



The Nebraska Foster Care Review Office Quarterly Report

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Executive Summary

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

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

A special section in this report discusses the FCRO's findings on the differences between relative and non-relative foster homes for children in out-of-home care. While these are initial findings, there are some positive outcomes related to relative and kinship placement for children in out-of-home care. We invite families and stakeholders to come together to further delve into these findings and identify ways to support and stabilize relative, kinship, and non-relative foster homes to optimize current and long-term well-being for children and youth in out-of-home care.

The remainder of the report is devoted to sharing the most recent data available on conditions and outcomes for children in out-of-home care through the child welfare and juvenile justice systems. Some key findings include:

- There were 4,166 Nebraska children in out-of-home or trial home visit placements under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division (hereafter referred to as Probation) on 9/30/21, representing a 2.2% increase from 09/30/20. (page 21)
- Of the 4,166 total children, there were 3,599 (86.4%) children that were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation, a 6.0% increase compared to children on 9/30/20. (page 26)
- Most DHHS/CFS wards in out-of-home placements or trial home visits (97.1%) were placed in a family-like, least restrictive setting. (page 28)
- The majority of children in a least restrictive foster home, excluding those in trial home visits, are placed with relatives or kin (57.9%). The percentage of children in a licensed relative or kinship home has increased significantly in the last year. (page 29)
- Of the 84 DHHS/CFS wards in congregate care, most are in Nebraska (91.7%); this represents an increase from the 83.5% of wards in congregate care placed in Nebraska on 9/30/20. (page 30)
- One in four DHHS/CFS wards statewide had five or more workers during their most current episode in the child welfare system. Furthermore, 170 children had 10 or more workers, most of whom were from the Eastern Service Area (ESA). (pages 31-32)

- There were 358 (8.6%) youth that were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTC, a 27.1% decrease compared to youth on 9/30/20. (page 40)
- Probation most often utilizes in-state placements; 88.4% of youth with a known placement location in congregate care were placed in Nebraska. (page 43)
- There were 140 (3.4%) youth in out-of-home care involved with DHHS/CFS and Probation simultaneously, representing a 17.6% increase compared to youth on 9/30/20. (page 44)
- There were 64 youth, 45 boys and 19 girls, from various counties across Nebraska at a YRTC on 9/30/21; counts are quite consistent with those from the same time last year. (page 36)
- Disproportionate rates for children of color in out-of-home care remains a vital issue to be examined and addressed, regardless of which agency or agencies are involved. (pages 10, 27, 37-38, 41, 45-46)
- Undeniably Covid-19 has had significant impact on youth and families, programs and providers. Many instances where findings have changed over the last year have likely been impacted by the pandemic; however, it is expected to take years, if not decades, to truly understand the full impact it has had on the children and youth involved in the child welfare and juvenile justice systems.

Recommendations

In its September 2021 Annual Report, the FCRO made a number of recommendations intended to improve conditions for children involved in Nebraska's child welfare and juvenile justice systems. Although not required, the DHHS Division of Children and Family Services (CFS) submitted a response to the Annual Report recommendations, which is included in this report as Appendix B. The FCRO appreciates the careful attention given to its recommendations by CFS and will continue to partner with all stakeholder groups to ensure that children's needs are being met and their health and well-being are at the center of this collective work.

Children's experiences in out-of-home care can have life-long impact. Therefore, the Foster Care Review Office offers the following recommendations:

Recommendations to Multiple Agencies

1. All major agencies/stakeholders involved in the lives of children in out-of-home care and their families must collaborate on ways to improve overall and specific educational outcomes. Specifically, the FCRO, DHHS/CFS, Probation, the Department of Education, and the Courts must work together to create, implement, and monitor actions plans to target improvements.

2. Documentation of academic progress in Probation files has significantly improved over the last two years. CFS case files continue to lack documentation of academic progress at unacceptable levels as described in the June 2021 and September 2021 FCRO reports. The FCRO invites CFS to collaborate in determining why so many case file records are missing documentation on academic progress and work to correct this issue.
3. DHHS/CFS, Probation, and the Courts must do more to address racial and ethnic disparities, which continue to negatively impact children, families, and communities of color. The FCRO suggests that a task force be formed comprised of mostly people with lived experience or who live in communities heavily impacted by the child protection system to identify the root causes and propose solutions to address the causes of disparities which exist from the time an abuse or neglect report is received for a child through achievement of permanency.
4. Access to resources and services for children and families continues to be a challenge, particularly across the rural and frontier regions of the state. DHHS/CFS, Probation, and other state and local government entities, in partnership with the Regional Behavioral Health Authorities, DHHS/Division of Behavioral Health, health care providers, nonprofit, and philanthropic organizations must fully invest in a capacity-building infrastructure. Considerations should include incentives for service providers to establish programs and practices in rural communities which support the well-being of local children and families.

The FCRO acknowledges the work being done by CFS with the assistance of Chapin Hall to implement prevention services throughout the state, however the need in rural areas is dire and immediate. Specialized substance abuse treatment programs are unavailable and inaccessible to those who need them in rural and frontier regions of the state. One such example is Lincoln County which currently ranks 3rd among Nebraska counties in the number of DHHS/CFS wards in out-of-home care.

5. CFS, child placing agencies, and system partners must continue their efforts to recruit, train, support and retain foster family homes able to meet the needs of children and youth with high needs, especially those with complex mental and/or behavioral health needs so that youth can remain in their communities in the least restrictive environments and also be safe.
6. Progress has been made over the last year by CFS to license relative and kinship foster homes. The FCRO encourages continued efforts to identify, train, equip, and license relative and kinship foster homes and to support these newly licensed foster homes. Data included in this report's special section indicates many positive outcomes for children who are placed with relatives or kin, so it is

important that these efforts continue, and these placements are effectively supported.

Recommendations to DHHS/CFS

1. CFS must continue to address case manager turnover, especially in the Eastern Service Area (ESA). Recent pay rate increases for CFS specialists and supervisors are expected to reduce turnover and help in hiring additional case managers. The case manager turnover report must be reinstated immediately to bring complete transparency to the issue. It is unclear whether meetings between CFS administration and Saint Francis Ministries leadership have had any impact on the turnover in ESA. Addressing case manager turnover must include training, supervision, and a strong support structure.
2. Caseloads remain too high, especially in the ESA where (per the latest CFS report) only 40% of ongoing case managers were in compliance with statutory caseload standards. High caseloads lead to turnover and delays in permanency, which negatively impacts children and families. The caseload status report must also be reinstated and kept up-to-date.
3. Continue efforts to improve case file documentation. Lack of documentation in case files, lack of updated documentation, and poor documentation are often a result of high turnover and high caseloads. Additionally, these are contributing factors in poor case management, lack of progress toward permanency, and poor outcomes for children and families. Setting aside two hours per day for case managers to document is a good start; however, additional effort may be required to elicit documentation for children placed in unlicensed relative/kin homes.
4. The FCRO acknowledges the improvements made at the YRTC's over the last year and would encourage DHHS to make program evaluation data public to ensure that the outcomes of the new programming are transparent and used to achieve desired results through decision and policy development into the future.

Recommendations to Probation

1. The FCRO acknowledges the work being done by the Administrative Office of the Courts and Probation - Juvenile Services Division in partnership with the RFK National Resource Center for Juvenile Justice on juvenile justice system enhancement across the state. It appears that many of the FCRO's previous recommendations may be addressed as part of this process. The FCRO appreciates the opportunity to participate in the process and looks forward to the final recommendations and action steps to be developed throughout the review.

Recommendations to the Court System

1. Work with the FCRO to develop and implement a single, standardized technology solution for submission of FCRO reports to all courts with juvenile court jurisdiction across the state.

In addition to all recommendations above, the FCRO continues to work with DHHS/CFS, the Courts, Probation, and all other stakeholders to pursue the remaining recommendations included in the 2021 Annual Report (September 2021).



Relative/Kinship Foster Homes and Non-family Foster Homes, A Comparison

A universal goal for foster care systems is to help children and adolescents who have been removed from their homes due to abuse and/or neglect receive the supports they need for immediate and long-term well-being. Placement decisions should promote the best possible options for healthy and safe lives, while ultimately offering stability and permanency. National studies conducted in the early 2000's indicated that relative/kinship care may keep children more connected with their families, communities, and cultures compared with non-family care. Children tended to experience fewer behavioral problems, mental health disorders, and placement disruptions. Children also may have experienced less stigma and trauma from the separation from their parents and were more likely to be connected with siblings. At the same time, relative caregivers reported significantly fewer support services than other foster caregivers, such as training, peer support, and respite care.¹

This current study examines a number of different outcome measures in order to better understand the benefits of placing Nebraska children in foster care with appropriate relative or kinship caregivers, if such persons are available, as opposed to placing children with non-family caregivers. While not every measure shows a substantial difference by placement type, many do suggest that placement with a relative or kin has a positive impact. The FCRO's goal is to share this information with stakeholders and policymakers to better inform day-to-day practice and offer recommendations for sustained positive outcomes.

Background

When the child welfare system needs to remove a child from the parental home in order to ensure that child's safety, then the system will place the child in one of three broad placement types: 1) foster homes where the caregiver is a relative² or kin³, 2) foster homes where the caregiver is not a family member or, 3) congregate or other specialized facilities.

¹ Jones VF, Waite D, AAP COUNCIL ON FOSTERCARE, ADOPTION, AND KINSHIP CARE. Pediatrician Guidance in Supporting Families of Children Who Are Adopted, Fostered, or in Kinship Care. Pediatrics. 2020; 146(6):e2020034629

² 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 (the Indian Child Welfare Act).

³ Neb. Rev. Stat. 71-1901(7) defines "kinship home" as a home where 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.

Law and policy at the state and federal levels require that attempts be made to identify potential relative caregivers early in children's cases.⁴ Nebraska law has long supported a preference for placement with relatives.⁵ Reasons for this include that children's transition from their parental care into care with someone they know is often less traumatic than a transition from parental care to care provided by a stranger, especially if the relative or kin and the child had a positive relationship before removal was necessary. In addition, children in the care of a relative or kin are more likely to retain connections to their cultural heritage, customs, and extended family.⁶

Of the 407,493 children reported nationally to be in foster care on 9/30/2020, 34% of children were placed in a relative home compared to 45% who were placed in a non-relative home. Relative or kinship placements have become more common over time in Nebraska, as described later in this report (see pages 28-29). When considering just the 3,108 children in least restrictive placements (not including trial home visits) on 9/30/2021, there were 1,799 (or 57.9%) in a relative or kinship foster home compared to 1,215 (or 39.1%) in a non-relative foster home placement.

DHHS has reported that while most non-relatives are licensed, 85.3% of relative and 91.9% of kinship homes for those children were approved.⁷ No standardized training is required for an approved home, so most relative or kinship caregivers do not receive specific and needed information on the workings of the foster care system, accessing support and health services, coping with behaviors that children with a history of traumatic abuse or neglect often exhibit, or intra-familial issues present in relative care that are not present in non-family situations.

Building on previous research, the FCRO used the population of children in a foster home placement on 6/30/2021 for this study.⁸ The goal was to determine if there were important data-driven outcome differences between relative / kinship care and non-relative care which may impact day-to-day case level and system-wide decision making when determining the best placement for a child. The charts that follow describe the percentage of each measure by placement population type.

⁴ Title IV-E of the Social Security Act requires that states "consider giving preference to an adult relative over a nonrelated caregiver when determining placement for a child, provided that the relative caregiver meets all relevant State child protection standards."

⁵ Neb. Rev. Stat. §43-533 (4); Neb. Rev. Stat. §43-1508.

⁶ Child Welfare Information Gateway. (2018). *Working with kinship caregivers*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. This publication is available online at <https://www.childwelfare.gov/pubs/kinship/>.

⁷ LB1078 (2018), required NDHHS to report the license status of relative and kinship placements to the FCRO effective July 2018.

⁸ Children in congregate or treatment facilities on 6/30/2021 were purposely excluded from this study since those children often have different backgrounds and needs making meaningful comparisons difficult. See the FCRO's 2021 Annual Report for more information.

Demographics

Ages. The overall ages of children in each placement group were fairly similar. There were some differences between the rates for boys and girls in each age range.

