

The Nebraska Foster Care Review Office Quarterly Report



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

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Table of Contents

Executive Summary	3
Definitions	6
Special study on disproportionality	7
DHHS/CFS children.....	7
Juvenile justice youth in out-of-home care	15
Summary	18
All children in out-of-home or trial home visit placements	19
Average daily population of DHHS/CFS involved children	21
Children solely involved with DHHS/CFS	25
Youth at Youth Rehabilitation and Treatment Centers (YRTCs).....	32
Average daily population of Probation supervised youth	35
Children solely supervised by Probation.....	37
Youth with both DHHS/CFS and Probation involvement	41
Background on the Foster Care Review Office	46
FCRO contact information.....	48

Executive Summary

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

The following are some important findings described in this report.

Special study on disproportionate minority contact, and well-being for children in out-of-home or trial home visit placements

This special study examines the numbers of minority children in out-of-home care, and looks at the well-being indicators for children of every race.

Racial and ethnic minority children are overrepresented in the number of children in foster care. Black children, American Indian children, and children of two or more racial backgrounds are more likely to be in out-of-home care. Even more striking, disproportionality increases for Black children and children with two or more racial backgrounds the longer the children are in care. This is a troubling and complex situation.

Despite this overrepresentation, FCRO review data on DHHS/CFS wards indicate that minority children are not disproportionately more likely to have mental health diagnoses, behavioral health concerns, or educational concerns. White children and non-Hispanic children are, however, disproportionately likely to be prescribed psychotropic medications. In addition, minority children are more likely to be separated from their siblings during their time in care. This is particularly true for Black children and American Indian children.

With the exception of sibling contact, the data on DHHS/CFS wards indicate that once children are in the foster care system, there is little variation in well-being by race. That said, many children of all races struggle with a variety of issues related to well-being. Given that racial differences do not fully explain this, the Foster Care Review Office plans to continue to focus on well-being in future reports and research.

Regarding juvenile justice youth in an out-of-home placement, Black or American Indian Youth are disproportionately represented. In future reports, the Foster Care Review Office will be sharing more information on juvenile justice youth.

Finally, whether discussing the child welfare or the juvenile justice system, all stakeholders need to evaluate their system(s) to identify where and how disproportionality is occurring and devise changes that show promise for each unique population. The question continues to be are we, as a State, ensuring that children and youth in need of protection and assistance and their families receive the most effective types of services

in the least obtrusive way possible and in a time-sensitive manner so those children and youth can grow up in families equipped to guide them towards successful adulthood.

Key findings from the study include:

- Black children are **6.2%** of the population of Nebraska children, but make up **14.9%** of the children in out-of-home care or trial home visit on 3/31/18, and **24.1%** of the children in out-of-home care 2 years or more.
- American Indian children are **2.3%** of the population of Nebraska children, but make up **6.3%** of the population of children in out-of-home care or trial home visit on 3/31/18.
- There is no significant racial disparity in the proportion of children with mental health diagnoses, behavioral concerns, or educational concerns.
- Children with mental health diagnoses are more likely to have educational concerns.
- Black and American Indian children are more likely to be separated from their siblings, despite little to no variation in family size by race.
- Disproportionality is even more significant for juvenile justice involved youth.
 - Black youth are **6.2%** of Nebraska's youth population, but **18.7%** of dually-involved youth placed out-of-home, **25.0%** of Probation youth placed out-of-home, **25.0%** of the youth placed at YRTC-Geneva, and **28.0%** of the youth placed at YRTC-Kearney.
 - American Indian youth are **2.3%** of the Nebraska youth population, but **12.2%** of dually-involved youth placed out-of-home, **5.6%** of Probation youth placed out-of-home, **21.4%** of youth placed at YRTC-Geneva, and **10.8%** of youth placed at YRTC-Kearney.

Key findings from report include:

- The average daily population of DHHS/CFS Involved children has decreased by **4.6%** from March 2017 to March 2018. The decrease is most significant for the Central Service Area, which decreased by **10.8%** in the same time period.
- Over **15%** of the DHHS/CFS wards in the Eastern, Northern, Southeast, and Western Service Areas have had more than 4 workers since the most recent removal.
- **25.5%** of DHHS/CFS wards have had more than four placement moves, including **152** children under age 6.
- The average daily population of YRTC supervised youth has decreased by **6.1%** from March 2017 to March 2018.

- The average daily population of Probation supervised youth in out-of-home placement has decreased by **8.5%** from March 2017 to March 2018. The decrease is most significant for District 3J (Lancaster County), which decreased by 22.8% in the same time period.
- The number of dually-involved youth decreased by **15.1%** from 3/31/17 to 3/31/18. The percent of youth dually-involved has consistently remained around **2.9%** of the total out-of-home population.

Recommendations:

To Child Welfare Stakeholders:

1. Before September 1st convene a core group of stakeholder representatives to discuss solutions to the disproportionality in the child welfare population. The meeting and any follow-up should address the requirements of LR418.
2. Before September 1st convene a core group of stakeholder representatives to discuss solutions to address worker changes within DHHS and DHHS contractors, which has been shown to negatively impact children and case progression.
3. Continue the work to reduce the overall numbers of children in out-of-home care while ensuring children/families needing safety interventions receive the appropriate services.

To Juvenile Justice Stakeholders:

1. Conduct an in-depth analysis of the successful efforts to reduce juvenile justice out-of-home placements for youth from Lancaster County in order to replicate successes across the state.
2. Ensure efforts to address disproportionate minority representation continues and involves all areas of the state.

Definitions

- **FCRO** is the Foster Care Review Office, author of this report.
- **DHHS/CFS** is the Department of Health and Human Services (**DHHS**) Division of Children and Family Services.
- **DHHS/OJS** is the Department of Health and Human Services (DHHS) Office of Juvenile Services. **OJS** oversees the **YRTCs**, which are the Youth Rehabilitation and Treatment Centers at Geneva (girls) and Kearney (boys).
- **Probation** is a shortened reference to the Administrative Office of Juvenile Probation Administration.
- **Child** is defined by statute as being age birth through eighteen; in Nebraska a child becomes a legal adult on their 19th birthday.
- **Youth** is a term used by the FCRO in deference to the developmental stage of those involved with the juvenile justice system, who are normally ages 14-18.
- **Out-of-home care** (OOH care) is 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to, foster family homes, foster homes of relatives, group homes, emergency shelters, residential treatment facilities, child-care institutions, pre-adoptive homes, detention facilities, youth rehabilitation facilities, and runaways from any of those facility types. It includes court ordered placements and non-court cases.

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

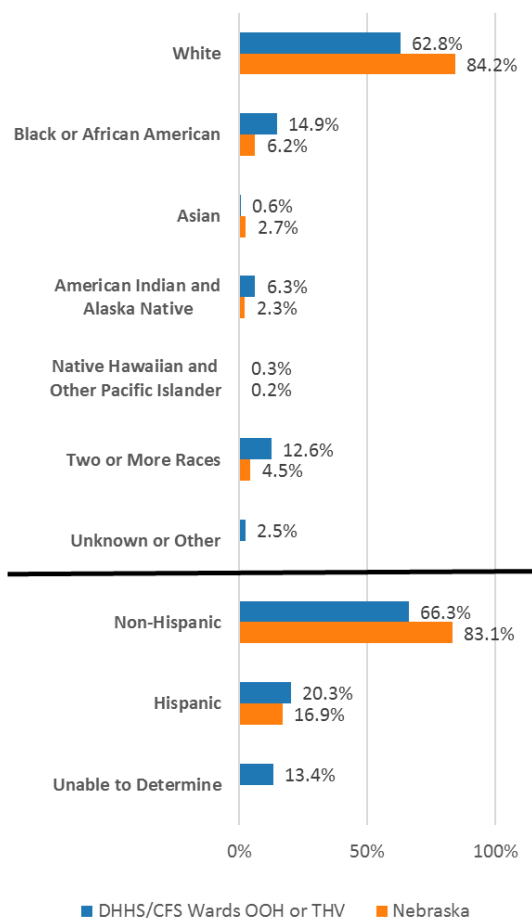
- A **trial home visit** (THV) by statute is a temporary placement with the parent from which the child was removed and during which placement the Court and DHHS/CFS remain involved.
- Neb. Rev. Stat. 71-1901(9) defines “**relative placement**” as that where the foster caregiver has a blood, marriage, or adoption relationship, and for Indian children they may also be an extended family member per **ICWA** (which is the Indian Child Welfare Act).
- Per Neb. Rev. Stat. 71-1901(7) “**kinship home**” means a home where a child or children receive foster care and at least one of the primary caretakers has previously lived with or is a trusted adult that has a preexisting, significant relationship with the child or children or a sibling of such child or children pursuant to section 43-1311.02.

Special Study: Disproportionality of Minority Children in Out-of-Home or Trial Home Placements

DHHS/CFS children in care

The FCRO has long discussed the persisting disproportionality of children of color in the out-of-home care population. **Figure 1** compares the racial and ethnic background of the **3,822 children** in out-of-home care or trial home visit on March 31, 2018, to the racial and ethnic background of all children in the state of Nebraska from the most recent Census¹. **Black children, American Indian and Alaska Native children, children with two or more racial backgrounds, and Hispanic children are overrepresented in this population.**

Figure 1: Race and Ethnicity of DHHS/CFS Wards on 3/31/18 Compared to the Nebraska Population, n=3,822

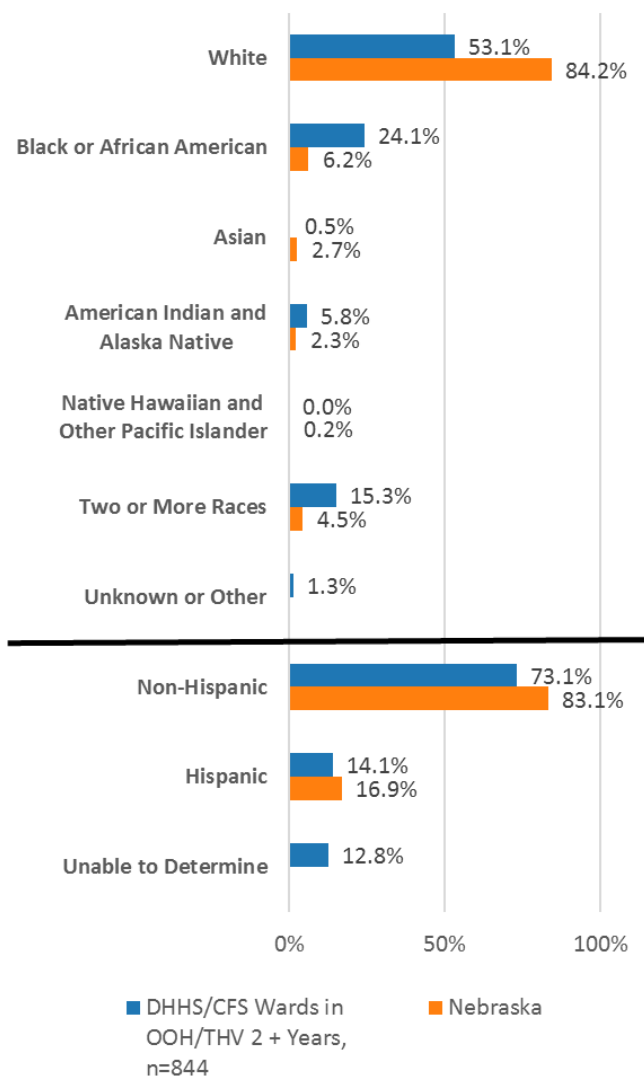


¹ U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2016.

Children in Out of Home or THV Placement 2 Years or more

Disproportionality increases the longer a child spends in care. As shown in **Figure 2**, Black children, who are already disproportionately represented in the population of children in care, are overrepresented even more in the population of children who are out of home for two years or more. While Black children make up **6.2%** of the Nebraska population, they are **14.9%** of the children in out-of-home care and **24.1%** of the children in care two years or more. **Black children are more likely to be out-of-home and are less likely to reach permanency in a timely manner.**

Figure 2: Race and Ethnicity of DHHS/CFS Wards on 3/31/18 in Out-of-Home or Trial Home Visit Placement Two Years or More Compared to Nebraska Population, n=844



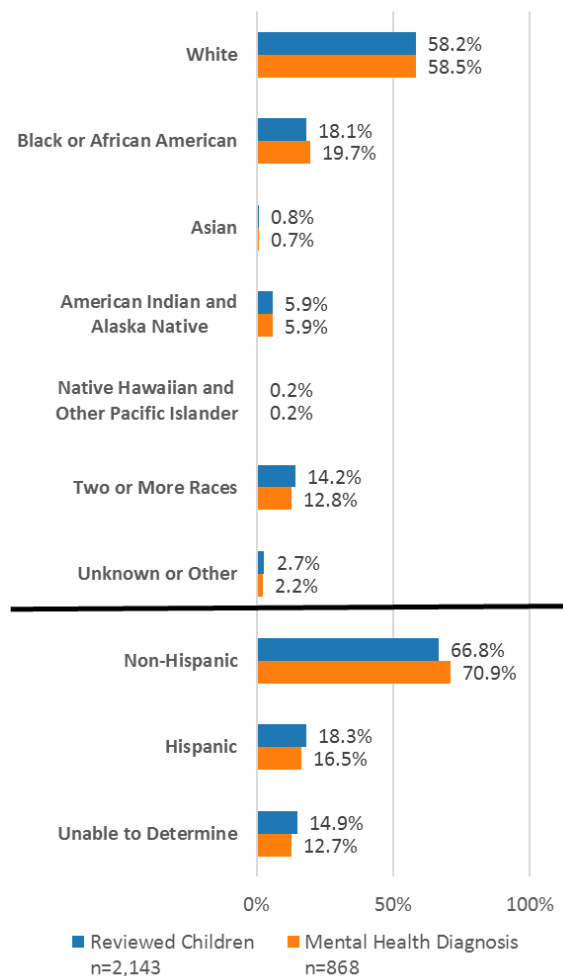
In order to better understand how race connects with the experiences of children in out-of-home care, the remainder of this special section looks at well-being indicators by race and ethnicity for the 2,143 child welfare involved children who were reviewed by the FCRO between 7/1/17 and 12/31/17.

Children’s Mental Health and Use of Psychotropic Medications

The FCRO gathers data on children’s mental and behavioral health, allowing for comparisons of mental health diagnoses, psychotropic medication use, and behavioral health by race.

