The Nebraska Foster Care Review Office Quarterly Report

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

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Executive Summary

The Foster Care Review Office (FCRO)[1] provides this Quarterly Report to inform the Nebraska Legislature, child welfare system stakeholders, juvenile justice system stakeholders, other policy makers, the press, and the public on identified conditions and outcomes for Nebraska's children in out-of-home care [aka foster care] as defined by statute, as well as to recommend needed changes as mandated.

In preparing this Quarterly Report the FCRO invited key system stakeholders to respond to the recommendations contained in the FCRO 2020 Annual Report. Responses from the Department of Health and Human Services Division of Children and Family Services and the Administrative Office of Courts and Probation are discussed in the Special Section of this Quarterly Report.

Special Update on Annual Report Recommendations

The Department of Health and Human Services Children and Family Services Division (DHHS/CFS) provided a detailed response to the FCRO recommendations.[2] The response highlights the collaborations between DHHS/CFS and other DHHS divisions, the Division of Behavioral Health and the Division of Developmental Disabilities and the collaboration between DHHS/CFS and the Juvenile Division of the Administrative Office of Courts and Probation. The DHHS/CFS response also includes the implementation of the Family First Prevention Services Act.

The Juvenile Division of the Administrative Office of Courts and Probation (Probation) also provided a letter in response to the FCRO recommendations.[3] The letter references the Supreme Court website containing information relevant to the FCRO recommendations.

Other findings in this Quarterly Report

As in past reports, the FCRO shares average daily populations and point-in-time data for Nebraska's children in out-of-home or trial home visit care, both through child welfare and through juvenile justice. The following are some main points.

- There were 4,077 Nebraska children in out-of-home or trial home visit placements under DHHS/CFS, DHHS/OJS, and/or the Office of Juvenile Probation on 9/30/20, a 1.6% decrease from 2019. (page 13)
- DHHS/CFS wards continue to be placed in the least restrictive, most family like settings at very high rates (96.6%). (pages 20-21)

[1] See Appendix A for definitions and explanations of acronyms used in this Report.

[2] See Appendix B for the complete letter from DHHS.

[3] See Appendix C for the complete letter from the Courts and Juvenile Probation.

- 27.9% of DHHS/CFS wards have had more than four -placements over their lifetime, including 10.5% of the children under age 6. (page 23)
- 31.1% of the DHHS/CFS wards in the Eastern Service Area have had more than 4 workers since the most recent removal. 16.5% of wards from the Southeast Service Area had more than 4 workers. (pages 23-24)
- 22.9% of DHHS/CFS wards experienced more than one court-involved removal from the parental home in their lifetime. (pages 24-25)
- There were 46.7% fewer youth at a YRTC than a year ago. (page 26)
- There were 20.3% fewer Probation youth in out-of-home care than a year ago. Some of this is attributable to the COVID-19 pandemic. (page 31)
- For youth needing a congregate placement, Probation continues to place them within the state of Nebraska at high rates (87.3%). (page 34)
- The number of youth involved with both DHHS/CFS and the Office of Juvenile Probation (dually-involved youth), decreased by 20.1% over the last year. (page 35)
- In every population examined in this report, minority children and youth continue to be overrepresented. (pages 19, 29, 32, 37)

Recommendations

The FCRO continues to work with DHHS/CFS, the Courts, Probation, and all other stakeholders to pursue the recommendations in the 2020 Annual Report.

Special Update on September 2020 Annual Report Recommendations

In the September 2020 Annual Report, the Foster Care Review Office made a number of recommendations to improve conditions for children involved with Nebraska's child welfare and/or juvenile justice systems. For this December quarterly report, we invited the Director of the Children and Family Services Division of the Nebraska Department of Health and Human Services, the Regional Vice President of Saint Francis Ministries (the DHHS/CFS lead agency in the Omaha area) the Chief Justice of the Nebraska Supreme Court, and the Nebraska Probation Administrator to respond.

The FCRO thanks the Director of CFS, the Court Administrator's Office, and the Probation Administrator's office for their prompt responses.

Recommendations to DHHS/CFS with Responses

Under this heading are the FCRO's top recommendations to DHHS/CFS followed by pertinent verbatim excerpts regarding each point from the DHHS response.[4]

FCRO Recommendation 1. Establish an effective, evidence-supported, goal driven, out-come based service array throughout the State to meet the needs of children and families involved in the child welfare system to include the following:

a. Preventive services for neglect and substance use in collaboration with NDHHS Behavioral Health;

From the DHHS Response:

The Division of Children and Family Services (CFS) collaborates with the Division of Behavioral Health (BH) to provide preventive services to address neglect and substance use. Implementing the provisions of the Family First Prevention Services Act (FFPSA), CFS has partnered with BH to continue the establishment of Substance Use Residential facilities in Nebraska that promote the placement of a youth with their parent during treatment. These facilities provide parent skills training, parent education, and individual and family therapy under a trauma informed structure and framework….

Additional collaboration between CFS and BH includes two Substance Use Residential Treatment Programs for youth in Nebraska….

CFS and BH have collaborated on identifying provider networks throughout Nebraska that provide preventive, evidence supported, therapeutic services such as Multi-Systemic Therapy, Parent Child Interaction Therapy and Trauma Focused Cognitive Behavioral Therapy. This partnership to bring these

[4] The Nebraska Department of Health and Human Services Children and Family Services Division (DHHS/CFS) provided a letter with direct responses to every recommendation specific to DHHS. The letter is reprinted in Appendix B.

Evidence Based Practices to Nebraska as prevention services have been identified and approved by the Children's Bureau through FFPSA.

b. Out-of-home services such as family support and parenting time services that have the least traumatic impact on children;

From the DHHS Response:

CFS seeks to provide out-of-home services that have the least traumatic impact on children…Throughout the first part of 2020, a workgroup focused on updating CFS's Parenting Time Standard Work Instruction (SWI). Parenting Time SWI includes a parenting time planning tool, expectations and a parenting time assessment tool…

Safety Organized Practice is a practice model Nebraska has incorporated to utilize with youth and families in the child welfare system. This practice model has a Training Module to ensure parenting time focuses on acts of protection… CFS created a SWI regarding Family Organizations and their Family Peer Support service. This SWI became effective March 31, 2020. Peer support staff work with CFS-involved parents who may have mental health challenges, substance abuse disorders or children with high needs…

c. Stabilization of placements and recruitment of foster parents based upon the needs of the child/youth in collaboration with foster care providers;

From the DHHS Response:

CFS prioritizes improved placement stability and foster home recruitment in collaboration with child placing agencies (CPA). At times, an insufficient capacity of the most appropriate foster homes can contribute to placement delays and placement instability. Placement instability, among other consequences, increases trauma, delays permanency, and may ultimately lead to higher levels of care for the children. In accordance with the Child & Family Services Review (CFSR) Program Improvement Plan (PIP), CFS is committed to pursuing multiple initiatives to improve both of these system issues.

Improved placement selection and availability of licensed foster homes that align with the demographic, geographic, cultural, Tribal, religious, health/behavioral characteristics of foster children, among other factors, will increase placement stability…

CFS is actively pursuing multiple proactive and reactive initiatives…Proactive placement stability calls with agency supported homes…Active analysis of high placement disruption foster homes… Active communication with CPA and CFS Administrative teams…Support plan quality assurance reviews…Quarterly performance conversations between CFS Contract Monitors and CPAs…Creation of a new foster care recruitment and retention dashboard…Development of informative Quick-Tips for all CFSS…

d. Creation of treatment foster care services which actively engage families and would meet the needs of older youth;

From the DHHS Response:

Treatment Foster Care Services are helpful when meeting the complex needs of children and youth. The Foster Care Rate Reimbursement Committee developed a workgroup in 2017 to discuss Treatment Foster Care…. CFS has recently developed a team to continue these discussions regarding Treatment and Therapeutic Foster Care to meet the needs of children in the child welfare system, as well as those not involved in this system but may need that level of care/treatment temporarily. This team consists of individuals from CFS, Medicaid, Behavioral Health, Developmental Disabilities, Probation, and Nebraska's Executive Medical Officer.

e. In-home supports for foster parents especially relative/kin placements;

From the DHHS Response:

CFS agrees that in-home supports for foster parents, especially for relative/kinship are important. Relative and Kinship foster parents have the support of a foster care specialist. This individual may be connected to the family through CFS Resource Development, or one of the child placing partner agencies….CFS contracts with the Nebraska Foster and Adoptive Parent Association (NFAPA) who provides mentoring and support services to all foster parents who contact them…CFS developed an online foster parent training for relative/kinship foster parents in the fall of 2019. CFS encourages all foster parents who are relative/kinship to complete this training and complete foster care licensure.

f. Mental and behavioral services for children/youth in collaboration with NDHHS Division of Behavioral Health;

From the DHHS Response:

In June 2020, CFS collaborated with BH to produce a webinar for all CFS staff. This webinar provides an overview of service array options for youth experiencing mental and behavioral challenges through System of Care work. This includes Youth Mobile Crisis Response and Peer Support, which provides preventive mental and behavioral health interventions. This collaborative approach focuses on implementing Multi-Systemic Therapy, Parent Child Interaction Therapy and Trauma Focused Cognitive Behavioral Therapy as treatment approaches.

CFS representatives continue to participate in System of Care meetings to discuss needs and services for youth across Nebraska that are dual-system involved youth.

g. Developmental disability services for children/youth in collaboration with NDHHS Division of Developmental Disabilities;

From the DHHS Response:

CFS collaborates closely with the Division of Developmental Disabilities (DD) to provide developmental disability services for children/youth. CFS and DD developed a standard work instruction for CFS staff in late 2019. This SWI provided guidance on how to apply for DD services and SSI/SSA for State Wards.

CFS and DD also developed a process for CFS to request an ICAP (Inventory for Agency Planning) assessment. The ICAP assists with identifying supports and needs of youth. This is critical when youth are transitioning from foster care to the DD system…

h. Enhanced services and case management for older youth.

From the DHHS Response:

CFS continues to collaborate with Nebraska Children and Family Foundation (NCFF) on initiatives to support older youth. These initiatives provide coaching to young adults through PALS (Preparation for Adult Living Services); Chafee funding; and, Education and Training Vouchers to young adults seeking postsecondary education opportunities…

CFS has partnered with several Public Housing Authorities to establish Memorandums of Understanding (MOUs) for the Foster Youth to Independence vouchers…CFS works closely with UNL, Nebraska Balance of State and other systems of care partners with the Youth Homelessness Demonstration Grant…

Nebraska continues to offer voluntary extended foster care services to young adults aging out of foster care under the Bridge to Independence Program. CFS collaborates with Region V Professional Partners for housing options for youth with behavioral health needs and who are seeking housing options. CFS, Department of Labor and NCFF collaborated during the COVID pandemic through the GOALS program. This program worked to support young adults no longer eligible for the B2i program but still were facing economic, housing and education challenges…

FCRO Recommendation 2. Establish clear and concise policy and procedures with regard to effective safety planning to include clear expectations for the families and mechanisms to ensure compliance with the safety plan. This is true whether the safety plan involves a court-involved case or non-court case, out-of-home placement or in-home services, or informal living arrangement.

From the DHHS Response:

CFS has addressed this issue directly during the past nine months. CFS issued an updated SWI on Initial Assessment in July 2020; created a new SWI on Safety

Planning in April 2020; and updated the Ongoing Case Management SWI in August 2020…The Safety Planning SWI articulates that safety planning should be completed in all cases where there is an identified safety threat. It describes, in detail, who needs to be involved in safety planning and what needs to be included in a safety plan. The SWI also describes how an Approved Informal Living Arrangement (AILA) case be used as a safety intervention…

FCRO Recommendation 3. Explore strategies to improve/increase collaboration and cooperation with juvenile probation to enhance services and improve outcomes for dually-involved youth.

From the DHHS Response:

On October 1, 2018, the DHHS-Division of Child and Family Services (CFS) and the Administrative Office of the Courts and Probation (AOCP) began their formal, collaborative implementation of the Crossover Youth Practice Model (CYPM) statewide. This model, developed by the Center for Juvenile Justice Reform (CJJR) at Georgetown University's Mccourt School of Public Policy, has served as the foundation of our dual-system commitment to improving the outcomes for youth, families and communities….

CFS and AOCP administration have partnered to develop a possible solution to impact funding/resources for crossover youth in Nebraska. This solution will reach shared goals regarding service provision. At this time [November 2020], CFS and AOCP are developing a six month trial of the pre-determined payment responsibilities within a selected probation district and local CFS office area.

DHHS/OJS Recommendations with Responses

FCRO Recommendation 1. Ensure that the newly planned facility at the Hastings Regional Center can meet the needs of the female YRTC population based on historical utilization.

From the DHHS Response:

The Youth Rehabilitation Treatment Center (YRTC)-Hastings facility will utilize evidence based curriculum, to include Aggression Replacement Training (ART) and Moral Reconation Therapy (MRT). These programs are currently used at the YRTC-Kearney facility. Aggression Replacement Training has been shown to reduce recidivism in an adolescent population… MRT is a cognitive behavioral program and seeks to decrease recidivism by increasing moral reasoning…

In addition, the YRTC-Hastings facility will have two Licensed Alcohol and Drug Counselors (LADCs) on staff to provide substance use specific services for the female population…

Boys Town psychiatric services will be utilized to provide medication management for the youth at the Hastings YRTC facility via telehealth.

FCRO Recommendation 2. Ensure that programming includes effective trauma-informed and trauma-focused treatment for all youth, especially for the girls.

