



The Nebraska Foster Care Review Office Quarterly Report

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Executive Summary

A special section in this report discusses recently released findings of a joint FCRO-UNO research study on the prevalence and context of *missingness* (i.e., the child has been reported as a missing person or runaway) among children in out-of-home care placements in Nebraska.

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 4,161 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 12/31/21, representing a 4.9% increase from 12/31/20. (page 9)
- Of the 4,161 total children, there were 3,620 (87.0%) children that were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation, an 8.4% increase compared to children on 12/31/20. (page 13)
- Most DHHS/CFS wards in out-of-home placements or trial home visits (97.1%) were placed in a family-like, least restrictive setting. (pages 15-16)
- The majority of children in a least restrictive foster home, excluding those in trial home visits, are placed with relatives or kin (58.9%). The percentage of children in a licensed relative or kinship home has increased significantly in the last year. (pages 16-17)
- Of the 72 DHHS/CFS wards in congregate care, most are in Nebraska (86.1%); nearly the same as the 86.8% in congregate care placed in Nebraska on 12/31/20. (page 18)
- Nearly one in four DHHS/CFS wards statewide had five or more workers during their most current episode in the child welfare system. Furthermore, 169 children had 10 or more workers, most of whom were from the Eastern Service Area (ESA). (pages 19-20)
- There were 351 (8.4%) 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 20.4% decrease compared to youth on 12/31/20. (page 28)
- Probation most often utilizes in-state placements; 88.3% of the 248 youth with a known placement location in congregate care were placed in Nebraska. (page 31)

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.

- There were 131 (3.1%) youth in out-of-home care involved with DHHS/CFS and Probation simultaneously, representing a 7.4% increase compared to youth on 12/31/20. (page 32)
- There were 54 youth, 33 boys and 21 girls, from various counties across Nebraska at a YRTC on 12/31/21; 10.0% less than the same time last year. (page 24)
- 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 15, 26, 29, 34)
- 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.

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. The Missing from Care Study indicates that stakeholders need to continue discussions recently under way on enhancing protective factors and identifying services, supports, and training to be offered to families and caregivers, particularly mental health treatment and substance abuse services for youth and strategies for increasing school engagement.
2. 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.
3. Access to resources and services for children and families continues to be a challenge, particularly across the rural and frontier regions of the state. DHHS/CFS, Probation, and other state and local government entities, in

partnership with the Regional Behavioral Health Authorities, DHHS/Division of Behavioral Health, health care providers, nonprofit, and philanthropic organizations must fully invest in a capacity-building infrastructure. Considerations should include incentives for service providers to establish innovative programs and practices in rural communities which support the well-being of local children and families.

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.

4. 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.
5. 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.
6. There were more youth that were dually involved with DHHS/CFS and Probation in congregate placements at the end of this year than last. Discussion between stakeholders should occur to determine if this was due to Covid-19 or other factors to help inform future placement decisions.

Recommendations to DHHS/CFS

1. The FCRO supports the transition of cases from Saint Francis Ministries to DHHS/CFS. Once the transition of cases is complete, CFS must continue to address case manager turnover. The recent pay increases are a good start; however, additional resources are needed in the areas of training, supervision, and support for case managers. Additional supportive supervision is especially needed for newly transitioned staff to address any knowledge or skills gaps.
2. Caseloads remain too high, especially in the ESA where (per the latest CFS report) only 61% of ongoing case managers were in compliance with statutory caseload standards. High caseloads lead to turnover and delays in permanency, which negatively impact children and families.

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.
4. The FCRO acknowledges the improvements made at the YRTC's over the last two years and would encourage DHHS to make program evaluation data and reports easily accessible to the public to ensure that the outcomes of the new programming are transparent and used to achieve desired results through decision and policy development into the future.

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).



Joint FCRO-UNO Study on Child Missingness

In early February 2022, the Foster Care Review Office (FCRO) released findings of a joint FCRO-UNO research study on the prevalence and context of *missingness* (i.e., the child has been reported as a missing person or runaway) among children in out-of-home care placements in Nebraska. The full report can be found at [FCRO-UNO Special Report_Final \(nebraska.gov\)](#).

In summary, key findings of the study included:

- Nearly 30% of missing youth on official lists were in out-of-home care.
- Placement instability – more times in out-of-home care, more out-of-home care placements, and shorter stays in the most recent out-of-home placement – was associated with missingness as was being under probation supervision. The impacts of placement instability – in particular poor bonds to school – were highlighted.
- Children missing from out-of-home care:
 - Were placed at significantly higher rates in group homes, institutions, independent living placements, detention facilities, and near permanency placements, while children who had not been officially reported missing were significantly more likely to be in relative/kinship foster home placements and trial home visits.
 - Were significantly older than children not reported as missing.
 - Were disproportionately Black and Native American.
- Qualitative analysis of case reviews for approximately half of children in out-of-home care placement who were officially reported as missing showed high rates of untreated youth substance use and mental health challenges. Episodes of violence and victimization including suspected and documented sex trafficking were also identified.
- Taken together, the study suggests that increased support for high-need children in out-of-home care and additional training for their caregivers is needed.

A number of key stakeholders, such as the Department of Health and Human Services (DHHS) and the Administrative Office of the Courts and Probation – Juvenile Services Division have already met with the FCRO/UNO to discuss study findings and ways to focus attention on and reduce the number of youths missing from their out-of-home placements.

Future research and policy priorities must focus on ways to identify and intervene in the lives of children in out-of-home placements before they go missing from care. Additional linkages also need to be examined, such as with LGBTQ+ youth, youth involved in out-of-home care due to their delinquency status, and youth with known mental health conditions.



Update on FCRO's Data Dashboard

The Foster Care Review Office announced in its September 2021 Annual Report that the FCRO's Research Team was in the process of developing a data dashboard featuring frequently requested basic information on the child welfare and juvenile justice out-of-home populations in Nebraska.

As this Report was being written, a near final version of the data dashboards has been tested by internal and external parties. The response has been quite positive and several suggestions are getting incorporated into a final version for publication in the near future via the FCRO's website (www.fcro.nebraska.gov) or via a link on that website.



