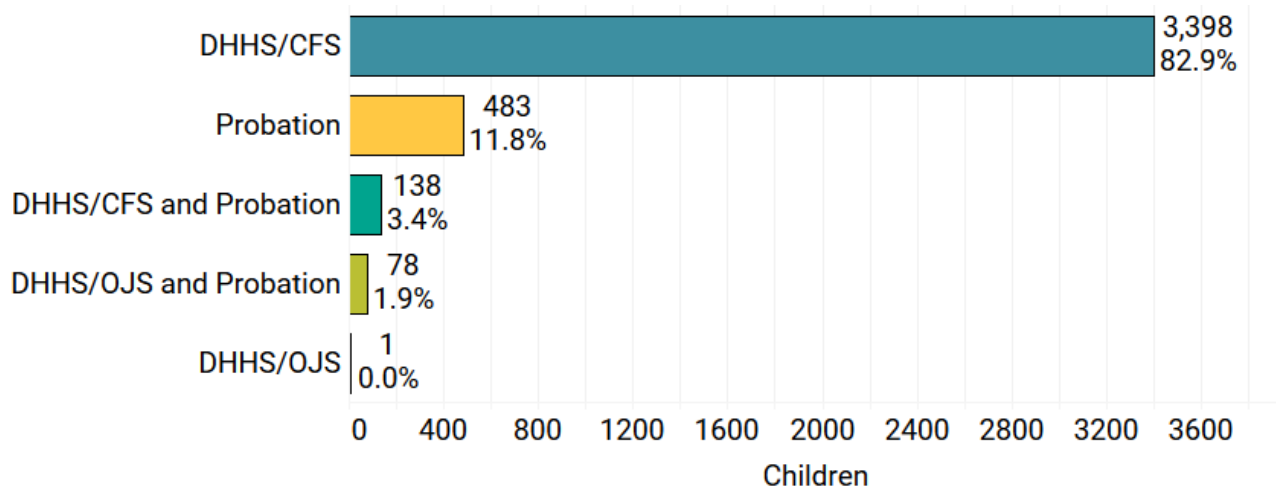
SYSTEM-WIDE TRENDS

On 12/31/2023, 4,098 Nebraska children were in out-of-home or trial home visit placements⁵ under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division (hereafter referred to as Probation).

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

Figure 7 provides a snapshot of the agency involvement of non-duplicated children in out-of-home care on 12/31/2023.

Figure 7: All Court-Involved Children in Out-of-Home Care or Trial Home Visit by Agency Involved on 12/31/2023, n⁶=4,098



⁵ This section does not include children in non-court Approved Informal Living Arrangements, tribal wards, or children that have never had a removal from the home.

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

CHILD WELFARE CHILDREN

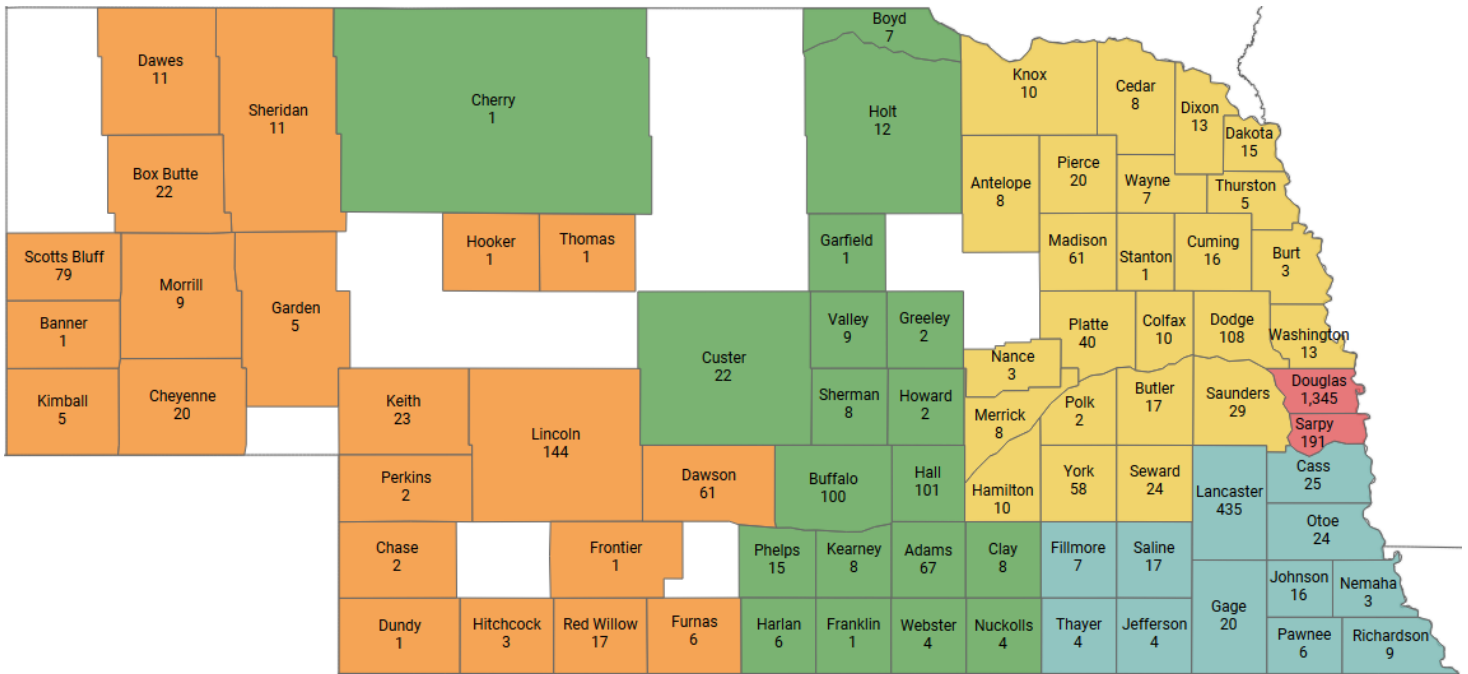
DHHS/CFS COURT-INVOLVED CHILDREN IN CARE THROUGH THE CHILD WELFARE SYSTEM

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

POINT IN TIME DEMOGRAPHICS AND PLACEMENTS

County. Figure 9 shows the county of court jurisdiction for the 3,398 children in out-of-home care or trial home visit on 12/31/2023. This compares to 3,596 on 12/31/2022, a 5.5% decrease.

Figure 9: County of Court Jurisdiction for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 12/31/2023, n=3,398*



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

Figure 10: Service Areas for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 12/31/2023, n=3,398

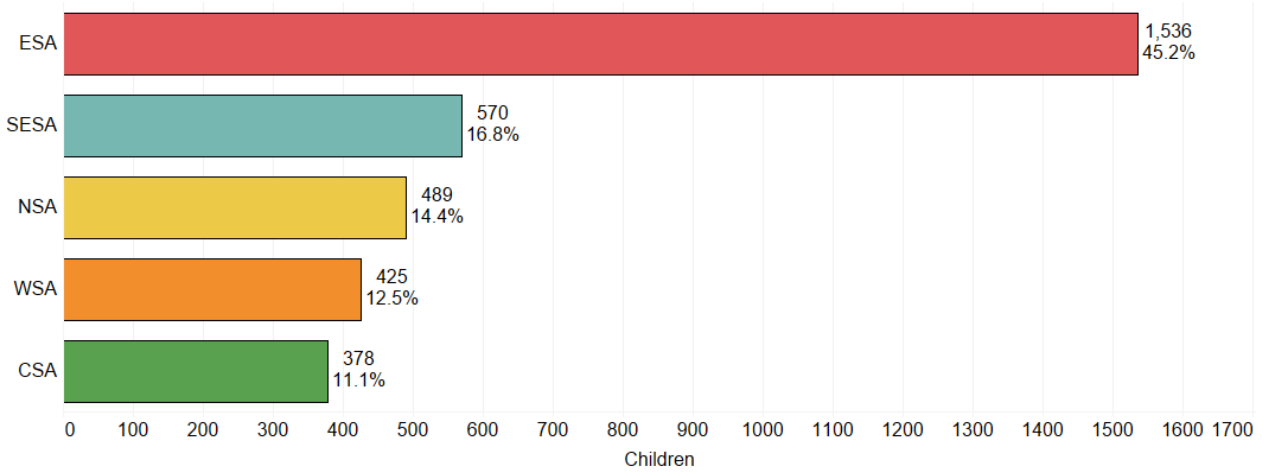


Figure 11 shows the top 10 counties by rate of DHHS/CFS wards in care per 1,000 children in the population, ages 0 through 18, on 12/31/2023. While the three most populous counties in Nebraska (Douglas, Lancaster, and Sarpy) make up approximately 58% of DHHS/CFS wards, these counties are not within the top 10 counties with the highest rates. Some rural counties, like Lincoln County (North Platte), which had the fourth highest count of children who are DHHS/CFS wards, have higher rates of children in out-of-home care. Statewide, the rate of DHHS/CFS wards in care per 1,000 children was 6.4.

Figure 11: Top 10 Counties by Rate of DHHS/CFS Wards in Care per 1,000 Children in the Population on 12/31/2023⁸

County	Children in Care	Total Children Ages 0 - 19	Rate per 1,000 children	Family Count
Boyd	7	358	19.6	2
Lincoln	144	8,416	17.1	87
York	58	3,713	15.6	32
Johnson	16	1,038	15.4	7
Garden	5	388	12.9	3
Keith	23	1,820	12.6	12
Sherman	8	715	11.2	6
Dodge	108	10,068	10.7	72
Pierce	20	2,037	9.8	8
Pawnee	6	614	9.8	3

⁸ U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2022.