Measure	Non-relative	Relative or kin	Difference
Boys, age 0-5	38.7% (210)	42.0% (312)	+3.3%
Girls, age 0-5	40.3% (221)	36.4% (275)	-3.9%
Boys, age 6-12	31.2% (169)	33.2% (247)	+2.0%
Girls, age 6-12	29.9% (164)	35.5% (268)	+5.6%
Boys, age 13-18	30.1% (163)	24.8% (184)	-5.3%
Girls, age 13-18	29.9% (164)	28.1% (212)	-1.8%

Race/ethnicity. The racial backgrounds of children in the two placement groups were similar.

Measure	Non-relative	Relative or kin	Difference
White, Non-Hispanic	46.3% (546)	42.1% (745)	-4.2%
Hispanic	21.5% (253)	23.4% (414)	+1.9%
Black, Non-Hispanic	16.6% (195)	17.3% (306)	+0.7%
Two or more races, Non-Hispanic	8.4% (99)	10.8% (191)	+2.4%
American Indian, Non-Hispanic ⁹	5.4% (64)	4.3% (76)	-1.1%
Asian, Native Hawaiian and Pacific Islander, Non-Hispanic	1.3% (15)	1.3% (23)	0.0%
Other/Unknown	0.5% (6)	0.8% (14)	+0.3%

⁹ The children identified as American Indian, Non-Hispanic in the chart do not include children in an out-of-home placement through the tribal courts as the FCRO lacks jurisdiction to track or review that population.

Permanency objective (plan). The rate of children with a permanency objective/plan of reunification with their parent(s) was higher for children placed with relatives.

Measure	Non-relative	Relative or kin	Difference
Plan is reunification	51.8% (566)	59.1% (885)	+7.3%
Plan is adoption	27.7% (302)	24.1% (361)	-3.6%
Plan is guardianship	10.8% (118)	9.8% (146)	-1.0%
Plan is independent living (for those near adulthood)	4.3% (47)	2.5% (38)	-1.8%

Records of relative searches. Regardless of where a child is currently placed, documentation of the identification of maternal and paternal relatives and their potential suitability as placements needs to be available. That can save valuable time if the child needs to change placement or if there are changes in caseworker.

Measure	Non-relative	Relative or kin	Difference
Searched for maternal relatives	86.6% (945)	91.8% (1,374)	+5.2%
Searched for paternal relatives	68.5% (669)	72.8% (1,002)	+4.3%

Sibling connections

Placement together or contact with each other. Ideally, if children with siblings are removed from home, they will be placed with those siblings. Children that have experienced abuse or neglect may have formed their strongest bonds with their brothers or sisters. It is important to keep these bonds intact, or children can grow up without essential family and suffer from that loss.¹⁰ FCRO data indicates siblings are placed together in relative or kin placements more often than the general foster care population (68.9% and 49.7% respectively).

If children are unable to be placed with their siblings, the next best alternative is to make certain that they have adequate contact, with the exception of a small number of cases where contact is therapeutically contra-indicated. Contact occurs slightly more for children in a relative or kin placement (76.5% and 73.9% respectively).

¹⁰ Preserving ties with siblings can help buffer children from the negative effects of maltreatment and removal from the home (Aguinga & Madden, 2018) as cited in Sibling Issues in Foster Care and Adoption, Children's Bureau, 2019.

Measure	Non-relative	Relative or kin	Difference
Placed with siblings (if child had siblings in care)	49.7% (378)	68.9% (744)	+19.2%
Adequate contact if not placed with siblings in care	73.9% (283)	76.5% (257)	+2.6%

Connections with positive adults

Positive connections with an adult. Whether in foster care or not, it is important for all teens to have a positive connection with one or more adults who can mentor them through the first years of adulthood. Youth whose parents may be unwilling or unable to mentor into adulthood need help forming alternative connections. According to the Center on the Developing Child at Harvard University, “The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult.”¹¹ The rate with connections to positive adults was notably higher for youth placed in a relative or kin foster home.

Measure	Non-relative	Relative or kin	Difference
Boys age 13-18 connected with family members or other supportive adults	77.5% (110)	96.8% (149)	+19.3%
Girls age 13-18 connected with family members or other supportive adults	82.7% (115)	95.4% (167)	+12.7%

Children’s day-to-day needs

Based on 30 years of national data demonstrating the high prevalence of health problems, the American Academy of Pediatrics classifies children in foster care as having special health care needs.¹² The Academy finds that 30-80% of children nationally come into foster care with at least one physical health problem, fully 1/3rd have a chronic health condition, and 20 percent have significant dental issues. It is common for such problems

¹¹ Center on the Developing Child at Harvard University, <https://developingchild.harvard.edu/science/key-concepts/resilience/>.

¹² Policy Statement on Health Care Issues for Children and Adolescents in Foster Care and Kinship Care, American Academy of Pediatrics, 2015.

to have gone undiagnosed and untreated before foster care.¹³ Therefore, assuring the medical and dental records of children are known by caregivers and supporting access to all necessary services for health needs is critical to children's overall well-being.

Medical records. Appropriate levels of record keeping are necessary to ensure that in the event of a caseworker absence/vacancy critical information about the child's health and well-being are known to those covering that child's case and so that the placement has necessary information to make day-to-day decisions for the well-being of the child.

Measure	Non-relative	Relative or kin	Difference
Medical records were provided to the foster parents.	81.3% (887)	85.9% (1,285)	+4.6%
Substantially complete medical record in DHHS file	49.3% (538)	45.2% (677)	-4.1%
Minimally complete medical record in DHHS file	10.3% (113)	13.0% (195)	+2.7%

Medical and dental needs. The rate of children whose medical needs were being met was similar between the two placement groups. A slightly higher rate of children in a non-relative home had documentation that dental needs were met.

Measure	Non-relative	Relative or kin	Difference
Medical needs met	86.6% (946)	83.7% (1,254)	-2.9%
Dental needs met	85.4% (933)	80.0% (1,198)	-5.4%

Children's mental health

Teens with mental health diagnosis. As the American Academy of Pediatrics has found, "Essentially all children in foster care have psychosocial issues related to family dysfunction" and "Understanding the effects of multiple adversities, trauma, and toxic stress on the health and development of children is fundamental to guiding their caregivers through the healing process."¹⁴ Youth in a non-relative home were significantly

¹³ Jones VF, Waite D, AAP COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE. Pediatrician Guidance in Supporting Families of Children Who Are Adopted, Fostered, or in Kinship Care. Pediatrics. 2020;146(6):e2020034629.

¹⁴ Policy Statement on Health Care Issues for Children and Adolescents in Foster Care and Kinship Care, American Academy of Pediatrics, 2015.

more likely to have a formal mental health diagnosis (81.6% and 63.6% respectively for boys, 79.3% and 73.6% respectively for girls).

Since prescriptions for psychotropic medications are generally dependent on a mental health diagnosis, children in a non-relative foster home who were more likely to have a diagnosis were also more likely to have one or more psychotropic medications prescribed them.

Measure	Non-relative	Relative or kin	Difference
Boys age 13-18 with a mental health diagnosis	81.6% (133)	63.6% (117)	-18.0%
Girls age 13-18 with a mental health diagnosis	79.3% (130)	73.6% (156)	-5.7%
Psychotropic medications prescribed	57.2% (187)	28.3% (112)	-28.9%

Substance use was slightly more likely for youth in a relative or kin placement.

Measure	Non-relative	Relative or kin	Difference
Substance use age 13-18 (boys and girls combined)	7.6% (25)	8.6% (34)	+1.0%

The rate of boys making progress on their mental health issues was much higher for those in a relative or kinship foster home. Girls also had higher rates, though not to the extent of the boys.

Measure	Non-relative	Relative or kin	Difference
Boys making substantial progress	28.6% (38)	43.6% (51)	+15.0%
Girls making substantial progress	37.7% (49)	39.7% (62)	+2.0%

Disability. There is a higher rate of children with a disability being cared for in a non-relative foster home. Child’s disability includes mental capacity, emotional disturbance, specific learning disability, hearing, speech, or sight impairment, or physical disability.

Measure	Non-relative	Relative or kin	Difference
Boys with a disability diagnosis	50.0% (271)	31.8% (236)	-18.2%
Girls with a disability diagnosis	41.5% (228)	27.7% (209)	-13.8%

Education

Placement and educational stability benefits children’s interactions with family, peers, school, community, activities, teachers, academic programming, etc. “The absence of family and educational stability combined with histories of abuse and neglect mean that youth in care experience higher rates of grade retention and lower academic achievement than their peers. Effectively responding to these needs may require the creation of specific policies and additional supports designed to improve academic achievement and broaden their access to all aspects of the school experience.”¹⁵

School changes for children enrolled in school. The rate of school changes upon placement with the caregiver was lower for children placed with relatives or kin.

Measure	Non-relative	Relative or kin	Difference
Placement results in a change of school	30.9% (265)	20.4% (237)	+10.5%

School attendance rates for children enrolled in school. School attendance rates were very similar between the two groups.

Measure	Non-relative	Relative or kin	Difference
Boys with regular school attendance	89.0% (388)	89.0% (502)	0.0%
Girls with regular school attendance	88.8% (390)	91.3% (566)	+2.5%

¹⁵ Blueprint for Change, Education Success for Children in Foster Care. Legal Center for Foster Care and Education, American Bar Association.

Educational attainment for children enrolled in school. Rates for children being academically on target for all core classes varied by gender, as is true for children in most other forms of placement. The rates were higher for both boys and girls if placed with a relative or kin.

Measure	Non-relative	Relative or kin	Difference
Boys on target for core classes	44.7% (195)	51.6% (291)	+6.9%
Girls on target for core classes	51.4% (224)	59.2% (367)	+7.8%

Behaviors at school. Children placed with relatives or kin were reported to have greater rates of appropriate behaviors in school.

Measure	Non-relative	Relative or kin	Difference
Boys with appropriate behavior at school	42.4% (185)	58.3% (329)	+15.9%
Girls with appropriate behavior at school	60.1% (262)	72.6% (450)	+12.5%

Children placed with relatives or kin had less suspensions and expulsions for boys and girls. The vast majority of boys and girls, regardless of placement type, had not been expelled.

Measure	Non-relative	Relative or kin	Difference
Boys Suspended	6.4% (28)	3.4% (19)	-3.0%
Girls Suspended	3.7% (16)	1.1% (7)	-2.6%
Expelled	0.9% (8)	0.7% (8)	-0.2%

Special education enrollment. The rates of children enrolled in special education were lower for children placed in a relative or kin foster home. The same is true for children with IEPs (Individualized Education Plan).

Measure	Non-relative	Relative or kin	Difference
Enrolled in special education	27.7% (250)	16.5% (202)	-11.2%
Current IEP	54.0% (394)	46.0% (335)	-8.0%

Educational records. Appropriate levels of record keeping are necessary to ensure that in the event of a caseworker absence/vacancy critical information about the child's education are known to those covering that child's case and so that the placement has necessary information to make day-to-day decisions for the well-being of the child.

Measure	Non-relative	Relative or kin	Difference
Substantially complete education record in DHHS file	81.4% (736)	80.3% (985)	-1.1%

Extracurricular enrichment activities. Children and teenagers benefit from exposure to normalizing activities, if interested.¹⁶ Extracurricular activities as defined here include school or community-based groups (Scouts, 4-H, cultural clubs, hobby groups, work-related clubs such as FFA, FBLA, etc.), religious organizations, sports, vocal music, bands, drama and the arts, community charitable groups, and employment for older teens. While costs can be prohibitive, there are organizations such as Nebraska Friends of Foster Care that may be able to help foster parents whether non-relative or relative/kin pay for fees or required supplies.¹⁷

The rates for extracurricular participation were fairly similar for both groups.

Measure	Non-relative	Relative or kin	Difference
Able to participate in an extra-curricular activity	77.6% (748)	76.5% (974)	-1.1%

Older Youth

A successful transition from childhood to adulthood can be difficult even under the best circumstances. For youth in foster care, this transition can be further complicated by a lack of guidance and support from caring adults. Transition planning should be viewed as a process that considers the youth's long-term plans and breaks them down into smaller, short-term goals.¹⁸

Anecdotally, FCRO staff have observed that there are differences in what is documented by caseworkers in the files about transitional planning depending on whether the youth is placed with relative/kin or a non-relative. Therefore, as part of this study we examined the following key measures for older youth. There are some differences, but it is not clear whether this is an issue of documentation, practice, or both.

¹⁶ Policy Statement on Health Care Issues for Children and Adolescents in Foster Care and Kinship Care, American Academy of Pediatrics, 2015.

¹⁷ See <https://ne-friends.org/grants> for information about their grant program.