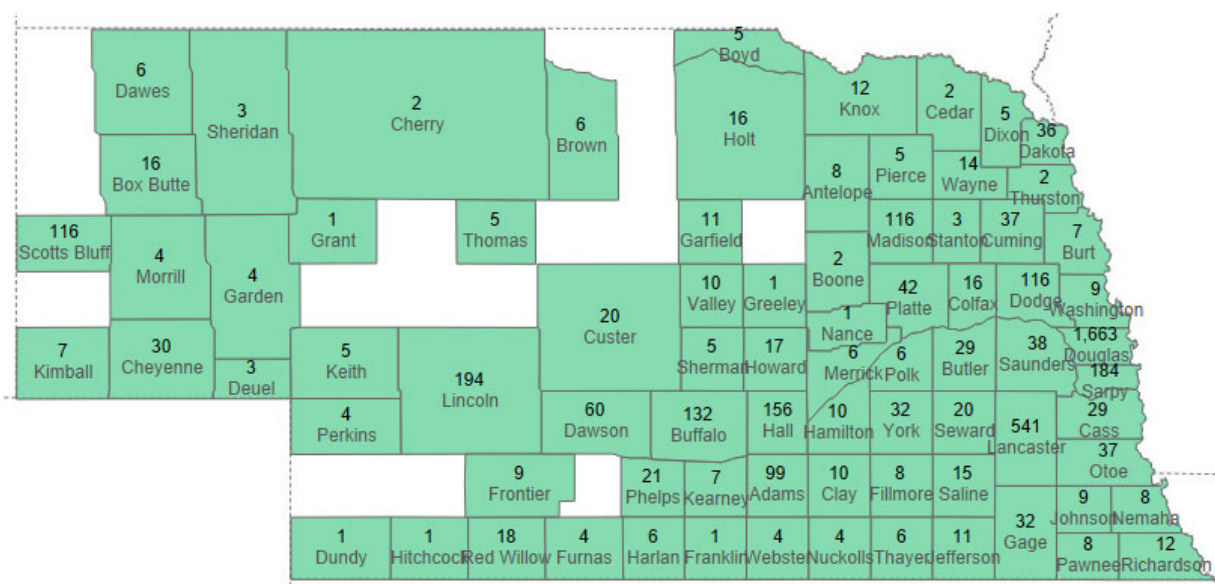
Total in Care

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

On 12/31/21, there were 4,161 Nebraska children in out-of-home or trial home visit placements¹ under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division, hereafter referred to as Probation.² This is a 4.9% increase from the 3,965 children in such placements on 12/31/20.

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 by County of Court Involvement on 12/31/21, n=4,161*



*Counties with no description or shading did not have any children in out-of-home care; those are predominately counties with sparse populations of children. 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.

¹ This does not include children in non-court Informal Living Arrangements.

² See Appendix A for definitions and explanations of acronyms and some key terms.

The 4,161 children in out-of-home or trial home visit care on 12/31/21 included the following groups:

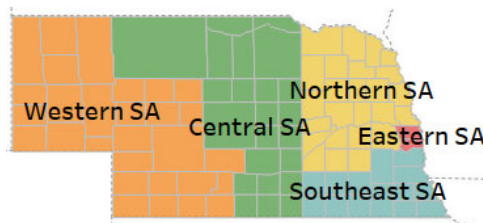
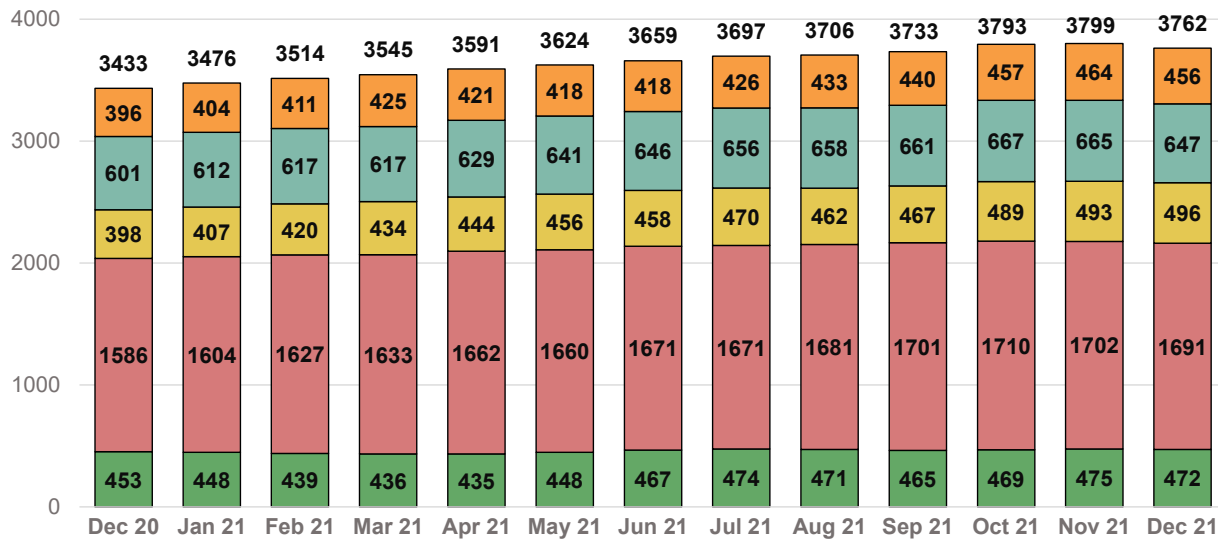
- 3,620 (87.0%) children that were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation.
 - This is an 8.4% increase compared to the 3,340 children on 12/31/20.
- 351 (8.4%) youth that were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTCs.
 - This is a 20.4% decrease compared to the 441 such youth on 12/31/20.
- 131 (3.1%) youth in out-of-home care involved with DHHS/CFS and Probation simultaneously.
 - That is a 7.4% increase compared to the 122 such youth on 12/31/20.
- 57 (1.4%) youth in out-of-home care involved with DHHS/OJS and Probation simultaneously.
 - That is the same compared to the 57 such youth on 12/31/20.
- 2 (<0.1%) children in out-of-home care that were served by DHHS/OJS only.
 - There were 5 such children on 12/31/20.

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 supervised by Probation) over the course of the 13 months from December 2020 through December 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 Placements³
(Includes children with simultaneous involvement with Probation)⁴



³ The average shown at the top of each column may not be exactly equal to the sum of the service areas due to rounding.

⁴ The FCRO's FCTS data system is a dynamic computer system that occasionally receives reports on children's entries, changes, or exits long after the event took place. The FCRO also has a robust internal CQI (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 December 2020 to December 2021 by service area (SA). In December 2021, there were 9.6% more DHHS/CFS wards in out-of-home care or trial home visit than at the same time last year. While all service areas experienced an increase in average daily population, the Northern Service Area experienced the largest rolling year increase (+24.7%). The Western Area’s rate of increase is also concerning. 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

(Includes children with simultaneous involvement with Probation)