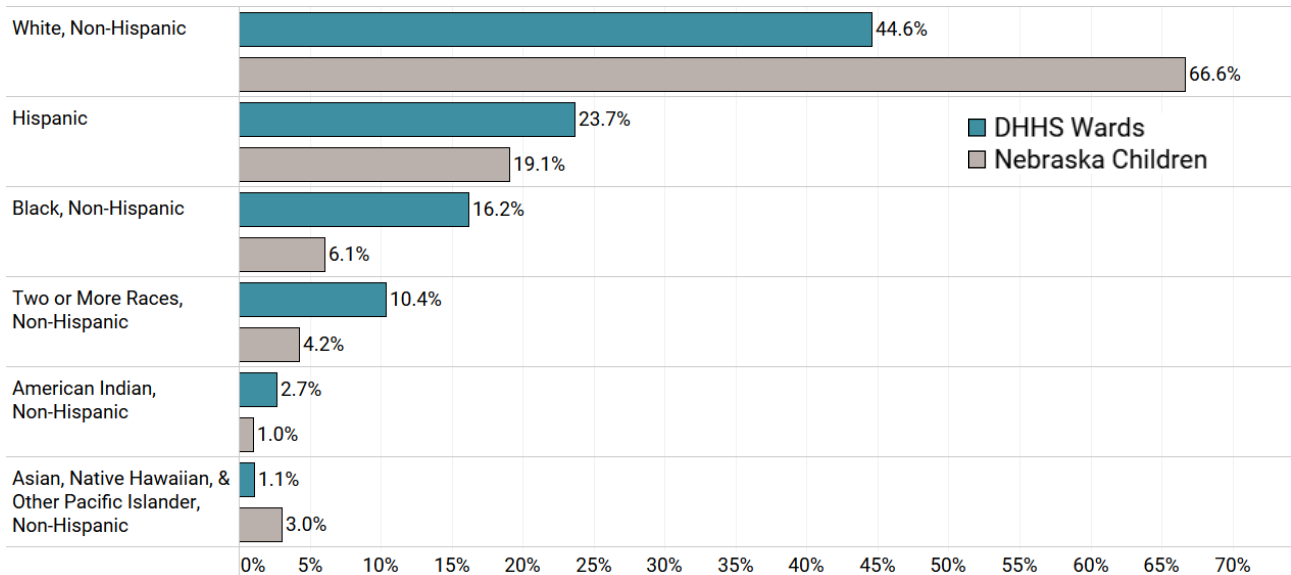
Age. Consistent with past years, the median age was 8 years old for DHHS/CFS wards in care.

- 36.9% of the children in out-of-home care or trial home visit on 12/31/2023 were age 5 and under.
- 34.2% of the children were age 6-12.
- 28.9% of the children were age 13-18.

Gender. Males (49.6%) and females (50.4%) were nearly equally represented in the number of DHHS/CFS wards in care.

Race. Figure 12 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. A truly equitable out-of-home care system should reflect a population composed of race/ethnicity ratios in out-of-home care equivalent to the ratios of children in the general population per census records.

Figure 12: Race and Ethnicity of DHHS/CFS Wards in Out-of-Home Care and Trial Home Visit on 12/31/2023 Compared to Nebraska Children, n=3,398



Times in Care Over Lifetime. The average number of times in care over their lifetime for current DHHS/CFS wards as of 12/31/2023 was 1.3.

Median Length of Stay. For those in care on 12/31/2023, the median number of days in care for DHHS/CFS wards was 465 days.

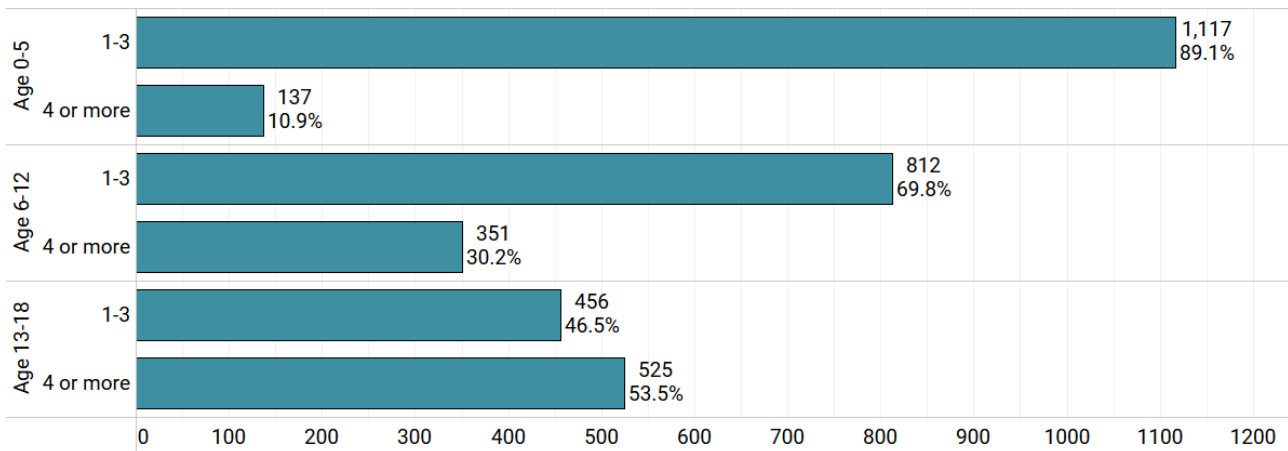
Number of Placements. National research indicates that children experiencing four or more placements over their lifetime are likely to be permanently damaged by the instability and trauma of broken attachments.⁹ However, children who have experienced consistent, stable, and loving caregivers are more likely to develop resilience to the effects of prior abuse and neglect, and more likely to have better long-term outcomes.¹⁰

On 12/31/2023, DHHS/CFS wards had an average of 3.5 placements in their lifetime.

Figure 13 shows the number of lifetime placements for DHHS/CFS 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 four or more times. This has implications for children’s health and safety throughout their lifetime.

By the time children reach their teen years, over half (53.5%) have had four or more lifetime placements.

Figure 13: Lifetime Placements for DHHS/CFS Wards in Care 12/31/2023, n=3,398



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

Age Group	CSA	ESA	NSA	SESA	WSA
0-5	3.1%	13.0%	11.7%	12.2%	7.8%
6-12	30.4%	37.3%	23.1%	28.3%	16.1%
13-18	50.0%	59.8%	43.9%	48.4%	52.9%

⁹ Examples include Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

¹⁰ Ibid.

Placement Restrictiveness. It is without question “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 (97.6%) of DHHS/CFS state wards in care on 12/31/2023 were placed in the least restrictive placement, well above the 2021 national average of 90%.¹¹ This is a continuing trend.
 - Of the children placed in family-like settings (not including trial home visits), 55.7% were in a relative or kinship placement.¹²

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.

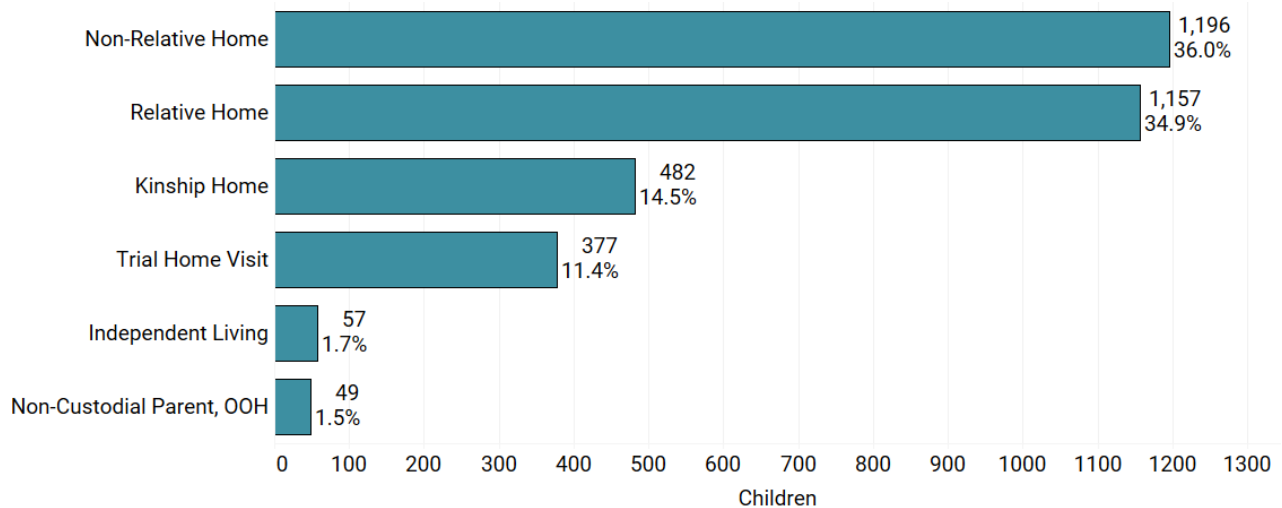
When a maternal or paternal relative or family friend is an appropriate placement, children suffer less disruption by being placed with persons they already know, who make them feel safe and secure. However, it is not required that relatives have a pre-existing relationship with the child to be placed with them.

When considering Figure 14, remember 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.

¹¹ Children in foster care by placement type in united states. April 2023. The Annie E. Casey Foundation Kids Count Data Center. <https://datacenter.aecf.org/data/line/6247-children-in-foster-care-by-placement-type?loc=1&loct=1#1/any/true/2048/asc/2622,2621,2623,2620,2625,2624,2626/12995>.

¹² Neb. Rev. Stat. §71-1901 defines relative care as placement with a relative of the child or of the child’s sibling through blood, marriage, or adoption. Kinship care is with a fictive relative, someone with whom the child has had a significant relationship prior to removal from the home. Other states may use different definitions of kin, making comparisons difficult.