From the DHHS Response:

All staff receive initial and ongoing trauma-informed care training by YRTC LMHP staff. In addition, LMHP staff themselves receive ongoing and specialized training in providing trauma-informed care in a therapeutic setting. Trauma Affect Regulation Guide for Education and Therapy (TARGET©) model for intensive behavioral modification is being considered for inclusion into the Hastings YRTC programming…

Smaller groups of youth in the housing units will allow for decreased stimuli in the environment and increased support from peers to one another. Research indicates that interpersonal relationships are a primary motivating factor for female youth in residential settings…The decrease in external stimuli, collaborative team approach to treatment provision, staff specific trauma informed care training, and positive relationships will provide a safe and stable environment for youth who are working on processing/reprocessing past trauma.

FCRO Recommendation 3. Ensure that educational programming and activities meet the needs of boys and girls with developmental disabilities, learning disabilities, and behavior challenges.

From the DHHS Response:

The YRTCs have developed a position for Coordinator of Student Services to work with home school districts to maintain compliance and implement Individual Education Plans (IEPs) for students in need of special education services… A Student Services Department has been developed… A Positive Behavioral Interventions and Supports (PBIS) Team has been developed to implement a behavior intervention program throughout the school to promote positive behavior intervention supports for all students… The YRTCs have also developed a school-wide multi-tiered systems of support (MTSS) model for providing quality instruction both academically and behaviorally through the use of intervention and student services supports.

Juvenile Probation Recommendations with Responses

The Juvenile Services Division of the Administrative Office of the Courts and Probation provided a letter responding generally to the three recommendations in the Annual Report, and pointing to their website, https://supremecourt.nebraska.gov/forms-publications?page=2.[5] The website leads to their publically available publications and reports.

Recommendation 1. Create concrete action steps when parents' issues prevent a youth from returning home in collaboration with all juvenile justice stakeholders.

Recommendation 2. Continue the creation and use of individual transition plans across the state as guides for readying youth to return to their communities.

Recommendation 3. Determine why the YLS 'risk to reoffend' scores of so many youth remain constant or even increase after six months or more of Probation out-of-home care, and whether the YLS tool is valid for youth with lower IQ scores or learning disabilities.

Recommendation 4. Explore strategies to improve/increase collaboration and cooperation with NDHHS/CFS to enhance services and improve outcomes for dually-involved youth.

Recommendation 5. Ensure that the child/youth's voice is integrated into all legal proceedings including appearance at court hearings and involvement in all aspects of case planning and transition planning (for older youth, specifically).

Recommendation 6. Require that guardians ad litem provide the FCRO with a copy of the GAL report, or provide the FCRO with access to the GAL report in the court's file.

[5] See Appendix C for the complete letter.

Recommendations to Multi-System Stakeholders

Recommendation 1. Utilize the Nebraska Children's Commission to complete a collaborative study regarding creation of a systemic response when a child or family is in crisis. This must be based on the needs of the child and not just on the fastest or easiest way to access services. Too often, the child welfare system is the quickest way to access services but not always the most appropriate and even sometimes can do the most harm to the child. This study should include ways to break down silos within NDHHS to ensure that the most appropriate NDHHS division is meeting the short-term and long-term needs of the child and family. This study should also include an evaluation of the various State and federal funding sources for each of these divisions and re-appropriation of funds among NDHHS divisions as needed.

Recommendation 2. Utilize the Nebraska Children's Commission to examine the effectiveness of treatments, services, and supports for children with complex needs to avoid the necessity of "failing up" in order to access the level of care or treatment that is needed, and prevent unnecessary placement changes as a result of failing treatment or programming. This is especially important as youth approach adolescence.

Recommendation 3. Use the crisis resulting from the COVID-19 pandemic to identify opportunities to make system improvements based on lessons learned. Some examples include the use of technology, such as telehealth, to facilitate increased access to needed services, and the use of video-conferencing platforms to facilitate more frequent visits between parents and children or for children to be able to attend court hearings.

From the Court Administrator's Response:

The letter from the Court Administrator acknowledged that the recommendations to the courts and multi-system stakeholders will be valuable to the Court Improvement Project (CIP) and the Supreme Court Commission on Children.

The remainder of this report details the trends by system for the last rolling year and data on children in care on 9/30/20.

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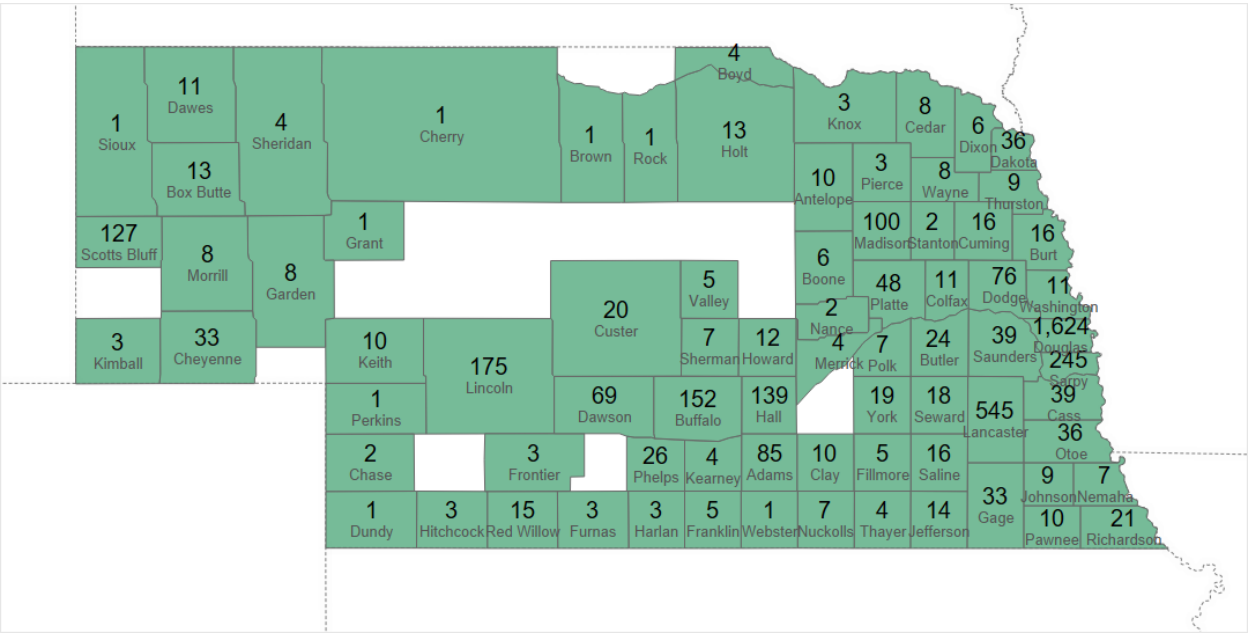
Total Children in Out-of-Home or Trial Home Placement

On 9/30/20, there were 4,077 Nebraska children in out-of-home or trial home visit placements[6] under DHHS/CFS, DHHS/OJS, and/or the Office of Juvenile Probation.[7] This is a 1.6% decrease from the 4,142 children in such placements on 9/30/19.

As shown in Figure 1 below, children in need of out-of-home care are found throughout the State.

Figure 1: Total Nebraska Children in Out-of-Home or Trial Home Visit Placements on 9/30/20, n=4,077



Counties with no number or shading did not have a child in out-of-home care; those are predominately counties with sparse populations of children. Those counties may have had children who received services in the parental home without ever experiencing a removal. That population is not included here as it is not within the FCRO's authority to track or review.

[6] This does not include children in non-court Informal Living Arrangements.

[7] See Appendix A for definitions and explanations of acronyms and some key terms.

The 4,077 children in out-of-home or trial home visit care on 9/30/20 included the following groups:

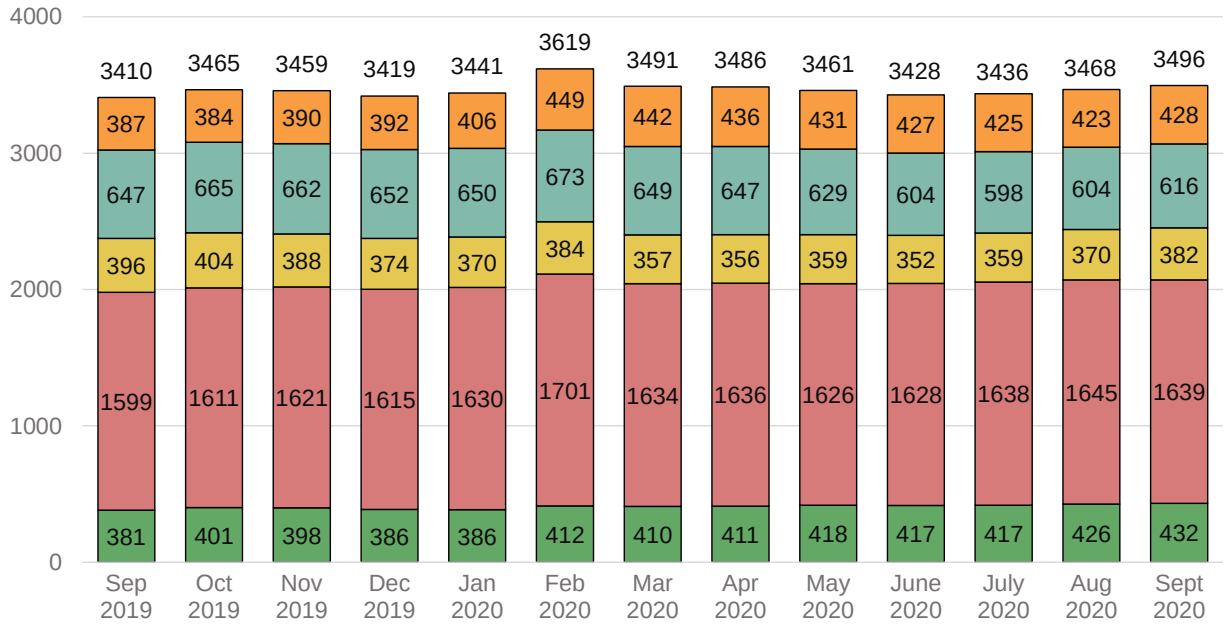
- 3,395 (83.3%) children that were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with the Office of Juvenile Probation Administration (hereafter referred to simply as Probation).
    - This is a 4.1% increase compared to the 3,261 children on 9/30/19.
- 491 (12.0%) youth that were in out-of-home care while supervised by Probation, but were not simultaneously involved with DHHS/CFS or at the YRTCs.
    - This is a 20.3% decrease compared to the 616 such youth on 9/30/19.
- 119 (2.9%) youth in out-of-home care who were involved with DHHS/CFS and Probation simultaneously.
    - This is a 20.1% decrease compared to the 149 children on 9/30/19.
- 68 (1.7%) youth in out-of-home care who were involved with both DHHS/OJS and Probation, including 57 at the YRTCs and 11 in other placements.
    - This is significantly fewer than the 109 such youth on 9/30/19.
- 4 (0.1%) children in out-of-home care that were served by DHHS/OJS only, all placed at YRTC.
    - There were 7 such children on 9/30/19.

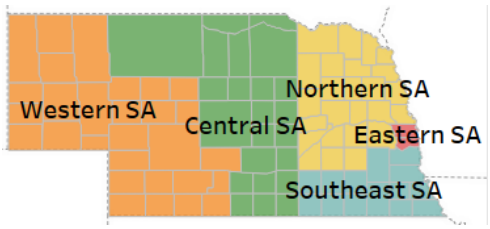
Average Daily Population of Children with any DHHS/CFS Involvement

Daily population

Figure 2 shows the 2.5% increase in average daily population (ADP) per month of DHHS/CFS involved children in out-of-home or trial home visit placements (including those simultaneously serviced by the Office of Probation) over the course of the last 12 months, when comparing Sept. 2019 to Sept. 2020.

Figure 2: Average Daily Population of All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements – [8]
(includes children with simultaneous involvement with Probation)[9]





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

[9] The FCRO's FCTS data system is a dynamic computer system that occasionally receives reports on children's entries, changes, or exits long after the event took place. The FCRO also has a robust internal CQI (continuous quality improvement) process that can catch and reverse many errors in children's records regardless of the cause 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.

Figure 3 compares the average daily populations from Sept. 2019 to Sept. 2020 by service area (SA). In Sept. 2020, there were 2.5% more DHHS/CFS wards in out-of-home care or trial home visit than at the same time last year. Differences in the number of children in out-of-home care varies by service area, with the Central service area seeing the largest rolling year increase (+13.4%).

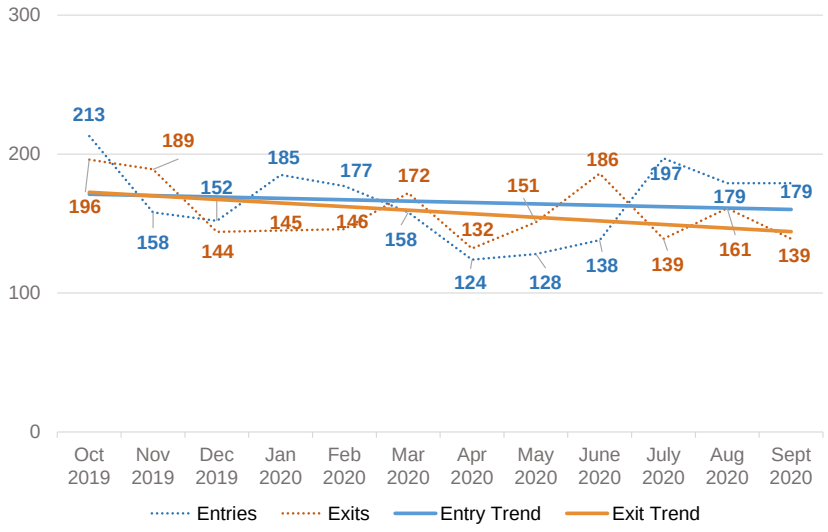
Figure 3: Percent Change in All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements

	Sep-19	Sep 20	% Change
Central SA	381	432	+13.4%
Eastern SA	1,599	1,639	+2.5%
Northern SA	396	382	-3.5%
Southeast SA	647	616	-4.8%
Western SA	387	428	+10.6%
State	**3,410**	**3,496**	**+2.5%**

Entries and Exits

Figure 4 shows that for 6 of the last 12 months more children entered the foster care system than exited, and in 6 of those months more children exited care than entered care. The effect was a net increase in the overall population of children in out-of-home and trial home visit placements. As expected, the number of children exiting foster care increased in November, when many jurisdictions participated in Adoption Day, and at the end of the school year during May and June. This year entries and exits were also impacted by the COVID-19 pandemic.