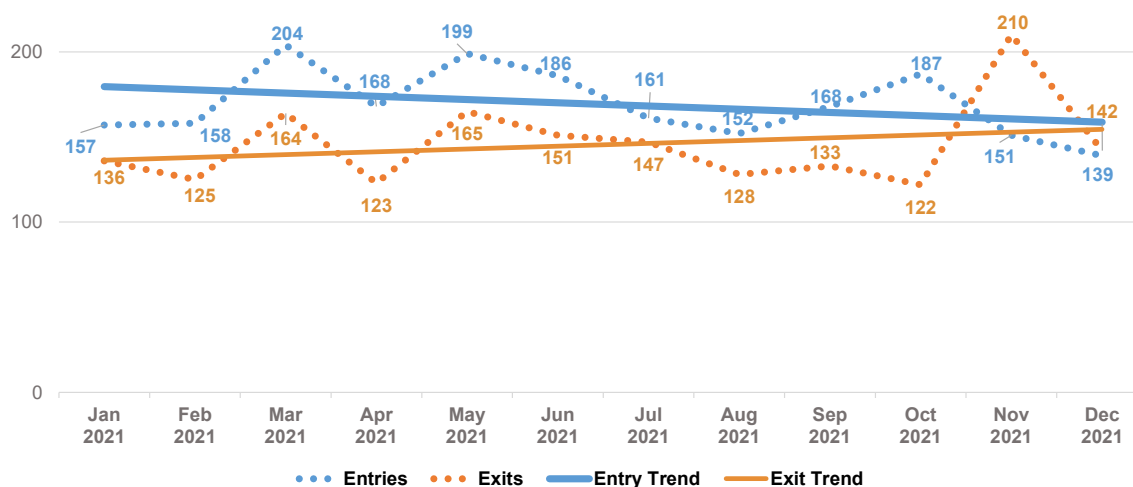
	Dec. 20	Dec. 21	% Change
Central Service Area	453	472	4.2%
Eastern Service Area	1,586	1,691	6.6%
Northern Service Area	398	496	24.7%
Southeast Service Area	601	647	7.8%
Western Service Area	396	456	15.2%
Statewide	3,433	3,762	9.6%

Entries and Exits

Figure 4 shows that during January 2021 to December 2021 there were more entries than exits. The exception is November, when a significant number of adoptions are completed during the court’s celebration of Adoption Month.

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

(Includes children with simultaneous involvement with Probation)



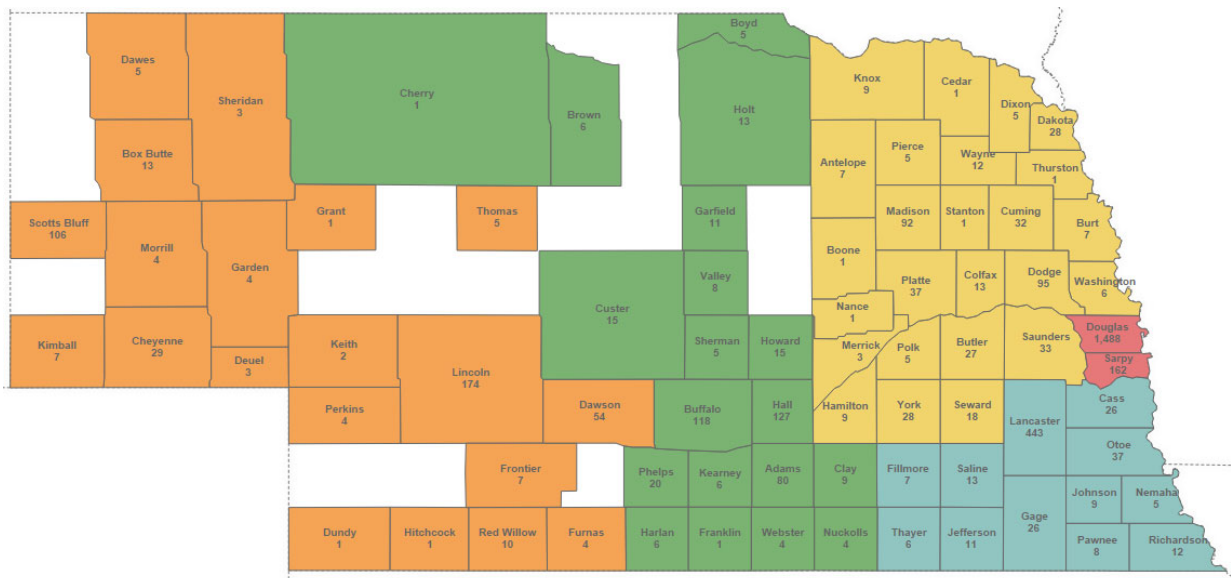
Children Solely Involved with DHHS/CFS – Point-in-time (Single Day) View

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.⁵ On 12/31/21 there were 3,620 children who met those criteria.

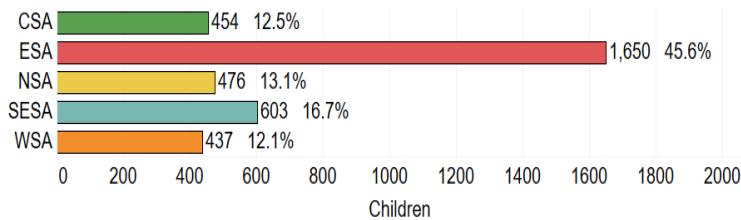
Demographics

County. Figure 5 shows the 3,620 DHHS/CFS wards by county. This compares to 3,340 on 12/31/20, an 8.4% increase. Child abuse and neglect affects every part of the state, as shown in the map below. Counties with the most children in care included Douglas (1,488), Lancaster (443), Lincoln (174), and Sarpy (162).

Figure 5: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement by County of Court Involvement on 12/31/21 and DHHS/CFS Service Area, n=3,620*



* Total counts for service area (SA) by county may differ from overall counts due to case assignments across SAs.



⁵ Youth at one of the YRTC's, youth only involved with Probation, or youth dually involved with Probation are not included. Those groups are described elsewhere in this report.

As expected, most of the children in Figure 5 on the previous page 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 rate per 1,000.

Figure 6: Top 10 Counties by Rate of NDHHS Wards in Care on 12/31/21

County	Children in Care	Total Age 0-19⁶	Rate per 1,000
Thomas	5	178	28.09
Garfield	11	398	27.64
Lincoln	174	8,986	18.81
Boyd	5	394	15.23
Pawnee	8	612	14.71
Frontier	7	634	12.62
Cheyenne	29	2,241	12.49
Phelps	20	2,343	11.10
Scotts Bluff	106	9,708	10.51
Madison	92	9,980	10.02

Gender. Girls (50.7%) and boys (49.3%) were equally represented in the population of children in care on 12/31/21, as has been true for several years.

Age. Results are consistent with past reports:

- 38.2% of children in care are 5 and under,
- 34.4% are between 6 and 12, and
- 27.4% are teenagers.