Figure 14: Additional Details on Least Restrictive Placement Type for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 12/31/2023, n=3,318



Types of Least Restrictive Placements. There are several different types of placements in the least restrictive category that provide care to children in home-like settings. Nebraska law¹³ defines some of these placements differently than many other states; the following are the Nebraska definitions:

1. "Relative home" is a home where one of the primary caregivers is related to the child or a sibling by blood, marriage, or adoption.
2. "Kinship home" is a home where one of the primary caregivers has previously lived with the child or is a trusted adult who has a preexisting, significant relationship with the child or a sibling.
3. "Independent living" is for teens nearing adulthood, such as those in a college dorm or apartment.
4. "Trial home visit" (THV) by statute is a temporary placement with the parent from which the child was removed with both the Court and DHHS/CFS remaining involved.
5. "Non-custodial parent out-of-home" refers to instances where children were removed from one parent and placed with the other but legal issues around custody have yet to be resolved.
6. "Non-relative home" refers to a licensed foster home where the primary caretakers have no significant prior relationship with the child.

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

¹³ Neb. Rev. Stat. §71-1901.

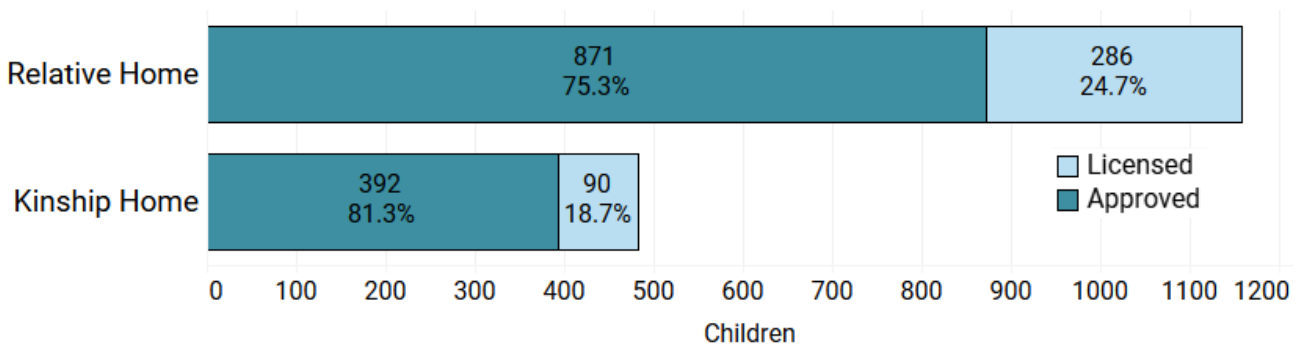
- 1) Approved caregivers do not receive the valuable training provided to licensed caregivers on helping children who have experienced abuse, neglect, and removal from their parents, and
- 2) In order to receive federal Title IV-E funds, otherwise eligible children must reside in a licensed placement,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

Relative homes can be granted a waiver of one or more of the following requirements:

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

Current License Status. Due to the fiscal impact and caregiver training issues, the FCRO looked at the licensing status for relative and kinship placement types. As shown in Figure 15, in keeping with the FCRO’s focus on individual children, we see that relatively few are in a licensed placement. However, since 12/31/2022, children in licensed relative placements have increased from 17.9% to 24.7% and children in licensed kinship placements have increased from 12.1% to 18.7%. Progress is being made, but it is slow progress.

Figure 15: Licensing for DHHS/CFS Wards in Relative or Kinship Foster Homes on 12/31/2023, Statewide, n=1,157 (relatives) and n=482 (kinship)

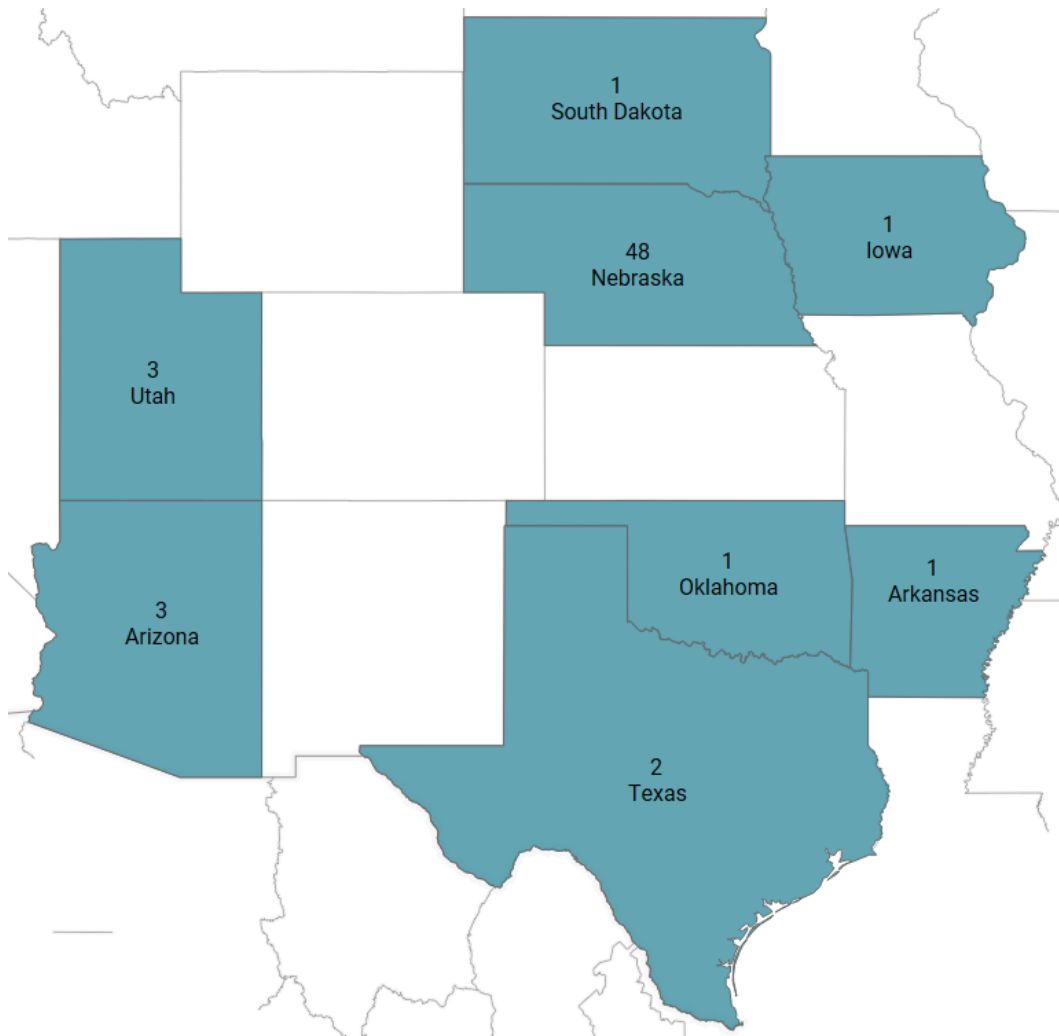


Missing from Care. On 12/31/2023, there were 20 DHHS/CFS only involved children missing from care. Of the missing children, 12 were female and 8 were male. This is always a serious safety issue that deserves special attention. While unaccounted for, these children have higher likelihoods of being victimized by sex traffickers or having other poor outcomes.

Congregate Care. The majority (80.0%) of DHHS/CFS wards in congregate care facilities¹⁴ are placed in Nebraska (Figure 16).

- DHHS/CFS had 60 children in congregate care, resulting in an 18.9% decrease from 74 the previous year.

Figure 16: DHHS/CFS Wards in Congregate Care on 12/31/2023 by State of Placement, n=60



¹⁴ Congregate care includes non-treatment group facilities, group facilities that specialize in psychiatric, medical, and group emergency placements.

CASEWORKER CHANGES

Caseworkers are charged with ensuring children's safety while in out-of-home care, and they are critical for children to achieve timely and appropriate permanency. The number of different caseworkers assigned to a case is significant because worker changes can create situations where there are gaps in the information and client relationships must be rebuilt, causing delays in permanency. A study still frequently quoted from Milwaukee County, Wisconsin, found that children who only had one caseworker achieved timely permanency in 74.5% of the cases, as compared with 17.5% of those with two workers, and 0.1% of those having six workers.¹⁵ Caseworker turnover has been associated with more placement disruptions, time in foster care, incidents of maltreatment, and re-entries into foster care.¹⁶ Turnover is also significant to the child welfare system because resources are directed to recruiting, hiring, and training new workers instead of serving families. Every time a caseworker leaves the workforce, the cost to the agency is approximately 70% to 200% of the exiting employee's annual salary.¹⁷

The FCRO receives information from DHHS/CFS about the number of caseworkers children have had while in out-of-home or trial home visit during their current episode.¹⁸ Due to system changes, the following explanations are necessary:

- In the Eastern Service Area, ongoing casework was done primarily 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.¹⁹
- In the rest of the state, the data represents the number of DHHS/CFS Case Managers assigned to a case.