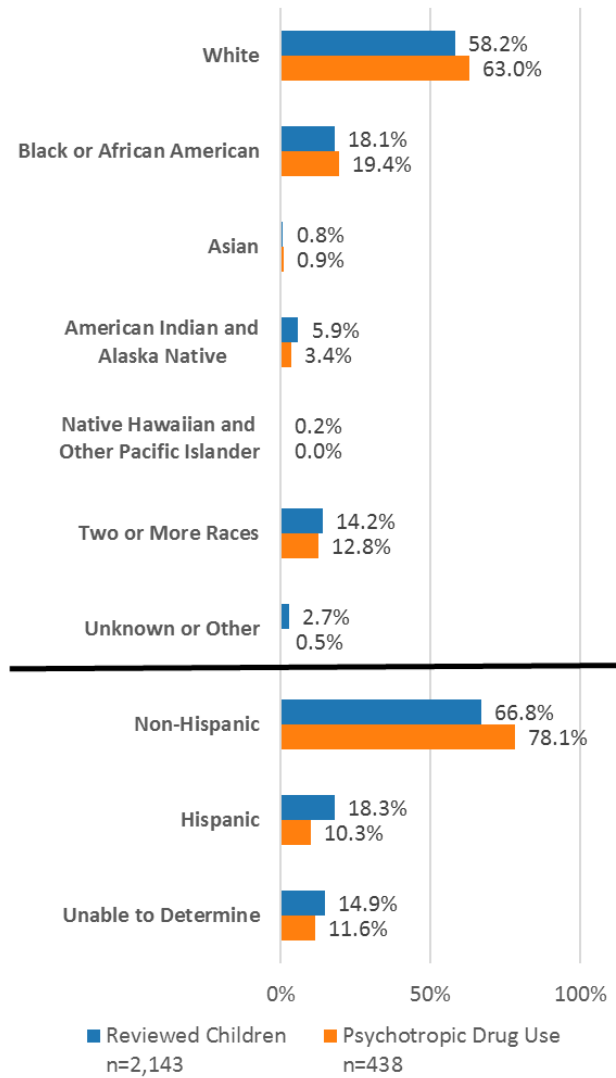
As shown in **Figure 3**, there is very little variation in mental health diagnoses by race and ethnicity. Of the 2,143 children reviewed, **828 (38.6%)** were diagnosed with a mental health condition. Approximately the same proportion of children reviewed by racial and ethnic category are diagnosed with a mental health condition.

Figure 3: Mental Health Diagnosis by Race for DHHS/CFS Wards Reviewed between 7/1/17 and 12/31/17, n=868



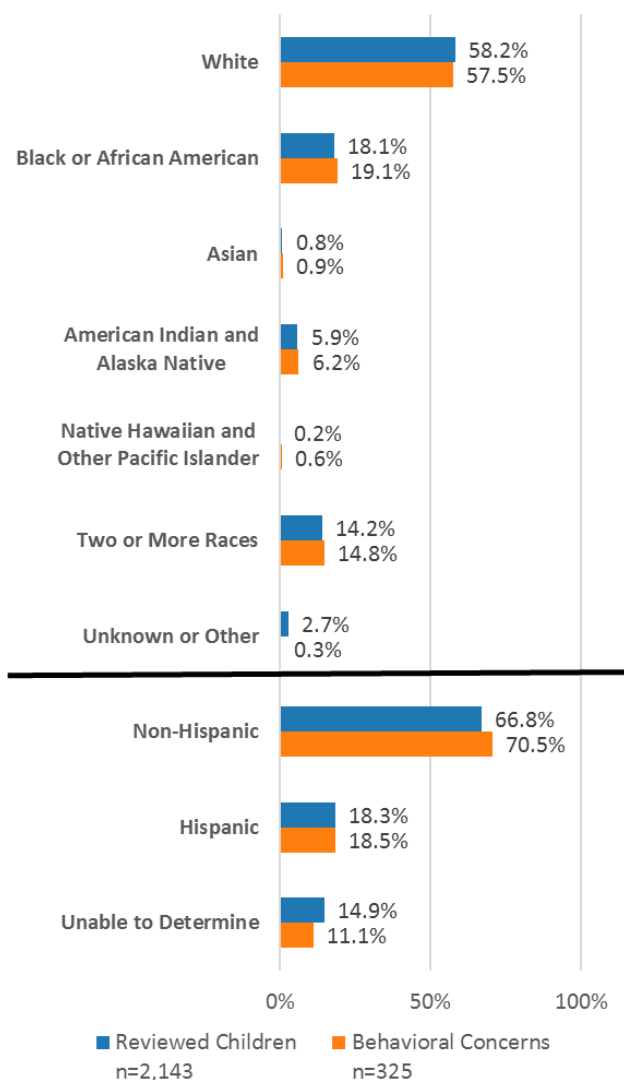
White children and non-Hispanic children are disproportionately more likely to be prescribed psychotropic medications (Figure 4). Psychotropic medication use is less likely for American Indian children and children with two or more racial backgrounds.

Figure 4: Psychotropic Medication Use by Race for DHHS/CFS Wards Reviewed between 7/1/17 and 12/31/17, n=438



Similarly to mental health conditions, there is no disproportionality when looking at children with behavioral concerns, as shown in **Figure 5**. Through the FCRO reviews, **325 children (15.2%)** were identified as having behavioral concerns.

Figure 5: Behavioral Concerns by Race for DHHS/CFS Wards Reviewed between 7/1/17 and 12/31/17, n=325

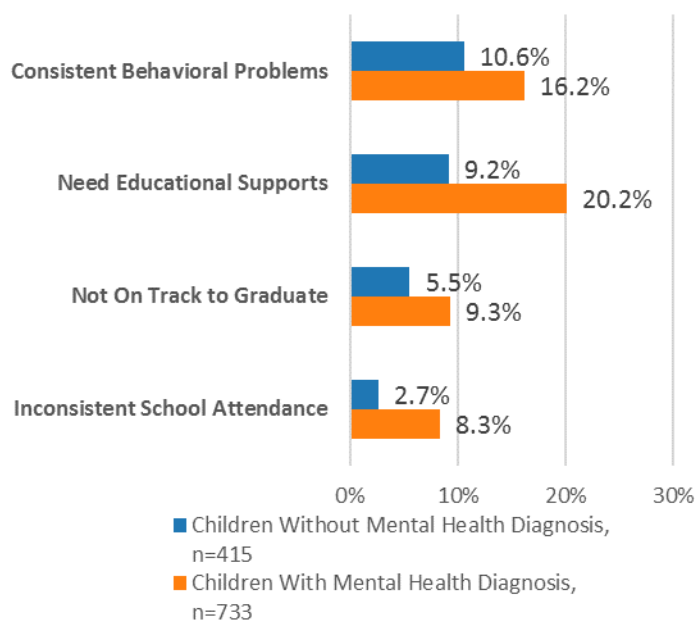


Educational Issues

Like the discussion on mental and behavioral health, an analysis of educational well-being (on track to graduate and behaviors at school for school-aged children and EDN referrals for young children) indicates there was no or insignificant disproportionality by race or ethnicity.

There is a significant correlation between educational well-being and mental health for children who are enrolled in school. As demonstrated in **Figure 6**, children with a mental health diagnosis were more likely to have behavior problems at school, more likely to need educational support less likely to be on track to graduate, and less likely to regularly attend school.

Figure 6: Educational Well-Being and Mental Health for School-Aged DHHS/CFS Wards Reviewed between 7/1/17 and 12/31/18, n=1,538



Maintaining Vital Contact with Siblings

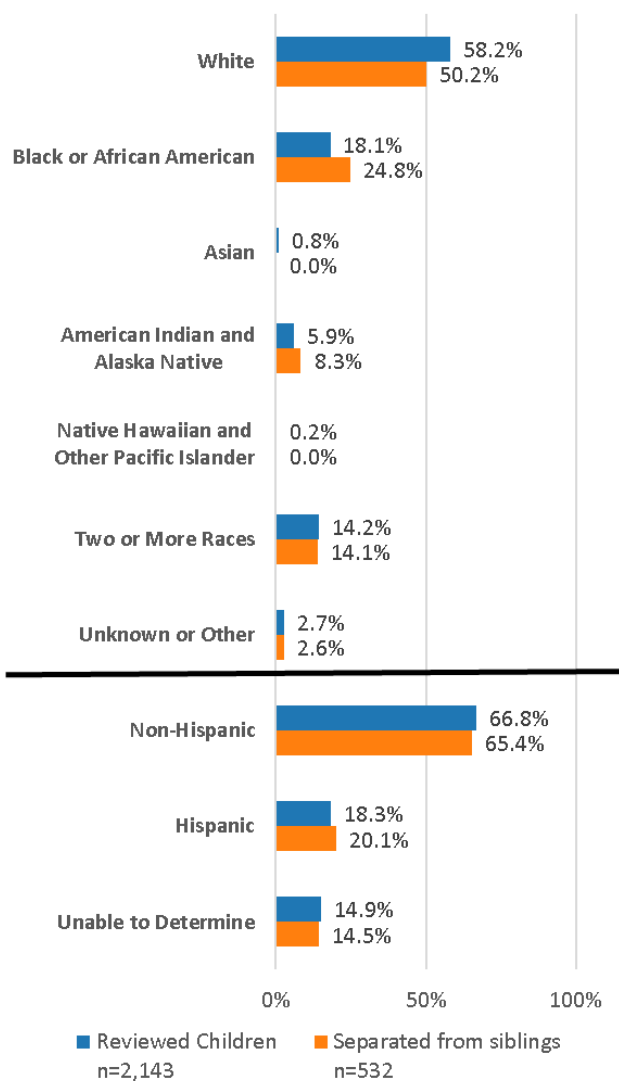
Sibling relationships are especially important to children involved in the child welfare system. Siblings provide a source of stability in an otherwise unstable time and sibling relationships help to improve resiliency.² When children in the same family are removed at the same time, the preference is that they should be placed together in most circumstances.

As shown in **Figure 7**, there is significant disproportionality by race in children placed with their siblings at the point of removal. Of the 1,510 children who had siblings that were removed at the same time, **532 (35.2%) were placed separately** from some or all of their siblings.

Black children and American Indian children are disproportionately placed separately from their siblings at the time of removal.

² "Sibling Issues in Foster Care and Adoption," Child Welfare Information Gateway. Children's Bureau. January 2013.

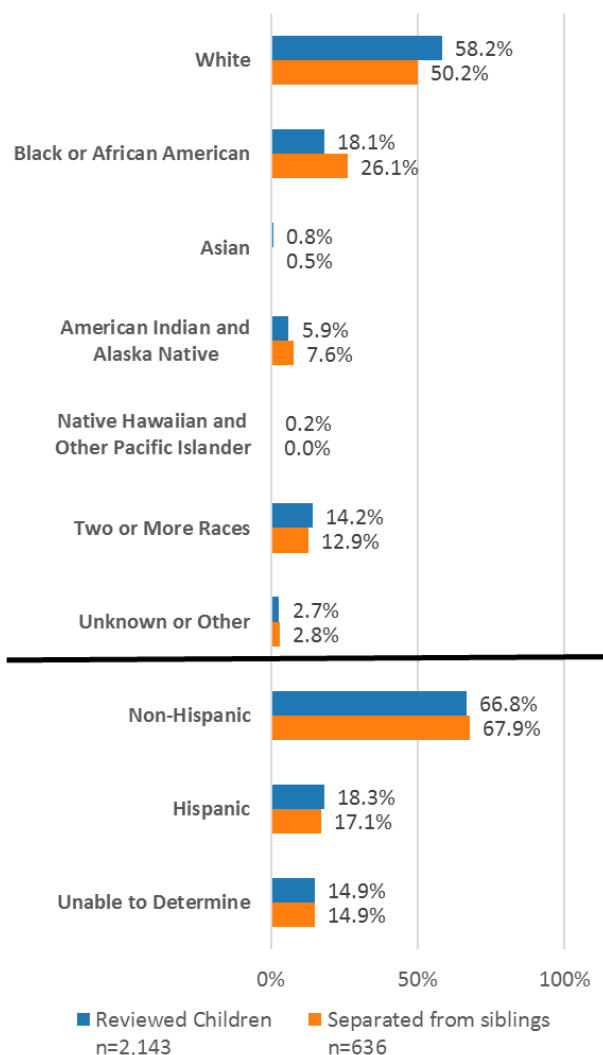
Figure 7: DHHS/CFS Wards Placed Separately from Some or All Siblings at the Point of Removal by Race, n=532



Children may be separated from their siblings after the initial removal, and the data shows that the likelihood of separation increases the longer that children are in out-of-home or trial home visit placements.

As shown in **Figure 8**, at the time the children were reviewed, an even higher proportion of Black children are separated from all or some of their siblings, indicating they are more likely to be separated after the initial removal.

Figure 8: DHHS/CFS Wards Removed Together Not Placed Together At the Time of Review, n=636



Given that it can be difficult to place a larger groups of siblings together in one home, we also examined if there were any racial differences in the average number of siblings that are in foster care together. **As shown in Figure 9, we found that there were no significant differences by race, with averages between 1.8 - 2.0 children per family.**

Figure 9: Average DHHS/CFS Wards per Family of Origin by Race

Race	Average DHHS/CFS Wards Per Family
American Indian	2.0
Black	1.8
White	1.8
Hispanic Ethnicity	1.9
Total	1.9

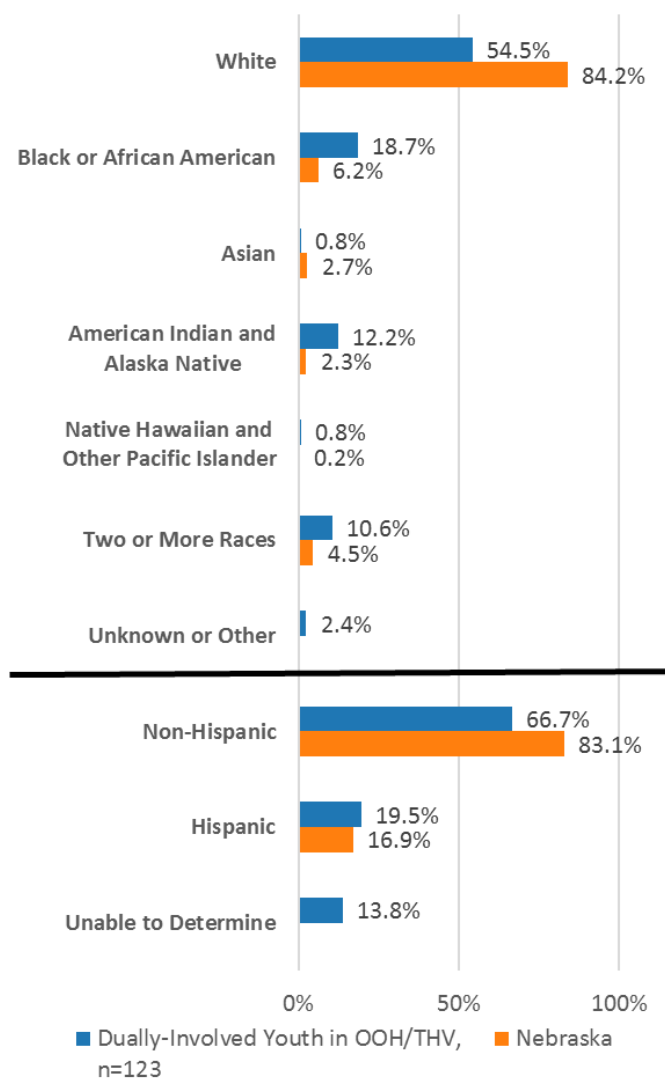
Disproportionality in the Juvenile Justice Population

Overrepresentation of minority youth is more striking in the juvenile justice population.