Figure 4: Statewide Entrances and Exits of DHHS/CFS Involved Children



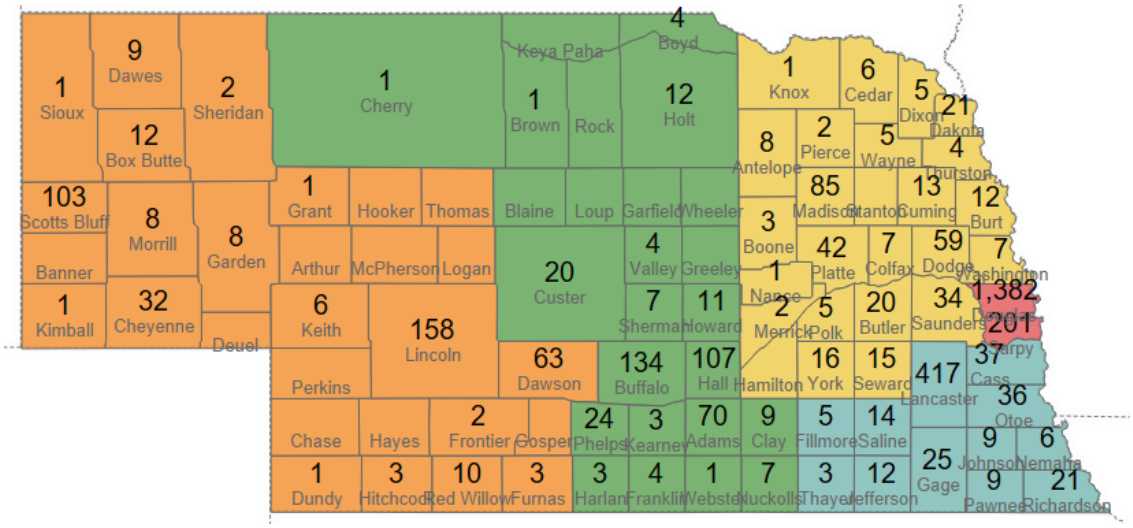
Children Solely Involved with DHHS/CFS – Point-in-time (Single Day) View

Single day data on DHHS/CFS wards in this section includes only children that meet the following criteria: 1) involved with DHHS/CFS and no other state agency and 2) reported to be in either an out-of-home or trial home visit placement.[10] On 9/30/20 there were 3,395 children who met those criteria.

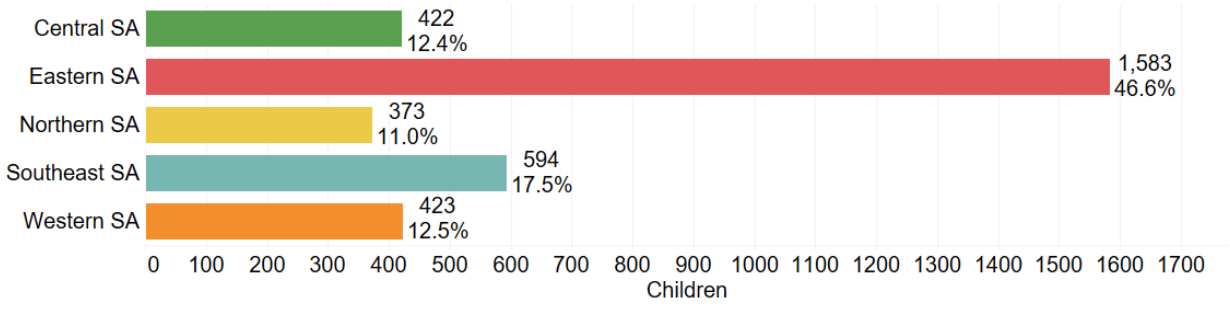
Demographics

County. Figure 5 shows the 3,395 DHHS/CFS wards by county and the region. Child abuse and neglect affects every region of the state, as shown by the distribution of children in care.

Figure 5: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement on 9/30/20 by DHHS/CFS Service Area, n=3,395



Counties without numbers had no children in out-of-home care or trial home visit on 9/30/20.



[10] Youth at one of the YRTCs, youth only involved with Probation, or youth dually involved with Probation are not included. Those populations are described elsewhere in this report.

As expected, most of the children in Figure 5 are from the two largest urban areas (Omaha and Lincoln, in the Eastern and Southeast Service Areas, respectively). Perhaps more importantly, though, is the number of state wards from counties with relatively few children in the population.

When comparing the number of children in out-of-home care and trial home visit to the number of children in the population for the county, the counties with the highest rates of children in out-of-home or trial home visit placement are Garden, Lincoln, Pawnee, Cheyenne, Richardson, Scotts Bluff, Phelps, Sherman, Boyd, and Buffalo (Figure 6).

Figure 6: Top 10 Counties by Rate of NDHHS Wards in Care on 9/30/2020

County	Children in Care	Total Age 0-19[11]	Rate per 1,000
Garden County	8	386	20.7
Lincoln County	158	8,986	17.6
Pawnee County	9	612	14.7
Cheyenne County	32	2241	14.3
Richardson County	21	1831	11.5
Scotts Bluff County	103	9,708	10.6
Phelps County	24	2,343	10.2
Sherman County	7	688	10.2
Boyd County	4	394	10.2
Buffalo County	134	13,492	9.9

Gender. Girls and boys are equally represented in the population of children in care on 9/30/20, as has been true for several years.

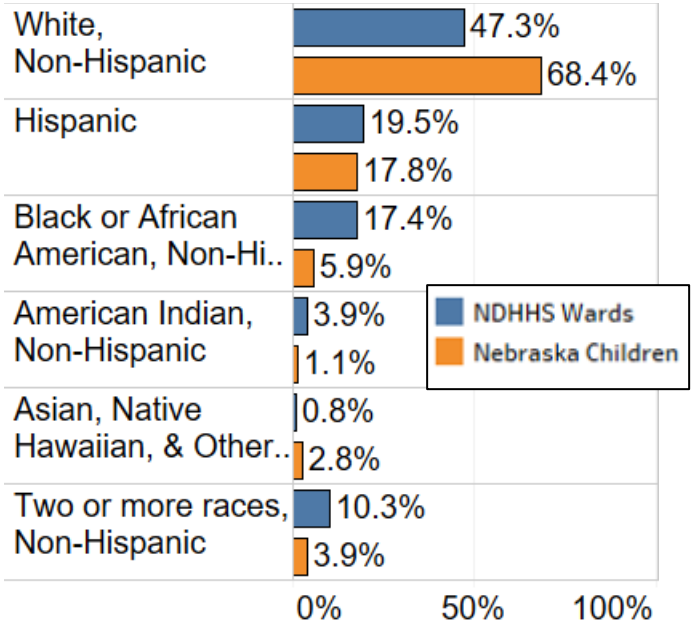
Age. Consistent with past reports, approximately:

- 40.0% of children in care are 5 and under,
- 33.0% are between 6 and 12, and
- 27.0% are teenagers.

[11] U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2019.

Race and Ethnicity. As the FCRO and others have consistently reported, minority children continue to be overrepresented in the out-of-home population (Figure 7). The Census estimates that 5.8% of Nebraska's children are Black or African American, 1.1% are American Indian or Alaska Native, and 3.9% are multiracial. Yet all three groups are overrepresented among DHHS/CFS wards when compared with their representation in the general population of children in Nebraska.

Figure 7: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement on 9/30/20 by Race or Ethnicity, n=3,395

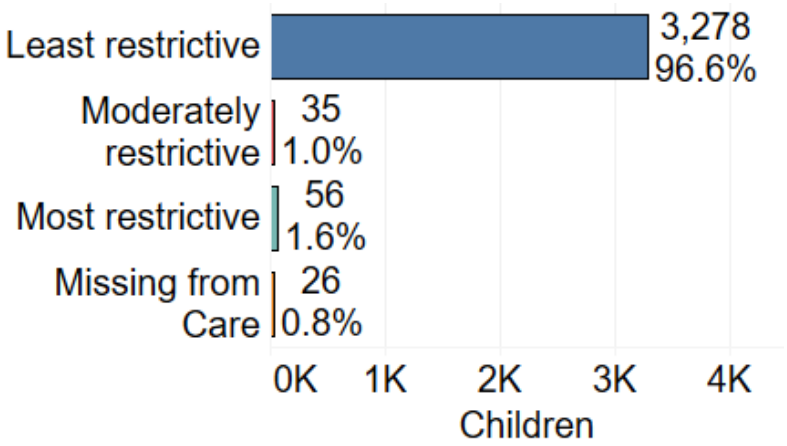


Placements

Placement Restrictiveness. Children in foster care need to live in the least restrictive, most home-like temporary placement possible in order for them to grow and thrive. Some children need congregate care, which could be moderately or most restrictive. A more moderate restrictiveness level includes 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.

Figure 8 shows that most (3,278 or 96.6%) DHHS/CFS wards in out-of-home placements or trial home visits were placed in a family-like, least restrictive setting. The proportion of children in the least restrictive setting has remained above 95% for the past three years.

Figure 8: Placement Restrictiveness for DHSS/CFS Wards in Out-of-home or Trial Home Placements on 09/30/20, n=3,395



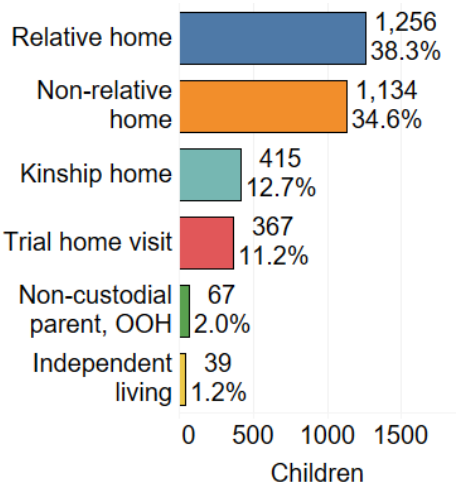
Children "missing from care" must always be a top priority as their safety cannot be assured. This was tragically illustrated in 2019 when a teen actively missing from foster care died in a car accident. Children missing from care may also be subjected to maltreatment, exploitation, and trafficking.

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

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

The majority (51.0%) of children in a foster home are placed with relatives or kin (Figure 9). These percentages are very similar to 9/30/19.

Figure 9: Specific Placement Type for DHHS/CFS Wards in the Least Restrictive Placement Category on 9/30/20 (see Figure 8)**, n=3,278**



Licensing of relative and kinship foster homes. Under current Nebraska law, DHHS can waive some of the licensing standards and requirements for relative (not kin) placements. Even though this option is statutorily available, DHHS is instead just approving these relative placements rather than licensing them. That practice creates a twofold problem:

1) approved caregivers do not receive the valuable training that licensed caregivers get on helping children who have experienced abuse, neglect, and removal from the parents, and

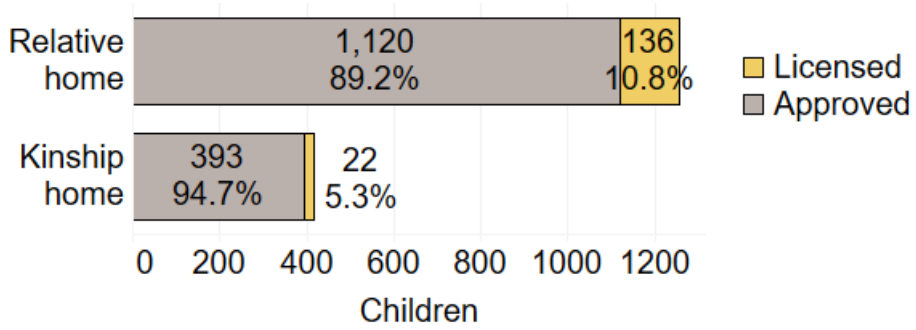
2) in order to receive Federal Title IV-E funds, otherwise eligible children must reside in a licensed placement, so Nebraska fails to recoup a significant amount of federal funds.

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

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

Current License Status. Due to the fiscal impact and training issues the FCRO looked at the licensing status for these specific types of placement. As shown in Figure 10, in keeping with the FCRO's focus on individual children, we see that few of those children are in a licensed placement.

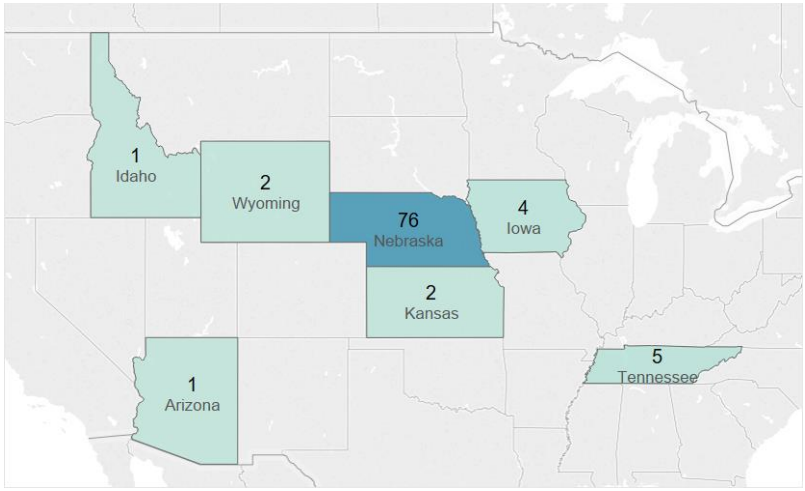
Figure 10: Licensing for DHHS/CFS Wards in Relative or Kinship Foster Homes on 9/30/20, n=1,256 (relatives) and n=415 (kinship)



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

Congregate Care. On 9/30/20, 2.7% of DHHS/CFS wards were placed in moderately or most restrictive congregate care facilities. Figure 11 shows that of the 91 DHHS/CFS wards in congregate care, most (--76, 83.5%) are in Nebraska. Congregate care facilities should be utilized only for children with significant mental or behavioral health needs, and it is best when those needs can be met by in-state facilities in order to keep children connected to their communities.