¹⁸ Working with Youth to Develop a Transition Plan, Children's Bureau, August 2018.

Key findings from the chart that follows include:

- Formal independent living plans were present at about the same rate for each group. However, the rates of youth involved in the creation of the plan for their future were higher if placed with a relative or kin.
- Youth in this age group were to have completed assessments that identify specific skills for adulthood that had not yet been obtained and thus should be considered when planning. The rates with completed assessments were small in both groups. It is unclear how a plan can be appropriately created without a completed assessment.
- The rate with documentation of receiving formal skill-building was slightly greater for youth placed with non-relatives.

Measure	Non-relative	Relative or kin	Difference
Boys - independent living plan was created	66.9% (95)	66.9% (103)	0.0%
Girls - independent living plan was created	64.0% (89)	64.6% (113)	+0.6%
Boys involved in devising their own plan	49.1% (56)	59.3% (70)	+10.2%
Girls involved in devising their own plan	63.5% (73)	68.3% (95)	+4.8%
Boys with completed assessment	27.5% (39)	16.2% (25)	-11.3%
Girls with completed assessment	25.4% (35)	20.6% (36)	-4.8%
Boys receiving skills needed pre-adulthood	62.0% (88)	57.8% (89)	-4.2%
Girls receiving skills needed pre-adulthood	61.9% (86)	54.9% (96)	-7.0%

Case management differences and similarities

There continue to be high rates of documented caseworker/child contact in both groups. There are also high rates of creating a safety plan that was adequate and complete, and DHHS was making reasonable efforts towards whatever the permanency goal was for the child. The FCRO congratulates DHHS workers and contractors for these positive outcomes across foster care placements.

Measure	Non-relative	Relative or kin	Difference
Worker/child contact made	98.8% (1,424)	98.4% (1,897)	-0.4%
DHHS safety plan adequate	94.5% (1,032)	93.9% (1,406)	-0.6%
DHHS plan complete	94.9% (1,036)	94.4% (1,414)	-0.5%
DHHS made reasonable efforts to permanency	90.7% (990)	90.0% (1,348)	-0.7%

Summary

Relatives are the preferred placement resource when a child is removed from the home and placed in out-of-home care. This is the law in Nebraska and federal foster care funding requires states to consider giving preference to relatives over unrelated caregivers. Relative / kinship placement has the added benefit of maintaining the child's connections with his or her extended family and community. The special study data is consistent with national studies supporting relative and kinship placements for children in out-of-home care.

Outcomes in the following categories were better for children placed with relative or kin:

- Permanency goals were more likely to be reunification.
- Casefiles showed more relative searches done, both maternal and paternal.
- Sibling groups were much more likely to be placed together.
- For sibling groups that could not be placed together, adequate contact was more likely to be maintained if placed with a relative or kin.
- Children and youth with a mental health diagnosis were more likely to be placed with a non-relative. However, if placed with a relative the children were more likely to be making substantial progress.
- Children were significantly less likely to have to change school if placed with a relative or kin.
- Boys and girls were more likely to be on target with core classes if placed with a relative or kin.
- Behaviors at school were more likely to be appropriate if placed with a relative or kin.
- Older youth were more likely to have been involved in their planning if with a relative or kin.

- Youth placed with a relative or kin were much more likely to have adults identified that would be willing to serve as mentors as the youth transitions from childhood to legal adulthood.

While we acknowledge that many children do not have relatives or kin that are appropriate to provide their care, the positives listed above underscore the need for relative searches to be more consistently conducted and documented and for any potential relative/kin caregivers that have been identified be considered as placements for each child's individual needs.

More research is needed to determine why some children are currently placed with a non-relative rather than the relative. Anecdotally some reasons include:

- the relative could no longer cope with children exhibiting difficult behaviors;
- the relative caregiver was not adequately supported by the system;
- age or health issues of the relatives made continued caregiving difficult or impossible;
- the caregiver's immediate family experienced a negative impact from prolonged care of the related child/children;
- changes in the caregiver's family structure (e.g., divorce, new babies);
- issues between the caregiver and the children's biological parent(s); and
- economic stressors.

Efforts should be made to anticipate and remove barriers which may prevent successful relative/kin placements. It is important to ensure awareness of supports and services available regardless of more formal training and/or licensing resources. Further collaborative work needs to occur to determine if this is an area that needs more funding and other resources, navigator support, caregiver and worker training, or other solutions.



The 4,166 children in out-of-home or trial home visit care on 9/30/21 included the following groups:

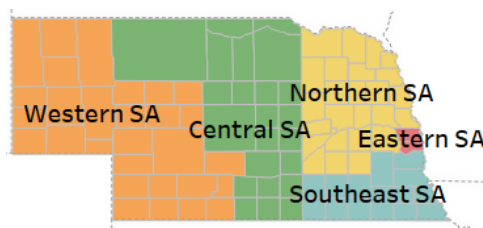
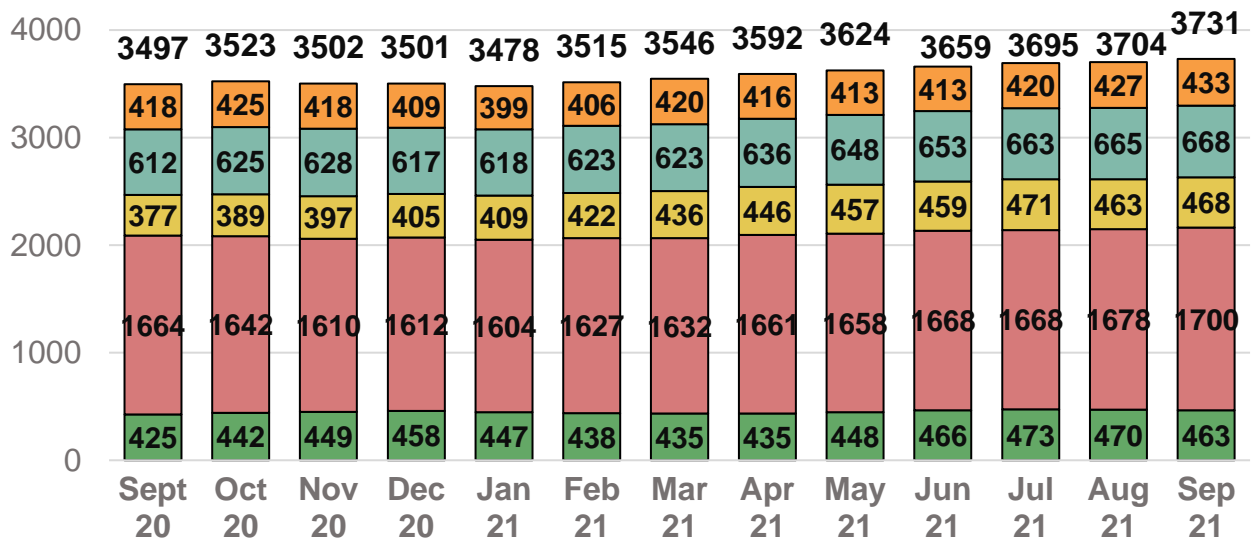
- 3,599 (86.4%) children that were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation.
 - This is a 6.0% increase compared to the 3,395 children on 9/30/20.
- 358 (8.6%) youth that were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTCs.
 - This is a 27.1% decrease compared to the 491 such youth on 9/30/20.
- 140 (3.4%) youth in out-of-home care involved with DHHS/CFS and Probation simultaneously.
 - That is a 17.6% increase compared to the 119 such youth on 9/30/20.
- 67 (1.6%) youth in out-of-home care involved with DHHS/OJS and Probation simultaneously.
 - That is similar to the 68 such youth on 9/30/20.
- 2 (<0.1%) children in out-of-home care that were served by DHHS/OJS only.
 - There were 4 such children on 9/30/20.

Average Daily Population of Children with any DHHS/CFS Involvement

Daily population

Figure 2 shows the monthly fluctuation in average daily population (ADP) of DHHS/CFS involved children in out-of-home or trial home visit placements (including those simultaneously serviced by Probation) over the course of the 13 months from September 2020 through September 2021. It includes both service area and statewide numbers.

Figure 2: Average Daily Population of All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements²¹
(includes children with simultaneous involvement with Probation)²²



²¹ The average shown at the top of each column may not be exactly equal to the sum of the service areas due to rounding.

²² The FCRO's FCTS data system is a dynamic computer system that occasionally receives reports on children's entries, changes, or exits long after the event took place. The FCRO also has a robust internal CQI (continuous quality improvement) process that can catch and reverse many errors in children's records regardless of the cause in order to reflect the most accurate data available for review. Therefore, due to delayed reporting and internal CQI, some of the numbers on this rolling year chart will not exactly match that of previous reports. The same is true for additional data components described throughout the report.

Figure 3 compares the average daily populations from September 2020 to September 2021 by service area (SA). In September 2021, there were 6.7% more DHHS/CFS wards in out-of-home care or trial home visit than at the same time last year. Differences in the number of children in out-of-home care over that period varies by service area, with the Northern Service Area seeing the largest rolling year increase (+23.9%). Further research is needed to determine what may be accounting for the variance across service areas.

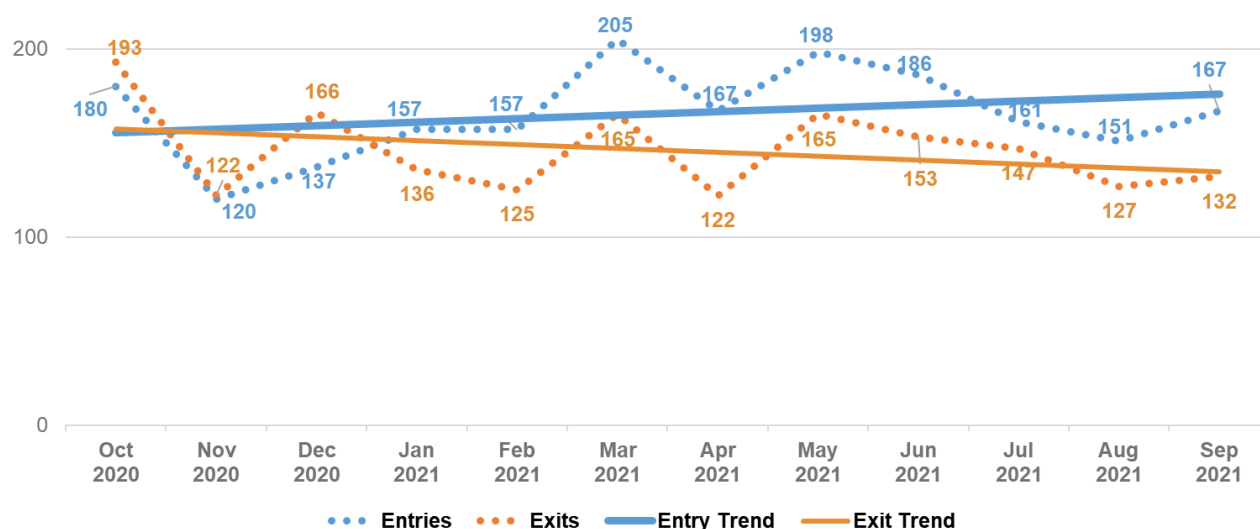
Figure 3: Percent Change in All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements

	Sept. 20	Sept. 21	% Change
Central SA	425	463	8.9%
Eastern SA	1,664	1,700	2.1%
Northern SA	377	468	23.9%
Southeast SA	612	668	9.1%
Western SA	418	433	3.6%
State	3,497	3,731	6.7%

Entries and Exits

Figure 4 shows that during October 2020 to December 2020 there were more exits than entries. Throughout 2021 there were more entries than exits.

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



As expected, most of the children in Figure 6 are from the two largest urban areas (Omaha and Lincoln, in the Eastern and Southeast service areas, respectively). Of equal importance is the number of state wards from counties with relatively few children in the population. 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 10 counties with the highest rates of children in out-of-home or trial home visit placement are shown in Figure 6. Of particular interest is that Lincoln County is ranked 10th in estimated population for children 0 to 19, yet it is ranked 3rd in both count of children who are NDHHS wards in Nebraska (surpassing Sarpy County) and rate per 1,000.