¹⁵ [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 \(uh.edu\)](#)

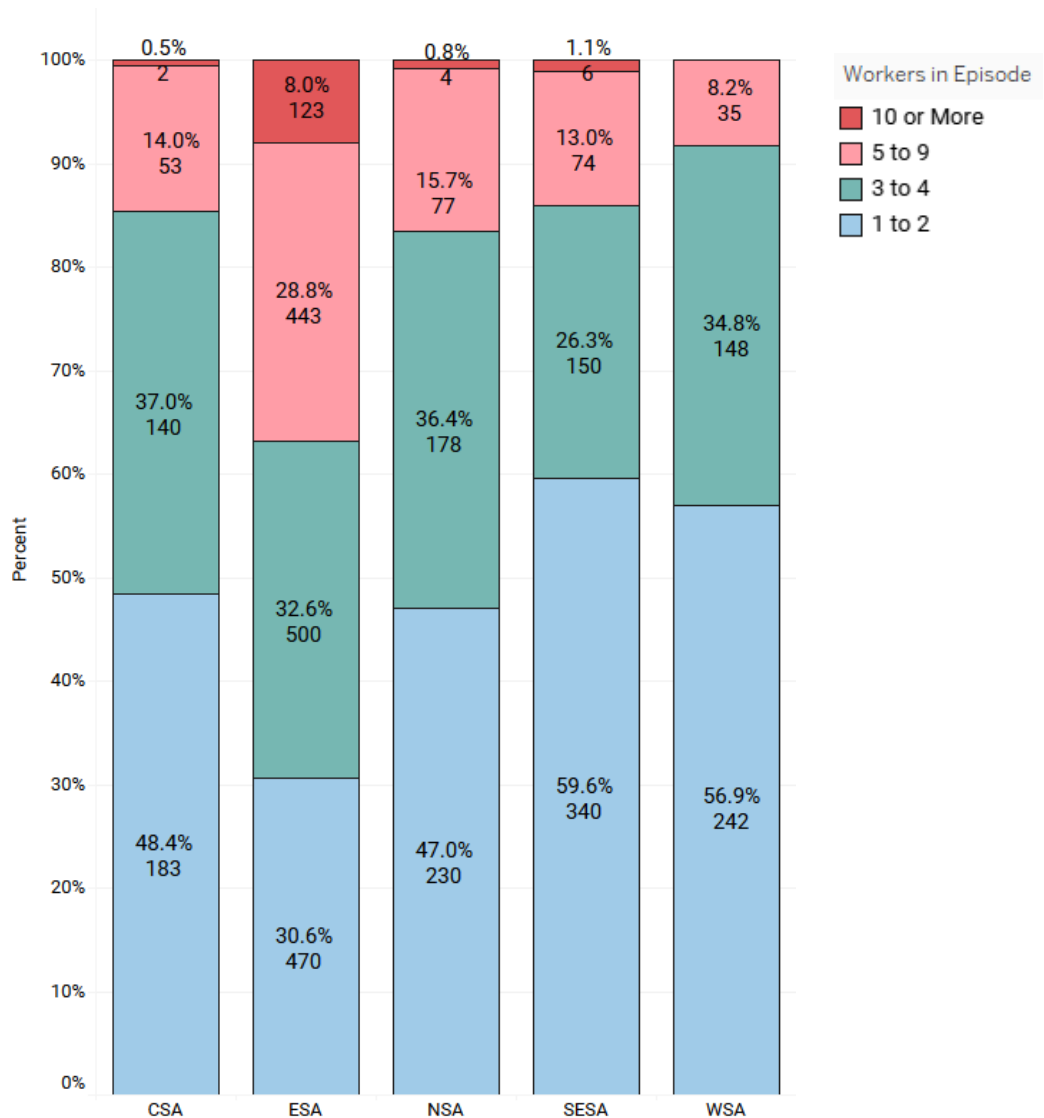
¹⁶ "How Does Turnover Affect Outcomes - Casey Family Programs." 2017. Casey Family Programs. December 29, 2017. <https://www.casey.org/turnover-costs-and-retention-strategies/>.

¹⁷ Ibid.

¹⁸ 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."

¹⁹ PromiseShip held the lead agency contract with DHHS until 2019 when DHHS rebid the contract and awarded it 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 17: Number of Caseworkers in Current Episode for DHHS/CFS Wards in Care on 12/31/2023, n=3,398



Nearly a quarter (24.0%) of the children served by DHHS/CFS have had five or more caseworkers during their current episode in care. The Eastern Service Area, which had previously been served by a private contractor, has a much higher percentage of children with five or more caseworkers than any other service area in the state. In fact, many children (36.8%) in the Eastern Service Area had five or more workers, and of those, 123 children (8.0% of the total) had 10 or more workers in their current episode in care, a decrease from last year when it was 51.7% and 16.6% respectively. This does not include caseworkers who may have worked with the child during a previous episode in out-of-home care or a non-court, voluntary case. It is apparent DHHS/CFS has made strides in reducing case transfers in the Eastern Service Area over the last year, and we want to encourage them to continue to bring down the number of children who have had five or more caseworkers in their most recent episode in care.

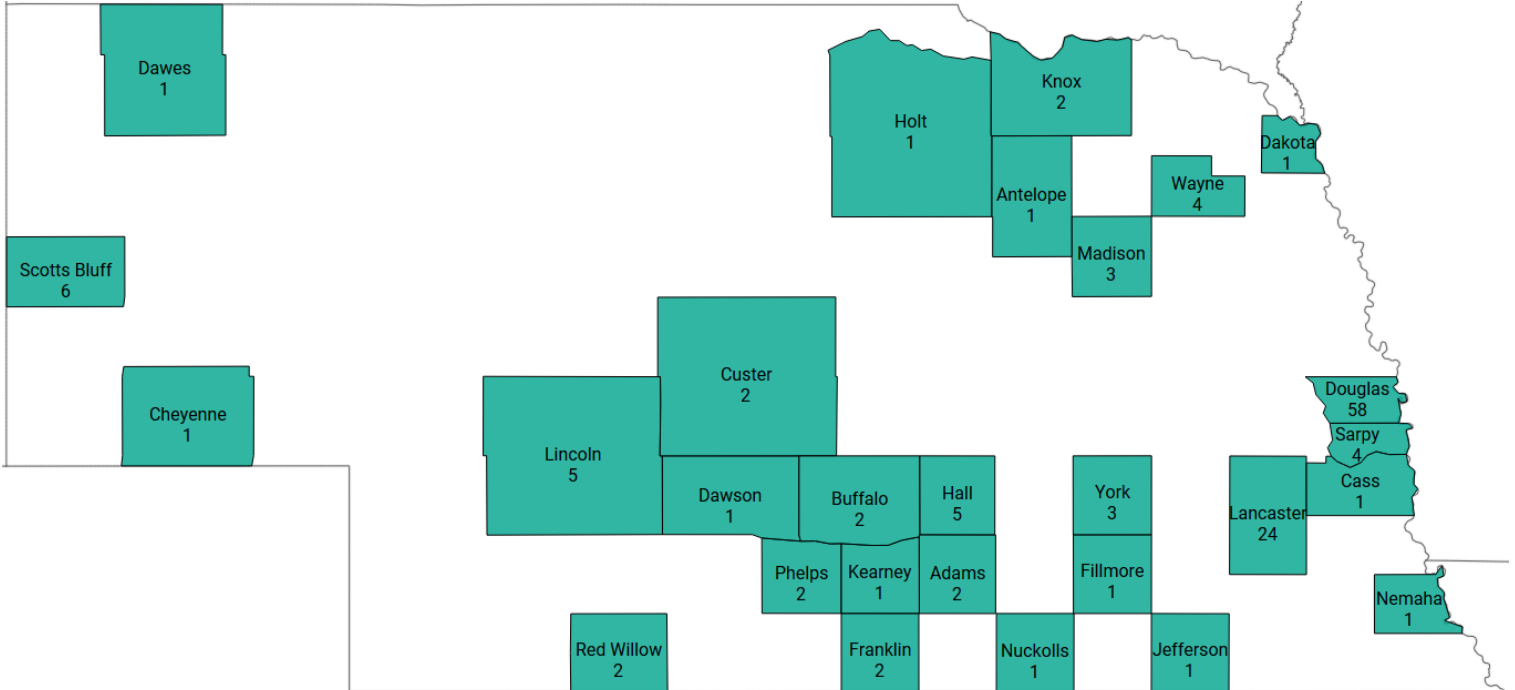
DUALY INVOLVED YOUTH

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

POINT IN TIME DEMOGRAPHICS

County. On 12/31/2023, there were 138 dually involved youth in out-of-home care, an 8.7% increase from the 127 dually involved youth on 12/31/2022. (See Appendix A for a list of counties and their respective judicial districts and service areas).

Figure 18: County of Court Jurisdiction for Dually Involved Youth on 12/31/2023, n=138



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

Dually Involved

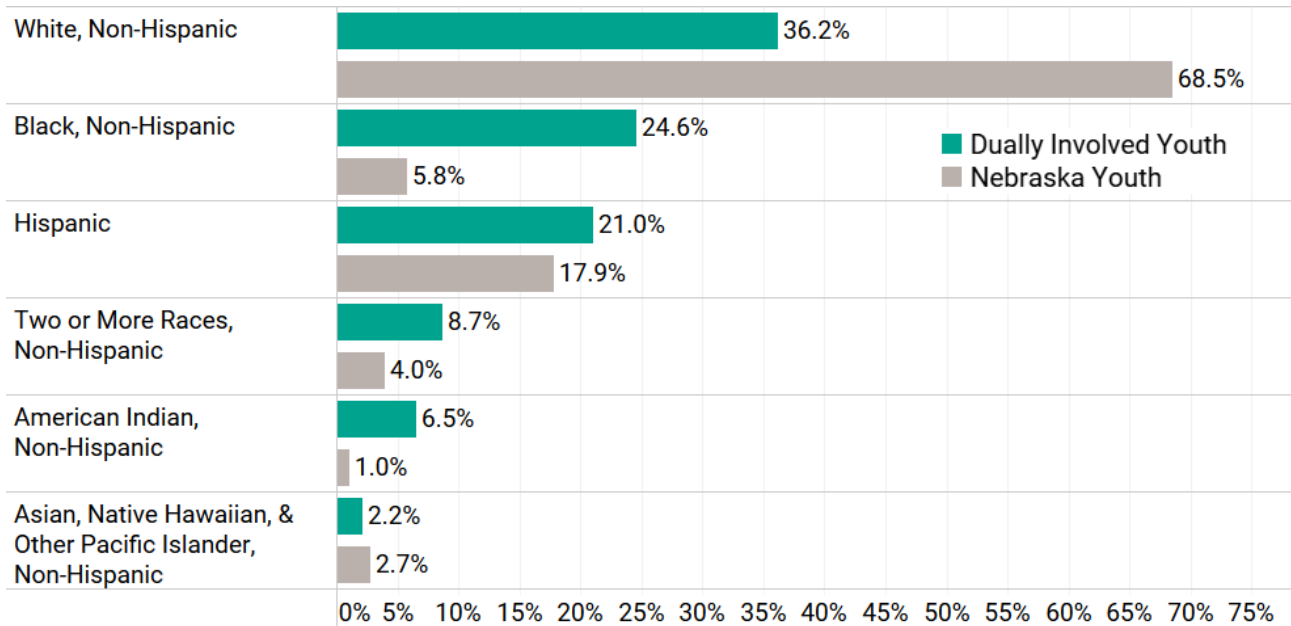
Age. The median age for dually involved youth was 16 years old for both males and females.