Figure 11: State of Placement for DHHS/CFS Wards in Congregate Care on 9/30/20, n=91

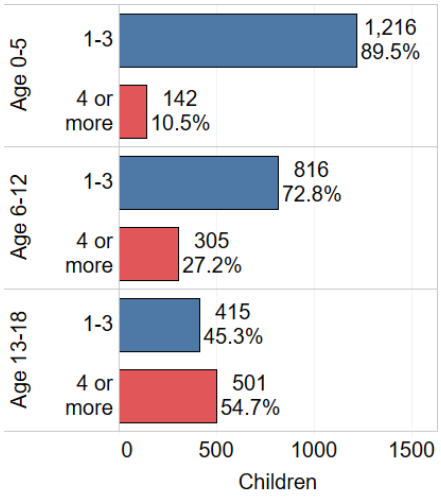


Multiple placements

Of the 3,395 children in care on 9/30/20, 948 children (27.9%) had experienced four or more placements over their lifetime (Figure 12).[12] That compares to 26.6% of wards on 9/30/19. Further, it is concerning that 10.5% of young children have experienced a high level of placement change while simultaneously coping with removal from the parent(s). This is about the same as on 9/30/19.

The FCRO 2017 Annual Report included information on the effects of placement changes on children, and the description is still valid today.

Figure 12: Lifetime Placements for DHHS/CFS wards in Out-of-Home or Trial Home Visit on 9/30/20, n=3,395



Number of Workers during Current Episode of Care

Figure 13 shows the number of workers during the current episode of care for 3,395 children in out-of-home or trial home visit placement on 9/30/20 as reported by DHHS. Workers here include lead agency workers in the Eastern Service Area where DHHS/CFS contracts for such services, and DHHS/CFS case managers elsewhere.[13]

More than four workers is considered an unacceptable number of worker transfers that likely significantly delays permanency.[14] Depending on the geographic area, between

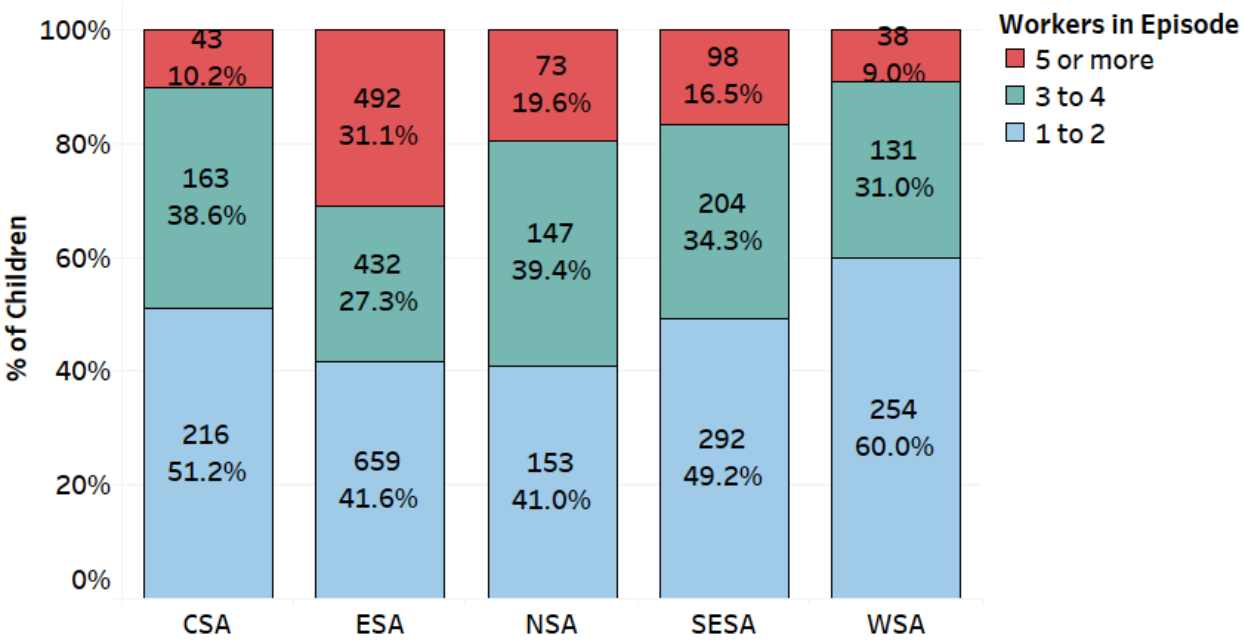
[12] This does not include placements with parents, respite short-term placements (such as to allow foster parents to jointly attend a training) or episodes of being missing from care.

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

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

9.0% - 31.1% of the children have had five or more workers since most recently entering the child welfare system.

Figure 13: Number of Workers for DHHS/CFS Wards 9/30/20 in Current Episode, n=3,395

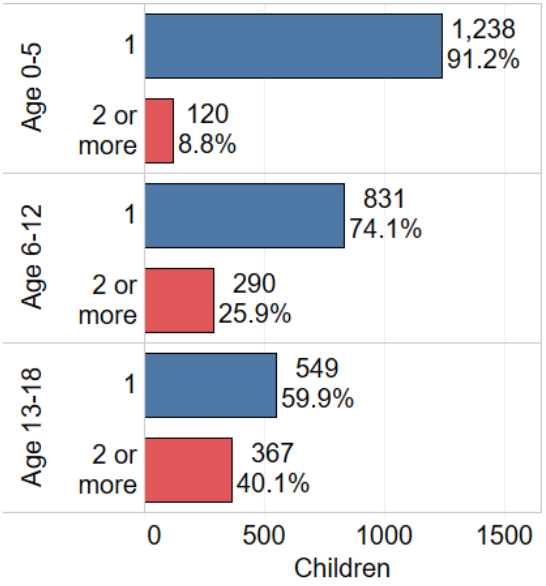


Lifetime episodes involving a removal from the home

Figure 14 shows that 777 (22.9%) of the DHHS wards in care on 9/30/20 had experienced more than one court-involved removal from the parental home. This compares to 23.6% on 9/30/19. Each removal can be traumatic and increases the likelihood of additional moves between placements.

Child abuse prevention efforts need to include reducing or eliminating premature or ill-planned returns home that result in further abuse or neglect. The State must do more to determine and then address why more than 1 in 5 children currently in the system had a prior removal, and why with fewer children in care this critical indicator has not improved.

Figure 14: Lifetime Removals for DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placements on 9/30/20, n=3,395



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

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

Prior to August 2019, boys were placed at the YRTC in Kearney and girls at the YRTC in Geneva. In the aftermath of an August 2019 incident at Geneva, some girls were moved to the Lancaster County Youth Services Center in Lincoln and then to the Kearney YRTC, with additional girls transferred to the Kearney YRTC thereafter. On 10/21/19 DHHS-OJS announced development of a modified YRTC system with 3 facilities. Due to these changes, Figure 15 shows the average daily number of DHHS/OJS wards by gender, instead of by facility location.

Figure 15: Average Daily Number of DHHS/OJS Wards Placed at a Youth Rehabilitation and Treatment Center[15]

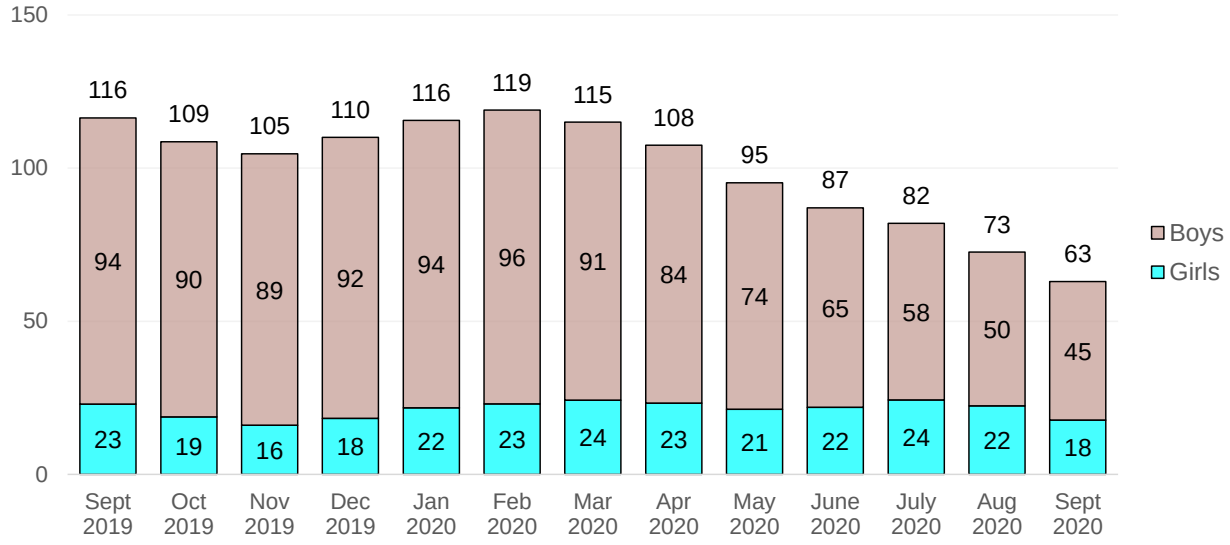


Figure 16 shows the percentage change between Sept. 2019 and Sept. 2020. There were marked differences by gender.

Figure 16: Percent Change in Youth Placed at the YRTC

	Sep-19	Sep-20	% Change
Girls	23	18	-21.7%
Boys	94	45	-52.1%
State	**117**	**63**	**-46.7%**

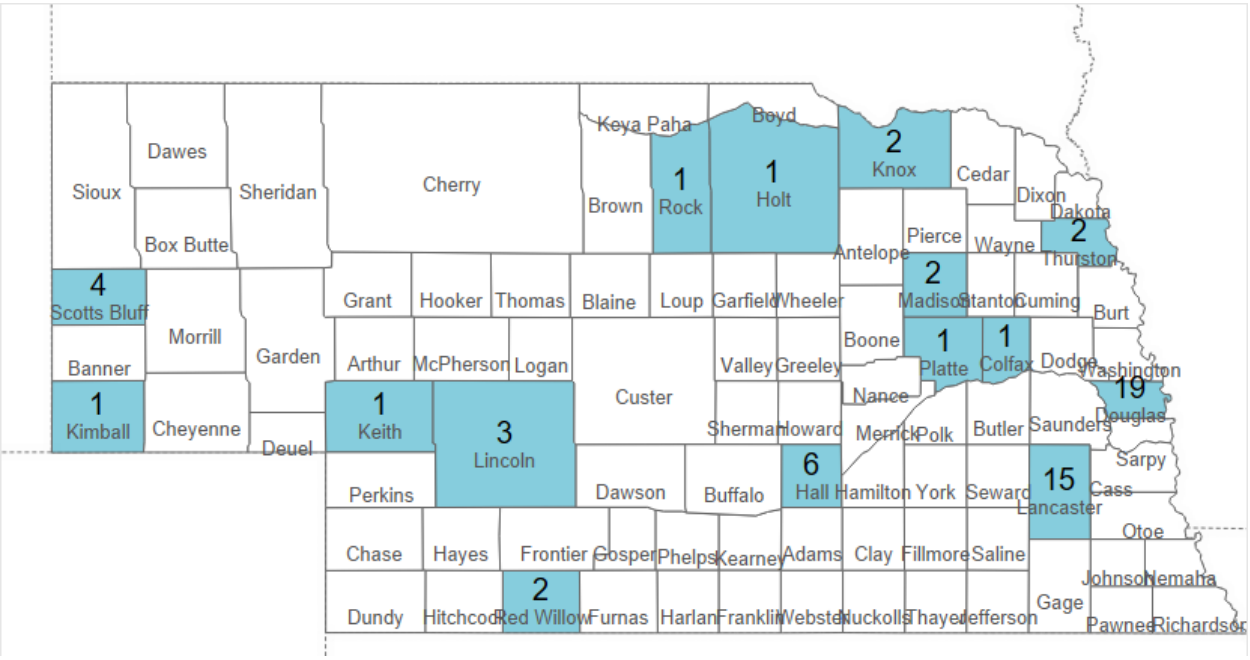
[15] The average shown at the top of each column may not be exactly equal the sum of the genders due to rounding.

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

Demographics

County. Youth at the YRTCs come from every region of the state, as illustrated in Figure 17, with most coming from the more populous regions, as would be expected. On 9/30/20, there were 61 youth placed at a YRTC – a significant reduction from prior years.

Figure 17: Boys and Girls Placed by Juvenile Court at a Youth Rehabilitation and Treatment Center under DHHS/OJS on 9/30/20, n=61



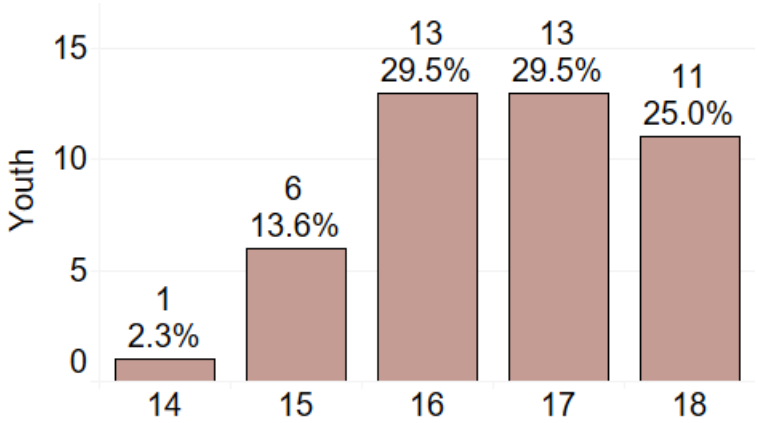
Counties with no shading had no youth at one of the YRTCs on 9/30/20.