Dual-Adjudicated Youth

Figure 10 shows the racial and ethnic categories of youth who are involved with both DHHS/CFS and Juvenile Probation. **Black youth are represented at a rate three times higher than their percentage of the Nebraska youth population.** This overrepresentation is even greater for Native youth, who make up **2.3%** of the Nebraska youth population, but **12.2%** of the dually-involved youth in out-of-home care.

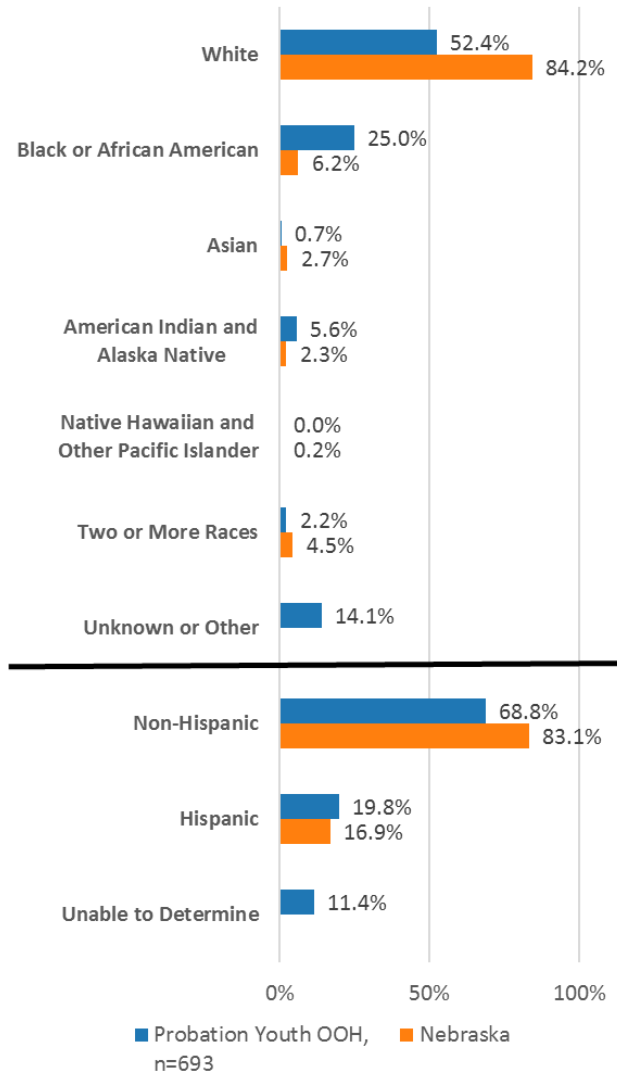
Figure 10: Race/Ethnicity of Youth in Out-of-Home or Trial Home Visit Placement on 3/31/18 Served by Both DHHS/CFS and Probation, n=123



Youth Solely Involved with Probation

Disproportionality increases for Black youth involved solely with Juvenile Probation. Black youth are **6.2%** of the Nebraska youth population, but make up **25.0%** of the Probation Supervised Youth in out-of-home care (**Figure 11**).³

Figure 11: Race/Ethnicity of Probation Supervised Youth in Out-of-home Care on 3/31/18, n=693

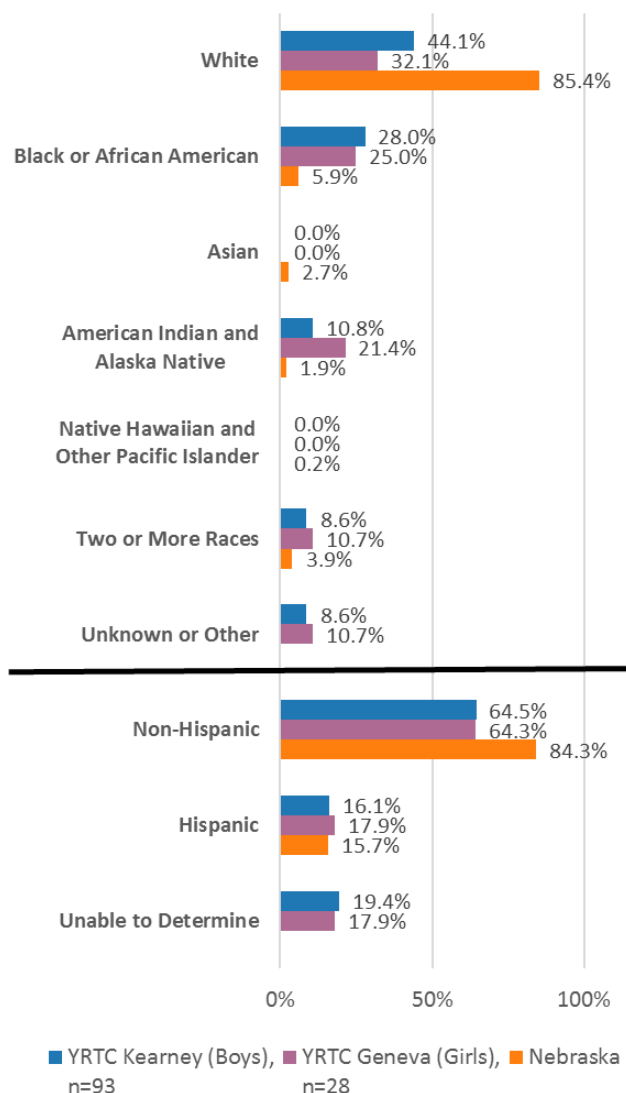


³ See past FCRO Annual Reports, as found at <http://www.fcro.nebraska.gov/publications.html>.

Youth at a YRTC

The highest level of care available to Nebraska youth involved in the juvenile justice system is placement at a Youth Rehabilitation and Treatment Center (YRTC). As shown in **Figure 12**, the YRTCs have the highest level of disproportionate minority representation. Black youth are overrepresented at a rate **4 times** higher than their percentage of the Nebraska youth population. Native youth are overrepresented at a rate **5 times** higher than the general population at Kearney and **10 times** higher than the general population at Geneva.

Figure 12: Race/Ethnicity of Youth Placed at a Youth Rehabilitation and Treatment Center under DHHS/OJS on 3/31/18, n=121



The FCRO is in the process of gathering robust well-being data on the juvenile justice population and will revisit the issue of disproportionality on this population within the next year.

Summary

Racial and ethnic minority children are overrepresented in the number of children in foster care. Black children, American Indian children, and children of two or more racial backgrounds are more likely to be in out-of-home care. Even more striking, disproportionality increases for Black children and children with two or more racial backgrounds the longer the children are in care. This is a troubling and complex situation.

Despite this overrepresentation, FCRO review data on DHHS/CFS wards indicate that minority children are not disproportionately more likely to have mental health diagnoses, behavioral health concerns, or educational concerns. White children and non-Hispanic children are, however, disproportionately likely to be prescribed psychotropic medications. In addition, minority children are more likely to be separated from their siblings during their time in care. This is particularly true for Black children and American Indian children.

With the exception of sibling contact, the data on DHHS/CFS wards indicate that once children are in the foster care system, there is little variation in well-being by race. That said, many children of all races struggle with a variety of issues related to well-being. Given that racial differences do not fully explain this, the Foster Care Review Office plans to continue to focus on well-being in future reports and research.

Regarding juvenile justice youth in an out-of-home placement, Black and American Indian youth are disproportionately represented. In future reports, the Foster Care Review Office will be sharing more information on juvenile justice youth.

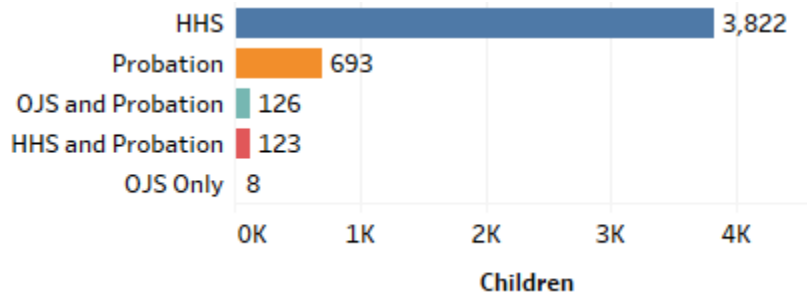
Finally, whether discussing the child welfare or the juvenile justice system, all stakeholders need to evaluate their system(s) to identify where and how disproportionality is occurring and devise changes that show promise for each unique population. The question continues to be are we, as a State, ensuring that children and youth in need of protection and assistance and their families receive the most effective types of services in the least obtrusive way possible and in a time-sensitive manner so those children and youth can grow up in families equipped to guide them towards successful adulthood.

All Children in Out-of-Home or Trial Home Visit Placements By Agency Involved With Their Case

On the last day of the most recently completed quarter (3/31/18), the **4,772 children** in out-of-home care could be divided into the following groups (**Figure 14**):

- **3,822 children** that were DHHS/CFS wards in out-of-home care or trial home visits which had no simultaneous involvement with the Office of Juvenile Probation Administration (hereafter referred to simply as Probation).
- **693 youth** that were in out-of-home care while supervised by Probation, but were not simultaneously involved with DHHS/CFS or at the YRTC's.
- **123 youth** in out-of-home care or trial home visits that were involved with DHHS/CFS and Probation simultaneously.
- **126 youth** in out-of-home care that were involved with both DHHS/OJS and Probation, including 115 at the YRTC's and 11 in other placements.
- **8 children** in out-of-home care that were served by DHHS/OJS only.

**Figure 14: Children in OOH or THV Placement on 3/31/18
by Agency Involvement, n= 4,772**



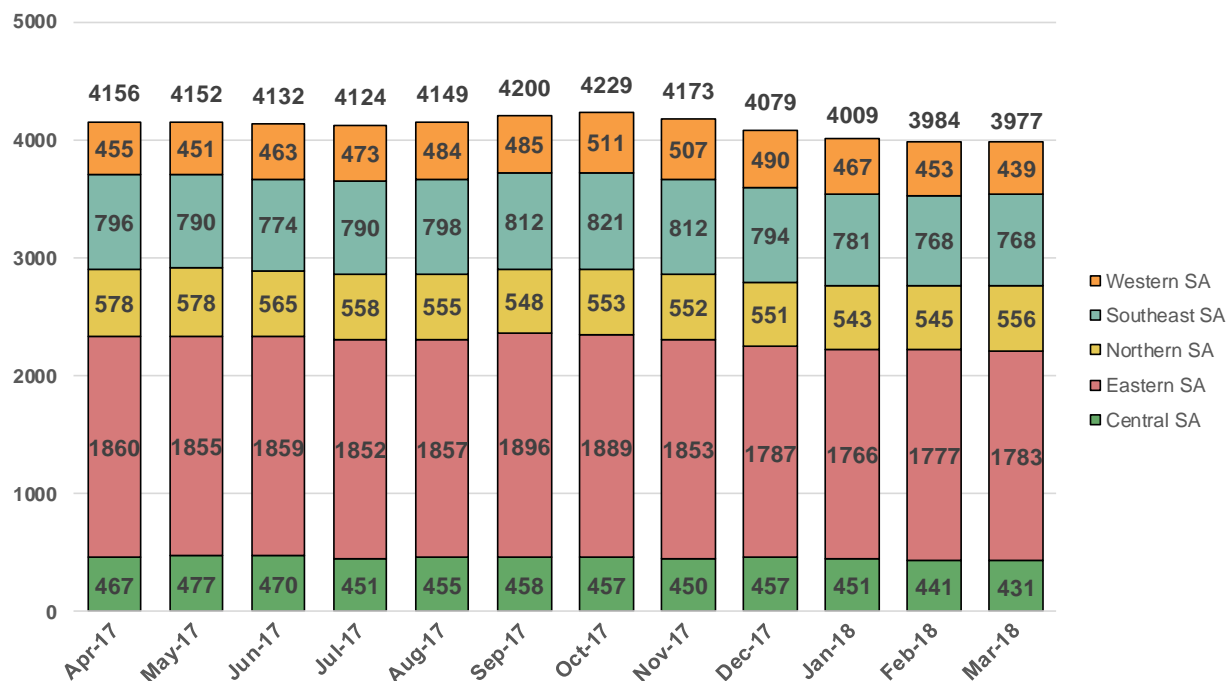
Average Daily Population of Children with any DHHS/CFS Involvement

Daily population

Figure 15 shows the fluctuations in average daily population (ADP) per month of DHHS/CFS involved children in out-of-home or trial home visit placements over the course of the last 12 months. ADP data below includes any child in an out-of-home or trial home visit placed that has an active child welfare case; therefore, the data in **Figure 15** includes youth who are dually involved with DHHS/CFS and Probation, and also youth at the YRTCs that have an active child welfare case. It does not include youth served solely by Probation whether served at home or in an out-of-home setting or youth at a YRTC with no active child welfare case.

Daily populations are impacted by the number of children entering care, the length of time children remain in care, and the number of children leaving care.

Figure 15: Average Daily Population of All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements –
(includes children with simultaneous involvement with Probation)⁴



⁴ The FCRO's FCTS data system is a dynamic computer system that occasionally receives reports on children's entries, changes, or exits long after the event took place. The FCRO also has a robust internal CQI process that can catch and reverse many errors in children's records regardless of the cause and that works to create the most accurate data possible. Therefore, due to delayed reporting and internal CQI some of the numbers on this rolling year chart will not exactly match that of previous reports.