Figure 6: Top 10 Counties by Rate of NDHHS Wards in Care on 09/30/21

County	Children in Care	Total Age 0-19 ²⁴	Rate per 1,000
Thomas	5	178	28.09
Garfield	11	398	27.64
Lincoln	169	8986	18.81
Boyd	6	394	15.23
Pawnee	9	612	14.71
Frontier	8	634	12.62
Cheyenne	28	2241	12.49
Phelps	26	2343	11.10
Scotts Bluff	102	9708	10.51
Madison	100	9980	10.02

Gender. Girls (50.9%) and boys (49.1%) were equally represented in the population of children in care on 09/30/21, as has been true for several years.

Age. Results are consistent with past reports:

- 37.9% of children in care are 5 and under,
- 34.6% are between 6 and 12, and
- 27.4% are teenagers.

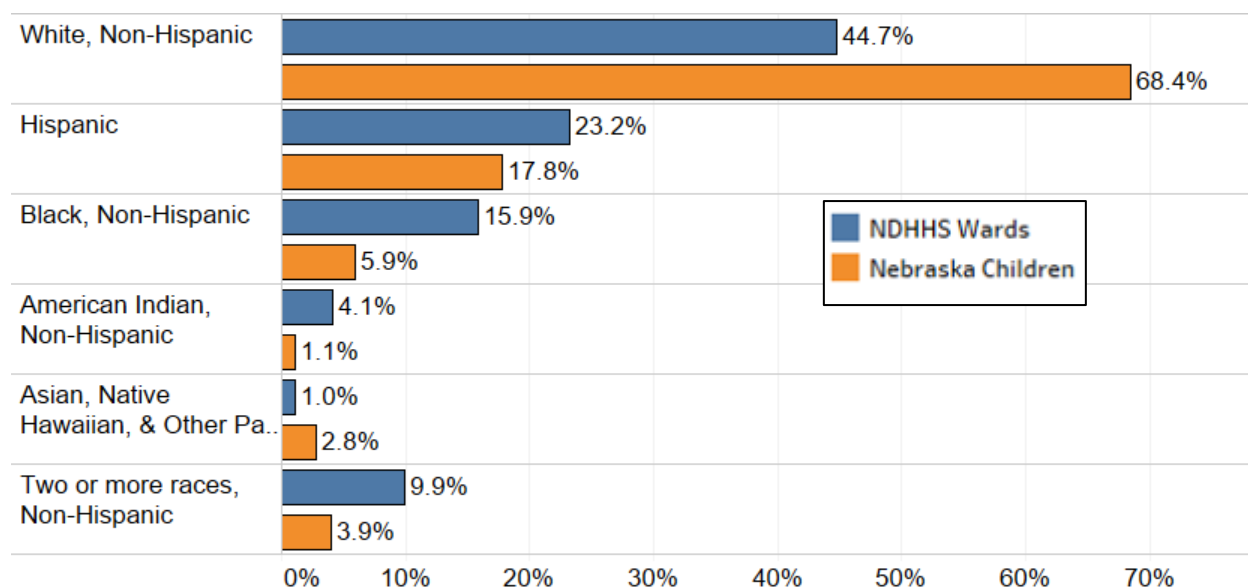
²⁴ U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2019.

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 5.9% 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 9/30/21 by Race or Ethnicity, n=3,599*

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

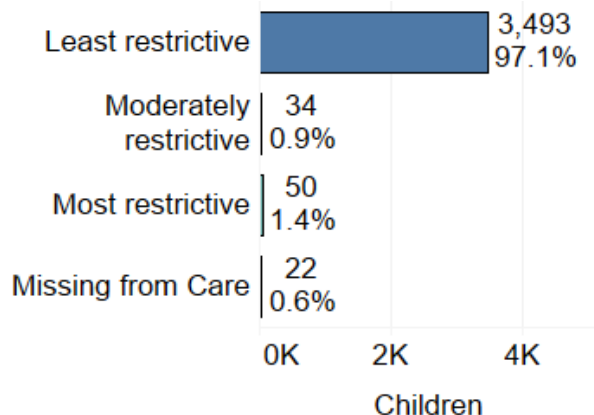


Placements

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

Figure 8 shows that most (3,493 or 97.1%) 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% since 2017.

Figure 8: Placement Restrictiveness for DHSS/CFS Wards in Out-of-home or Trial Home Placements on 9/30/21, n=3,599



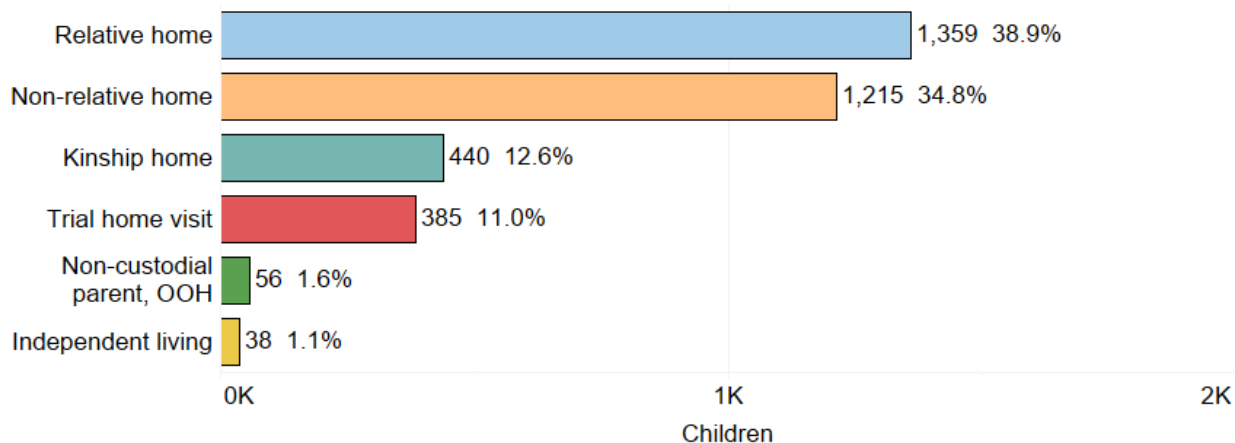
Children missing from care must always be a top priority as their safety cannot be assured. Children missing from care may be subjected to maltreatment, exploitation, and sex or labor trafficking. History shows that some may be in unsafe situations.

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

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

The majority (1,799 or 57.9%) of children in a least restrictive foster home, excluding those in trial home visits, are placed with relatives or kin (Figure 9).

Figure 9: Specific Placement Type for DHHS/CFS Wards in the Least Restrictive Placement Category on 09/30/21 (see Figure 8), n=3,493



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

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

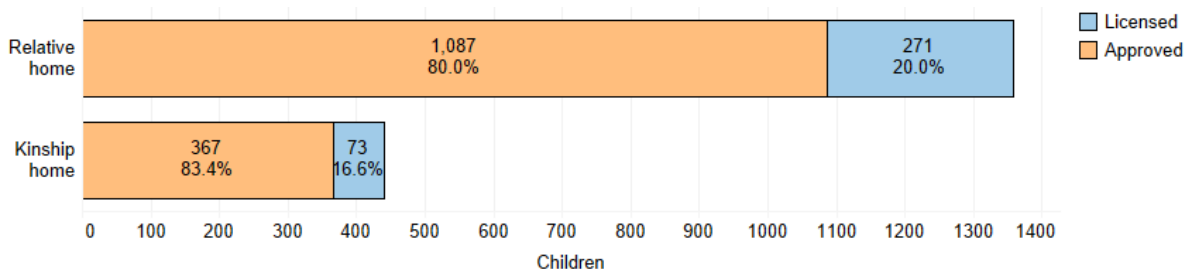
Kinship homes cannot receive a license waiver, but a relative can be granted a waiver of one or more of the following requirements:

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

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

The percentage of children in a licensed relative or kinship home has increased significantly in the last year. On 09/30/21, 20.0% of children in a relative placement were in a licensed home which is nearly double the 10.8% on 9/30/20. On 9/30/21, 16.6% in a kinship placement were in a licensed home, significantly more than the 5.3% on 9/30/20. While this is a marked improvement over last year there is still a long way to go in licensing relative and kinship homes.

Figure 10: Licensing for DHHS/CFS Wards in Relative or Kinship Foster Homes on 9/30/21, n=1,358 (relatives) and n=440 (kinship)

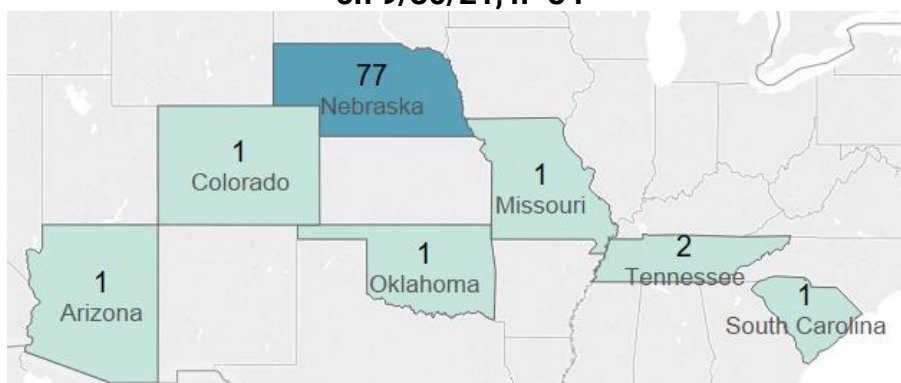


The FCRO has repeatedly advocated for licensing for relative and kinship foster homes, both for accessing federal funding and for the important training needed for caregivers.

Congregate Care. On 9/30/21, 84 (or 2.3%) of DHHS/CFS wards were placed in moderately or most restrictive congregate care facilities. This compares to 91 such children and youth on 9/30/20.

Figure 11 shows that of the 84 DHHS/CFS wards in congregate care, most (77 or 91.7%) are in Nebraska. This is an increase from the 83.5% in Nebraska on 9/30/20. Congregate care facilities should be utilized only for children with significant mental or behavioral health needs, and it is best when those needs can be met by in-state facilities in order to keep children connected to their communities.

Figure 11: State of Placement for DHHS/CFS Wards in Congregate Care on 9/30/21, n=84

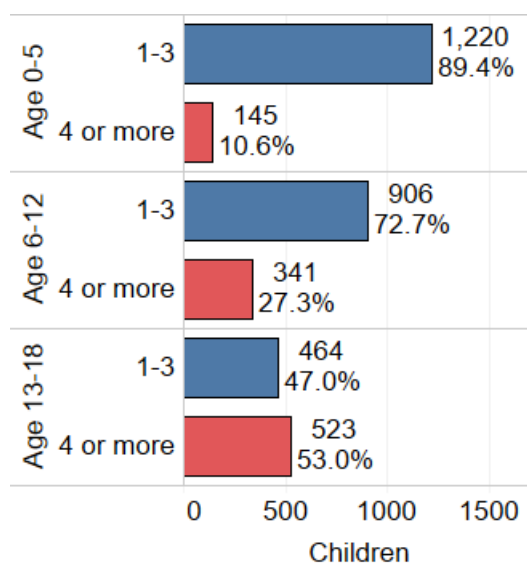


Multiple placements

National research indicates that children experiencing four or more placements over their lifetime are likely to be permanently damaged by the instability and trauma of broken attachments.²⁵ However, children that have experienced consistent, stable, and loving caregivers are more likely to develop resilience to effects of prior abuse and neglect, and more likely to have better long-term outcomes.²⁶

Of the 3,599 children in care on 9/30/21, 1,009 children (28.0%) had experienced four or more placements over their lifetime (Figure 12).²⁷ Further, it is concerning that 10.6% of young children have experienced a high level of placement change while simultaneously coping with removal from their parent(s).

Figure 12: Lifetime Placements for DHHS/CFS wards in Out-of-Home or Trial Home Visit on 9/30/21, n=3,599



Number of Workers during Current Episode of Care

Figure 13 shows the number of workers during the current episode of care for 3,599 children in out-of-home or trial home visit placement on 9/30/21 as reported by DHHS. Workers here include lead agency workers in the Eastern Service Area where DHHS/CFS contracts for such services, and DHHS/CFS case managers elsewhere.