Per Neb. Rev. Stat. §43-251.01(4), boys and girls committed to a Youth Rehabilitation and Treatment Center must be at least 14 years of age. Children can be committed to a YRTC through age 18. There can be challenges when serving troubled boys and girls from such a wide age, and therefore, developmental range. Youth are committed to a YRTC for an indeterminate amount of time to allow them to work through the program.[16]

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

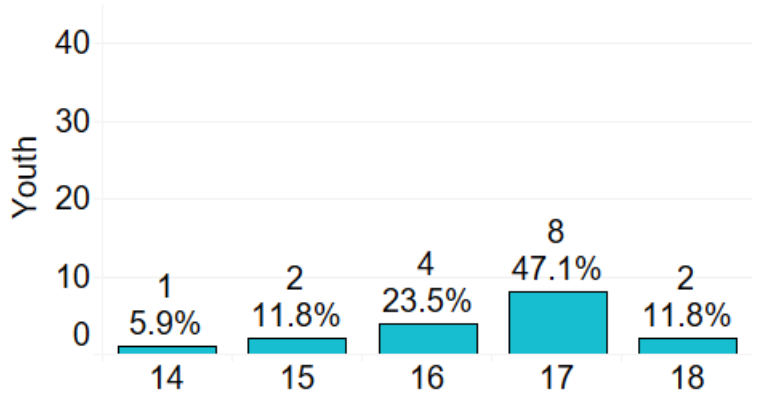
Age and Gender. On 9/30/20, 44 of the youth placed at a YRTC were boys (Figure 18).

Figure 18: Ages of Boys Placed at a YRTC under DHHS/OJS on 9/30/20, n=44



On 9/30/20, 17 of the youth placed at a YRTC were girls. National research indicates that girls are less likely to be a part of the juvenile justice population; the number of girls in Figure 19 reflects this pattern when compared to the figure on boys above.

Figure 19: Ages of Girls at a YRTC under DHHS/OJS on 9/30/20, n=17



The median age for both boys and girls was 17.0 years.

Race and Ethnicity. There is significant racial and ethnic disproportionality in the YRTC populations (Figures 20 and 21).

- Black, American Indian, and multiracial youth are disproportionately placed at a YRTC.
- Hispanic boys are disproportionately placed at a YRTC.
- The greatest disproportionality is among American Indian girls.

Figure 20: Race and Ethnicity of Boys placed at a YRTC under DHHS/OJS on 9/30/20, n=44

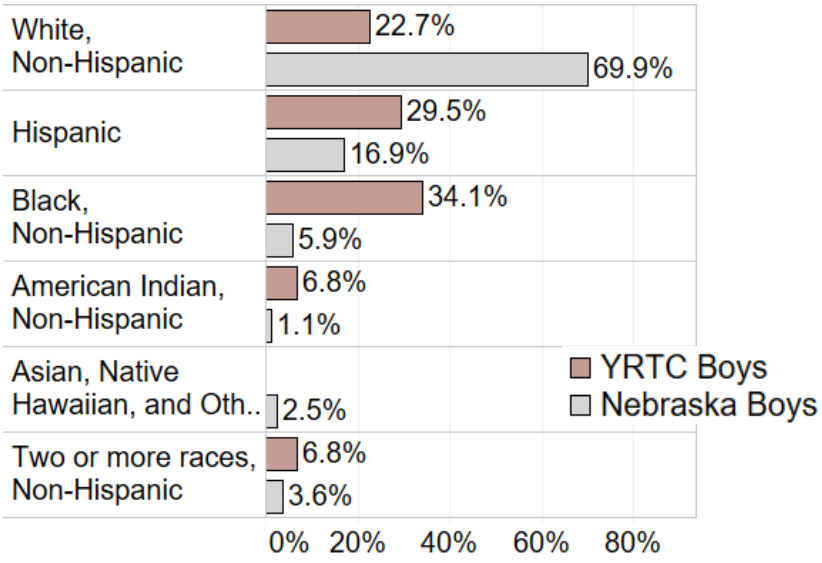
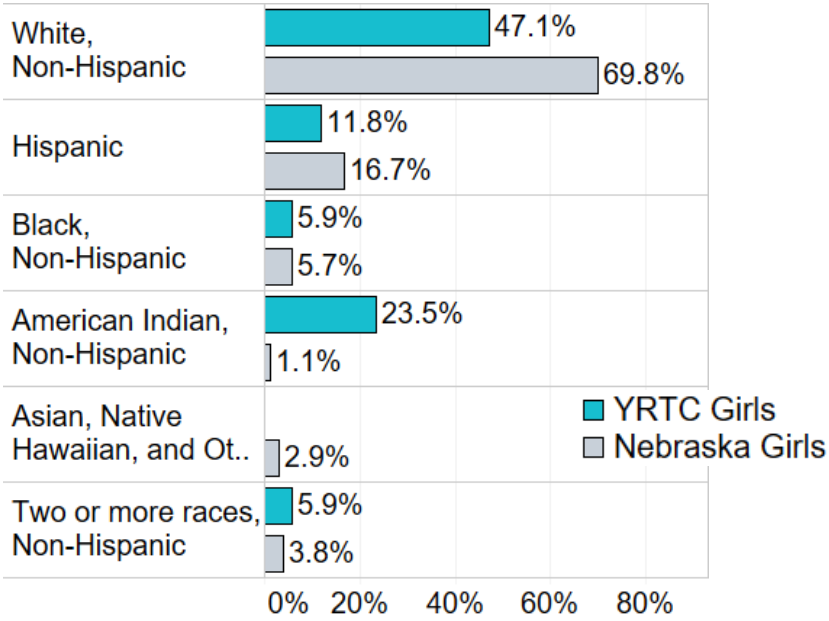


Figure 21: Race and Ethnicity of Girls placed at a YRTC under DHHS/OJS on 9/30/20, n=17

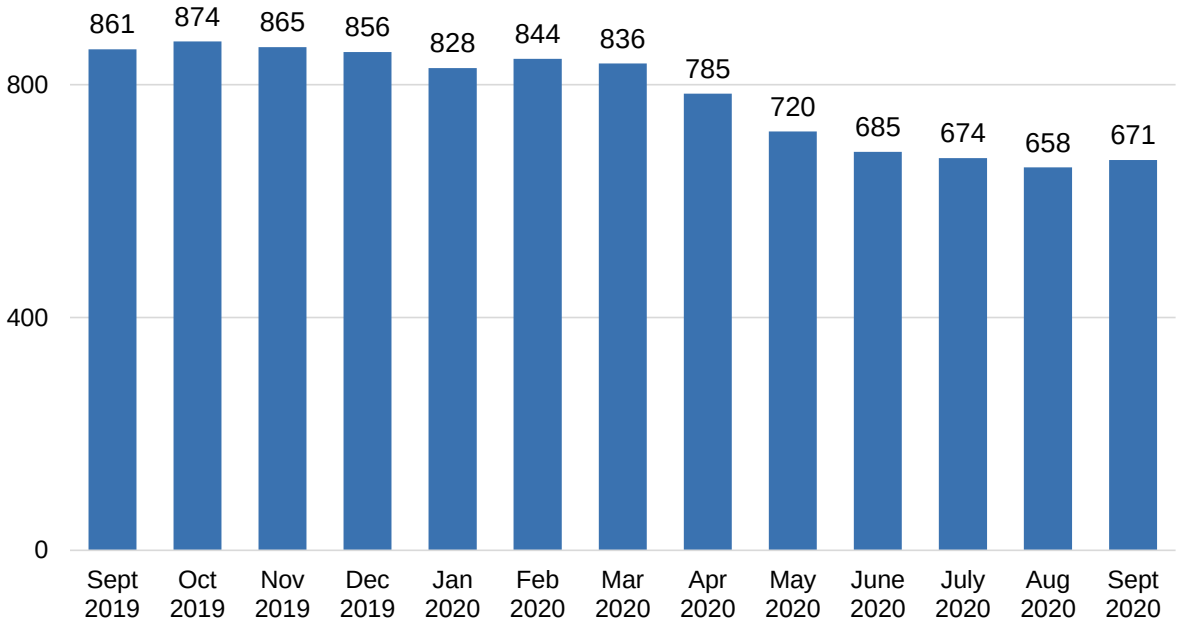


Average Daily Population for Youth Out-of-Home With Any Probation Involvement

Average daily population

Figure 22 shows the average daily population (ADP) per month of all Probation-involved youth in out-of-home placements for the last 12 months (including those with simultaneous involvement with DHHS/CFS and DHHS/OJS).

Figure 22: Average Daily Population of Youth in Out-of-Home Care Supervised by Probation
(includes youth with simultaneous involvement with DHHS/CFS and DHHS/OJS)



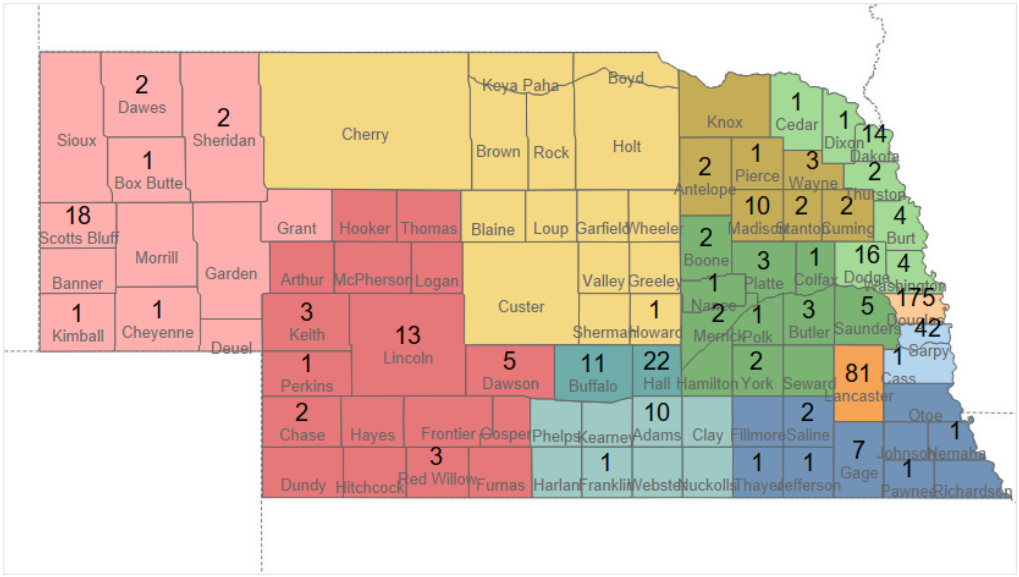
Youth in Out-of-Home Care Supervised by the Office of Juvenile Probation - Point-in-time (Single Day) View

Single-day data on Probation involved youth in an out-of-home placement here includes only those youth whose involvement is solely with Probation.

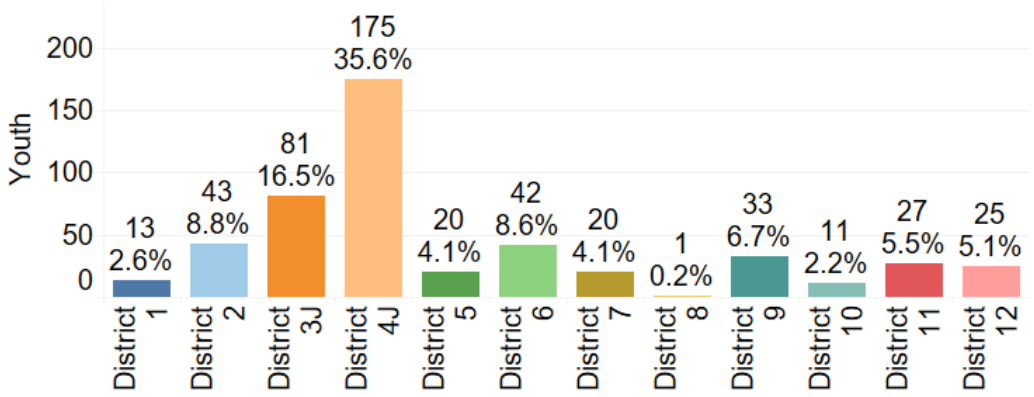
Demographics

***County*.** Figure 23 shows the Probation district and the county of court for the 491 Probation youth in out-of-home care on 9/30/20 that are not involved with either DHHS/CFS or DHHS/OJS. That is 20.3% fewer than the 616 on 9/30/19. Part of the decrease might be attributable to the COVID-19 pandemic.

Figure 23: County of Court for Probation Supervised Youth in Out-of-Home Care on 9/30/20, n=491

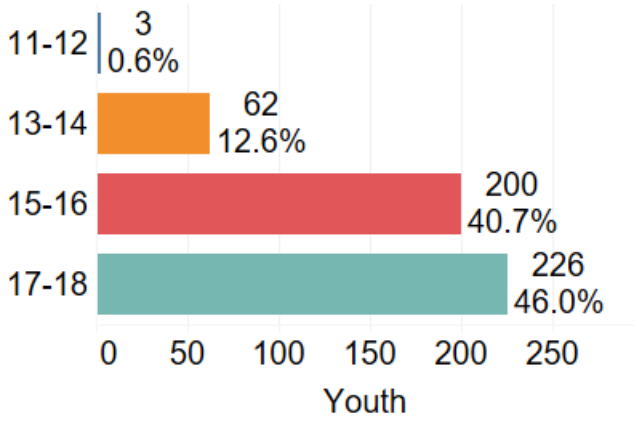


(Counties without numbers have no youth in out-of-home care on 9/30/20.)