Some expected cycles that impact the numbers of children in foster care throughout the year include:

- When school starts in the fall more children are seen by adults outside the home. Reports of abuse and neglect tend to go up then and so does the population in out-of-home care.
- Near the winter holidays many children are returned home or have adoptions or guardianships finalized, so the number in out-of-home care typically falls.
- As school starts again in January, and winter adds to the impact of poverty (such as a lack of heat or adequate winter clothing), the number typically goes up again.
- Many children are returned home at the end of the school term, so numbers tend to fall at that time.

Another perspective is to compare March 2017 to March 2018, as shown in **Figure 16** below. Statewide, there was an **average of 193 fewer children** in care in March 2018 than in March 2017, a **reduction of 4.6%**. **Figure 17** also shows differences by DHHS/CFS Service Area. Every DHHS/CFS Service Area experienced a decrease in the number of children in out-of-home care, but the change is most dramatic for the Central Service Area, which saw a reduction of **10.8%**.

Figure 16: March to March Comparison All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements –
(includes children with simultaneous involvement with Probation)^{5,6}

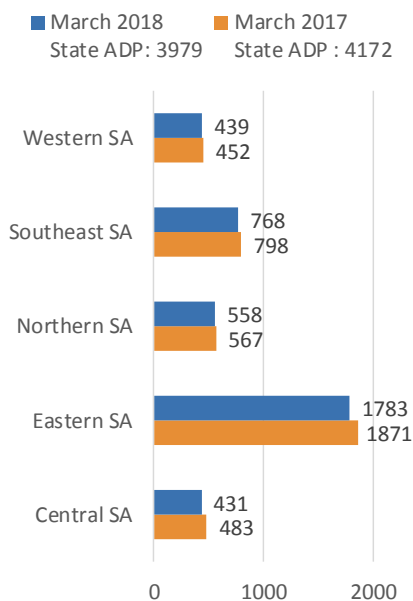


Figure 17: Percent Change in All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements
(includes children with simultaneous involvement with Probation)

Service Area	% Change
Western SA	-2.9%
Southeast SA	-3.8%
Northern SA	-1.6%
Eastern SA	-4.7%
Central SA	-10.8%
Statewide	-4.6%

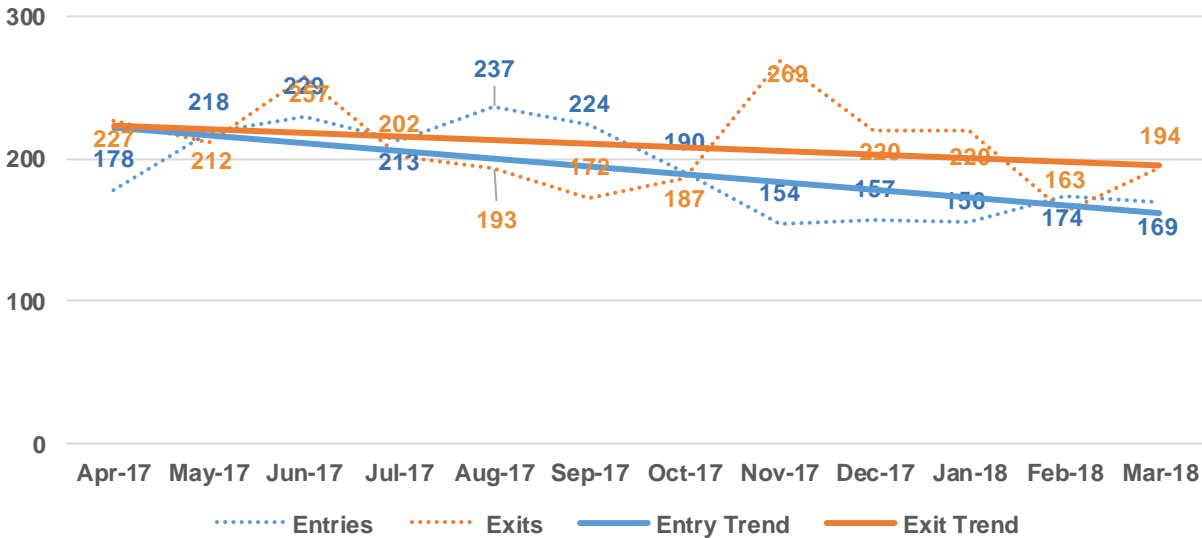
⁵ Ibid.

⁶ A map of DHHS Service Areas can be found on page 25.

Entries and Exits

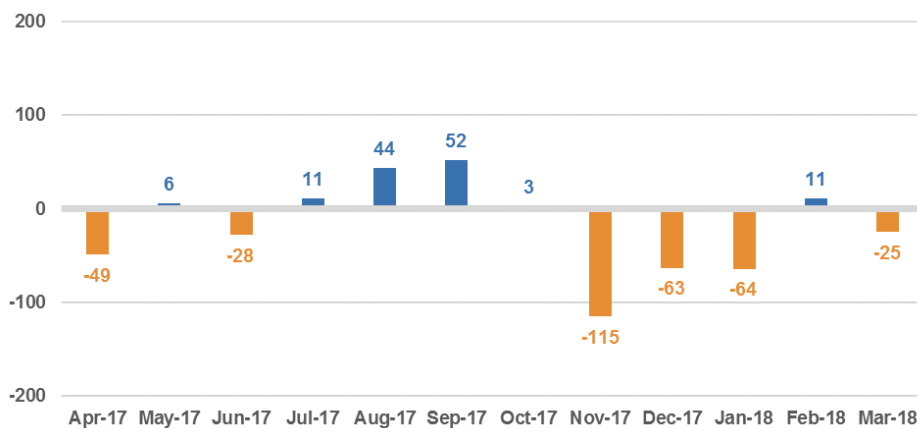
Figure 18 shows monthly variations in entries and exists of children with DHHS/CFS involvement. Over the last year, both entries and exits have decreased.⁷

Figure 18: Statewide Entrances and Exits of DHHS/CFS Involved Children
(includes children with simultaneous involvement with Probation)



Another way to view monthly differences is found in **Figure 19**, with positive values indicating more entries than exits, and negative values indicating more children leaving than coming into the system. In four of the last six months there have been more children **exiting** the system than entering.

Figure 19: Statewide Net Entrances and Exits of DHHS/CFS Involved Children
(includes children with simultaneous involvement with Probation)



⁷ This data can be isolated by DHHS/CFS service area, and is available on request. See the last page for updated FCRO contact information.

Figures 20 and **21** below are an overview of Entries and Exits, illustrating how each service area impacted the statewide totals. The Eastern and Southeast areas, which are the most populous, have the most impact on statewide totals. Monthly changes in exits and entries are not isolated to a single service area; all service areas follow very similar patterns.

Figure 20: Entries by DHHS/CFS Service Area

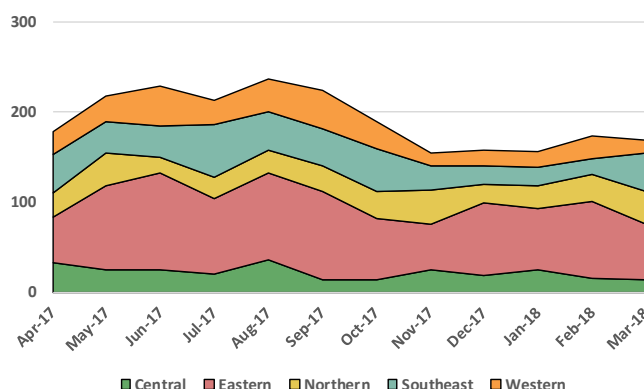
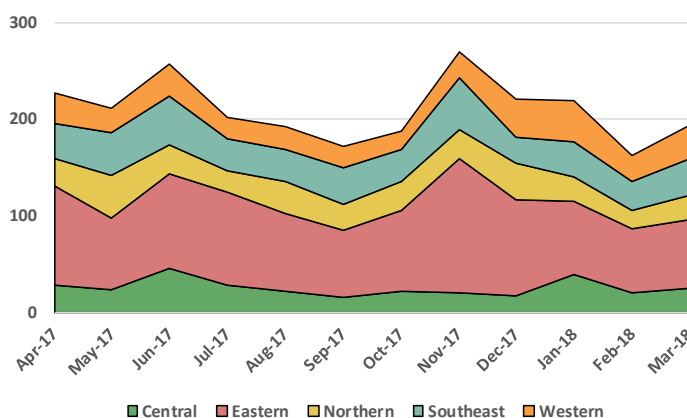


Figure 21: Exits by DHHS/CFS Service Area



While the number of children in care is important, it is also important to ensure:

1. Every child that needs the safety of an out-of-home placement is in a safe and appropriate placement.
2. Children and families receive adequate and timely services to address reasons for removal and any associated trauma.
3. Foster care is for the shortest possible time but still provides for children’s best interests.

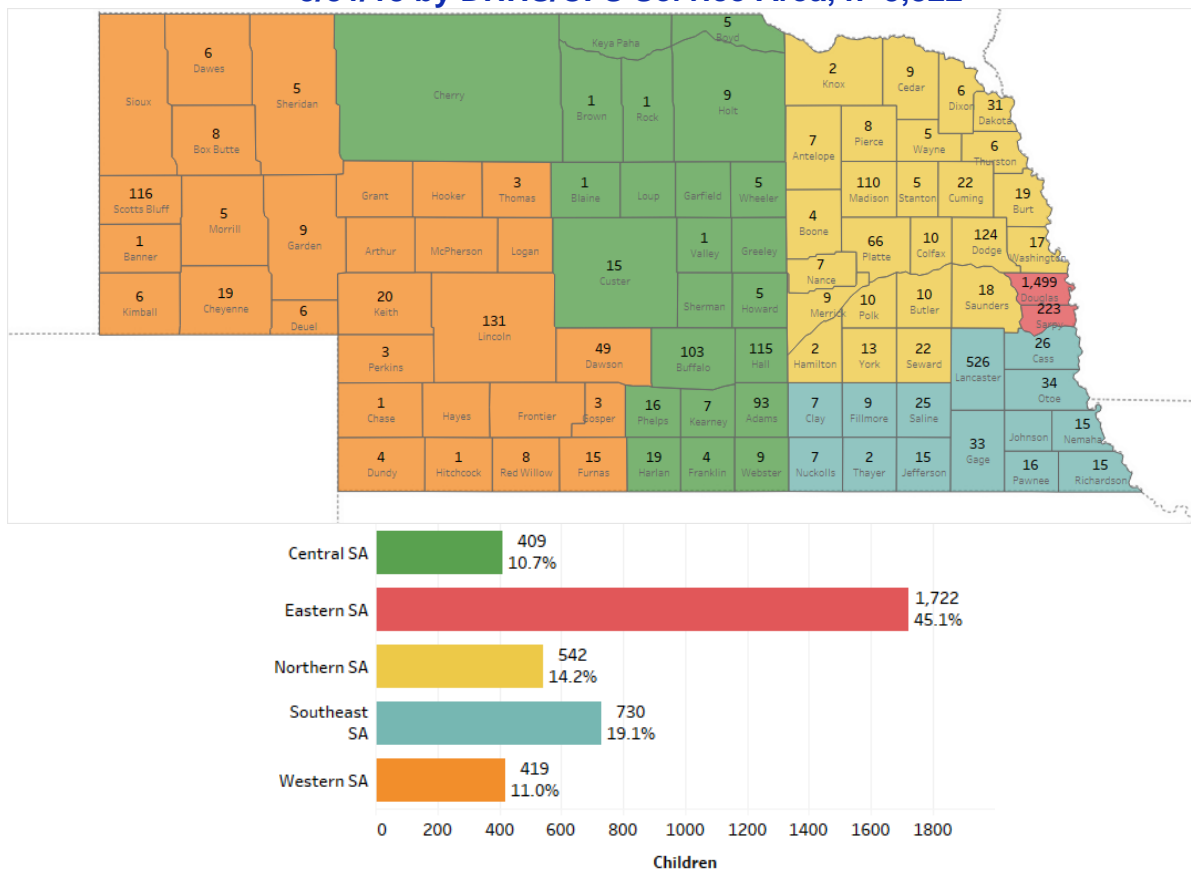
Children Solely Involved with DHHS/CFS – Point-in-time (Single Day) View

Single day data on DHHS/CFS wards in this section includes only children that meet the following criteria: 1) involved with DHHS/CFS and no other state agency, 2) reported to be in either an out-of-home or trial home visit placement.⁸ On March 31, 2018, there were **3,822 children** that met those criteria.

Children’s geographic location of origin

DHHS/CFS wards in out-of-home care or trial home visit come from every geographic area, from Omaha to Scottsbluff, Falls City to Chadron, and South Sioux City to McCook. **Figure 22** shows the **3,822 DHHS/CFS wards** by county and the region. As expected, most of the children are from the two largest urban areas (Omaha and Lincoln, in the Eastern and Southeast Service Areas respectively).

Figure 22: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement on 3/31/18 by DHHS/CFS Service Area, n=3,822



Counties without numbers have no children in out-of-home care or trial home visit on March 31, 2018.

⁸ Youth at a YRTC, youth only involved with Probation, or youth dually involved with Probation are not included, and are described elsewhere in this report.

Demographics of DHHS/CFS Wards in OOH/THV 3/31/18

The demographics of children in out-of-home care and trial home visit have not changed since the 2017 Annual Report. **Girls and boys are equally represented** in the population of children in care. Consistent with past reports, approximately **41% of children in care are 5 and under**, 36% are between 6 and 12, and 23% are teenagers.

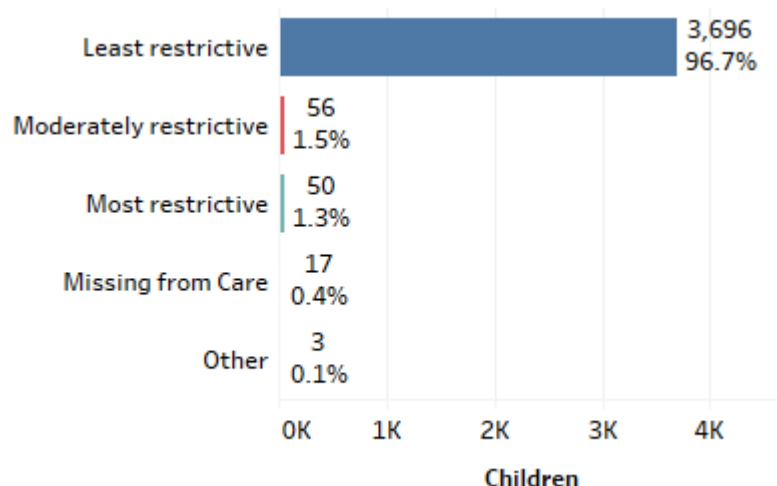
As discussed in the previous section of this report, there is still racial disparity when compared to the Census figures for children in Nebraska, particularly for Black and Native children (See **Figure 1**).⁹ This pattern is discussed in further detail on pages 7 to 18.