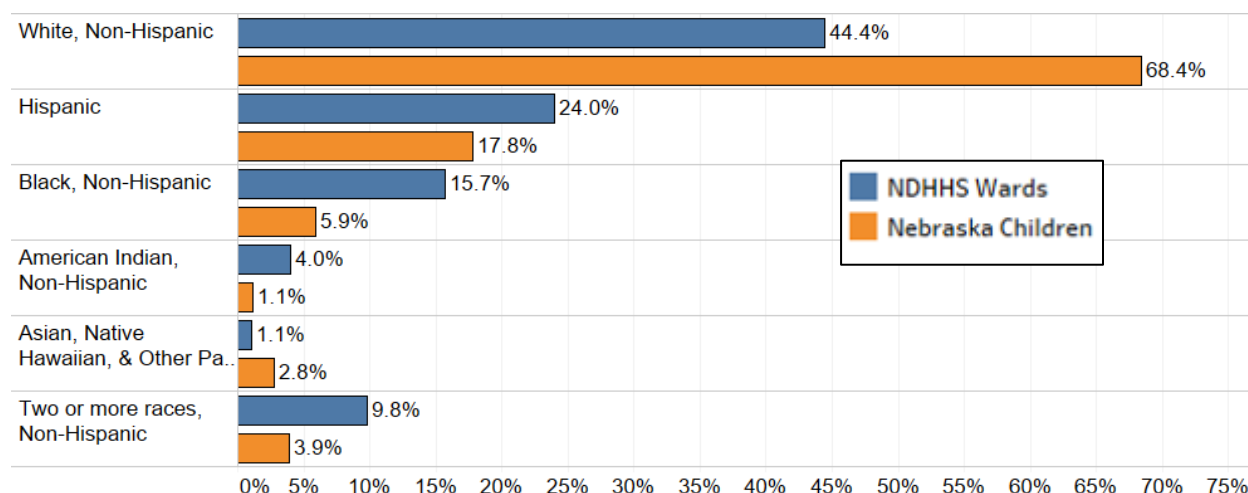
⁶ U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2019.

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 Bureau 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 12/31/21 by Race or Ethnicity, n=3,620*

*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.

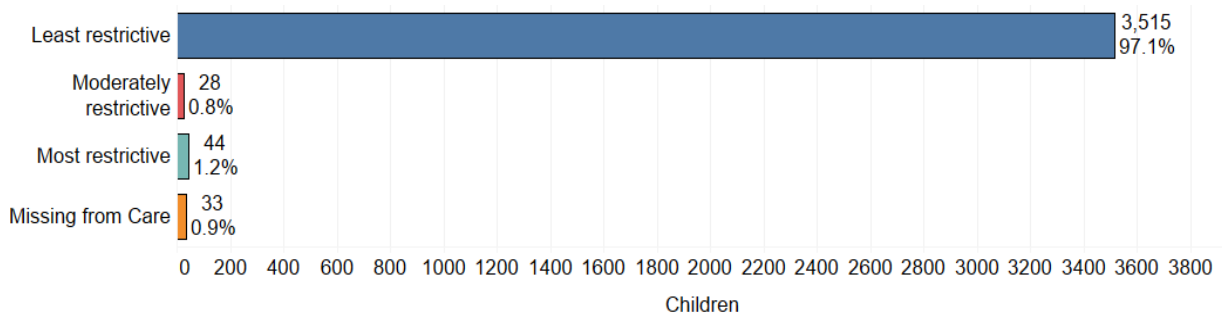


Placements

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 (3,515 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 continuously remained above 95% since the March 2017 Quarterly Report.

Figure 8: Placement Restrictiveness for DHHS/CFS Wards in Out-of-home or Trial Home Placements on 12/31/21, n=3,620



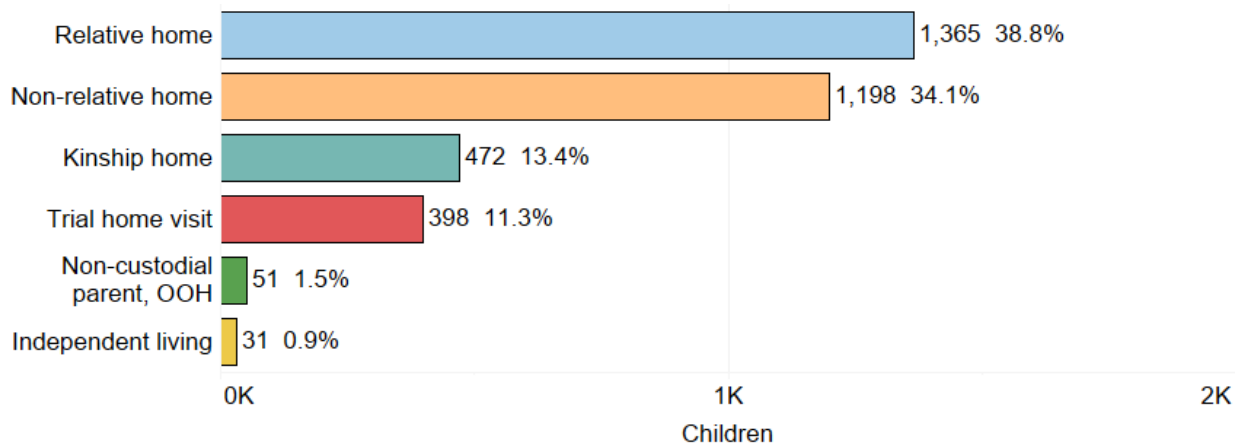
Children missing from care must always be a top priority as their safety cannot be assured. Children missing from care may be subjected to maltreatment, exploitation, and sex or labor trafficking. History shows that some may be in unsafe situations.

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 of children in a least restrictive foster home, excluding those in trial home visits, (1,837 or 58.9%) are placed with relatives or kin (Figure 9 on the next page).

Figure 9: Specific Placement Type for DHHS/CFS Wards in the Least Restrictive Placement Category on 12/31/21, n=3,515 (see Figure 8)



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:

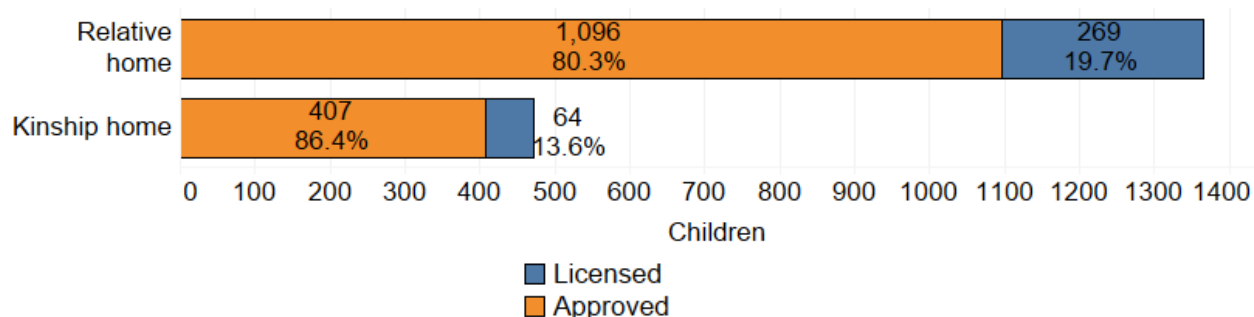
- That the three required references come from no more than one relative.
- The maximum number of persons for whom care can be provided.
- The minimum square feet per child occupying a bedroom and minimum square footage per individual for areas excluding bedrooms, bathrooms, and kitchen.
- That a home 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 on the next page, 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 12/31/21, 19.7% of children in a relative placement were

in a licensed home which is nearly double the 11.2% on 12/31/20. On 12/31/21, 13.6% in a kinship placement were in a licensed home, significantly more than the 5.6% on 12/31/20. 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 12/31/21, n=1,365 (relatives) and n=472 (kinship, chart excludes 1 kinship home where license status was unknown)