- 29 (21.0%) were age 13-14.
- 52 (37.7%) were age 15-16.
- 57 (41.3%) were age 17-18.

Gender. Males outnumbered females among dually involved youth (55.1% to 44.9%, respectively).

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 19: Race and Ethnicity of Dually Involved Youth in Out-of-Home Placement Compared to Nebraska Youth on 12/31/2023, n=138



Times in Care Over Lifetime. The average number of times in care over their lifetime for current dually involved youth as of 12/31/2023 was 1.7.

Median Length of Stay. For those in care on 12/31/2023, the median number of days in care for dually involved youth was 507 days.

Number of Placements. The average number of placements over their lifetime for dually involved youth on 12/31/2023 was 9.8.

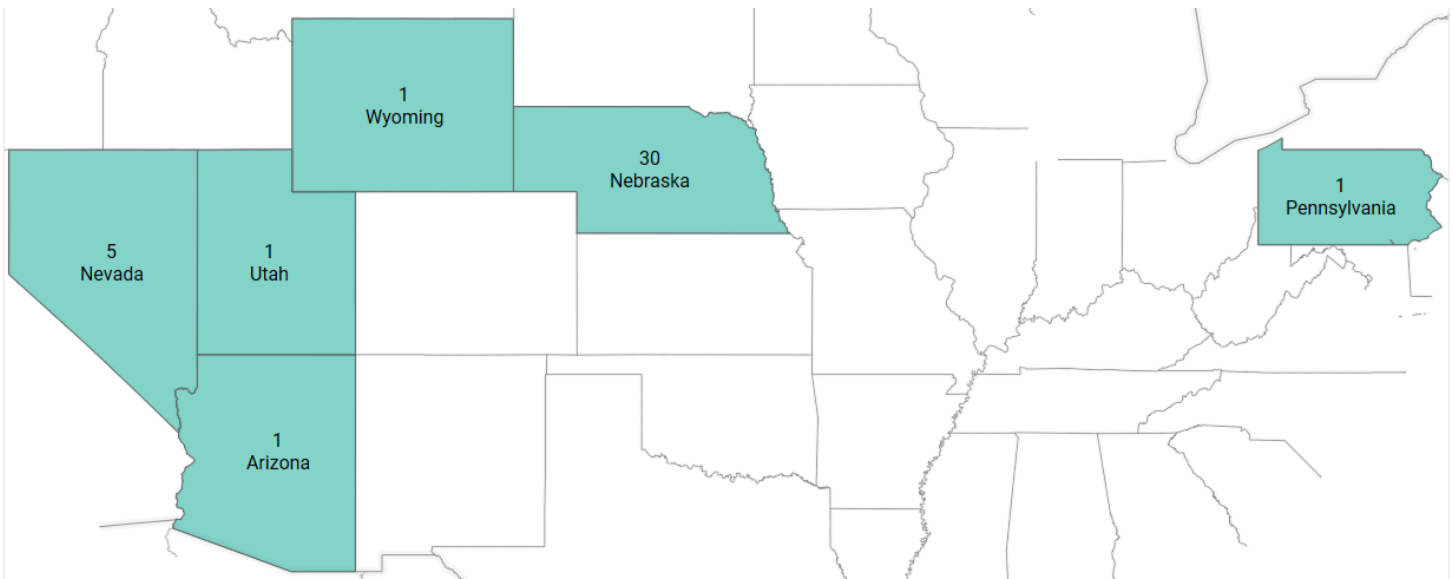
Placement Types. On 12/31/2023:

- 60.9% were in family-like settings (relative, kin, or non-relative foster care).
- 10.1% were in detention or other juvenile justice settings such as jail.
- 9.4% were in non-treatment congregate care, excluding detention or other juvenile justice settings such as jail (see above).
- 8.7% were in treatment congregate care.
- 7.2% were missing from care.
- 2.2% were in independent living.
- 0.7% were with a non-custodial parent.
- 0.7% were in some other out-of-home placement.

Missing from Care. On 12/31/2023, there were 10 dually involved youth missing from care. Of the missing youth, 8 were female and 2 were male.

Congregate Care. Over three-quarters (76.9%) of dually involved youth in congregate care²⁰ were placed in Nebraska.

Figure 20: Placement State for Dually Involved Youth in Congregate Care on 12/31/2023, n=39



²⁰ Congregate care includes non-treatment group facilities, group facilities that specialize in psychiatric, medical, or juvenile justice related issues, and group emergency placements.

PROBATION YOUTH

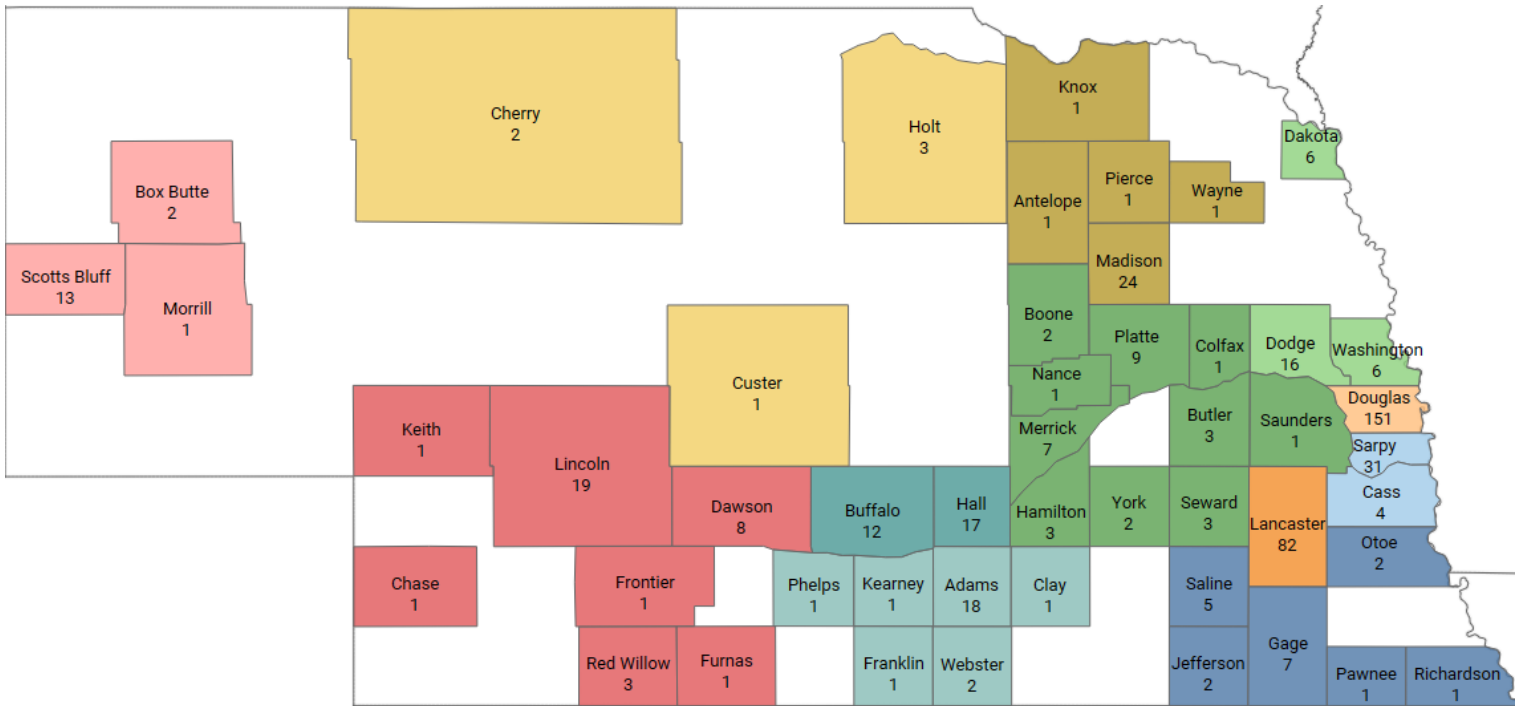
YOUTH IN OUT-OF-HOME CARE SUPERVISED BY THE ADMINISTRATIVE OFFICE OF THE COURTS AND PROBATION-JUVENILE SERVICES DIVISION