Restrictiveness level of children’s placements

Figure 23 shows that most (**3,696 or 96.7%**) of the 3,822 DHHS/CFS wards in out-of-home placements or trial home visits were placed in a family-like, least restrictive setting. Moderate or most restrictive placements should be reserved for children who need more intensive levels of treatment or different types of services within their placement.

The proportion of wards in the least restrictive settings remains steady from 3/31/17.

Figure 23: Placement Restrictiveness for DHSS/CFS Wards in Out-of-home or Trial Home Placements on 3/31/18, n=3,822



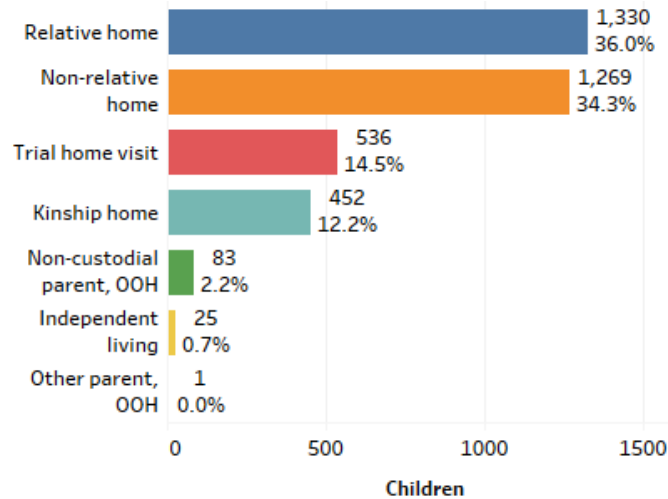
“**Least Restrictive**” above includes 536 children in trial home visit. “**Other**” includes children with specific placement type not reported as of 3/31/18 and children abducted by parent. Children “**missing from care**” and “**abducted by parent**” must always be a top priority as their safety cannot be assured.

⁹ In addition to the special section of this report, see past FCRO Annual Reports, as found at www.fcro.nebraska.gov.

Relative or kinship placements

“Relative” is defined in statute as a blood relationship, while “kin” in Nebraska is defined as fictive relatives, such as a coach or teacher, who by statute are to have had a prior positive relationship with the child (see definitions on page 6). **Figure 24** shows that the majority of children in a foster home are placed with relatives or kin.

Figure 24: Specific Placement Type for DHHS/CFS Wards in the Least Restrictive Placement Category on 3/31/18, n=3,696



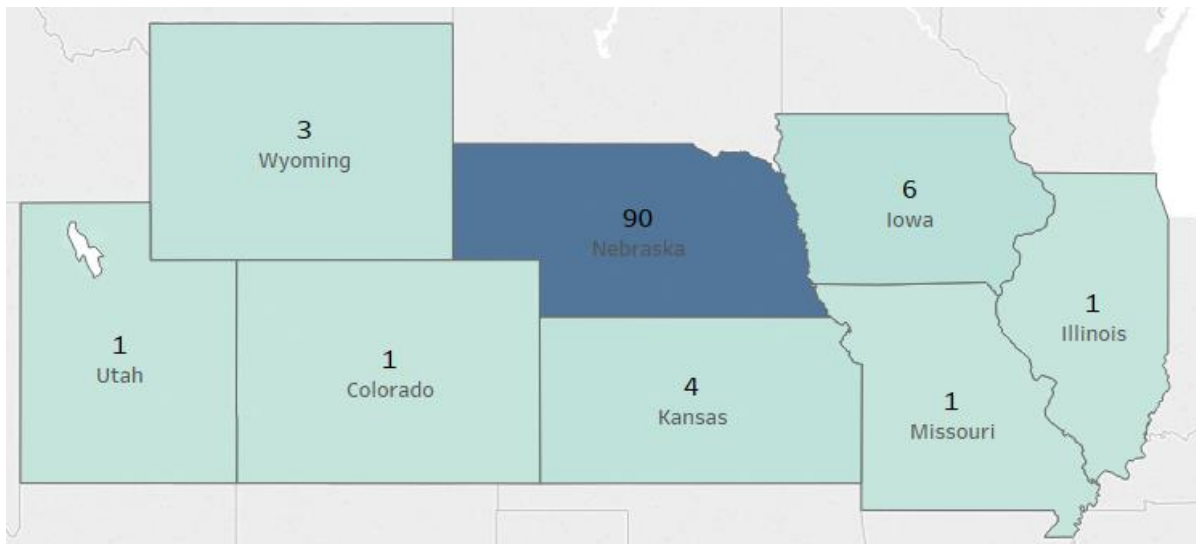
“**Non-custodial parent out-of-home**” refers to instances where children were removed from one parent and placed with the other but legal issues around custody have yet to be resolved. “**Independent living**” is for teens nearing adulthood, such as those in a college dorm or apartment.

States where children are placed

Figure 25 shows states where the **107 DHHS/CFS wards in congregate** (group) facilities are placed. Most are in Nebraska. The majority of those in other states are in bordering states.

Congregate (group) care can involve high level treatment facilities (such as Psychiatric Residential Treatment Facility (PRTF) or Institute for Mental Disease (IMD)), boarding or other non-treatment group homes, emergency shelters, detention or other juvenile justice related facilities, or other specialized facilities. Further detail is available upon request.

Figure 25: State of Placement for DHHS/CFS Wards in Congregate Care on 3/31/18, n=107



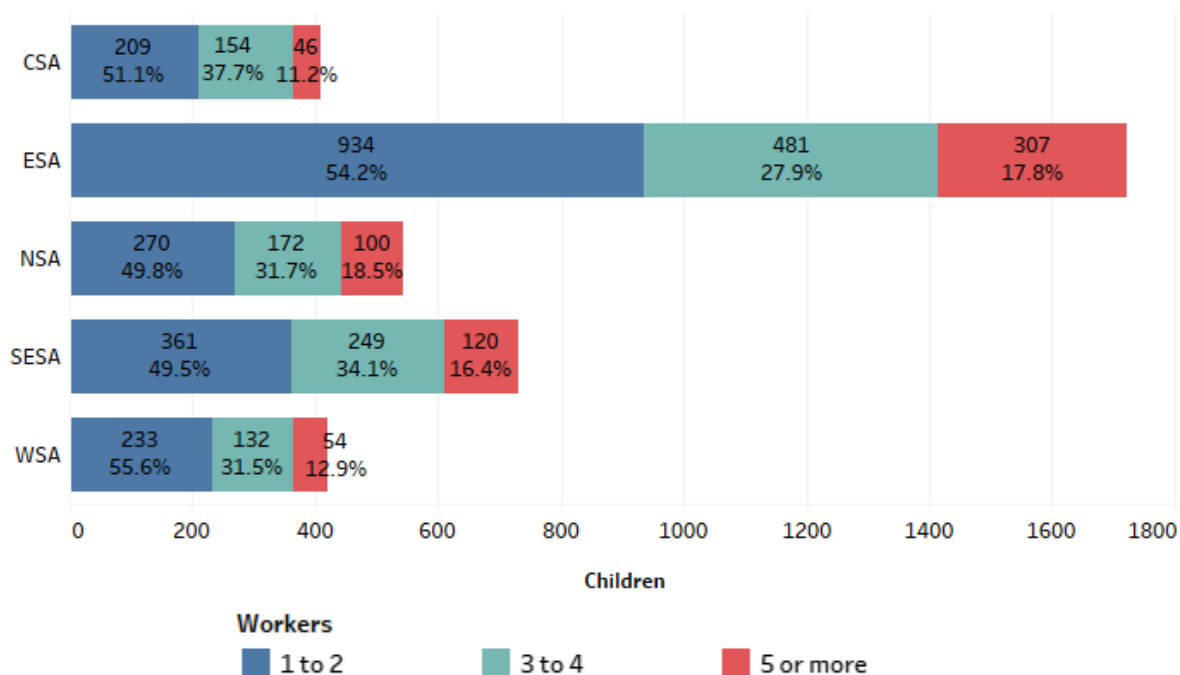
Number of Workers during Current Episode of Care

Figure 26 below shows the number of workers during the current episode of care for DHHS/CFS wards on March 31, 2018, as reported by DHHS/CFS. More than four workers is considered an unacceptable number of worker transfers that likely significantly delays permanency.¹⁰

Workers here include PromiseShip (formerly NFC) Permanency Specialists in the Eastern Service Area where DHHS/CFS contracts for such services, and DHHS/CFS case managers elsewhere.

Over 15% of the children in the Eastern, Northern, Southeast, and Western Service Areas have had more than 4 workers since the most recent removal.

Figure 26: Number of Workers for DHHS/CFS Wards 3/31/18 in Current Episode, n=3,822



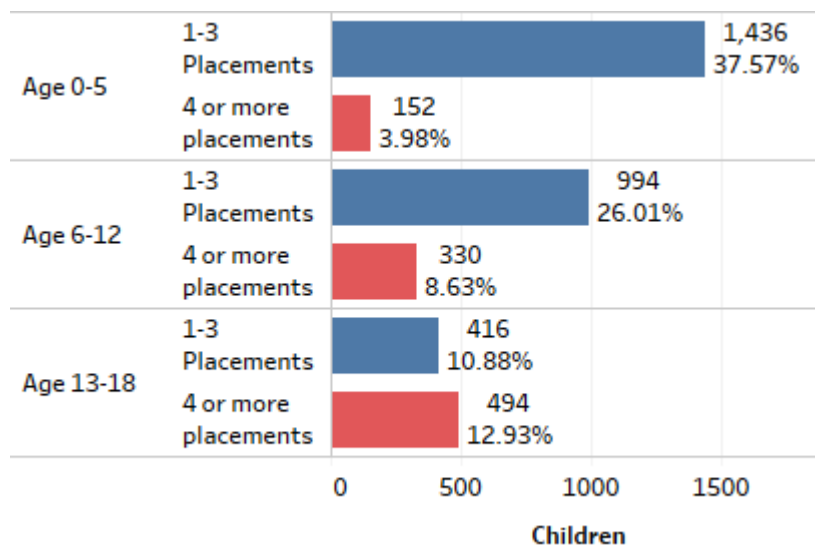
¹⁰ Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff, January 2005.

Multiple placement moves

It is significant that **976 (25.5%)** of Nebraska’s DHHS/CFS wards experienced four or more placement moves over their lifetime (**Figure 27**), which is nearly the same as the **25.0%** of those in care **12/31/17**. This does not include placements with parents, respite short-term placements (such as to allow foster parents to jointly attend a training) or episodes of being missing from care.

Figure 27 also shows that **4.0% of young children** have experienced a high level of placement change. Please refer to the [FCRO 2017 Annual Report](#) for more information on the impact of placement changes on children.

Figure 27: Lifetime Placement Moves for DHHS/CFS wards in Out-of-Home or Trial Home Visit on 3/31/18, n=3,822

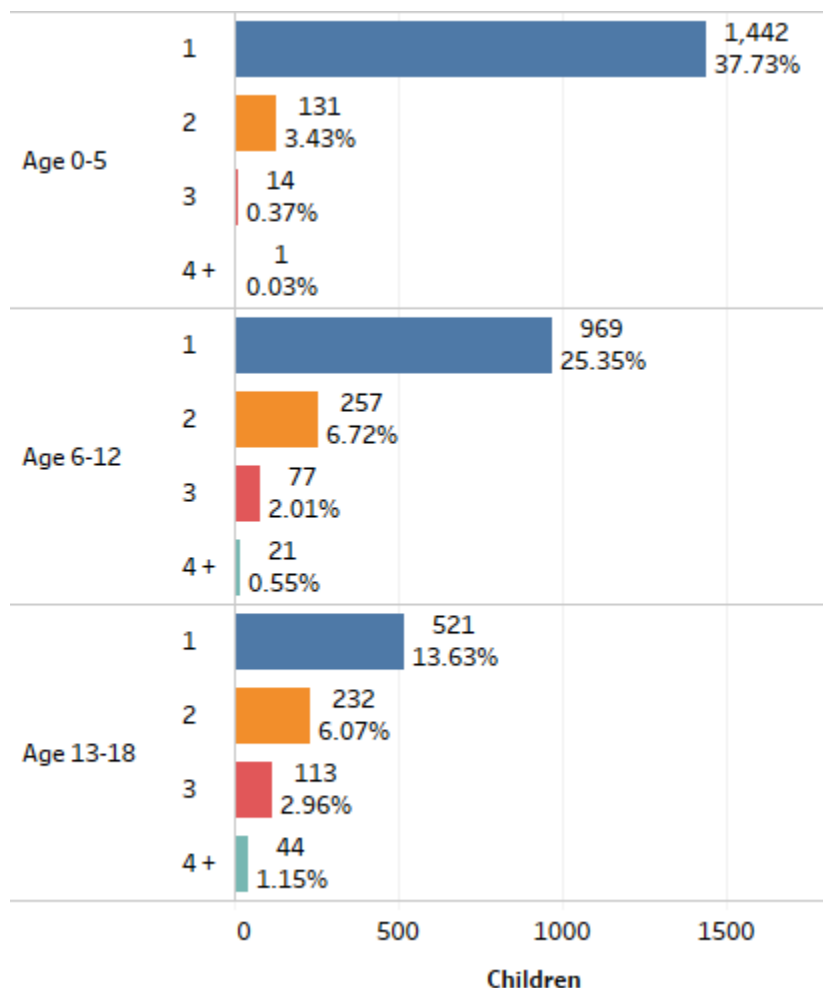


Lifetime episodes involving a removal from the home

Figure 28 shows that **890 (23.2%)**, of the DHHS/CFS wards in care on **3/31/18** had experienced more than one removal from the parental home. That is nearly the same as the **23.0%** on **6/30/17**. Each removal can be traumatic and increases the likelihood of additional moves between placements.

The agencies and groups that make up the child welfare system need to collaboratively meet for frank discussions that lead to the development of a reasonable plan for actions to address why one in four children currently in the system had a prior removal. As a State we can and must do better.