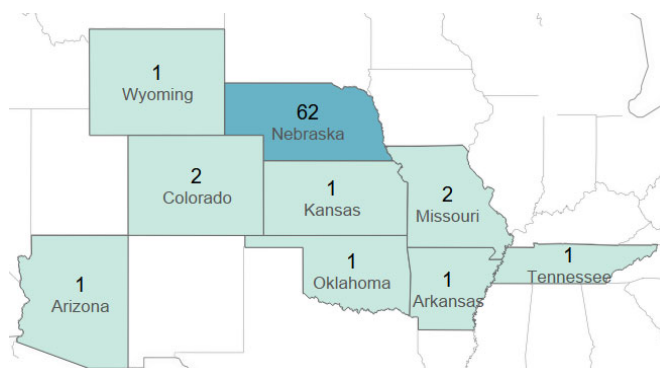


The FCRO has repeatedly advocated for licensing for relative and kinship foster homes, both for accessing federal funding and for the important training needed for caregivers.

Congregate Care. On 12/31/21, 72 (or 2.0%) of DHHS/CFS wards were placed in moderately or most restrictive congregate care facilities. This is 20.9% less than the 91 such children and youth on 12/31/20.

Figure 11 shows that of the 72 DHHS/CFS wards in congregate care, most (62 or 86.1%) are in Nebraska. This is nearly the same as the 86.8% in Nebraska on 12/31/20. 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 12/31/21, n=72

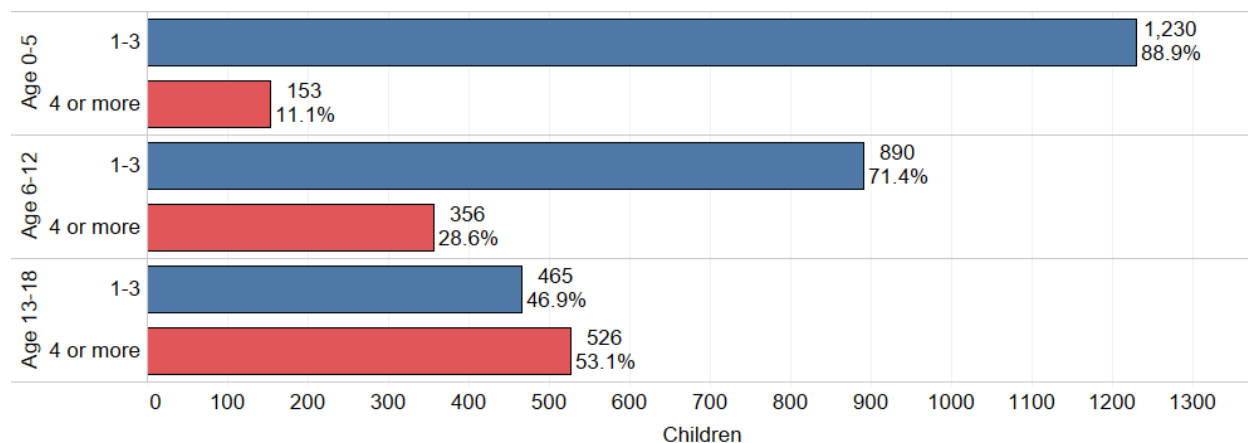


Multiple placements

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.⁷ 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.⁸

Of the 3,620 children in care on 12/31/21, 1,035 children (28.6%) had experienced four or more placements over their lifetime (Figure 12).⁹ Further, it is concerning that 11.1% of young children have experienced a high level of placement change while simultaneously coping with removal from their parent(s) during a developmentally critical period.

Figure 12: Lifetime Placements for DHHS/CFS wards in Out-of-Home or Trial Home Visit on 12/31/21, n=3,620



Number of Workers during Current Episode of Care

Figure 13 on the next page shows the number of workers during the current episode of care for 3,620 children in out-of-home or trial home visit placement on 12/31/21 as reported by DHHS. Workers here include lead agency workers in the Eastern Service Area where DHHS/CFS contracted for such services through 2021, and DHHS/CFS case managers elsewhere.

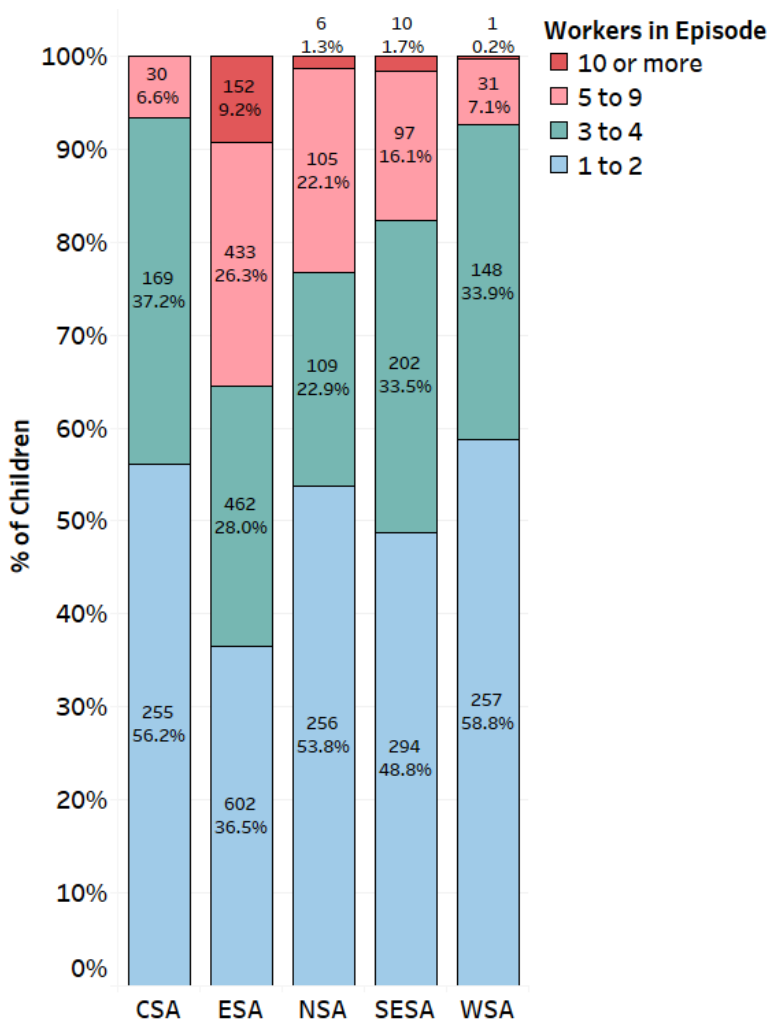
⁷ Examples include Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

⁸ Ibid.