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

POINT IN TIME DEMOGRAPHICS AND PLACEMENTS

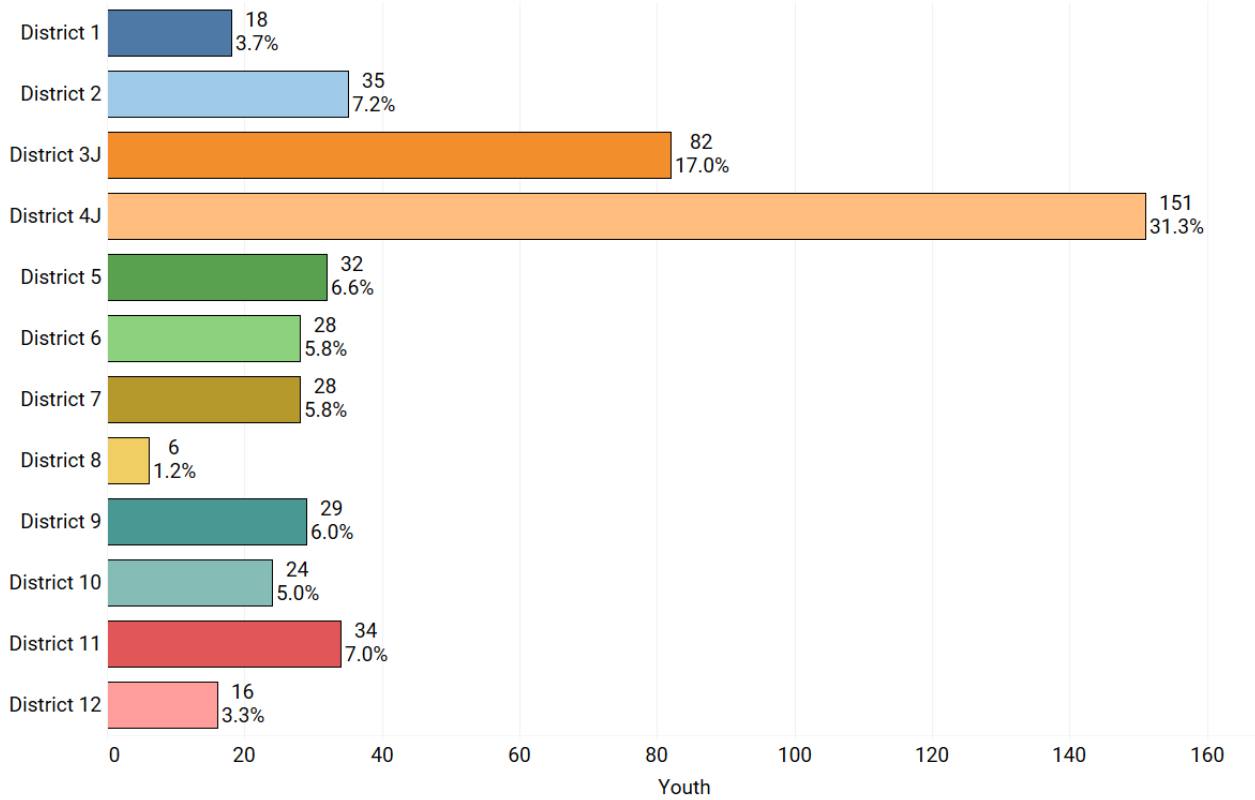
County. Figure 21 shows the county of court jurisdiction for Probation supervised youth in out-of-home care on 12/31/2023, based on the judicial district. On 12/31/2023, there were 483 youth in out-of-home care supervised by Probation compared to 414 on 12/31/2022, a 16.7% increase. (See Appendix A for a list of counties and their respective district).

Figure 21: County of Court Jurisdiction for Probation Supervised Youth in Out-of-Home Care on 12/31/2023, n=483*



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

Figure 22: Probation Districts for Probation Supervised Youth in Out-of-Home Care on 12/31/2023, n=483



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

- 10 (2.1%) were age 11-12.
- 90 (18.6%) were age 13-14.
- 223 (46.2%) were age 15-16.
- 160 (33.1%) were age 17-18.

Gender. Males were 70.4% of the population of Probation supervised youth in out-of-home care, females were 29.6%.

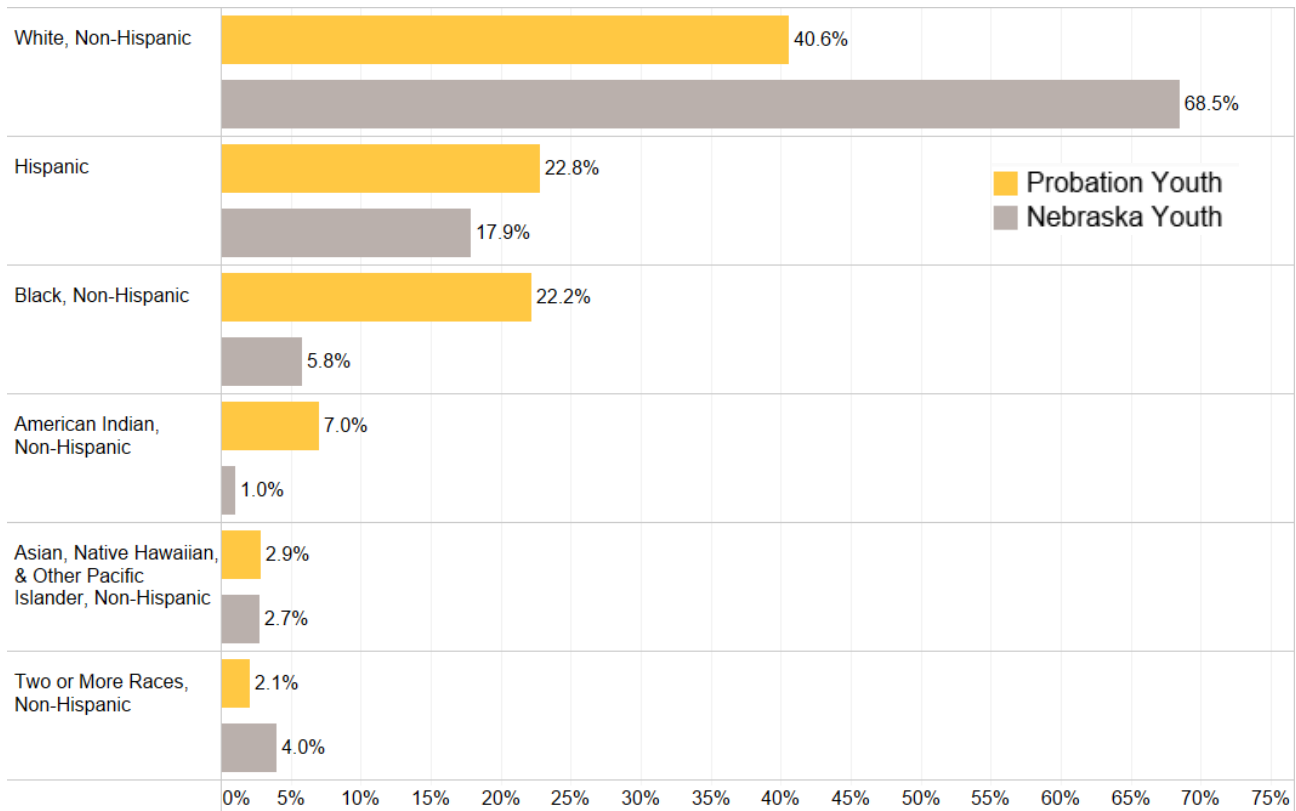
Juvenile Justice-Probation

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

- As shown in Figure 23, Black Non-Hispanic youth make up 5.8% of Nebraska’s youth population, but 22.2% of the Probation supervised youth in out-of-home care.
- American Indian Non-Hispanic youth are just 1.0% of Nebraska’s youth population, but 7.0% of the Probation supervised youth in out-of-home care.²¹

The disproportionality rates for both racial groups above have stayed consistent from the previous year (21.3% and 7.7% on 12/31/2022, respectively).

Figure 23: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Placement Compared to Nebraska Youth on 12/31/2023, n=483



Times in Care Over Lifetime. The average number of times in care over their lifetime for Probation supervised youth as of 12/31/2023 was 2.1.

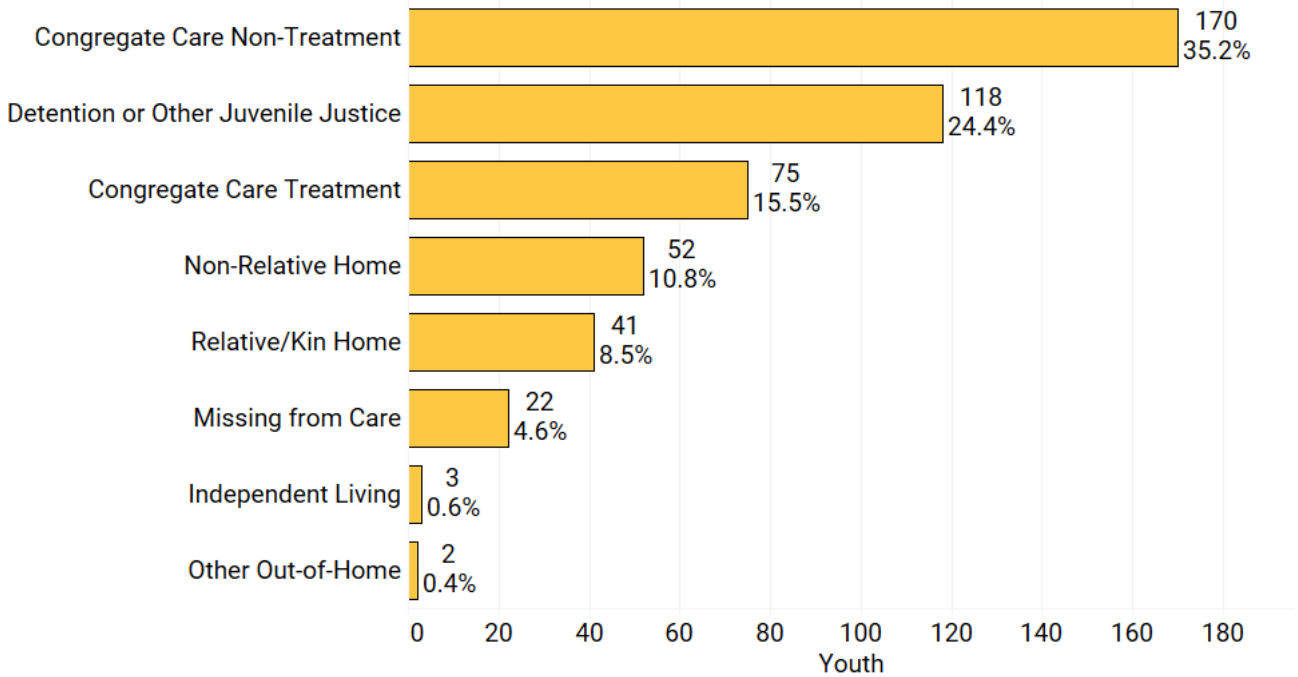
Median Length of Stay. For those in care on 12/31/2023, the median number of days in care for Probation supervised youth was 157 days.