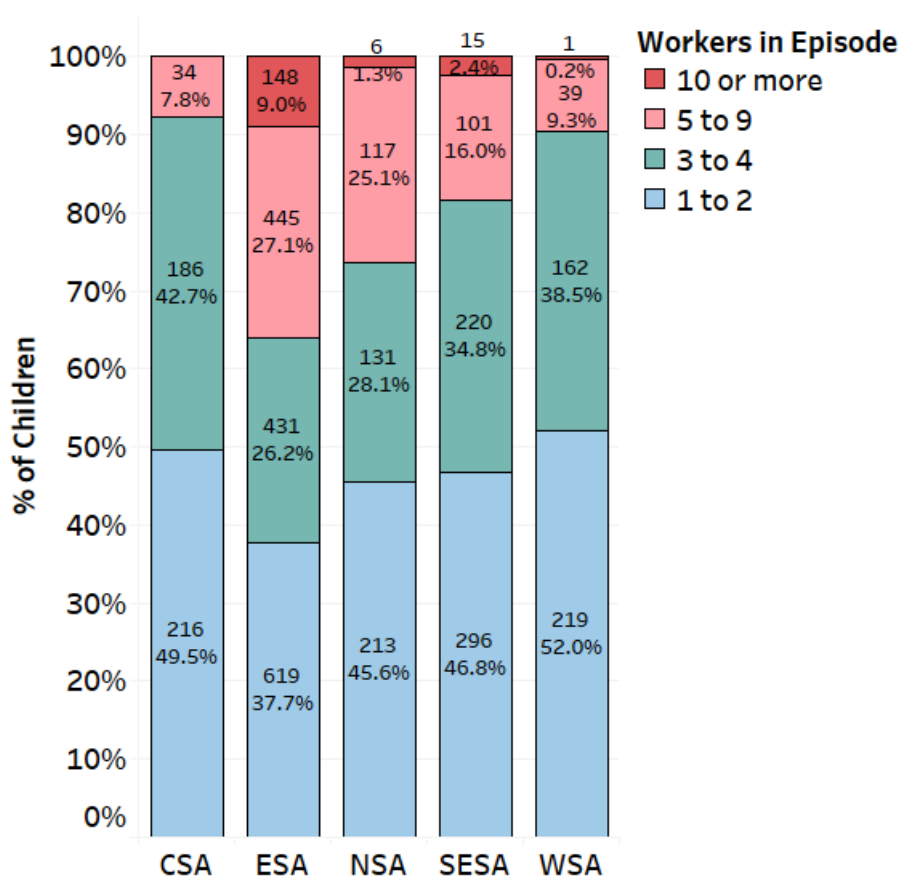
²⁵ Examples include Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

²⁶ Ibid.

²⁷ 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.

Five or more workers is considered an unacceptable number of worker transfers that likely significantly delays permanency.²⁸ Depending on the geographic area, between 7.8% to 36.1% of the children have had five or more workers since most recently entering the child welfare system.²⁹ There are 170 children statewide with 10 or more workers in that timeframe (from 0.0% to 9.0%), most of whom are from the Eastern Service Area (ESA).

Figure 13: Number of Workers for DHHS/CFS Wards 9/30/21 in Current Episode, n=3,599



²⁸ Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff, January 2005.

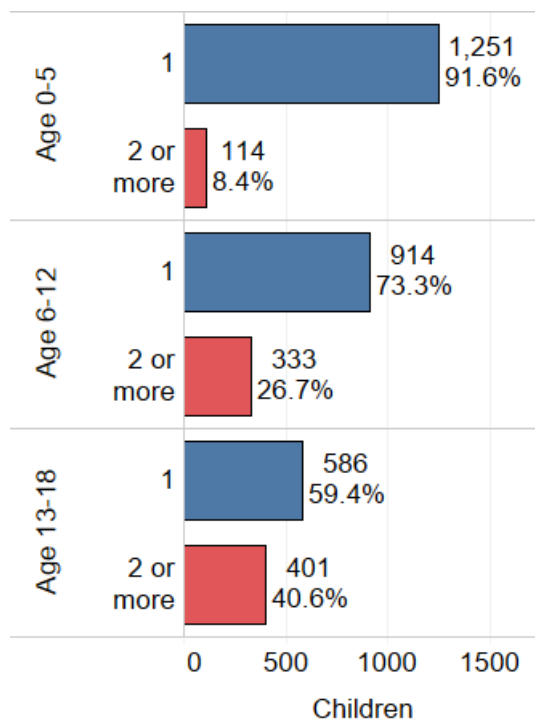
²⁹ PromiseShip held the lead agency contract with DHHS until 2019 when the contract was rebid by DHHS and awarded to Saint Francis Ministries. Cases transferred in the fall of 2019. Many former PromiseShip caseworkers were subsequently employed by Saint Francis. If the same worker remained with the child's case without a break of service, the FCRO ensured that the worker count was not increased. Counts were only increased during the transfer period if a new person became involved with the child and family.

Lifetime episodes involving a removal from the home

Figure 14 shows that 848 (23.6%) of the DHHS wards in care on 9/30/21 had experienced more than one court-involved removal from the parental home. This compares to 22.9% on 9/30/20. Each removal can be traumatic and increases the likelihood of experiencing multiple placements.

Child abuse prevention efforts need to include reducing or eliminating premature or ill-planned returns home that result in further abuse or neglect. There are impacts to children, families, and the state when such a large percentage of children experience multiple removals from the home. Collaborative efforts are needed to address this.

Figure 14: Lifetime Removals for DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placements on 9/30/21, n=3,599



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

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

Prior to August 2019, boys were placed at the YRTC in Kearney and girls at the YRTC in Geneva. As a result of an August 2019 incident at Geneva, some girls were moved to the Lancaster County Youth Services Center in Lincoln and then to the Kearney YRTC, with additional girls transferred to the Kearney YRTC thereafter. On 10/21/19 DHHS-OJS announced development of a modified YRTC system with three facilities. In March 2021 DHHS presented a 5-year plan to the Legislature that including the Hastings YRTC and a reduced number of youth to be served at the facilities. In April 2021, girls began moving from the Kearney location to a location in Hastings.

Due to these changes, Figure 15 shows the average daily number of DHHS/OJS wards by gender, instead of by facility location. Throughout the rolling year in the figure below, the populations for both boys and girls have remained fairly consistent.

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

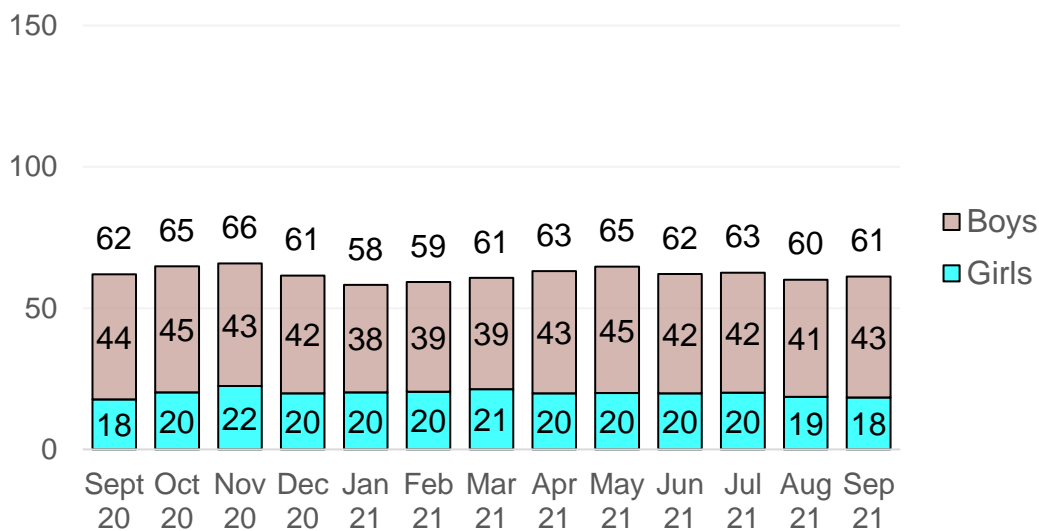


Figure 16 shows the percentage change between September 2020 and September 2021.

Figure 16: Percent Change in Average Number of Youth Placed at the YRTC

	Sept 20	Sep 21	% Change ³⁰
Girls	18	18	3.8%
Boys	44	43	-3.3%
State	62	61	-1.3%

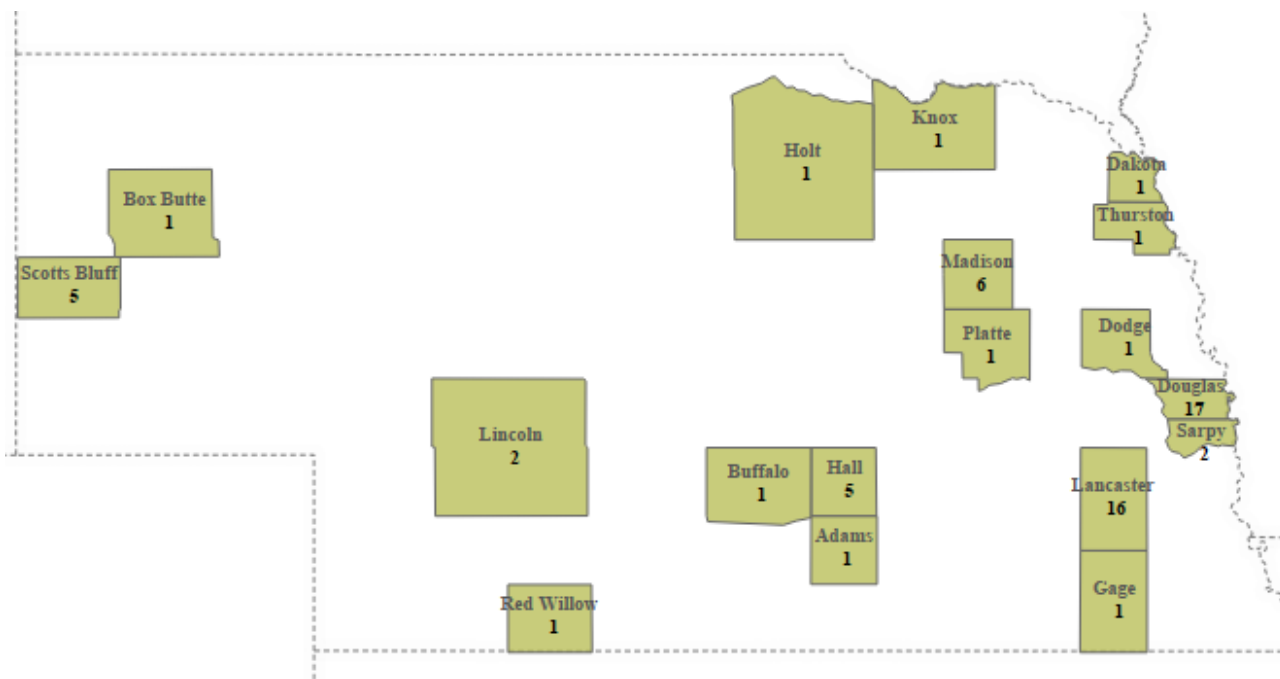
³⁰ The percentage change at first glance may be confusing since the average daily count of youth in the table below are rounded to the nearest whole number, while the percentage change is based on the actual average daily count for the month comparison between 2020 and 2021.

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

Demographics

County. As illustrated in Figure 17; there were 64 youth from various counties across Nebraska at a YRTC on 9/30/21 compared to 61 on 09/30/20.

Figure 17: Boys and Girls Placed by a Juvenile Court at a Youth Rehabilitation and Treatment Center on 9/30/21 by County of Court, n=64*



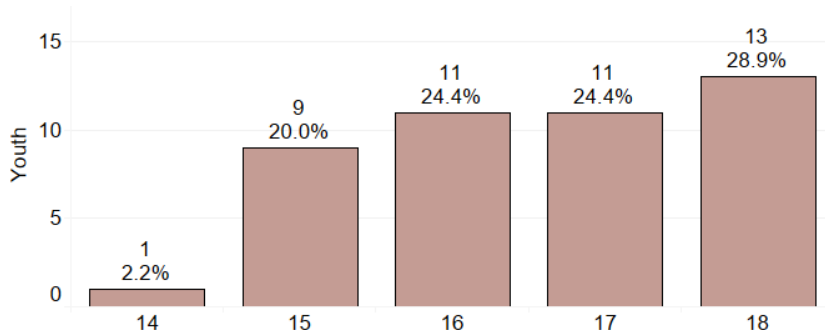
*Counties with no shading had no youth at one of the YRTCs.

Per Neb. Rev. Stat. §43-251.01(4), boys and girls committed to a Youth Rehabilitation and Treatment Center must be at least 14 years of age. Youth can be committed to a YRTC through age 18. There can be challenges when serving boys and girls from such a wide age, and developmental range. Youth are committed to a YRTC for an indeterminate amount of time to allow them to work through the program.³¹

³¹ 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.