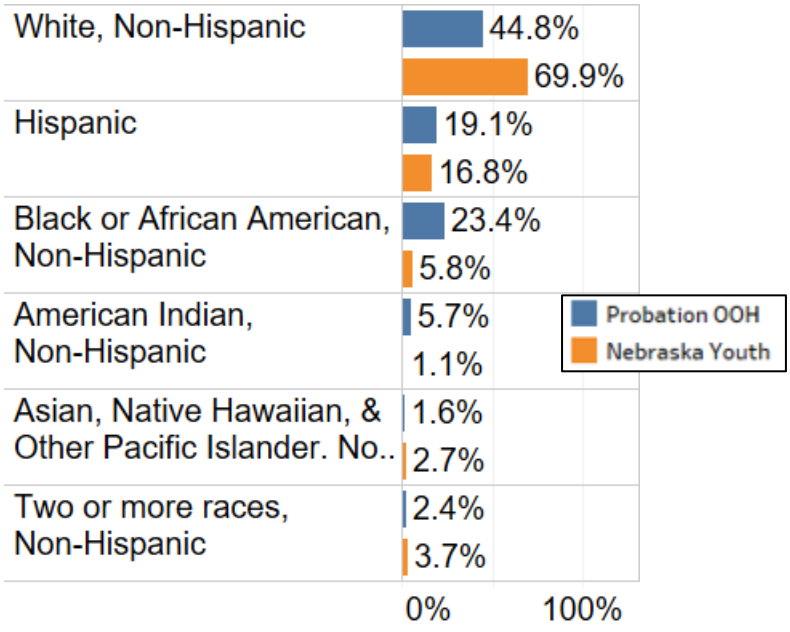
***Age*.** Figure 24 shows the ages of Probation youth in out-of-home care on 9/30/20. The average age was 16.1 for both boys and girls, similar to last quarter.

Figure 24: Age of Probation Supervised Youth in Out-of-Home Care on 09/30/20, n=491



Race and Ethnicity. Disproportionate representation of minority youth continues to be a problem (See Figure 25). Black youth make up 5.8% of the Nebraska youth population and 23.4% of the Probation youth out-of-home. Native children are also represented at a rate more than five times their proportion of the general population.

Figure 25: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Care on 9/30/20, n=491



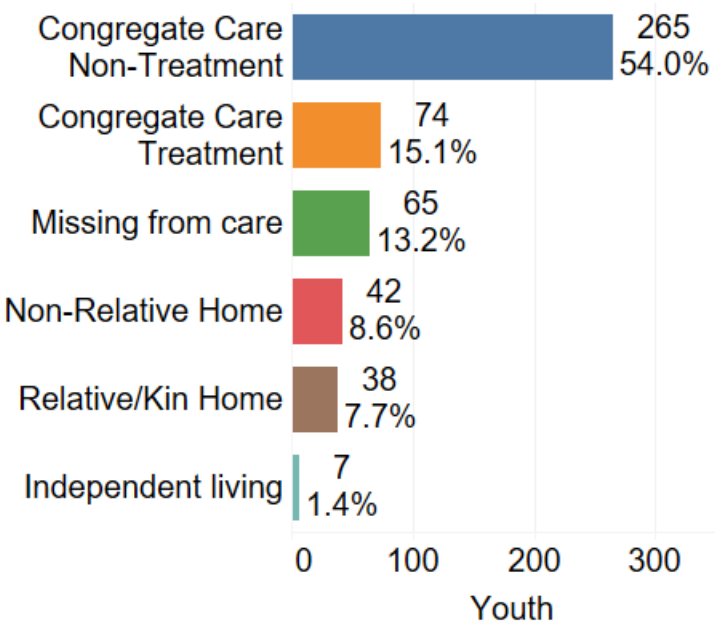
Gender. There are over twice as many boys (71.5%) in out-of-home care served by Probation as there are girls (28.5%)**.** That is similar to the last few years.

Placements

Placement Type**.** Figure 26 shows that 15.1% of Probation youth in out-of-home care on 9/30/20 are in congregate treatment placements, comparable to the 16.2% on 9/30/19. Congregate treatment placements include acute inpatient hospitalization, psychiatric residential treatment facilities, short term residential and treatment group home.

Non-treatment congregate care includes crisis stabilization, developmental disability group home, enhanced shelter, group home (A and B), maternity group home (parenting and non-parenting), independent living and shelter. Non-treatment congregate care is where 54.0% of the youth were placed.

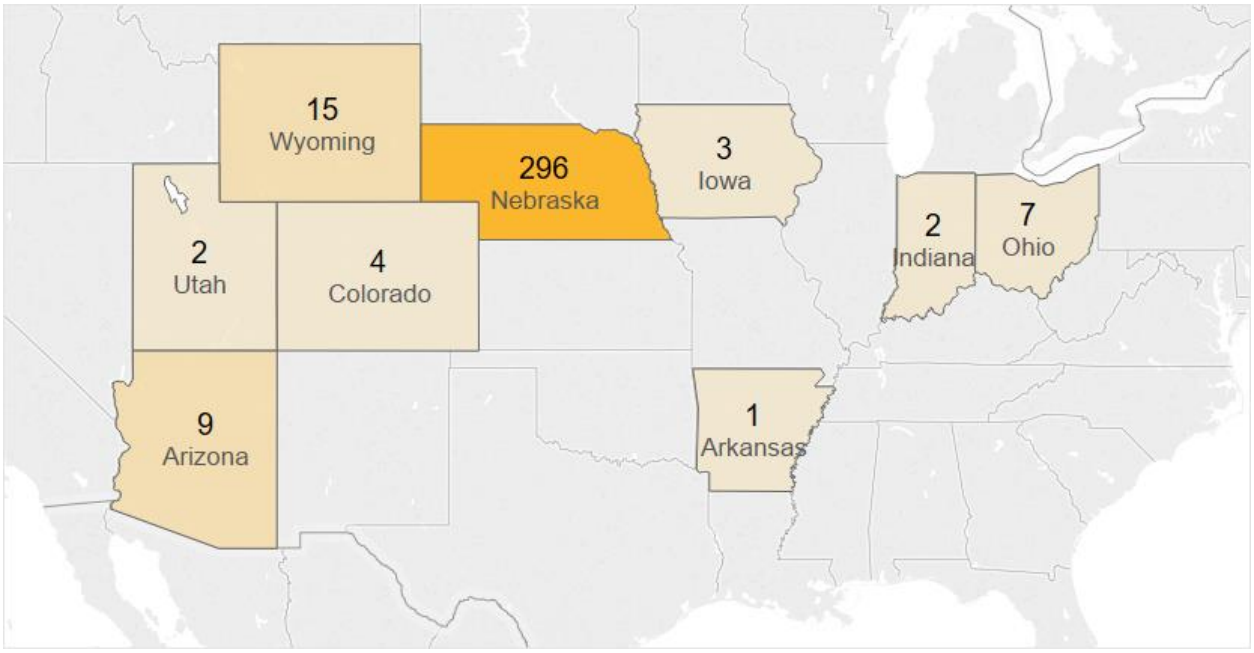
Figure 26: Treatment or Non-Treatment Placements of Probation Supervised Youth in Out-of-Home Care on 9/30/20, n=491



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

Congregate Care. When congregate care is needed, Probation most often utilizes in-state placements. Per Figure 27, 87.3% of youth in congregate care were placed in Nebraska, which is nearly the same as the 90.2% on 9/30/19.

Figure 27: State Where Youth in Congregate Care Supervised by Probation were Placed on 9/30/20, n=339



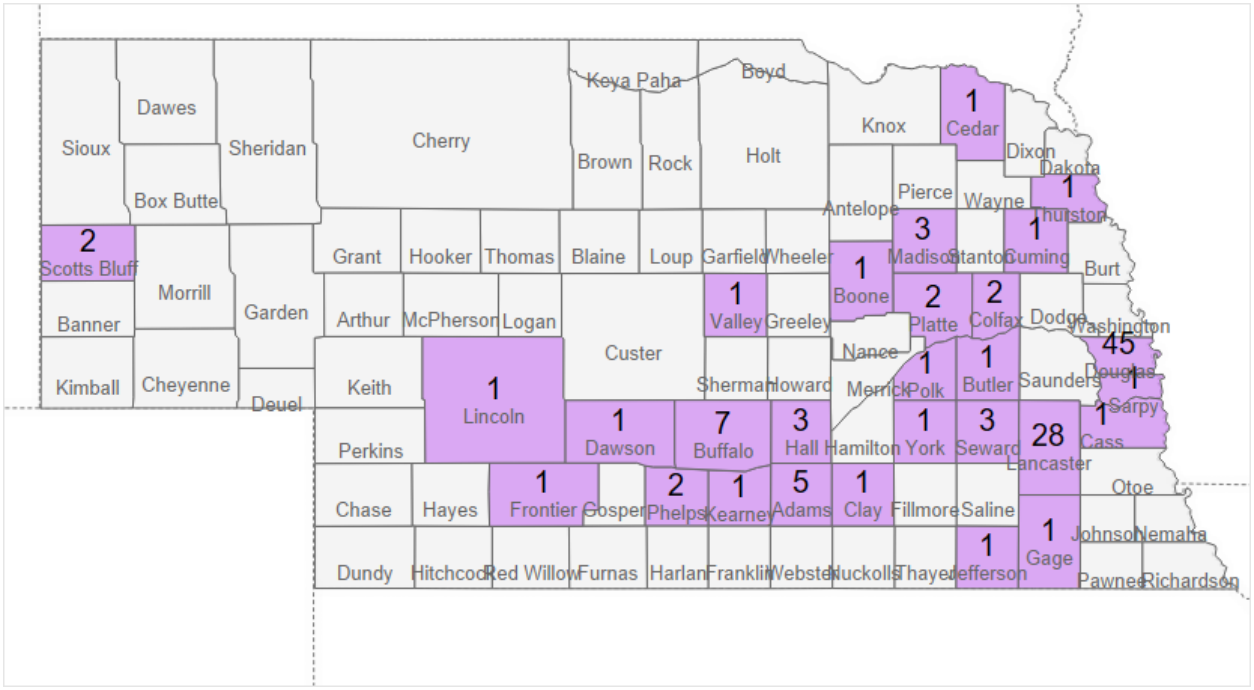
Youth in Out-of-Home Care with Simultaneous DHHS/CFS and Probation Involvement – Point-in-time (Single Day) View

On 9/30/20 119 youth were involved with both DHHS/CFS and the Office of Juvenile Probation (dually-involved youth), which is 20.1% fewer than the 149 such youth on 9/30/19.

Demographics

County. Dually-involved youth come from all parts of the state, as illustrated in Figure 28 below, with the majority from the most populous areas (Douglas and Lancaster counties) as would be expected.

Figure 28: Dually-Involved Youth in Out-of-Home or Trial Home Visit Placement on 9/30/20, n=119

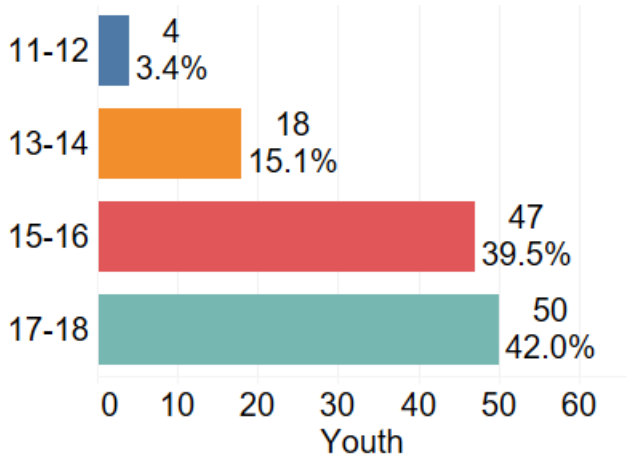


Counties without numbers have no dually-involved youth in out-of-home care on 9/30/20.

The decrease in dually-involved youth is a statewide phenomenon. Compared to one year ago, the number of dually involved youth in Douglas County decreased from 62 to 45, Lancaster County from 29 to 28, Buffalo County from 9 to 7, Madison County from 6 to 3, Platte County from 5 to 2, and Lincoln County from 5 to 1.

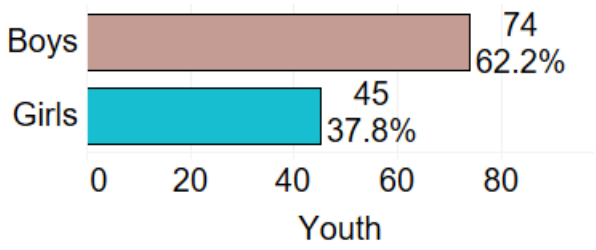
***Age*.** Figure 29 indicates that most dually-involved youth are teenagers.

Figure 29: Ages of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 9/30/20, n=119



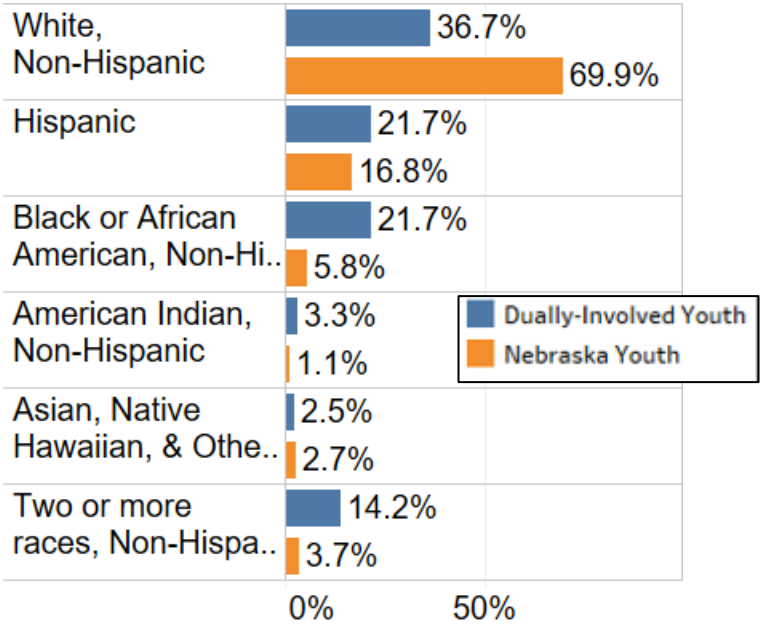
***Gender*.** Figure 30 shows that, as is true with other juvenile justice populations, there are more boys in this group than girls.