Figure 28: Lifetime Removals for DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placements on 3/31/18, n=3,822

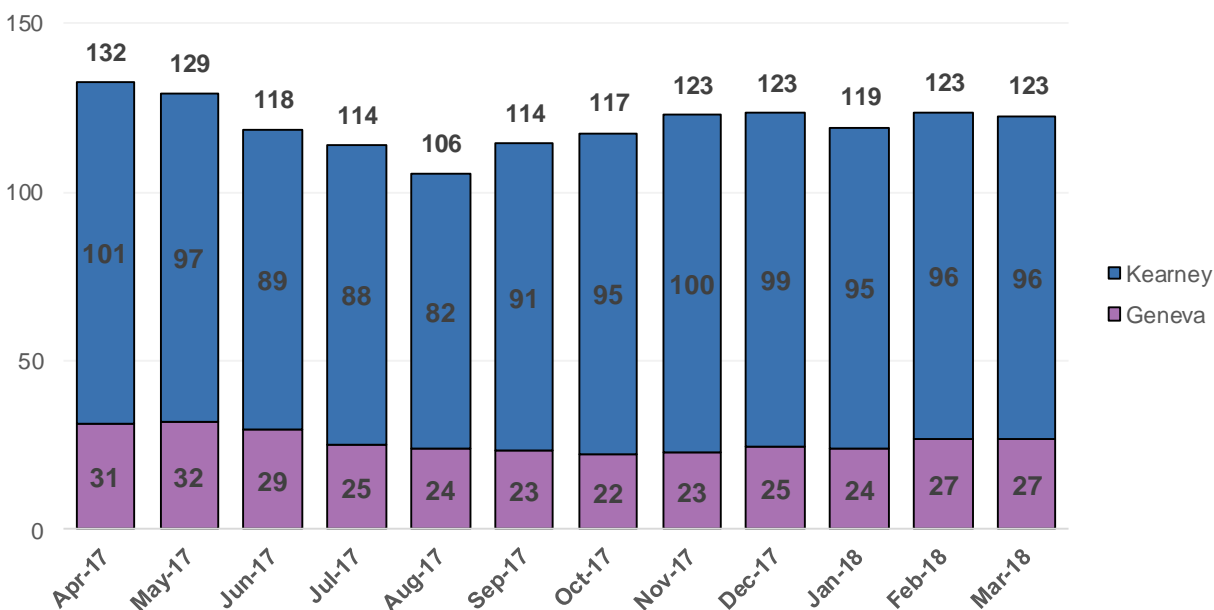


DHHS/OJS Youth at One of the Youth Rehabilitation and Treatment Centers (YRTC)

Placement at a Rehabilitation and Treatment Center is the most restrictive type of placement, and by statute is to be reserved for those youth whose behavioral issues have not been successfully treated in a less restrictive placement. The DHHS Office of Juvenile Services (DHHS/OJS) is responsible for the YRTCs in Kearney where boys are placed and Geneva where girls are placed.

Figure 29 shows the average daily number of DHHS/OJS wards at each of YRTCs for the last rolling year.

Figure 29: Average Daily Number of DHHS/OJS Wards Placed at a Youth Rehabilitation and Treatment Center



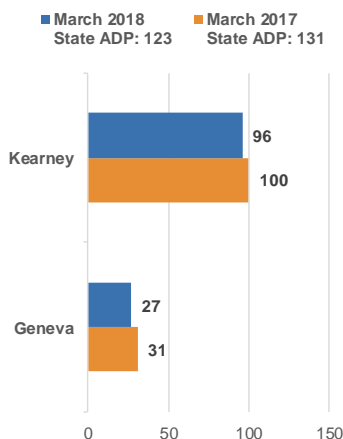
On 3/31/18 there were 123 wards at the YRTCs, including **96 boys at Kearney and 27 girls at Geneva**, which is over 3 times as many boys as girls committed. This is consistent with national trends.¹¹

¹¹ OJJDP “Girls in the Juvenile Justice System.”

March to March Comparison

Another perspective is to compare March 2018 to March 2017, as shown in **Figure 30** below. There were eight fewer youth at a YRTC in March 2018 than in March 2017, a **6.1% decrease**.

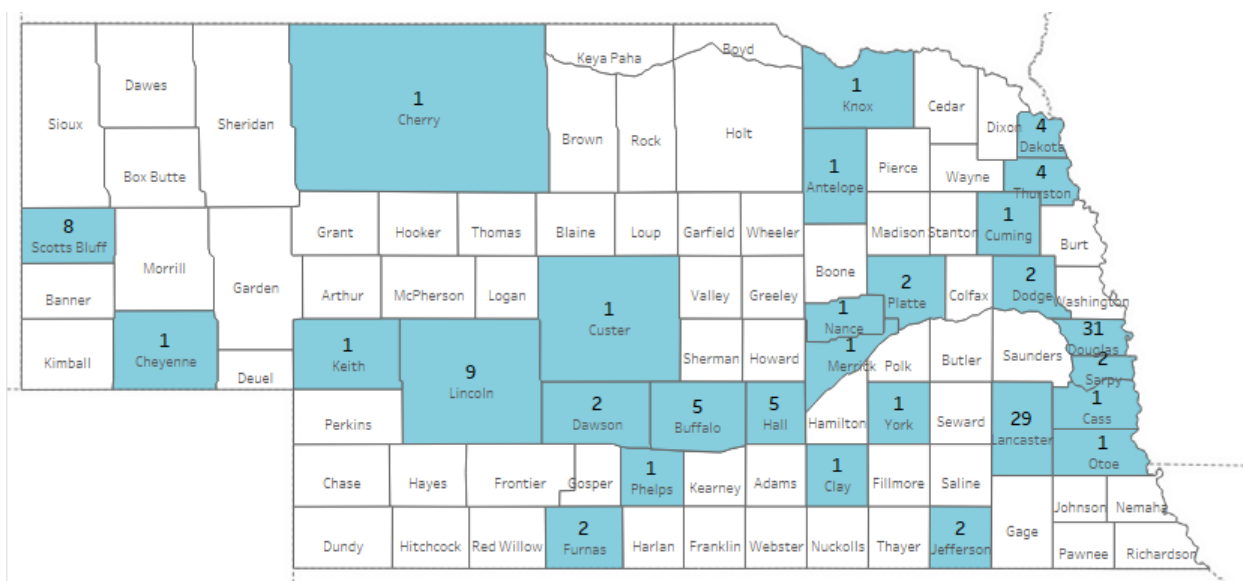
Figure 30: March to March Comparison of Youth Placed at the YRTC



County of origin for youth at the YRTCs

Youth at the YRTCs come from every region of the state, as illustrated in **Figure 31**, with most coming from the more populous regions as would be expected. Counties with no shading had no youth at a YRTC on 3/31/18.

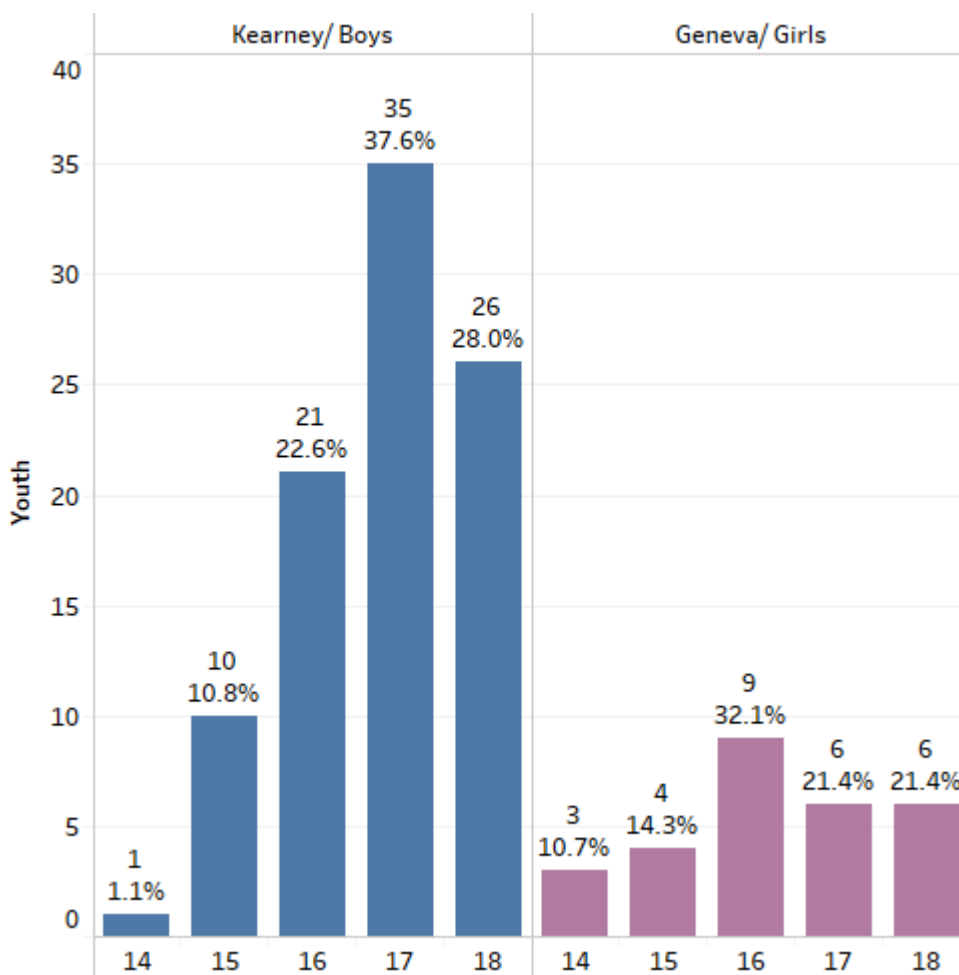
Figure 31: Youth Placed by Juvenile Court at a Youth Rehabilitation and Treatment Center under DHHS/OJS on 3/31/18, n=121



Demographics of youth at the YRTC's

Per Neb. Rev. Stat. §43-251.01(4), youth committed to a Youth Rehabilitation and Treatment Center must be at least 14 years of age. See **Figure 32** for more details on the age distributions.

Figure 32: Ages of Youth Placed at a Youth Rehabilitation and Treatment Center under DHHS/OJS on 3/31/18, n=121



There is significant racial and ethnic disproportionality in the YRTC populations at Geneva and Kearney. Black youth are overrepresented at a rate 4 times higher than their percentage of the Nebraska youth population. Native youth are overrepresented at a rate 5 times higher than the general population at Kearney and 10 times higher than the general population at Geneva.

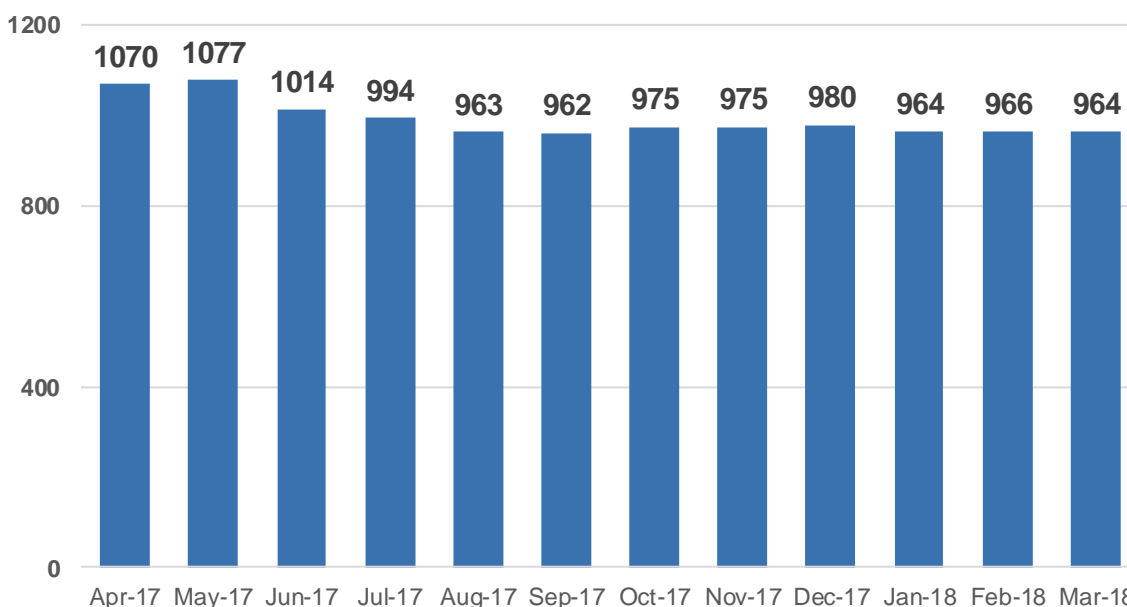
Average Daily Population for Youth With any Probation Involvement

Average daily population

Figure 33 shows the average daily population (ADP) per month of all Probation-involved youth in out-of-home placements for the last 12 months. The ADP includes any youth who was in an out-of-home placement and had an active Probation case, therefore the data in **Figure 33** include youth who are dually involved with Probation and DHHS/CFS.

Using ADP data, as opposed to a single-day snapshot information, allows for a more complete understanding of patterns over time without the risk of presenting outlier information by inadvertently selecting a day with a much higher or much lower than normal number of youth in an out-of-home placement.

Figure 33: Average Daily Population of Youth in Out-of-Home Care Supervised by Probation



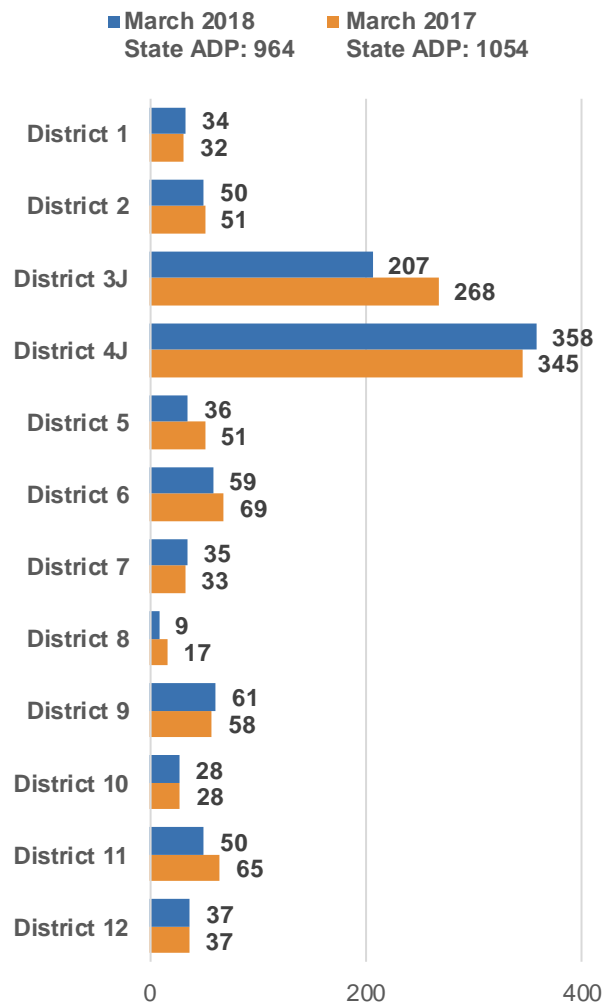
The juvenile justice population is different from the child welfare population in several key ways. One, as demonstrated in the figure above, is that the seasonal patterns are different. We do not see, nor should we expect to see, significant drops in the number of youth placed out-of-home during November and December as can be true with the child welfare population.