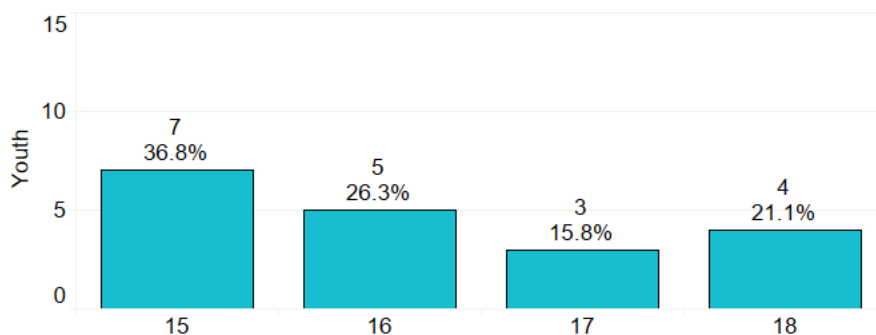
Age and Gender. On 9/30/21, 45 of the youth placed at a YRTC were boys (Figure 18).

Figure 18: Ages of Boys Placed at a YRTC under DHHS/OJS on 9/30/21, n=45



On 9/30/21, 19 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.³²

Figure 19: Ages of Girls at a YRTC under DHHS/OJS on 9/30/21, n=19



The median age for boys was 17.0 years and the median age for girls was 16.0 years.

Race and Ethnicity. There is significant racial and ethnic disproportionality in the YRTC populations (Figures 20 and 21). Nebraska general population estimates are based on data from US Census for Nebraska youth who are ages 10 to 19, by gender. Disproportionality is greatest for boys that are Black or American Indian, and girls who are Black, Native American, those having two or more races, or Hispanic.

³² National Center for Juvenile Justice, Juvenile Court Statistics 2018, April 2020, Sarah Hockenberry and Charles Puzanchera.

Figure 20: Race and Ethnicity of Boys placed at a YRTC under DHHS/OJS on 9/30/21, n=45

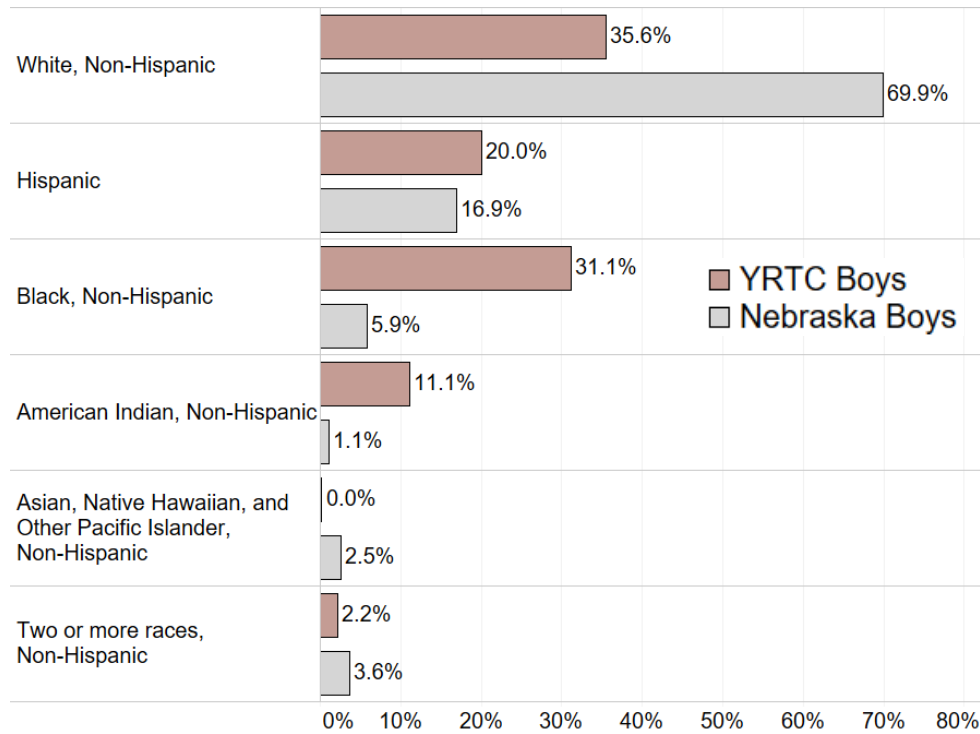
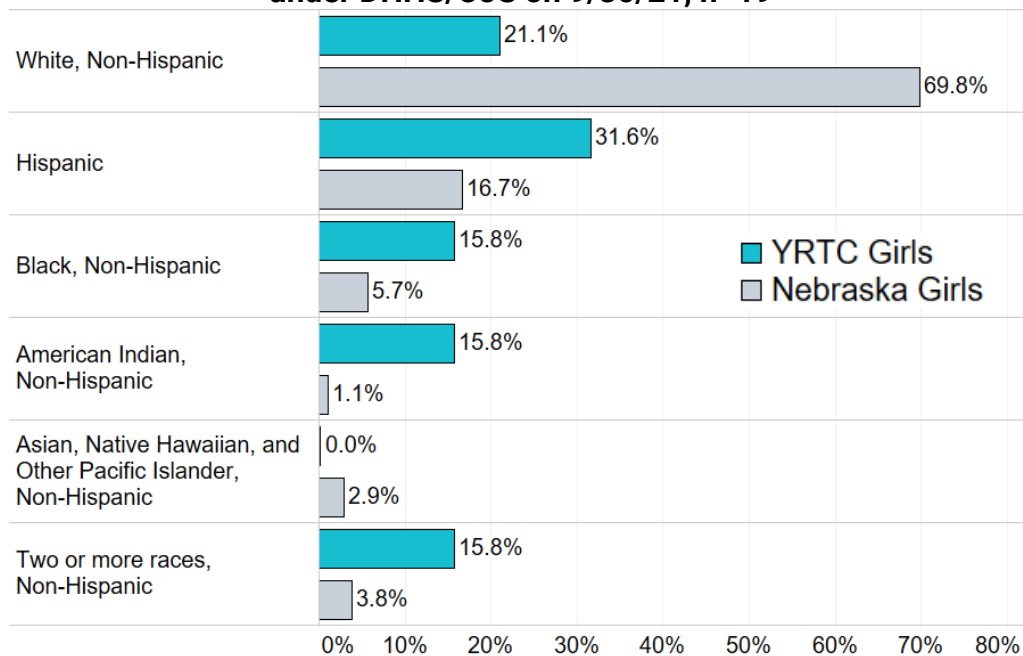


Figure 21: Race and Ethnicity of Girls placed at a YRTC under DHHS/OJS on 9/30/21, n=19



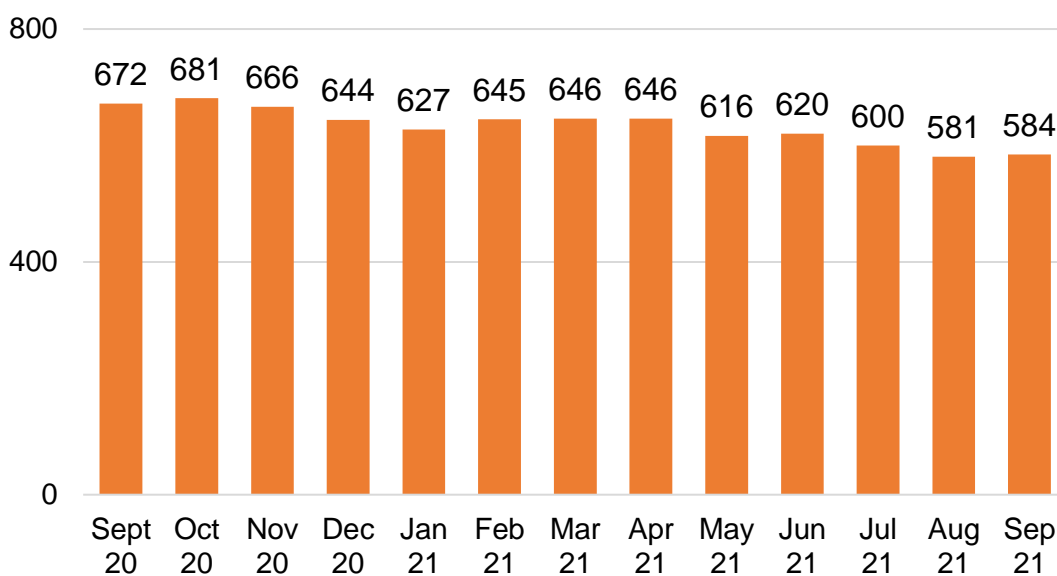
Average Daily Population for Youth Out-of-Home With Any Probation Involvement

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 13 months (including those with simultaneous involvement with DHHS/CFS and DHHS/OJS). Comparing September 2020 to September 2021 there has been a decrease of 13.0% based on raw data.

**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)



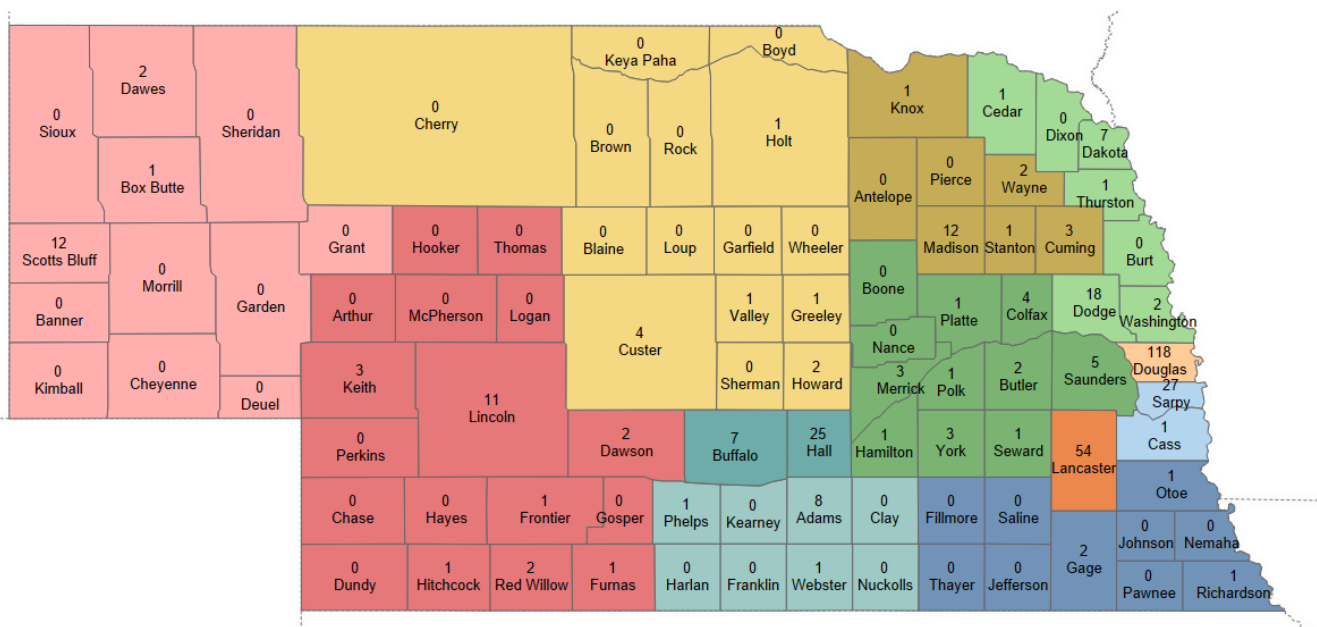
Youth in Out-of-Home Care Supervised by the Office of Juvenile Probation - Point-in-time (Single Day) View

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

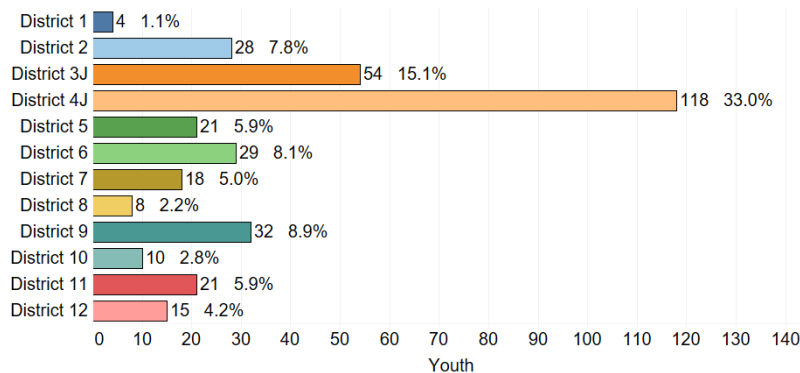
Demographics

County. Figure 23 shows the Probation district and the county of court for the 358 Probation youth in out-of-home care on 9/30/21 that are not involved with either DHHS/CFS or DHHS/OJS. That is 27.1% fewer than the 491 such youth in out-of-home care on 9/30/20.