Figure 30: Gender of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 9/30/20, n=119



Race and Ethnicity. Black, American Indian, and multi-racial youth continue to be overrepresented in the dually-involved population (Figure 31). For example, 21.7% of dually-involved youth are Black, compared to 5.8% in the general population of Nebraska's children.

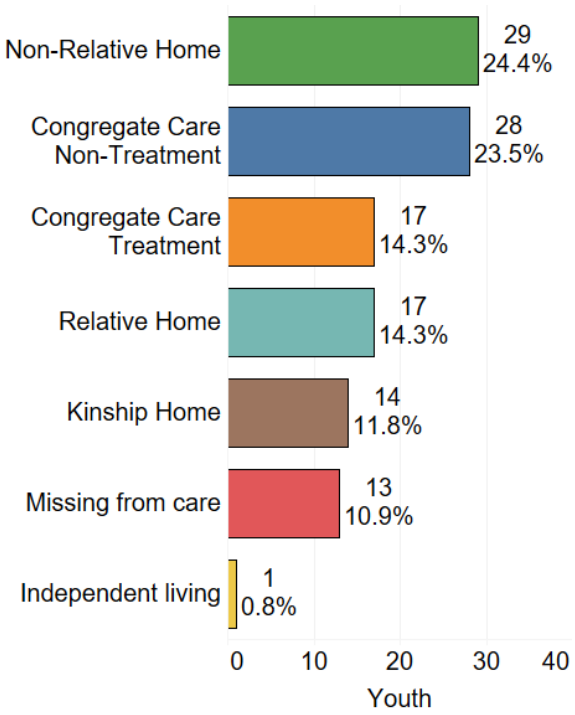
Figure 31: Race and Ethnicity of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 9/30/20, n=119



Placements

***Placement Type*.** Figure 32 shows the placement types for youth with dual agency involvement, using Probation's definitions of treatment and non-treatment.

Figure 32: Placement Types for Dually-Involved Youth in Out-of-Home or Trial Home Placement on 9/30/20, n=119



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

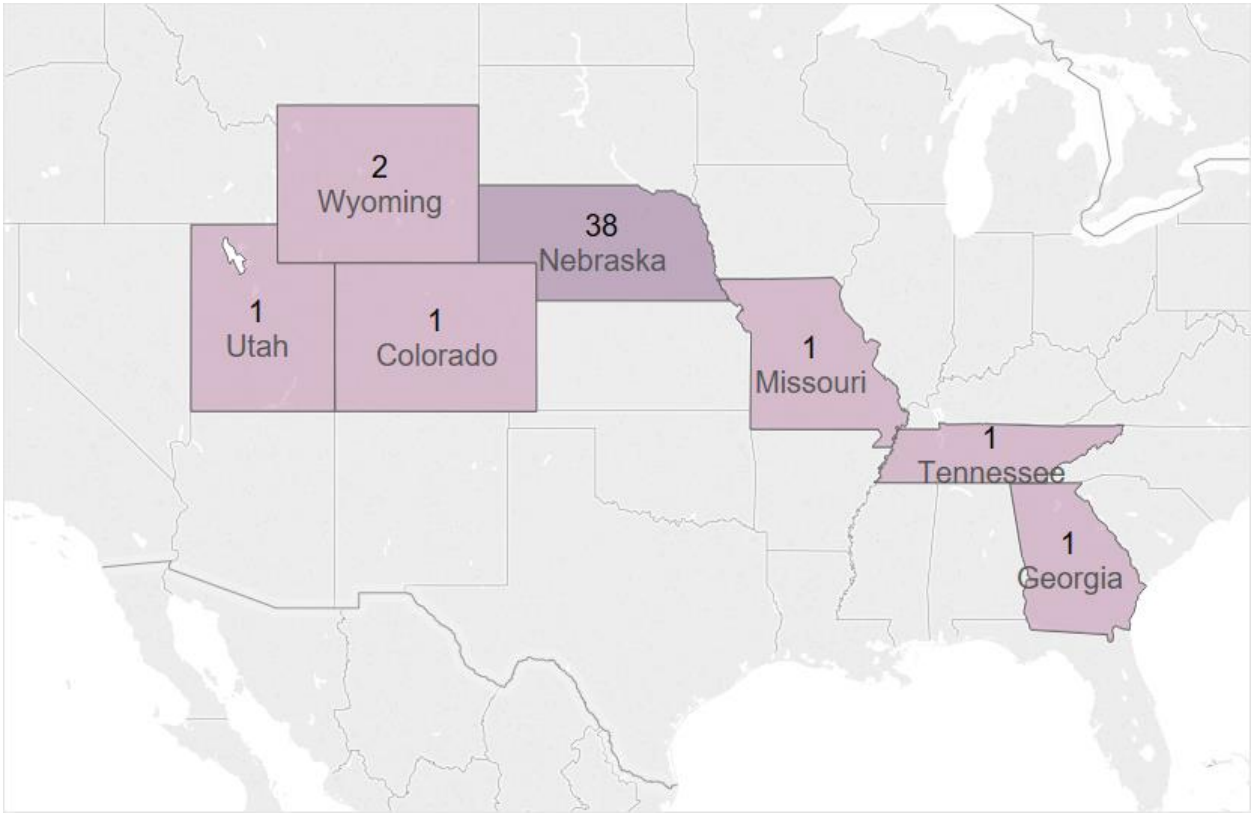
There are some substantial differences in the percentage in some of the placement types comparing this year to last. For example,

- Non-Treatment Congregate Care – 23.5% now compared to 32.2% on 9/30/19.
- Treatment Congregate Care – 14.3% now compared to 18.1% on 9/30/19.
- Missing from Care – 10.9% now compared to 11.4% on 9/30/19.[17]

[17] Missing from care is a status rather than a placement type; however, the comparison is to the like population in the previous year.

***Congregate Care*.** Figure 33 shows the state where dually-involved youth in congregate care are placed; 84.4% were placed in Nebraska.

Figure 33: Placement State for Youth in a Congregate Care Facility on 9/30/20 that are Served by both DHHS/CFS and Probation, n=45



APPENDIX A: Definitions

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

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

APPENDIX B: DHHS Letter Regarding Recommendations

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

November 17, 2020

Monika Gross, Director
Foster Care Review Office
1225 L Street, Suite 401
Lincoln, NE 68508

Dear Director Gross,

The Division of Children and Family Services (CFS) is pleased to respond to the child welfare protection and safety recommendations made in the 2020 FCRO Annual Report. Below you will find the recommendations provided to CFS by FCRO and subsequent responses to recommendations listed in the report.

Thank you for the continued collaboration. If you have comments or questions, please let us know.

Sincerely,

Larry Kahl
Chief Operating Officer
Department of Health and Human Services

Stephanie L. Beasley
Director
Division of Children and Family Services
Department of Health and Human Services

Helping People Live Better Lives

1. **Establish an effective, evidence-supported, goal driven, outcome based service array throughout the State to meet the needs of children and families involved in the child welfare system to include the following:**

a. **Preventive services for neglect and substance use in collaboration with NDHHS Behavioral Health**

The Division of Children and Family Services (CFS) collaborates with the Division of Behavioral Health (BH) to provide preventive services to address neglect and substance use.

Implementing the provisions of the Family First Prevention Services Act (FFPSA), CFS has partnered with BH to continue the establishment of Substance Use Residential facilities in Nebraska that promote the placement of a youth with their parent during treatment. These facilities provide parent skills training, parent education, and individual and family therapy under a trauma informed structure and framework. This is done in an effort to meet the needs of children and families and reduce further entry into the CFS system.

Additional collaboration between CFS and BH includes two Substance Use Residential Treatment Programs for youth in Nebraska. The BH Regions continue to have Substance Use Residential Treatment programs across the state to serve adults, including adults who may be involved with CFS.

Staff within CFS and BH participated in a webinar on this collaboration in March 2020. The webinar detailed the definition of Substance Use Residential Treatment facilities and also provided the names and locations of the facilities across Nebraska.

CFS and BH have collaborated on identifying provider networks throughout Nebraska that provide preventive, evidence supported, therapeutic services such as Multi-Systemic Therapy, Parent Child Interaction Therapy and Trauma Focused Cognitive Behavioral Therapy. This partnership to bring these Evidence Based Practices to Nebraska as prevention services have been identified and approved by the Children's Bureau through FFPSA.

b. **Out-of-home services such as family support and parenting time services that have the least traumatic impact on children**

CFS seeks to provide out-of-home services that have the least traumatic impact on children.

Parenting Time: Throughout the first part of 2020, a workgroup focused on updating CFS's Parenting Time Standard Work Instruction (SWI). Parenting Time SWI includes a parenting time planning tool, expectations and a parenting time assessment tool. The tools were piloted with a select group of providers. This updated Parenting Time SWI took effect July 14, 2020, providing guidance for providers preparing and planning for parenting time including a set of standards that incorporate culture and specific family

needs. The Parenting Time SWI includes parent, youth, family and network ideas and thoughts.

Safety Organized Practice is a practice model Nebraska has incorporated to utilize with youth and families in the child welfare system. This practice model has a Training Module to ensure parenting time focuses on acts of protection. This module focuses on how the Child Family Services Specialist (CFSS) can help families and providers ensure parenting time is successful.

Family Support: CFS created a SWI regarding Family Organizations and their Family Peer Support service. This SWI became effective March 31, 2020. Peer support staff work with CFS-involved parents who may have mental health challenges, substance abuse disorders or children with high needs.

CFS also issued a guidance for making referrals in August 2018. This guidance outlines what a referral for services, such as family support, should include to ensure a CFSS clearly discusses family support standards, along with other services, with providers to address risk and safety with the family.

The revised CFS family team meeting SWI took effect August 13, 2020. This SWI provides guidance on the agenda and priority discussions at each family team meeting. This includes discussing services the family is participating in and their progress in these services.

c. Stabilization of placements and recruitment of foster parents based upon the needs of child/youth in collaboration with foster care providers.

CFS prioritizes improved placement stability and foster home recruitment in collaboration with child placing agencies (CPA).

At times, an insufficient capacity of the most appropriate foster homes can contribute to placement delays and placement instability. Placement instability, among other consequences, increases trauma, delays permanency, and may ultimately lead to higher levels of care for the children. In accordance with the Child & Family Services Review (CFSR) Program Improvement Plan (PIP), CFS is committed to pursuing multiple initiatives to improve both of these system issues. Most notably, these initiatives focus on addressing CFSR case review item 4, placement stability, and CFSR systemic factor item 35, foster home recruitment and retention.

Improved placement selection and availability of licensed foster homes that align with the demographic, geographic, cultural, Tribal, religious, health/behavioral characteristics of foster children, among other factors, will increase placement stability. Outcomes for children are improved when CFS is successful in matching youth with the most appropriate foster parent to meet the needs of the child or youth in care. Accordingly,

CFS is actively pursuing multiple proactive and reactive initiatives in an effort to improve placement stability and increase recruitment of agency foster homes as listed below.

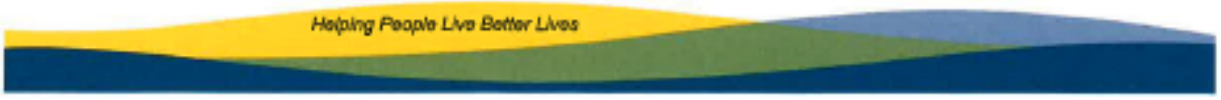
1. *Proactive placement stability calls with agency supported homes.* The CFS Contract Monitoring Team is facilitating placement stability conference calls each week. These calls are attended by the CFSS, child placing agency staff, foster parent(s), and the CFS Contract Monitor. The purpose of the call is to openly discuss the CPA's placement support plan, the needs of the child, and contingency planning such as respite, among other items. These calls occur with all child placing agencies and are intended to improve preparedness and transparency of information between DCFS, the agency, and foster parent(s).

2. *Active analysis of high placement disruption foster homes.* This process includes actively reviewing homes with elevated instances of placement disruptions to ensure the foster home is properly supported and capable of accepting placements. The Foster Care Licensing Team is communicating with both CPAs and CFS teams depending on who is supporting the home. A quality assurance review of the foster home will be conducted if additional information is requested by the Licensing reviewer.

3. *Active communication with CPA and CFS Administrative teams.* Regular communication encourages increased opportunities for contact with a CFS Contract Monitor in the instance a child in foster care is at an elevated risk of disruption. Instances are reviewed, and when appropriate, a placement stability call will be facilitated to discuss the child's needs and foster home supports in an effort to prevent a disruption.

4. *Support plan quality assurance reviews.* Each quarter, every licensing agency will have a sampling of support plans reviewed for completeness. Scoring will be provided to the agencies and support plans of low quality will be communicated directly to agency. When necessary, a corrective action plan will be utilized should an agency fail to properly generate home studies of sufficient substance and quality.

5. *Quarterly performance conversations between CFS Contract Monitors and CPAs.* Placement stability performance and specific cases, when necessary, are a key component of this conversation. Quarterly Quality Conversations are geared towards working with the agency in regard to looking at an array of data sets. The data is utilized to work with agencies that are trending in both a positive and negative direction. Positive movement involves discussions regarding improvements that may be utilized in different avenues to further success. Data trending in a negative direction is analyzed and plans are developed to correct the issue by educating, training and/or changing how a certain practice is being conducted.