⁹ 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.¹⁰ Depending on the geographic area, between 6.6% and 35.5% of the children have had five or more workers since most recently entering the child welfare system.¹¹ There are 169 children statewide with 10 or more workers in that timeframe (from 0.0% to 9.2%), most of whom are from the Eastern Service Area (ESA).

Figure 13: Number of Workers for DHHS/CFS Wards 12/31/21 in Current Episode, n=3,620



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

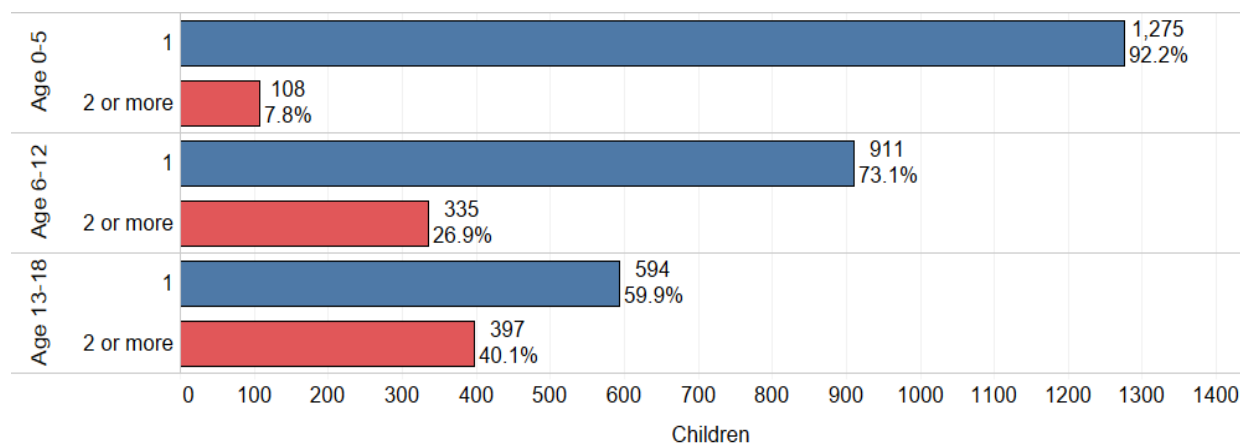
¹¹ PromiseShip held the lead agency contract with DHHS until 2019 when the contract was rebid by DHHS and awarded to Saint Francis Ministries. Cases transferred in the fall of 2019. Many former PromiseShip caseworkers were subsequently employed by Saint Francis. If the same worker remained with the child's 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. These figures were from prior to the transfers from Saint Francis to DHHS/CFS that occurred in spring 2022.

Lifetime episodes involving a removal from the home

Figure 14 shows that 840 (23.2%) of the DHHS wards in care on 12/31/21 had experienced more than one court-involved removal from the parental home. This is nearly the same as the 23.0% on 12/31/20. 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 12/31/21, n=3,620



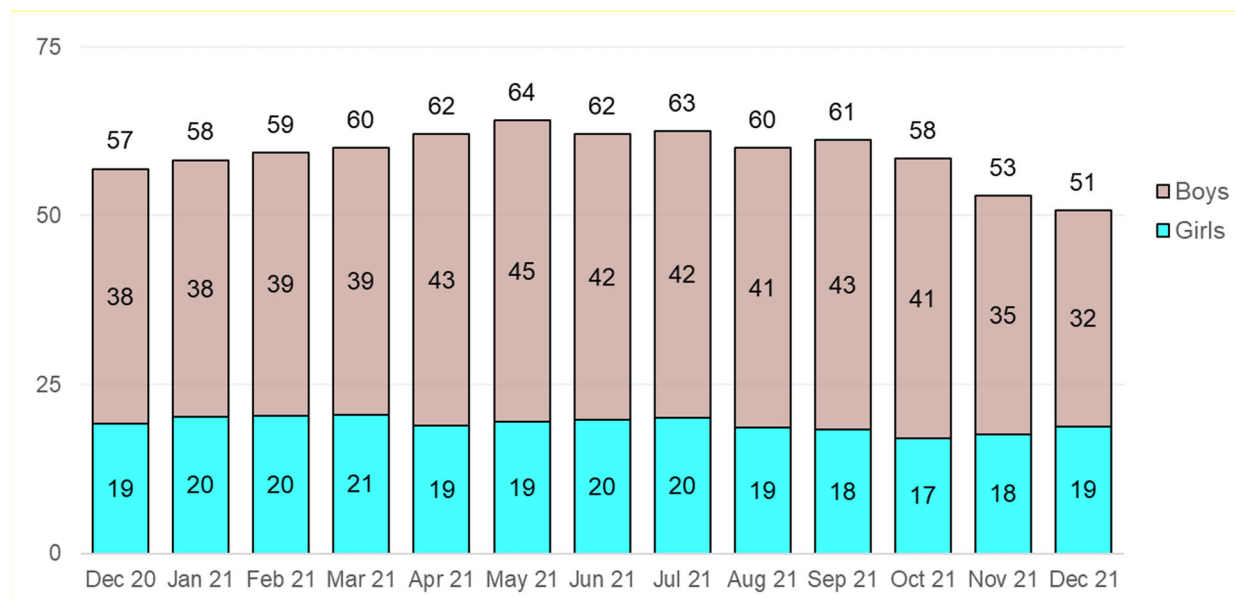
Average Daily Population of DHHS/OJS Youth Placed at a Youth Rehabilitation and Treatment Center (YRTC)

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 included the Hastings YRTC and a reduced number of youths to be served at the facilities. In April 2021, girls began moving from the Kearney location to in the Hastings facility.¹²

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 population counts for girls have remained fairly consistent, while the counts for boys have fluctuated with lower counts in the late fall and winter months.

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



¹² See the FCRO’s March 2020 Quarterly Report special section on the YRTCs.

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

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

	Dec. 20	Dec. 21	% Change ¹³
Girls	19	19	-2.0%
Boys	38	32	-15.3%
State	57	51	-10.8%

¹³ 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.

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

Demographics

County. As illustrated in Figure 17; there were 54 youth from various counties across Nebraska at a YRTC on 12/31/21 which is a 10.0% reduction compared to the 60 such youth on 12/31/20.