Figure 23: County of Court for Probation Supervised Youth in Out-of-Home Care by County of Court Involvement on 09/30/21, n=358*

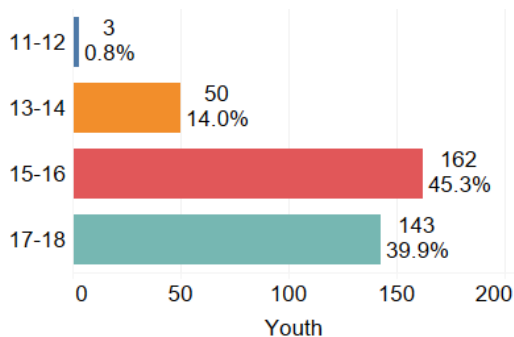


*Counties without numbers have no youth in out-of-home care.



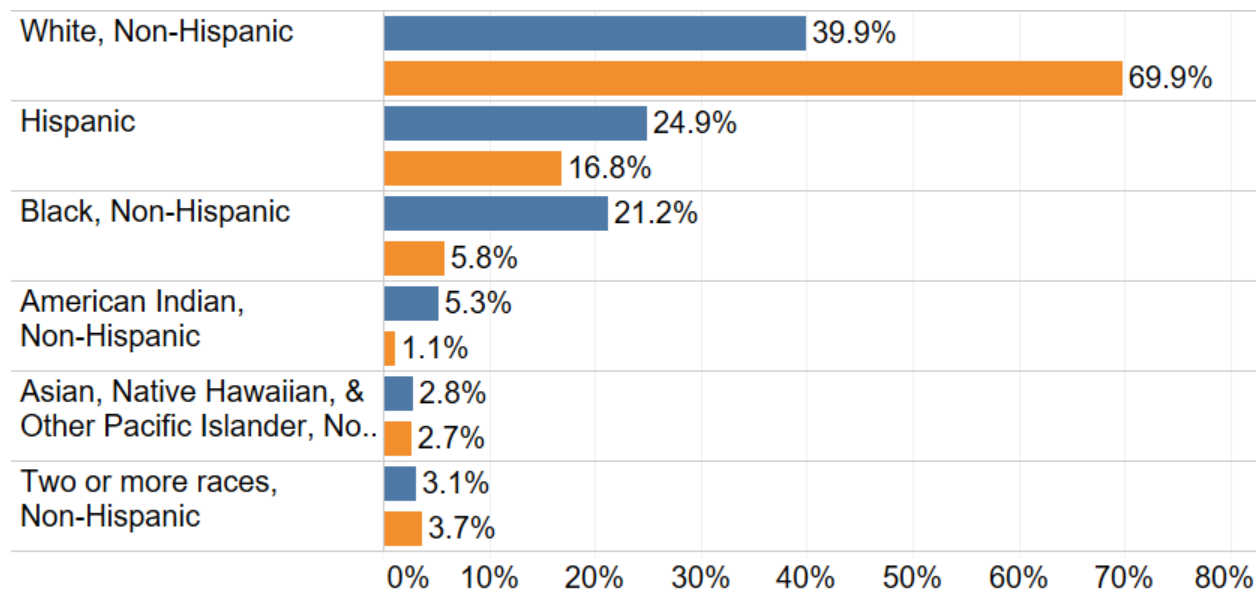
Age. Figure 24 shows the ages of Probation youth in out-of-home care on 09/30/21. The median age was 16.0 for both girls and boys, similar to last quarter and last year.

Figure 24: Age of Probation Supervised Youth in Out-of-Home Care on 9/30/21, n=358



Race and Ethnicity. Disproportionate representation of minority youth continues to be a problem (Figure 25). Black youth make up 5.8% of Nebraska’s youth (ages 10 to 19), yet account for 21.2% 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 9/30/21, n=358



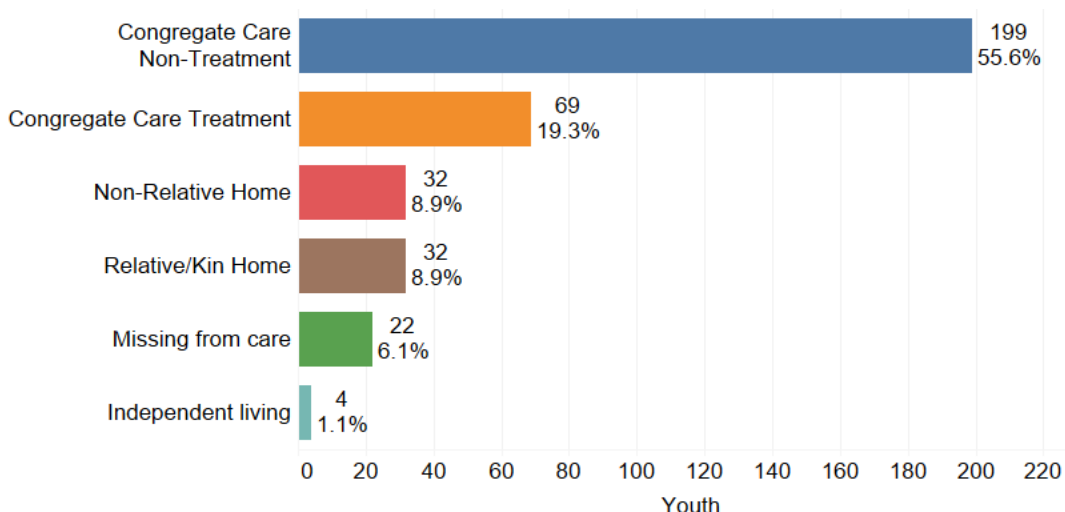
Gender. There are over twice as many boys (72.6%) in out-of-home care served by Probation as there are girls (27.4%). That is similar to the last few years.

Placements

Placement Type. Figure 26 shows that 19.3% of Probation youth in out-of-home care on 9/30/21 are in congregate treatment placements, an increase when compared to the 15.1% on 09/30/20. Congregate treatment placements include acute inpatient hospitalization, psychiatric residential treatment facilities, short term residential and treatment group home.

55.6% of the youth were placed in non-treatment congregate care. Non-treatment congregate care includes crisis stabilization, developmental disability group home, enhanced shelter, group home (A and B), maternity group home (parenting and non-parenting), independent living and shelter.

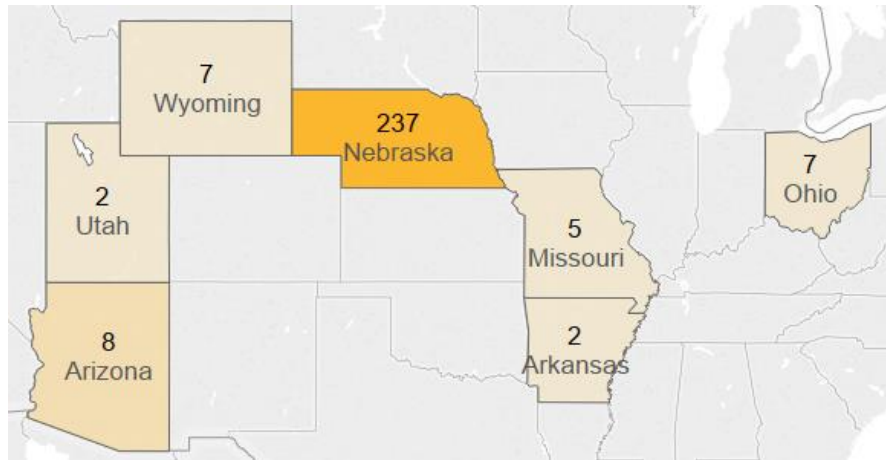
Figure 26: Treatment or Non-Treatment Placements of Probation Supervised Youth in Out-of-Home Care on 9/30/21, n=358



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, 88.4% of youth with a known placement location in congregate care were placed in Nebraska. This compares to 87.3% on 9/30/20.

Figure 27: State Where Youth in Congregate Care Supervised by Probation were Placed on 9/30/21, n=268



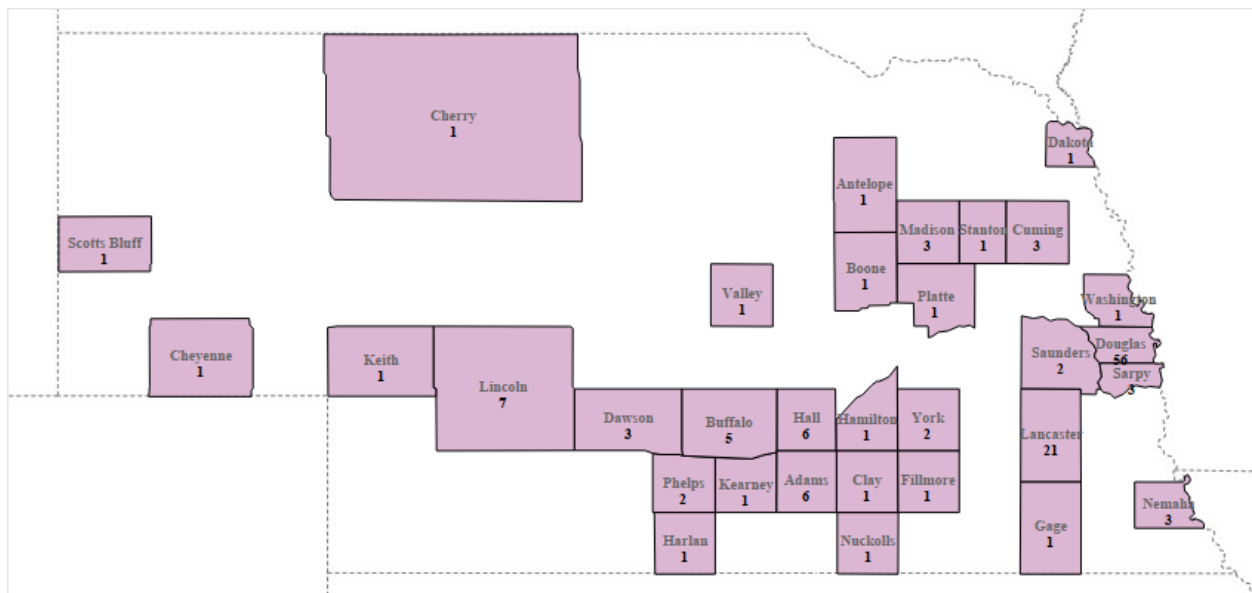
Youth in Out-of-Home Care with Simultaneous DHHS/CFS and Probation Involvement – Point-in-time (Single Day) View

On 9/30/21, 140 youth were involved with both DHHS/CFS and Probation (also known as dually-involved youth), which is 17.6% greater than the 119 such youth on 09/30/20.

Demographics

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

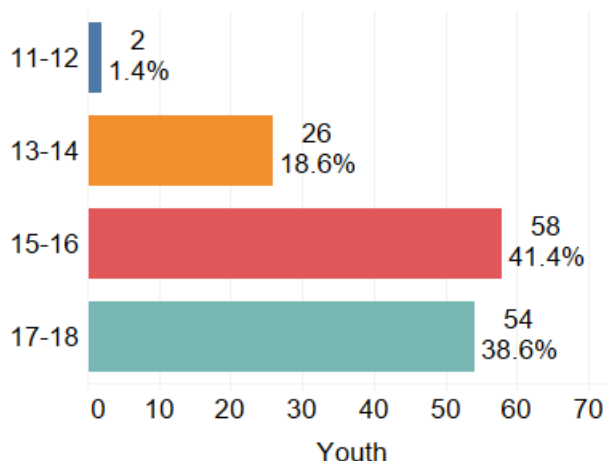
Figure 28: Dually-Involved Youth in Out-of-Home or Trial Home Visit Placement by County of Court Involvement on 9/30/21, n=140*



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

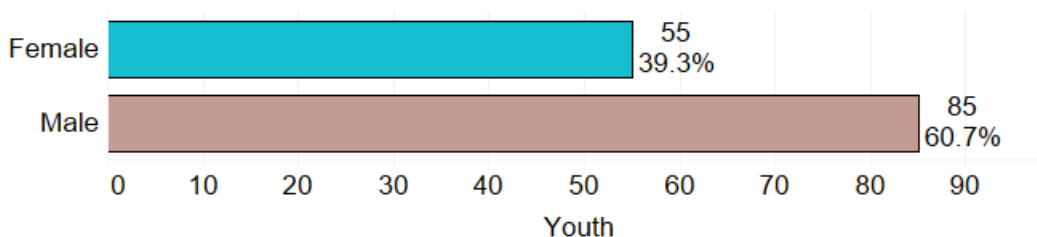
Age. Figure 29 indicates that nearly all dually-involved youth are teenagers. The median age was 16.0 for girls and 15.8 for boys.