March to March Comparison

Another perspective is to compare March 2018 to March 2017, as shown in **Figure 34** below. Statewide, there was an **average of 90 fewer Probation supervised youth** in out-of-home care in March 2018 than in March 2017, a **8.5% decrease statewide** and a **22.8% decrease in District 3J** (Lancaster County).

Figure 34 also shows differences by district (See **Figure 35** on page 37 for a map of Judicial Districts).

Figure 34: March to March Comparison



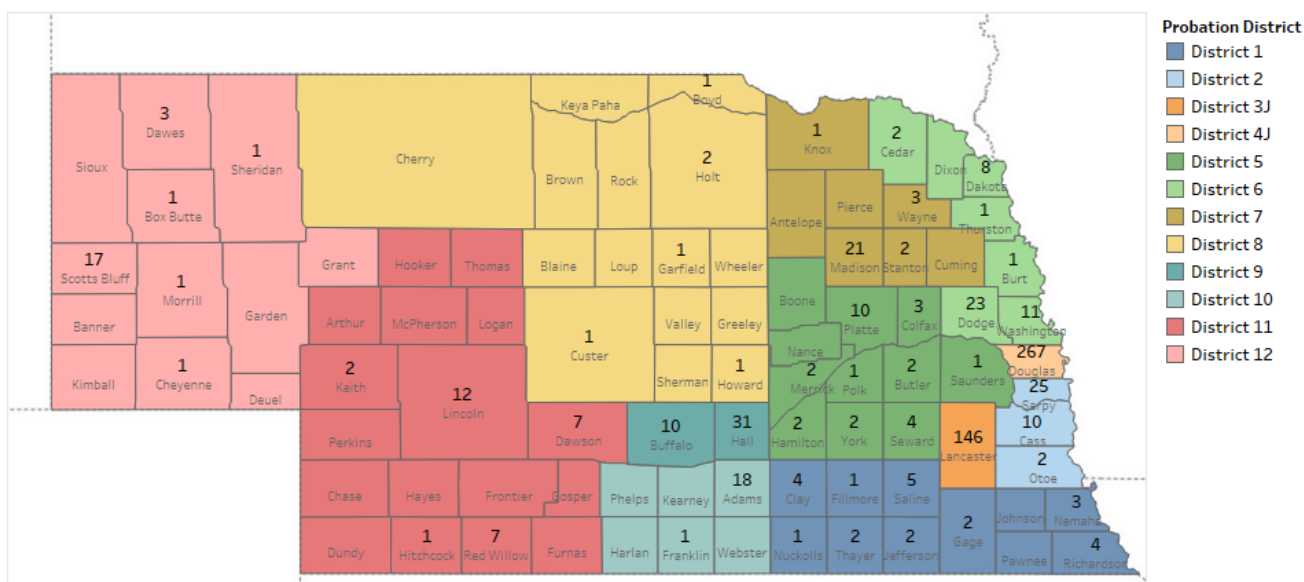
Youth in Out-of-Home Care Solely Supervised by the Office of Juvenile Probation

Single-day data on Probation involved youth in an out-of-home placement here includes only those youth whose involvement is solely with Probation. Youth with Probation involvement that are not placed out-of-home are not subject to review or tracking by the FCRO, and thus are not included in this Report.

Youth’s geographic location of origin

Figure 35 shows the Probation district and the county of court, for the **693 Probation youth** in out-of-home care on 3/31/18 that are not involved with either DHHS/CFS or DHHS/OJS. Juvenile Probation Districts by statute are different than the regions used for DHHS/CFS wards. Aggregated totals by District are on the next page in **Figure 36**.

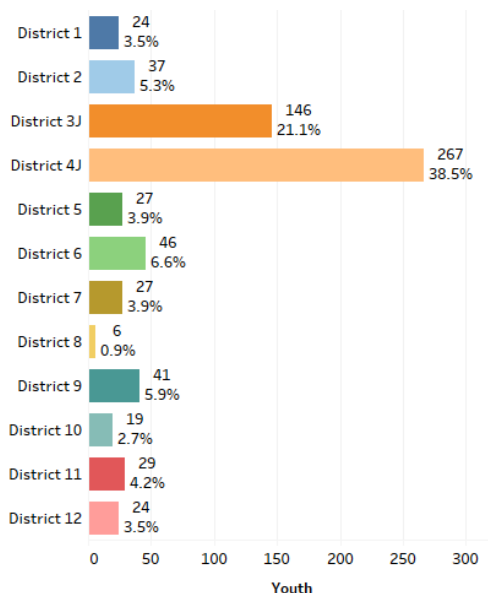
Figure 35: County of Origin for Probation Supervised Youth in Out-of-Home Care on 3/31/18, n=693*



*The District borders will change slightly when LB697, passed in 2018, takes effect on July 19, 2018.

Counties without numbers have no children in out-of-home care or trial home visit on March 31, 2018.

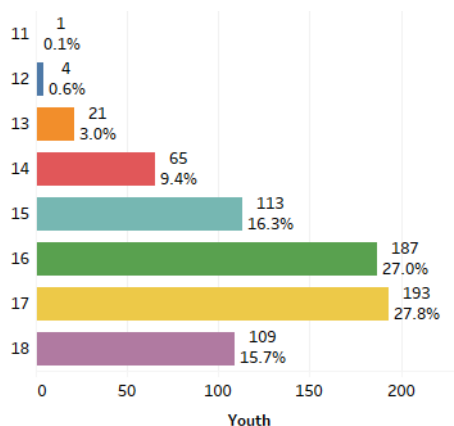
Figure 36: District for Probation Supervised Youth in Out-of-Home Care on 3/31/18, n=693



Demographics of Probation Youth

Figure 37 shows the ages of Probation youth in out-of-home care on 3/31/18. It is important to note that **204 (29.4%) were under age 16**. In comparison, on 3/31/17 28.6% of the youth in out-of-home care under the supervision of Probation were under age 16. The FCRO and other advocates have raised questions regarding which is the best system to deal with the youngest court-involved youth and their families because there is a strong correlation between early traumatic events and juvenile delinquency, particularly multiple childhood victimizations and dysfunctional families.¹²

Figure 37: Age of Probation Supervised Youth in Out-of-Home Care on 3/31/18, n=693



¹² National Child Traumatic Stress Network “Victimization and Juvenile Offending” 2016, among many others.

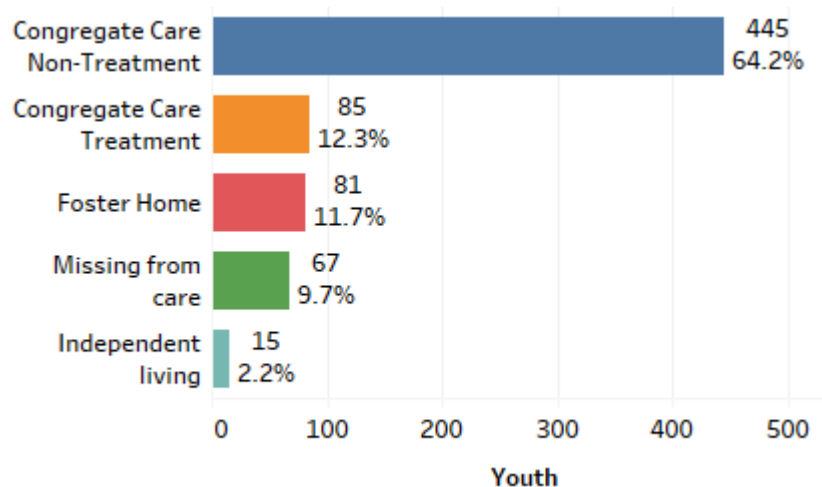
There are over twice as many boys (**66.7%**) in out-of-home care served by Probation as there are girls (**33.3%**). Current percentages are similar to the numbers throughout 2017.

Disproportionate representation of minority youth continues to be a problem. As discussed on page 16, Black youth make up **6.2%** of the Nebraska youth population and **25.0%** of the Probation youth out-of-home (See **Figure 11**). Native children are also represented at a rate twice their proportion of the general population.

Treatment or non-treatment placements

Figure 38 shows that **12.3%** of Probation youth in out-of-home care are in congregate treatment placements, down slightly from **12.9%** on 3/31/18. Congregate treatment placements include acute inpatient hospitalization, psychiatric residential treatment facilities, short term residential and treatment group home. Non-treatment congregate care would include crisis stabilization, developmental disability group home, enhanced shelter, group home (A and B), maternity group home (parenting and non-parenting), independent living and shelter.

Figure 38: Treatment or Non-Treatment Placements of Probation Supervised Youth in Out-of-Home Care on 3/31/18, n=693



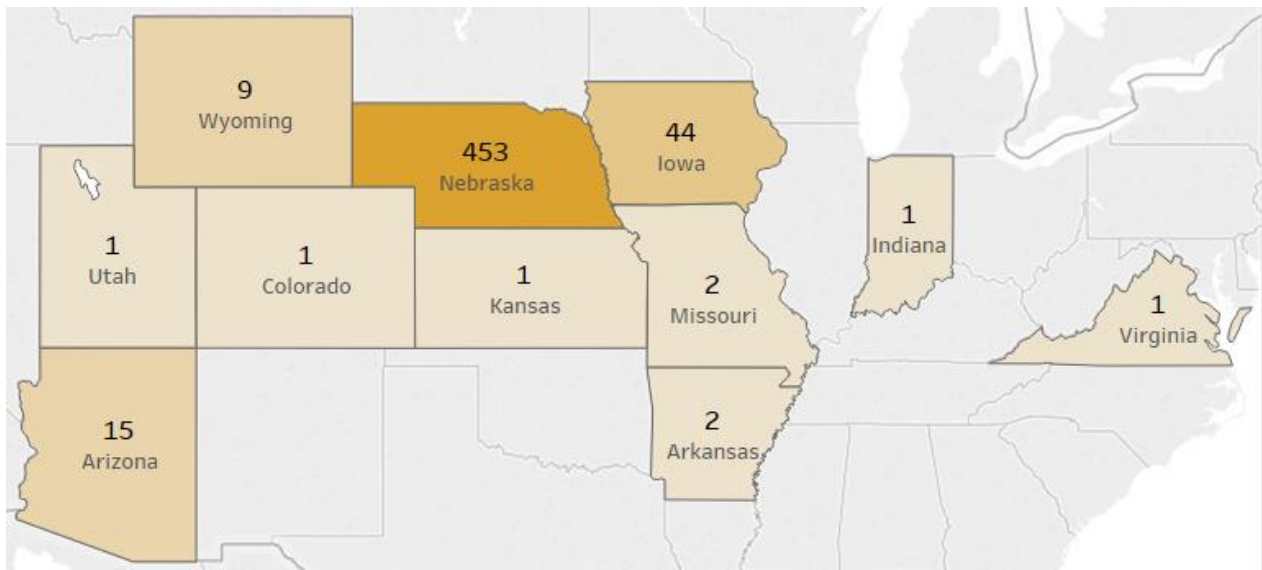
Youth missing from care must always be a top priority as their safety cannot be assured.

State where youth are placed

Per **Figure 39**, **85.4% of youth in congregate care were placed in Nebraska**, **6.3% were in Iowa**, **2.2% were in Arizona**, **1.3% were in Wyoming** and the rest were in other states.

Over the past few years a number of treatment placements in Eastern Nebraska have closed, changed clientele served, or became day treatment only with no overnight care. The number of youth in Iowa facilities in particular may reflect these changes in placement availability.

Figure 39: State Where Youth in Congregate Care Supervised by Probation were Placed on 3/31/18, n=530



Youth in Out-of-Home Care with Simultaneous DHHS/CFS and Probation Involvement

On 3/31/18, **123 youth were involved with both DHHS/CFS and the Office of Juvenile Probation (dually-involved youth), a 15.1% decrease.** In comparison, there were 145 such youth on 3/31/17. The percent of youth dually involved has consistently remained around **2.9%** of the total out-of-home population.

Geographic location of origin

Dually-involved youth come from all parts of the state, as illustrated in **Figure 40** below, with the majority from the most populous areas (Douglas and Lancaster counties) as would be expected.