²¹ The number of American Indian youth in out-of-home care while on probation does not include those involved in Tribal Court.

Juvenile Justice-Probation

Placement Type. Probation supervised youth in out-of-home care were most frequently placed in a non-treatment group care facility (Figure 24). Only 15.5% were in a treatment facility. Of note, 24.4% were in a detention-type setting or other juvenile justice placement such as jail, resulting in a 4.7% increase from 9/30/2023.

Figure 24: Probation Supervised Youth in Out-of-Home Care on 12/31/2023 by Placement Type, n=483

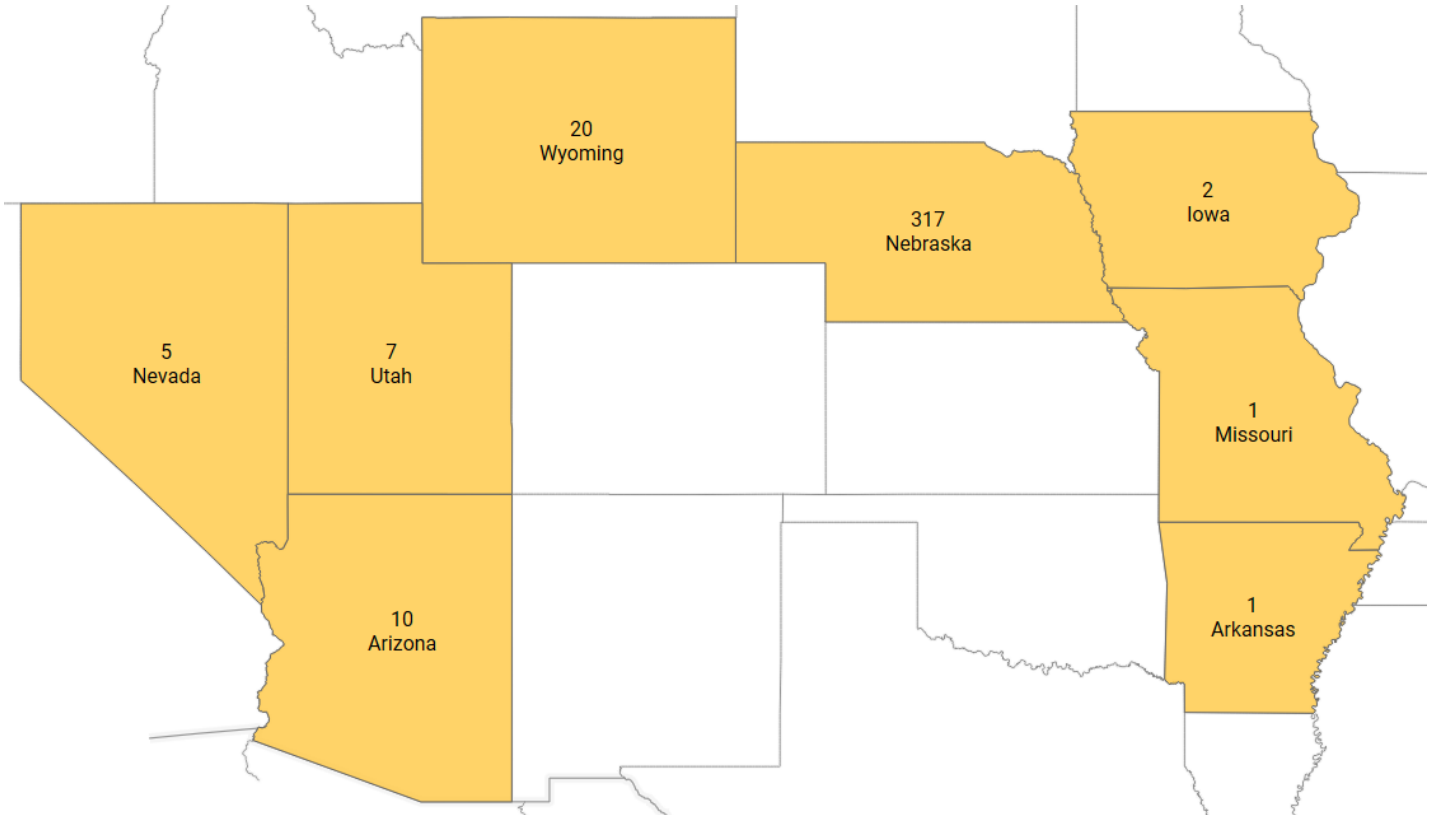


Number of Placements. The average number of lifetime placements as of 12/31/2023 for Probation supervised youth was 4.9 placements.

Missing from Care. On 12/31/2023, there were 22 Probation supervised youth missing from care. Of the missing youth, 13 were male and 9 were female.

Congregate Care. Comparing 12/31/2023 to 12/31/2022, there was a 17.1% increase in the number of Probation supervised youth placed in congregate care facilities²² (363 and 310, respectively). In December 2023, 87.3% were in Nebraska.

Figure 25: Probation Supervised Youth in Congregate Care on 12/31/2023 by State of Placement, n=363



²² Congregate care includes non-treatment group facilities, group facilities that specialize in psychiatric, medical, or juvenile justice related issues, and group emergency placements.

YRTC YOUTH

YOUTH PLACED AT THE YOUTH REHABILITATION AND TREATMENT CENTERS

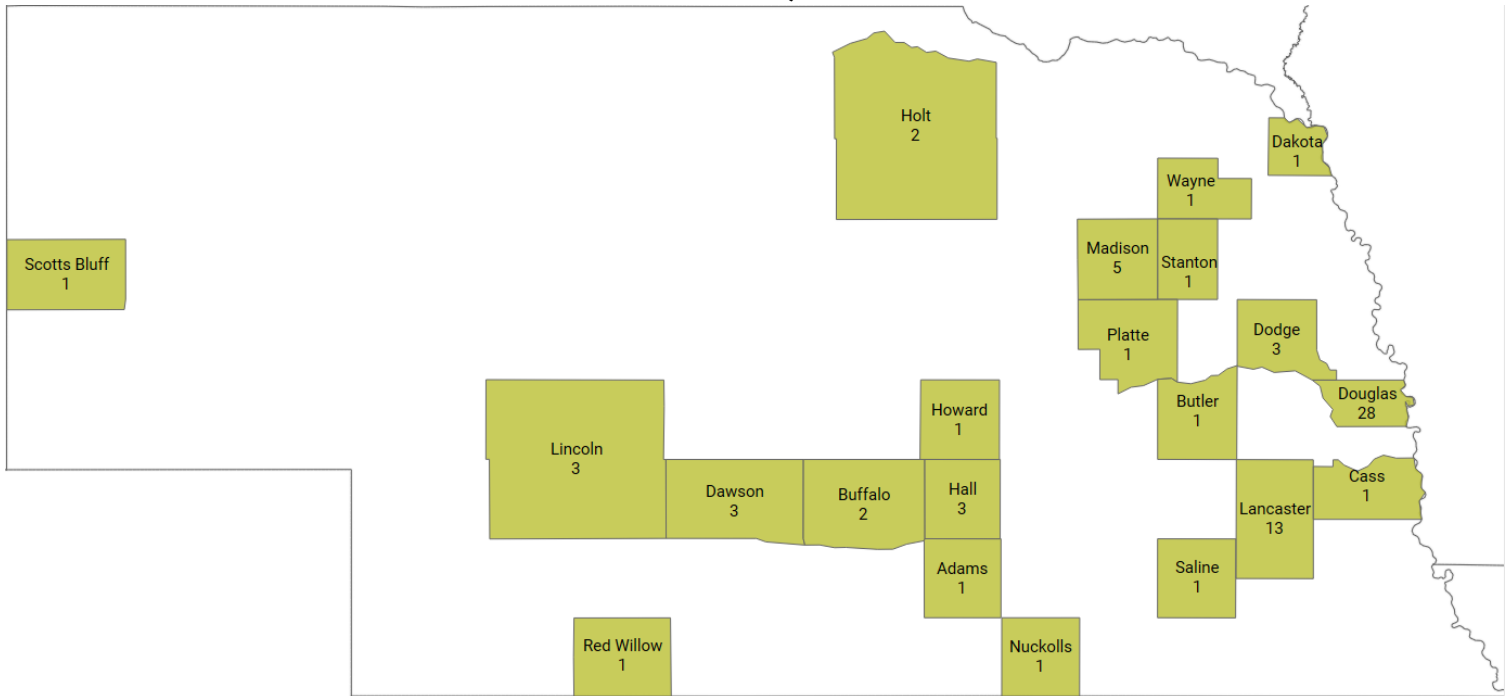
This section includes tracking and review data for youth placed at a Youth Rehabilitation and Treatment Center (YRTC). Data describes population trends, snapshot distributions, and point in time data.

Over the past few years, the YRTC system has gone through some substantial changes, including to the program, the educational structure, and even the physical locations. While some changes were in response to COVID-19, other changes were aimed to improve the programs within the YRTC system. Only the most pertinent measures are included in this section.

POINT IN TIME DEMOGRAPHICS

County. On 12/31/2023, there were 79 youth involved with OJS or OJS and Probation; 74 of these youth were placed at a YRTC. Of the five remaining youth not at a YRTC, three were placed in a detention-type setting, one was in a DD family home, and one was missing from care. Figure 26 illustrates the county of court jurisdiction of each of the 74 youth placed at a YRTC.