Figure 29: Ages of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 9/30/21, n=140



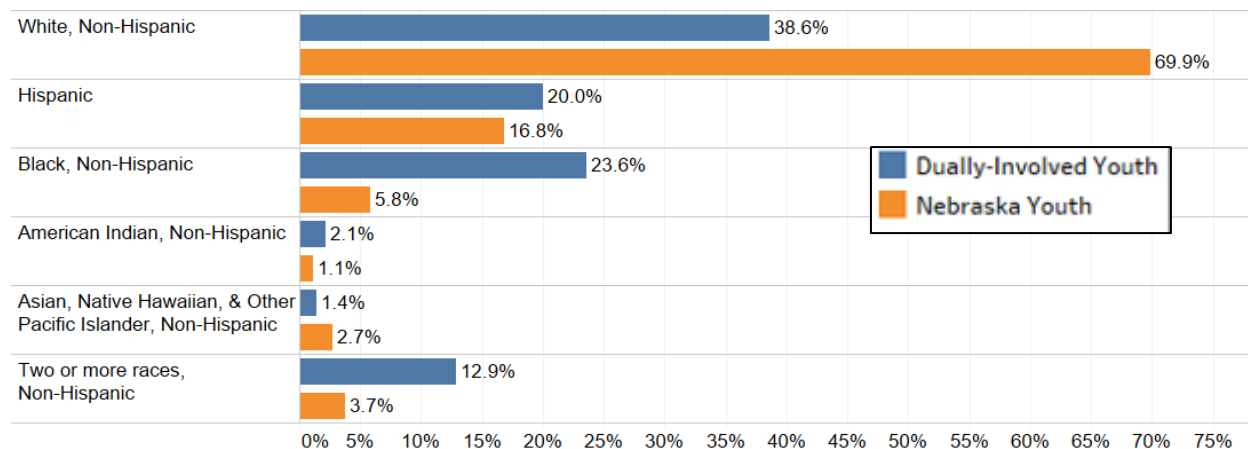
Gender. Figure 30 shows that, as is true with other juvenile justice populations, there are more boys (60.7%) in this group than girls (39.3%). On 9/30/20, the percent of boys was 62.2% and girls was 37.8% so the ratio has remained fairly constant.

Figure 30: Gender of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 9/30/21, n=140



Race and Ethnicity. Black, American Indian, and multi-racial youth continue to be overrepresented in the dually-involved population (Figure 31). For example, 23.6% of dually-involved youth are Black, compared to 5.8% in the general population of Nebraska’s youth ages 10 to 19 (per US Census).

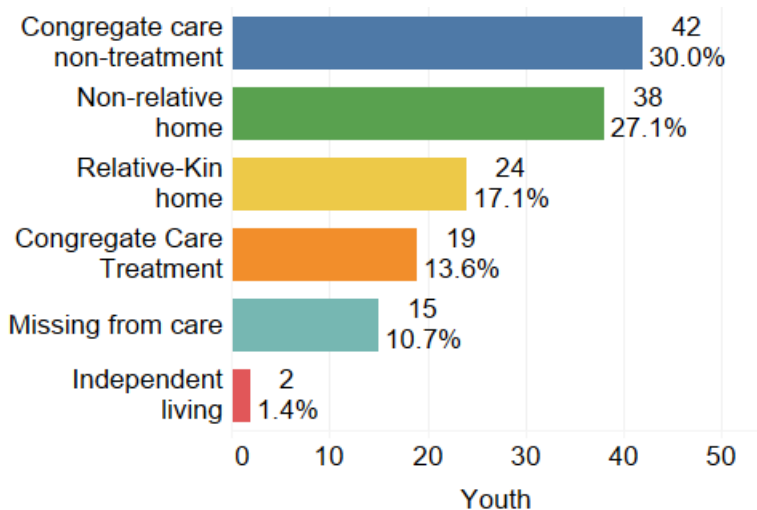
Figure 31: Race and Ethnicity of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 9/30/21, n=140, Compared to Census



Placements

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

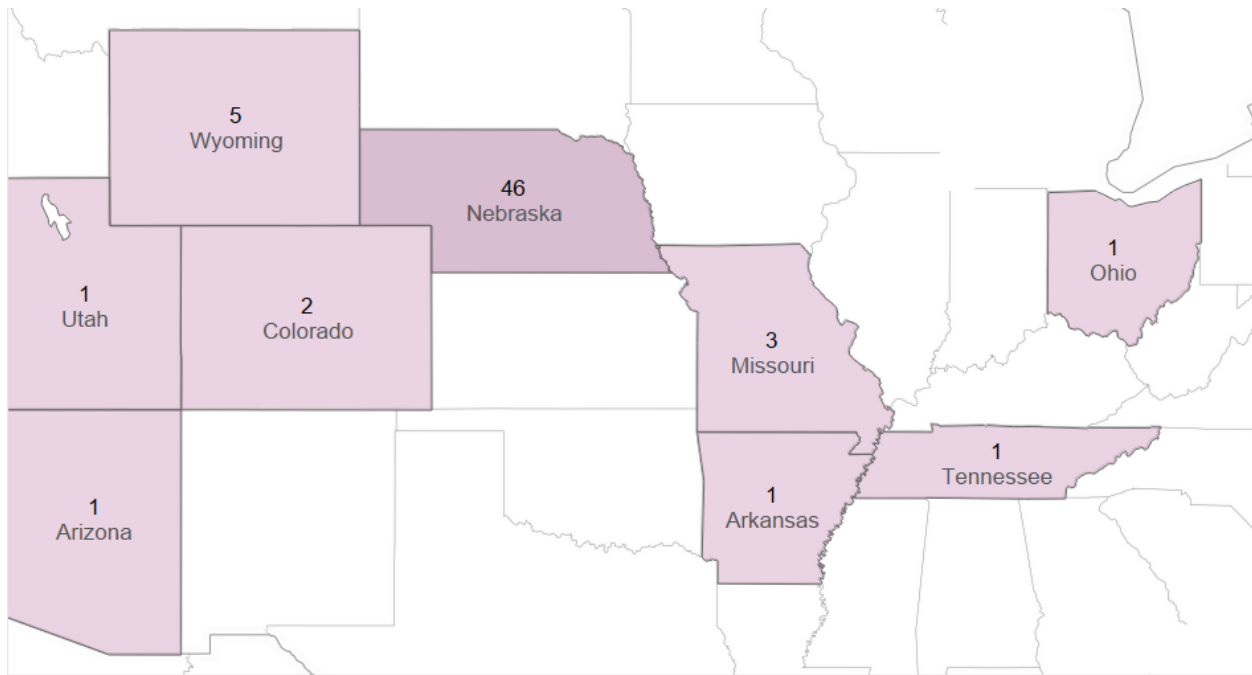
Figure 32: Placement Types for Dually-Involved Youth in Out-of-Home or Trial Home Placement on 9/30/21, n=140



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

Congregate Care. Figure 33 shows the state where dually-involved youth in congregate care are placed; 75.4% were placed in Nebraska, down from last year when it was 84.4%. Most of the out-of-state youth were in bordering states. The total number in congregate care (61) is an increase from the 45 youth on 09/30/20.

Figure 33: Placement State for Youth in a Congregate Care Facility on 9/30/21 that are Served by both DHHS/CFS and Probation, n=61



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 Response to the FCRO's Annual Report

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

September 21, 2021

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 recent Foster Care Review Office (FCRO) Annual Report released on September 1, 2021. CFS continues to partner with FCRO to address recommendations made that impact DHHS, as well as, multiple agencies.

Below are some updates and highlights which are pertinent to the recent Annual FCRO Report categorized by themes:

- Educational Outcomes and Academic Progress
 - CFS agrees that there must be a significant focus on the educational outcomes of all children, but especially those which are in out-of-home care in Nebraska; however, CFS understands that this will require collaborative effort at both the state and local school district level.
 - CFS is committed to identifying strategies with FCRO, Probation, Courts, and Department of Education to ensure the educational needs are met and to draft a strategic plan to accomplish such.
- Turnover
 - CFS, in conjunction with the Department's Human Resources team, has worked hard to address the high vacancy rate. For the past several months, CFS has averaged 20 vacancies weekly across the state.
 - Center on Children, Families, and the Law (CCFL) has been able to facilitate a New Worker Training (NWT) class every month to ensure that there is an increase in the number of staff trained and available to take cases in the field.
 - Department of Health and Human Services (DHHS) meets regularly with the Executive Leadership and Regional Operations teams from Saint Francis Ministries to address recruitment planning, turnover projections, and status of hiring activities. Saint Francis Ministries has reassigned staff throughout their agency to cover cases when turnover is experienced, as well as, to address high caseloads.
- Improvement of Case Documentation



Pete Ricketts, Governor

Helping People Live Better Lives

- Effective May 25, 2021, every CFS Specialist is required to have two hours per day of identified time to ensure documentation is entered into NFOCUS and to complete required court reports and assessments.
- Supervisors are providing intense oversight to ensure administrative tasks are completed and adequate support is provided to all staff; lead workers are also providing additional support to staff in the field.
- CFS will continue to provide training and guidance to all field staff to ensure academic progress is documented on a timely basis.
- Racial and Ethnic Disparities
 - CFS is committed to addressing racial and ethnic disparities throughout the child welfare system and understands this will require much thought and involvement by all stakeholders within the system of care.
 - CFS is partnering with Casey Family Programs and other entities to review and analyze data reflecting decision points within the child protection process, deploy training to staff and stakeholders, and review CFS policies to identify opportunities for improvement.
- Foster Homes and Relative/Kinship Caregivers
 - CFS is collaborating with the Nebraska Foster and Adoptive Parent's Association (NFAPA) on an Operational Excellence black-belt project to address barriers and challenges to foster parents and relative/kinship caregivers to getting licensed, as well as, identifying training needs.
 - CFS has worked with all the Agency Supported Foster Care child placing agencies to ensure that agencies have recruitment and retention plans. CFS is working to compile all the recruitment and retention plans and develop an operations action plan to track and measure progress.
 - Efforts are currently being implemented to encourage relative/kinship caregivers to become licensed which includes all CFS Specialists providing a brochure on licensing to relative/kinship caregivers and deploying an incentive program.
- Availability and Access of Services
 - CFS continues to work with Chapin Hall to prepare for Family First Prevention Services Act implementation and readiness and one of the components is service array.
 - CFS continues to partner with provider network and system partners to address the availability and access of services in the more rural areas of Nebraska.
- YRTC Services
 - Population decreases at the YRTC level of care are likely the outcome of increased interventions in the community to meet the needs of youth earlier in the continuum of care. This trend may reverse with the increase of mental health issues in our post-COVID pandemic environment.
 - DHHS respects the recommendation to ensure trauma focused treatment is used, as this is already an established practice and programming tenant of our care for youth.
 - The YRTCs have reached a new level of stabilization with the separation of males on the Kearney Campus and the females on the Hastings Campus, with the high acuity youth of both genders being served at Lincoln Youth Facility.
 - Given that YRTC level of care is reserved as an option of last resort, serving the most challenged youth in the state, the programming, staffing /staff training and facility

security have been strengthened over the past year and are stable but continuously being fine-tuned for improvements.

For the past several months over 20 stakeholders have convened monthly to dive into Strategic Transformation as we strive to build a family and community well-being system. The collaboration with FCRO in this work has been vital. CFS remains committed to ensuring that the children of Nebraska are safe and able to live better lives and looks forward to partnering towards that end.

Sincerely,



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



Larry W. Kahl,
Chief Operating Officer
Department of Health and Human Services



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