Figure 40: Youth in Out-of-Home or Trial Home Visit Placement on 3/31/18 Served by Both DHHS/CFS and Probation, n=123

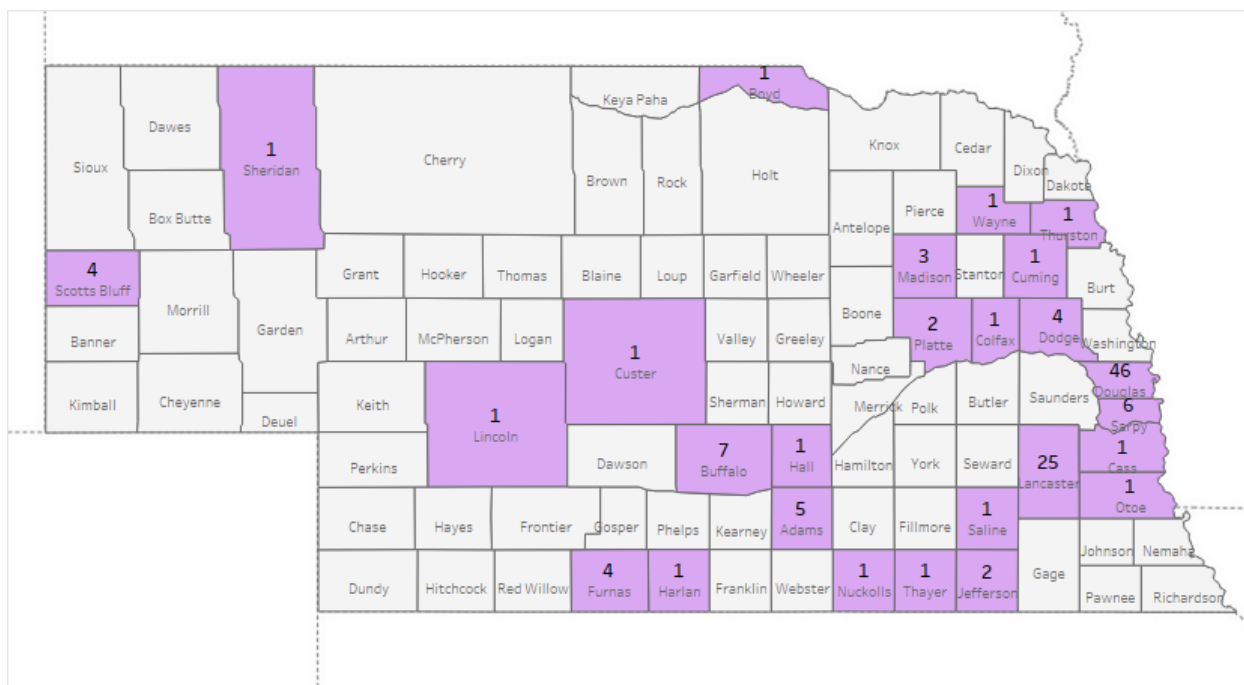
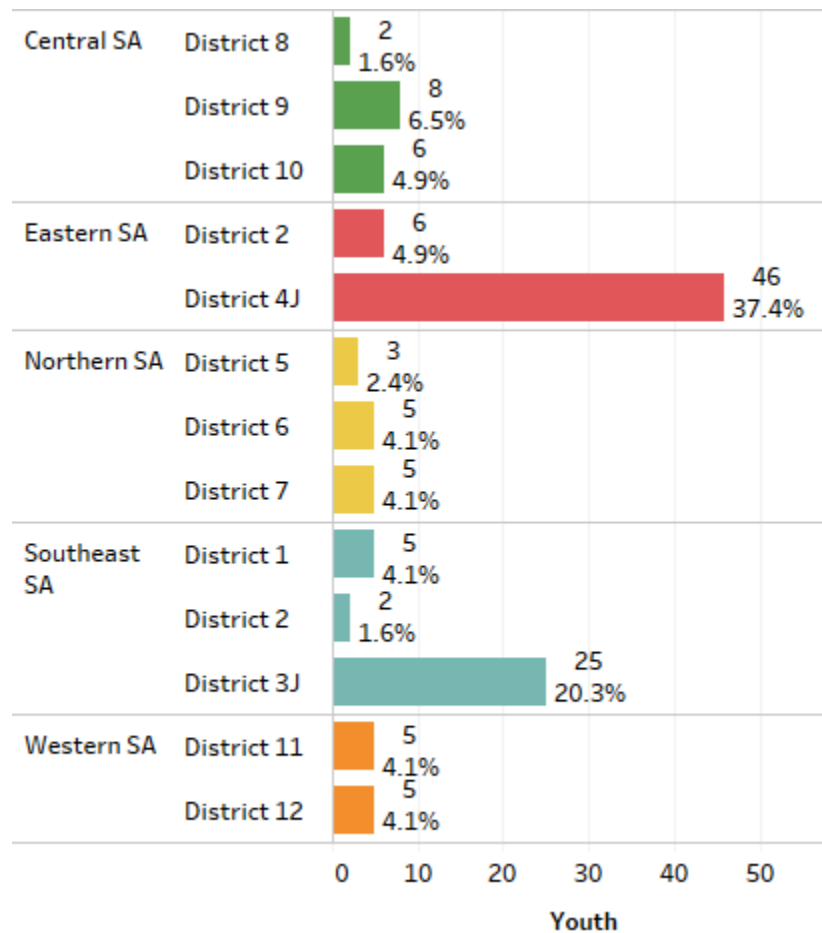


Figure 41 on the next page shows how many children are placed in each of the DHHS/CFS or Probation districts.

Figure 41: Youth in Out-of-Home or Trial Home Visit Placement on 3/31/18 Served by Both DHHS/CFS and Probation, by Statutorily Defined Regions (DHHS/CFS service area followed by Probation region), n=123



Demographics of Dually-Involved Youth

Figure 42 indicates that most dual-agency youth are teenagers. The percentage under age 16 on 3/31/18 was **39.0%**, compared to **37.6%** on 12/31/17.

Figure 42: Ages of Youth in Out-of-Home or Trial Home Placement on 3/31/18 Served by Both DHHS/CFS and Probation, n=123

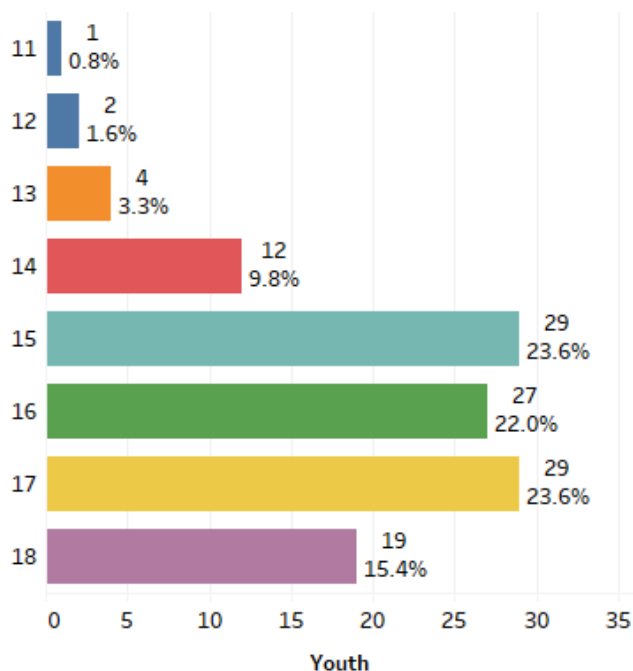
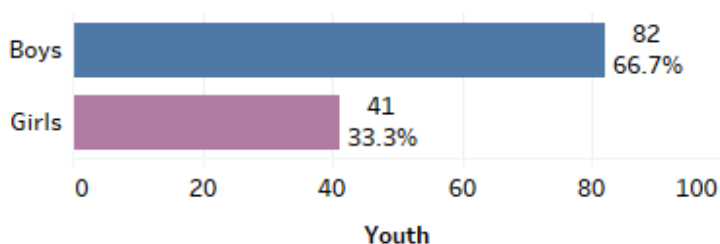


Figure 43 shows that, as is true with other juvenile justice populations, there are more boys in this group than girls.

Figure 43: Gender of Youth in Out-of-Home or Trial Home Placement on 3/31/18 Served by Both DHHS/CFS and Probation, n=123



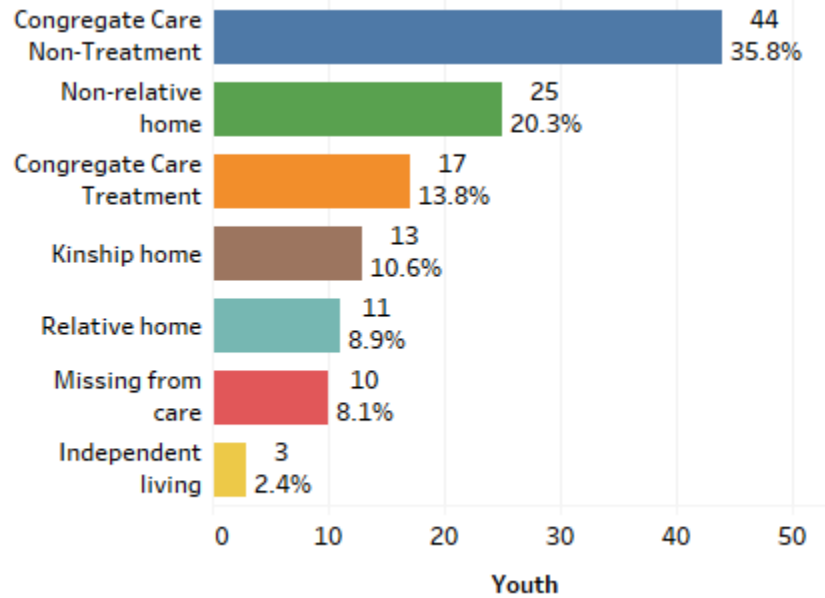
On 6/30/17 the percent of boys was **61.5%**, which is slightly less than the current percentage.

The racial disproportionality of dually involved youth is discussed on page 15 (**See Figure 10**). Black and Native youth continue to be overrepresented in the dually-involved population.

Placement types

Figure 44 shows the placement types for youth with dual agency involvement.

Figure 44: Placement Types for Youth in Out-of-Home or Trial Home Placement on 3/31/18 Served by both DHHS/CFS and Probation, n=123

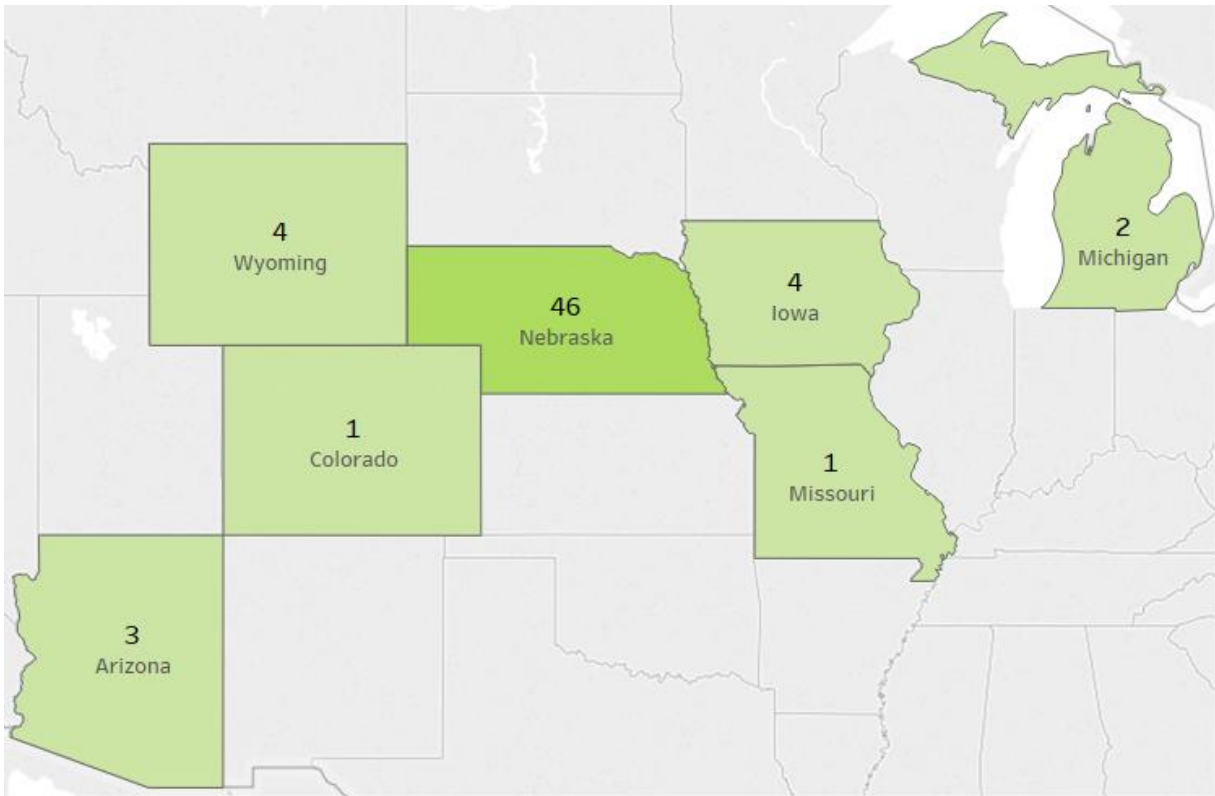


Youth missing from care must always be a top priority as their safety cannot be assured.

State of youth's placements

Figure 45 shows the state where dual served youth in congregate care are placed; **75.4% are in Nebraska**. A higher proportion of dual served youth are placed out of state than any other group.

Figure 45: Placement State for Youth in a Congregate Care Facility 3/31/18 that are Served by both DHHS/CFS and Probation, n=61



APPENDIX - Background on the FCRO

Role

The FCRO's role under the Foster Care Review Act is to: 1) independently track children in out-of-home care, 2) review those children's cases, 3) collect and analyze data related to the children, 4) identify conditions and outcomes for Nebraska's children in out-of-home care, 5) make recommendations to the child welfare and juvenile justice systems on needed corrective actions, and 6) inform policy makers and the public on issues related to out-of-home care.

The FCRO is an independent state agency not affiliated with DHHS/CFS, DHHS/OJS, NFC, Courts, the Office of Probation, or any other entity.

Mission

The FCRO's mission is to provide oversight of the child welfare and juvenile justice systems by tracking and reviewing children in out-of-home care, reporting on aggregate outcomes, and advocating on individual and systemic levels to ensure that children's best interests and safety needs are met.

Vision

Every child involved in the child welfare or juvenile justice system becomes resilient, safe, healthy, and economically secure.

Purpose of FCRO Reviews

The FCRO was established as an independent agency to review case plans of children in foster care. The purpose of reviews is to assure that appropriate goals have been set for the child, that realistic time limits have been set for the accomplishment of these goals, that efforts are being made by all parties to achieve these goals, that appropriate services are being delivered to the child and/or his or her family, and that long range planning has been done to ensure timely and appropriate permanency for the child, whether through a return to a home where conditions have changed, adoption, guardianship, or another plan.

Purpose for the FCRO Tracking/Data System

The FCRO is mandated to maintain an independent tracking/data system of all children in out-of-home placement in the State. The tracking system is used to provide information about numbers of children entering and leaving care, children's needs, outcomes, and trends in foster care, including data collected as part of the review process, and for internal processes.

About this Report

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

Neb. Rev. Statute §43-1303 requires DHHS/CFS (whether by direct staff or contractors), courts, the Office of Probation, and child-placing agencies to report to the FCRO any child's out-of-home placement, as well as changes in the child's status (e.g., placement changes and worker changes). By comparing information from multiple sources the FCRO is able to identify discrepancies. When case files of children are reviewed, previously received information is verified, updated, and additional information is gathered. Prior to individual case review reports being issued, additional quality control steps are taken.

Please feel free to contact us if there is a specific topic on which you would like more information, or check our website ([www.fcro.www.fcro.nebraska.gov](http://www.fcro.nebraska.gov)) for past annual and quarterly reports and other topics of interest.

Contact Information

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402.471.4420**

Email: fcro.contact@nebraska.gov

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