Figure 26: County of Court Jurisdiction for Youth Placed by a Juvenile Court at a YRTC on 12/31/2023, n=74*



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

Gender. On 12/31/2023, there were 60 males and 14 females placed at a YRTC.

Age. By law, youth placed at a YRTC range in age from 14 to 18. On 12/31/2023, the median age was 16.5 years old for males and 17 years old for females.

Race and Ethnicity. Minority youth are disproportionately represented at the YRTCs. As shown in Figures 27 and 28, this is true for both males and females.

YRTC

Figure 27: Race and Ethnicity of Male Youth Placed at a YRTC Compared to Nebraska Male Youth on 12/31/2023, n=60

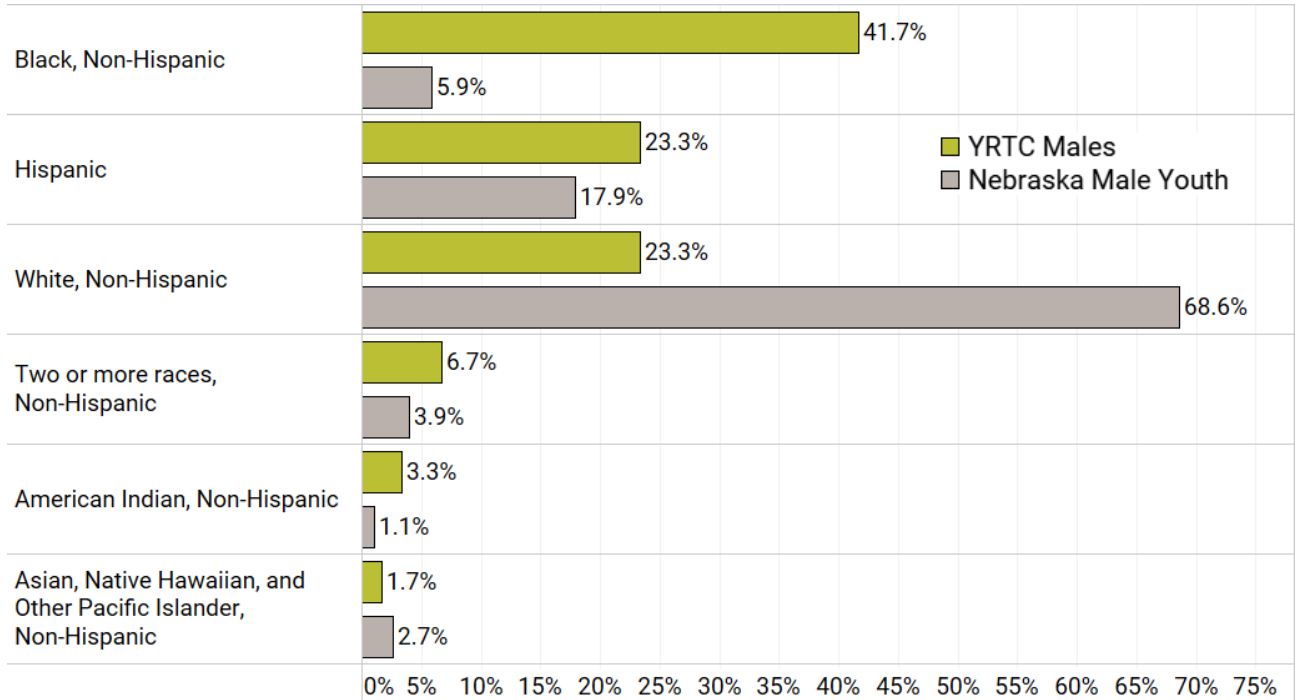
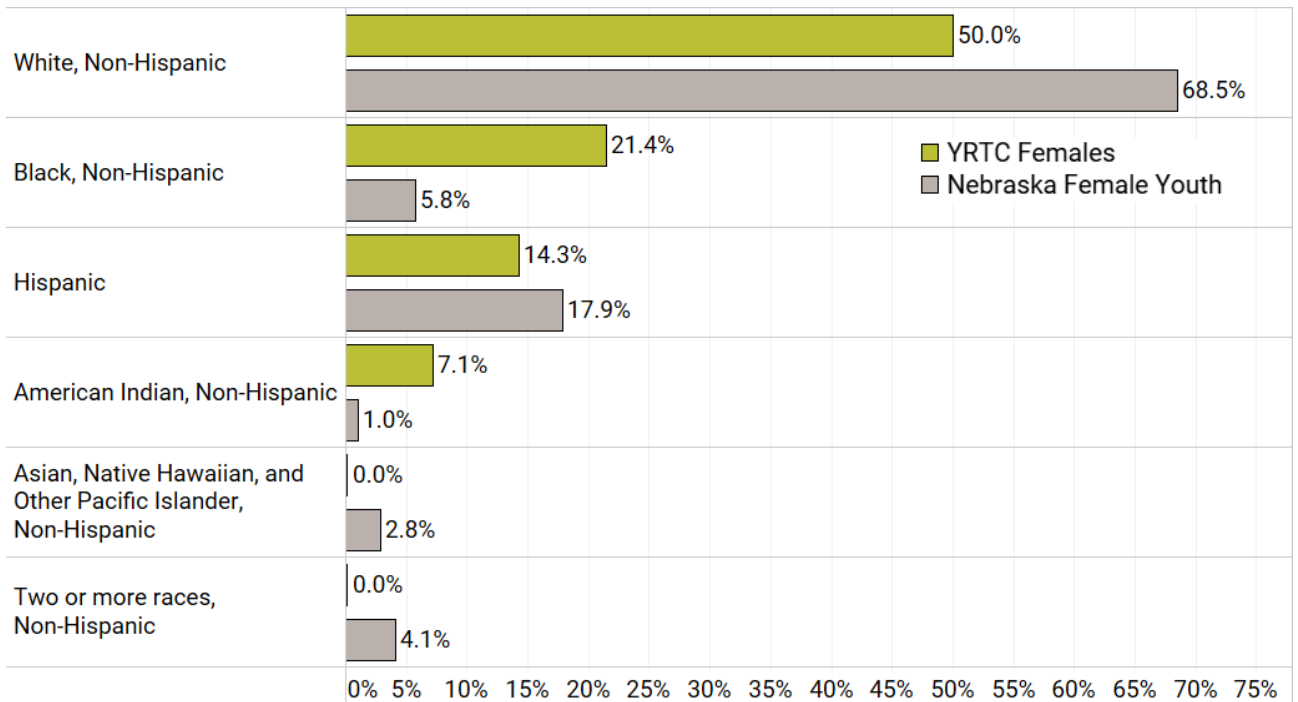


Figure 28: Race and Ethnicity of Female Youth Placed at a YRTC Compared to Nebraska Female Youth on 12/31/2023, n=14



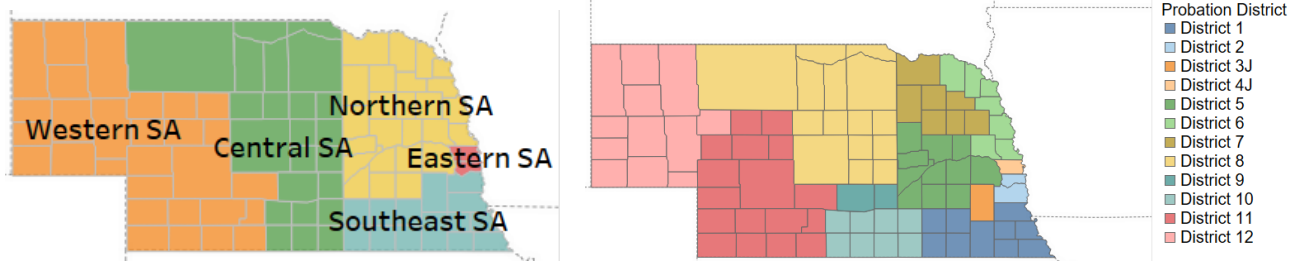
Times in Care Over Lifetime. The average number of times in care over their lifetime for youth at a YRTC on 12/31/2023 was 2.7.

Median Length of Stay. For those in care on 12/31/2023, the median number of days in care for youth at a YRTC was 361 days.

Number of Placements. Average number of placements over their lifetime for youth at a YRTC on 12/31/2023 was 10.7.

Appendix A

County to DHHS Service Area and Judicial (Probation) District²³



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

²³ 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 SA	District 10
Otoe	Southeast SA	District 1
Pawnee	Southeast SA	District 1
Perkins	Western SA	District 11
Phelps	Central SA	District 10
Pierce	Northern SA	District 7

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 B

Glossary of Terms and Acronyms

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

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

Child is defined by statute [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 area, **SESA** is the Southeast area, and **WSA** is the Western area. Counties in each service area are listed in Appendix A.

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 children in Nebraska.

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 one or more trial home visit 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 used for analysis.

Neglect is a broad category of serious parental acts of omission or commission resulting in the failure to provide for a child’s basic physical, medical, educational, and/or emotional needs. This could include a failure to provide minimally adequate supervision.

Normalcy includes extracurricular, or other enrichment and fun activities designed to give any child 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 those in 4-H, 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.^{24,25}

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 has used 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 who 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.

²⁴ 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

²⁵ 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 C

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.²⁶

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 training, conduct case file reviews and make required findings as required by statutes.²⁷

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.

²⁶ Data quoted in this report are from the FCRO's independent data tracking system and FCRO completed case file reviews unless otherwise noted.

²⁷ Children and youth are typically reviewed at least once every six months for as long as they remain in care.

ADDITIONAL INFORMATION IS AVAILABLE

The Foster Care Review Office can provide additional information on many of the topics in this Report. For example, much of the data previously presented can be further divided by judicial district, DHHS 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 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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