Figure 17: Boys and Girls Placed by a Juvenile Court at a Youth Rehabilitation and Treatment Center on 12/31/21 by County of Court, n=54*



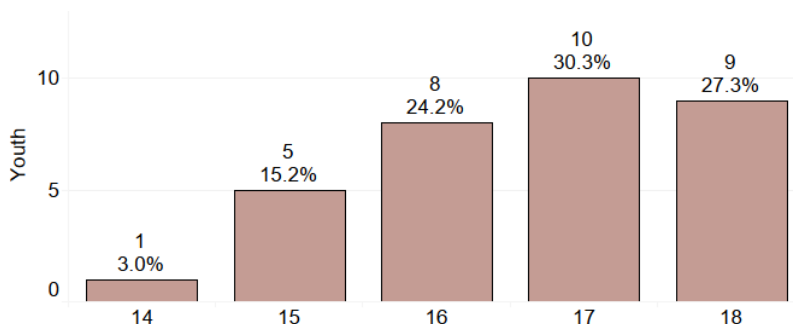
*Counties with no shading had no youth at one of the YRTCs.

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.¹⁴

¹⁴ 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.

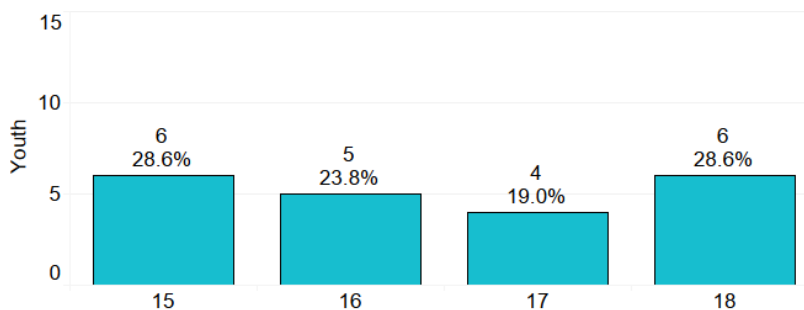
Age and Gender. On 12/31/21, 33 of the youth placed at a YRTC were boys (Figure 18).

Figure 18: Ages of Boys Placed at a YRTC under DHHS/OJS on 12/31/21, n=33



On 12/31/21, 21 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.¹⁵

Figure 19: Ages of Girls at a YRTC under DHHS/OJS on 12/31/21, n=21



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 American Indian and those having two or more races.

¹⁵ National Center for Juvenile Justice, Juvenile Court Statistics 2018, April 2020, Sarah Hockenberry and Charles Puzzanchera.

Figure 20: Race and Ethnicity of Boys placed at a YRTC under DHHS/OJS on 12/31/21, n=33

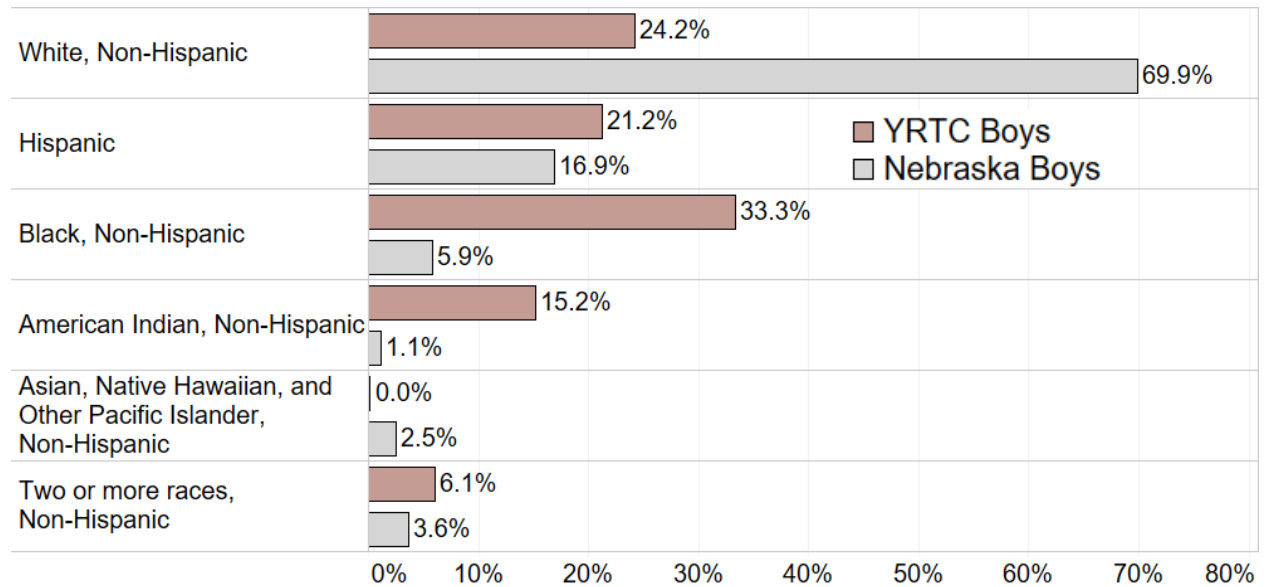
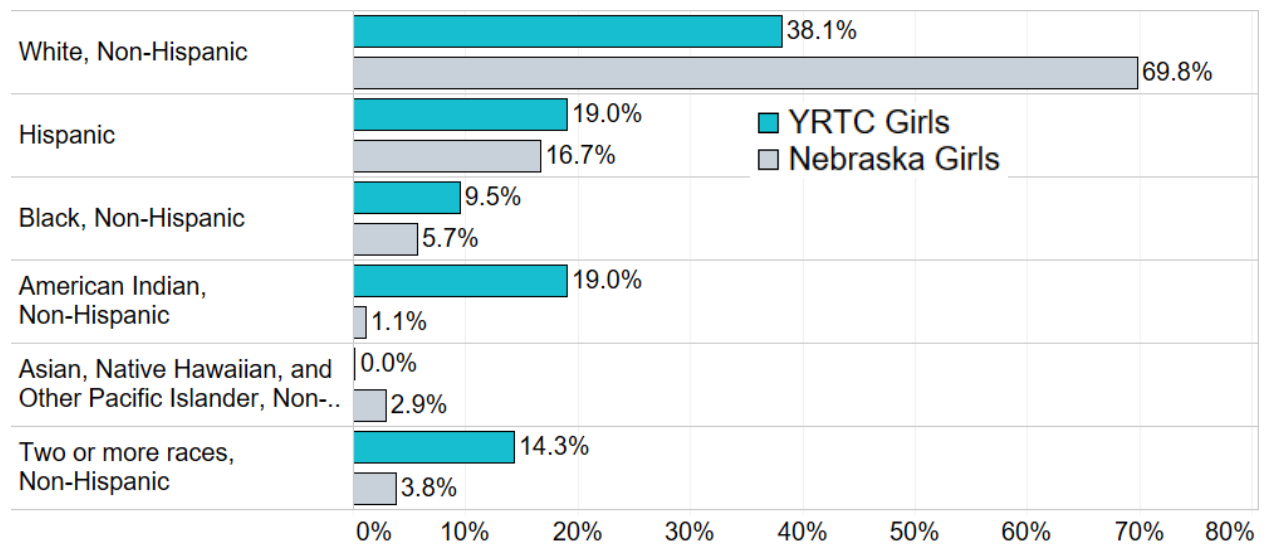