6. *Creation of a new foster care recruitment and retention dashboard*. This dashboard illustrates aggregated counts of agency foster home recruitment statistics. For example, counts of new licensed and approved homes supported by child placing agencies, counts of approved homes with an IV-E eligible child, racial proportions of homes compared to children in foster care, and more are available on the dashboard. Additionally, quarterly recruitment and retention plans are being reviewed more closely to ensure sufficient recruitment efforts are being performed by the agencies.

7. *Development of informative Quick-Tips for all CFSS*. The Quick-Tips provide insight into the importance of placement stability along with tools/methods available to the CFSS to help ensure the foster parent, bio-parent, and supporting agency are well prepared to support the child and all known information is discussed and planned for.

d. Creation of treatment foster care services which actively engage families and would meet the needs of older youth

Treatment Foster Care Services are helpful when meeting the complex needs of children and youth. The Foster Care Rate Reimbursement Committee developed a workgroup in 2017 to discuss Treatment Foster Care. These discussions occurred in 2017-2019 and recommendations were made to the Nebraska Children's Commission. CFS and Medicaid had been part of that workgroup. CFS has recently developed a team to continue these discussions regarding Treatment and Therapeutic Foster Care to meet the needs of children in the child welfare system, as well as those not involved in this system but may need that level of care/treatment temporarily. This team consists of individuals from CFS, Medicaid, Behavioral Health, Developmental Disabilities, Probation, and Nebraska's Executive Medical Officer.

e. In-home supports for foster parents especially relative/kin placements

CFS agrees that in-home supports for foster parents, especially for relative/kinship are important. Relative and Kinship foster parents have the support of a foster care specialist. This individual may be connected to the family through CFS Resource Development, or one of the child placing partner agencies. The foster care specialist assists with supporting the family directly or identifying other resources and supports the family may need. In addition, CFS contracts with the Nebraska Foster and Adoptive Parent Association (NFAPA) who provides mentoring and support services to all foster parents who contact them.

CFS developed an online foster parent training for relative/kinship foster parents in the fall of 2019. CFS encourages all foster parents who are relative/kinship to complete this training and complete foster care licensure. This training assists in preparing the family to be a foster parent and have an understanding of the child welfare system.

f. Mental and behavioral services for children/youth in collaboration with NDHHS Division of Behavioral Health

CFS agrees that continued collaboration with BH is essential in providing mental and behavioral health services for children/youth.

In June 2020, CFS collaborated with BH to produce a webinar for all CFS staff. This webinar provides an overview of service array options for youth experiencing mental and behavioral challenges through System of Care work. This includes Youth Mobile Crisis Response and Peer Support, which provides preventive mental and behavioral health interventions. This collaborative approach focuses on implementing Multi-Systemic Therapy, Parent Child Interaction Therapy and Trauma Focused Cognitive Behavioral Therapy as treatment approaches. It also works to identify any gaps in these services across the State and to enhance and increase Family Centered Therapy offerings across Nebraska.

CFS representatives continue to participate in System of Care meetings to discuss needs and services for youth across Nebraska that are dual-system involved youth. This collaboration includes members from Probation, the six Behavioral Health regions, BH, and Nebraska Children and Family among others.

g. Developmental disability services for children/youth in collaboration with NDHHS Division of Developmental Disabilities DDD)

CFS collaborates closely with the Division of Developmental Disabilities (DD) to provide developmental disability services for children/youth. CFS and DD developed a standard work instruction for CFS staff in late 2019. This SWI provided guidance on how to apply for DD services and SSI/SSA for State Wards.

CFS and DD also developed a process for CFS to request an ICAP (Inventory for Agency Planning) assessment. The ICAP assists with identifying supports and needs of youth. This is critical when youth are transitioning from foster care to the DD system. Ongoing communication and collaboration continue to ensure that foster youth aging out of the system are identified, connected to a Service Coordinator, and are engaged in the team process and planning to ensure a smooth transition.

Finally, CFS and DD collaborated on presenting training webinars on the Aged and Disabled Waiver Services and the DD waiver services.

h. Enhanced services and case management for older youth. (Reissued from 2019 Annual Report)

CFS continues to collaborate with Nebraska Children and Family Foundation (NCFF) on initiatives to support older youth. These initiatives provide coaching to young adults through PALS (Preparation for Adult Living Services); Chafee funding; and, Education and Training Vouchers to young adults seeking postsecondary education opportunities.

CFS has partnered with several Public Housing Authorities to establish Memorandums of Understanding (MOUs) for the Foster Youth to Independence vouchers. These vouchers address the gap in Family Unification Program (FUP) vouchers; increase the housing options for youth with a current or prior history of foster care involvement; and, contribute to the overall goal of preventing homelessness.

CFS works closely with UNL, Nebraska Balance of State and other systems of care partners with the Youth Homelessness Demonstration Grant. This grant seeks to provide critical resources to address the development of housing and homeless prevention services. This continues to be a critical need across Nebraska communities for young adults.

Nebraska continues to offer voluntary extended foster care services to young adults aging out of foster care under the Bridge to Independence Program. This includes case management, services, and financial support.

CFS collaborates with Region V Professional Partners for housing options for youth with behavioral health needs and who are seeking housing options.

CFS, Department of Labor and NCFF collaborated during the COVID pandemic through the GOALS program. This program worked to support young adults no longer eligible for the B2i program but still were facing economic, housing and education challenges. This collaboration enhanced the focus on connection with employment, offering short term case management/coaching supports and financial supports.

2. **Establish clear and concise policy and procedures with regard to effective safety planning to include clear expectations for the families and mechanisms to ensure compliance with the safety plan. This is true whether the safety plan involves a court-involved case or non-court case, out-of-home placement or in-home services, or informal living arrangement (Reissued from 2019 Annual Report).**

CFS has addressed this issue directly during the past nine months. CFS issued an updated SWI on Initial Assessment in July 2020; created a new SWI on Safety Planning in April 2020; and updated the Ongoing Case Management SWI in August 2020. These documents were updated to enhance the requirements and language regarding safety planning.

The Safety Planning SWI articulates that safety planning should be completed in all cases where there is an identified safety threat. It describes, in detail, who needs to be involved in safety planning and what needs to be included in a safety plan. The SWI also describes how an Approved Informal Living Arrangement (AILA) case be used as a safety intervention. The instruction further explains the assessment of suitability, including background checks, required for safety plan participants and monitoring the safety plan.

CFS has drafted an update to the AILA SWI to provide additional clarity regarding when and how long an AILA should be in place. This will be shared once the final language is approved.

3. **Explore strategies to improve/increase collaboration and cooperation with juvenile probation to enhance services and improve outcomes for dually-involved youth.**

On October 1, 2018, the DHHS-Division of Child and Family Services (CFS) and the Administrative Office of the Courts and Probation (AOCP) began their formal, collaborative implementation of the Crossover Youth Practice Model (CYPM) statewide. This model, developed by the Center for Juvenile Justice Reform (CJJR) at Georgetown University's McCourt School of Public Policy, has served as the foundation of our dual-system commitment to improving the outcomes for youth, families and communities.

The "2015 Crossover Youth Practice Model Abbreviated Guide" states that Funding/Resources is one of "seven overarching themes that permeate" throughout successful implementation of the model. They note that "By understanding the resources each agency has and accessing them through good coordinated case planning, agencies can serve crossover youth more efficiently." In consulting with Macon Stewart, Deputy Director of Multi-System Operations for CJJR, jurisdictions succeed by creating a common fund for crossover resources or have established a consistent division of payment responsibility for services.

Therefore, CFS and AOCP administration have partnered to develop a possible solution to impact funding/resources for crossover youth in Nebraska. This solution will reach shared goals regarding service provision. At this time, CFS and AOCP are developing a six month trial of the pre-determined payment responsibilities within a selected probation district and local CFS office area.

Service Provision Shared Beliefs: In line with the Premise of the Juvenile Court found in Nebraska Revised Statute § 43-246, CFS and AOCP believe that youth are best served when remaining with their family and being served in their local communities. To accomplish this, interventions are guided by evidence-based assessment of family and community safety. Interventions are least restrictive and least intrusive in nature, exhausting community-based options first. If separation from the family is necessary, relative/kinship placements are sought and if needed, local placements will be prioritized.

4. **Ensure that the newly planned facility at the Hastings Regional Center can meet the needs of the female YRTC population based on historical utilization.**

The Youth Rehabilitation Treatment Center (YRTC)-Hastings facility will utilize evidence based curriculum, to include Aggression Replacement Training (ART) and Moral Reconation Therapy (MRT). These programs are currently used at the YRTC-Kearney facility. Aggression Replacement Training has been shown to reduce recidivism in an adolescent population. ART is a 10-week cognitive behavioral treatment protocol that addresses three interrelated components; Social Skills Training, Anger Control Training,

and Moral Reasoning. Each component focuses on a specific prosocial behavioral strategy that is learned through repetitive exposure to the material. MRT is a cognitive behavioral program and seeks to decrease recidivism by increasing moral reasoning. MRT is delivered in an open group format, meaning youth can be assigned to the group at any time.

In addition, the YRTC-Hastings facility will have two Licensed Alcohol and Drug Counselors (LADCs) on staff to provide substance use specific services for the female population. LADC staff will work in collaboration with the assigned Licensed Mental Health Practitioner (LMHP) staff to coordinate services to be provided in an individualized manner for each youth.

Boys Town psychiatric services will be utilized to provide medication management for the youth at the Hastings YRTC facility via telehealth.

5. **Ensure that programming includes effective trauma-informed and trauma-focused treatment for all youth, especially for the girls.**

All staff receive initial and ongoing trauma-informed care training by YRTC LMHP staff. In addition, LMHP staff themselves receive ongoing and specialized training in providing trauma-informed care in a therapeutic setting. Trauma Affect Regulation Guide for Education and Therapy (TARGET©) model for intensive behavioral modification is being considered for inclusion into the Hastings YRTC programming. The TARGET© model is endorsed by the U.S. Office of Juvenile Justice and Delinquency Prevention. TARGET© is a psychosocial intervention that provides education about the impact of complex traumatic stress on the brain's stress response system, and strengths-based practical skills for re-setting the trauma-related alarms/survival reactions that occur in complex PTSD.

Smaller groups of youth in the housing units will allow for decreased stimuli in the environment and increased support from peers to one another. Research indicates that interpersonal relationships are a primary motivating factor for female youth in residential settings. The Missouri Youth Services Institute (MYSI), collaborating with YRTC staff on transitions to programming, supports this, and suggests the smaller group sizes and increased staff to youth ratios that are planned for the Hastings YRTC facility. The decrease in external stimuli, collaborative team approach to treatment provision, staff specific trauma informed care training, and positive relationships will provide a safe and stable environment for youth who are working on processing/reprocessing past trauma.

6. **Ensure that educational programming and activities meet with needs to boys and girls with developmental disabilities, learning disabilities, and behavior challenges.**

The YRTCs have developed a position for Coordinator of Student Services to work with home school districts to maintain compliance and implement Individual Education Plans (IEPs) for students in need of special education services.

A Student Services Department has been developed to include:

- Intervention Teachers
- Title Supports
- Special Education Services & teachers to provide services
- Inclusion Supports
- 504 Supports
- Clinical psychologist housed within Department of Student Services
- LMHPs housed within Department of Student Services
- Transition Specialist
- Focus on Career and College emphasis through Guidance Program
- Contracted Speech Language Pathologist 20 hours per week

A Positive Behavioral Interventions and Supports (PBIS) Team has been developed to implement a behavior intervention program throughout the school to promote positive behavior intervention supports for all students.

The YRTCs have also developed a school-wide multi-tiered systems of support (MTSS) model for providing quality instruction both academically and behaviorally through the use of intervention and student services supports. Year 1 (2020- 2021) consists of an MTSS development team that includes core teachers, elective teachers, and Student Services team members to learn about MTSS and develop a model to implement during the 2021-2022 school year. The MTSS development team meets three times per week, and includes participation in the Nebraska Department of Education MTTS Training Model, as well as the University of Nebraska at Lincoln (UNL) MTSS team to conduct research on intervention and supports that are best practice and evidence-based to implement as part of our MTSS Model.

APPENDIX C: Letter from the Judical Branch Regarding Recommendations

Corey R. Steel
State Court Administrator

STATE OF NEBRASKA
JUDICIAL BRANCH

Deborah A. Minardi
State Probation Administrator

October 27, 2020

Ms. Monika E. Gross, Executive Director
Foster Care Review Office
1225 L Street, Suite 401
Lincoln, NE 68508-2171

Dear Monika:

This correspondence is in response to your October 21, 2020, letters to the Judicial Branch offering the Courts and Probation an opportunity to respond to recommendations that will be made in your 2020 Annual Report.

The Nebraska Court Improvement Project (CIP) was developed to conduct ongoing assessment of judicial processes in child welfare and juvenile cases to implement system improvements. The Judicial System and Multi-System Stakeholder recommendations will be a great asset to CIP and the Supreme Court Commission on Children in the Court.

Probation maintains committed to continuous quality improvement and an ongoing evaluation of our performance. We would invite you to review the numerous published reports and information available on our Judicial Branch website. https://supremecourt.nebraska.gov/forms-publications?page=2 I believe you will find that Probation has continued to achieve many accomplishments including increasing positive outcomes and advancing evidence-based juvenile justice best practices.

Any recommendations provided by the FCRO are taken seriously and will assist in identifying staff development areas or systematic issues to be further examined. We look forward to our continued collaboration, partnership, and the release of your annual report.

Respectfully,

Corey R. Steel
State Court Administrator

Deborah A. Minardi
State Probation Administrator

cc: Jeanne Brandner, Deputy Probation Administrator

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