Figure 21: Race and Ethnicity of Girls placed at a YRTC under DHHS/OJS on 12/31/21, n=21



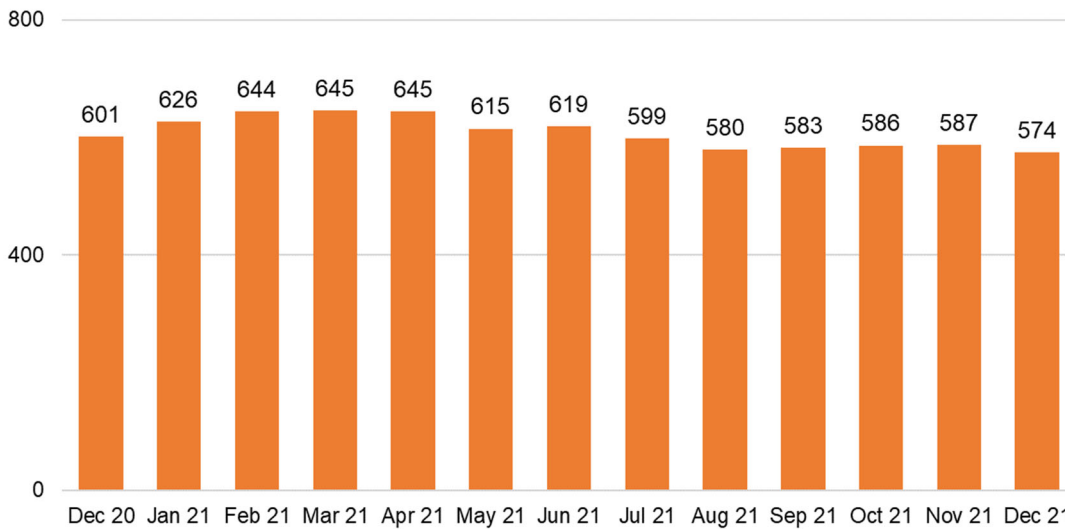
Average Daily Population for Youth Out-of-Home With Any Probation Involvement

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 December 2020 to December 2021 there has been a decrease of 4.5% 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)



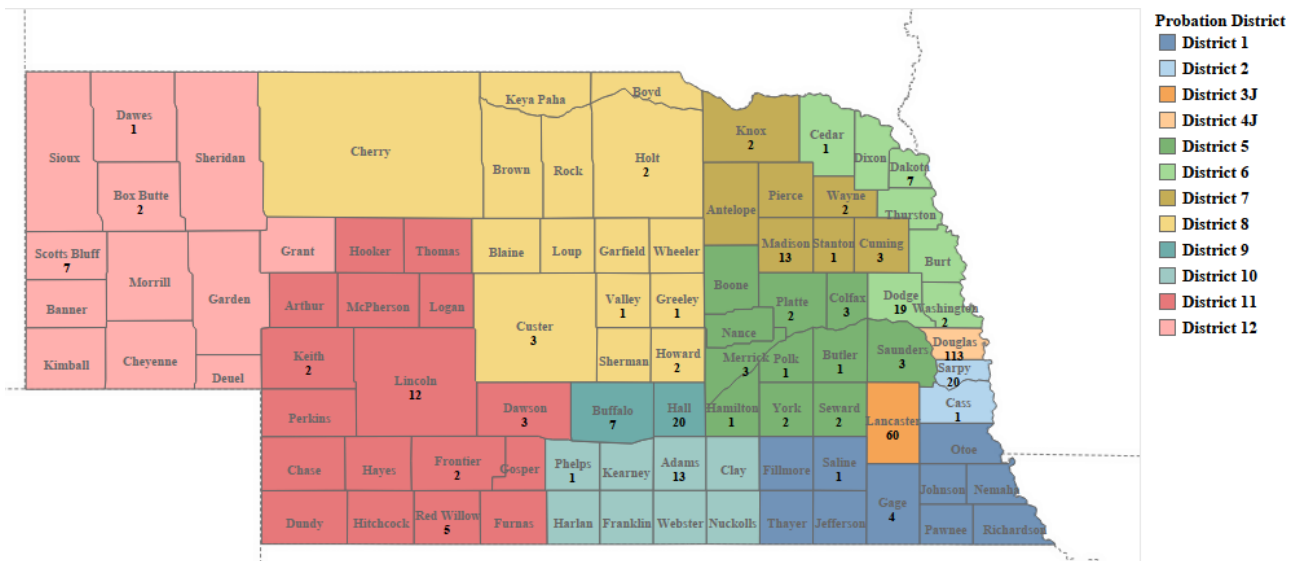
Youth in Out-of-Home Care Supervised by the Office of Juvenile Probation - Point-in-time (Single Day) View

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

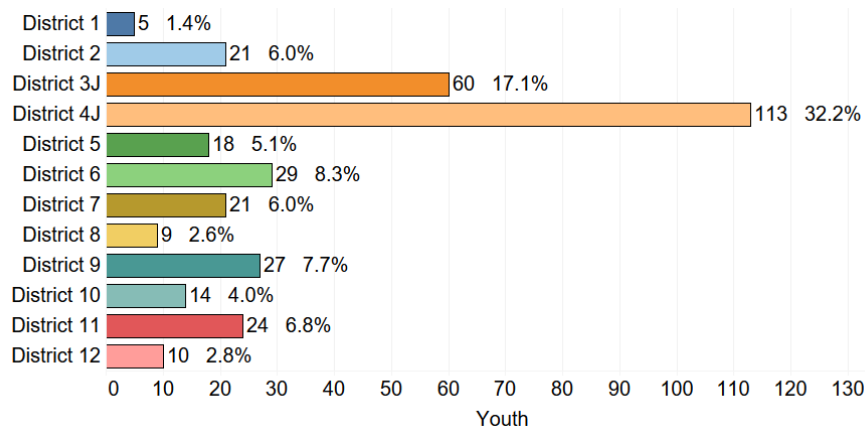
Demographics

County. Figure 23 shows the Probation district and the county of court for the 351 Probation youth in out-of-home care on 12/31/21 that are not involved with either DHHS/CFS or DHHS/OJS. That is 20.4% fewer than the 441 such youth in out-of-home care on 12/31/20.

Figure 23: County of Court for Probation Supervised Youth in Out-of-Home Care by County of Court Involvement on 12/31/21, n=351*

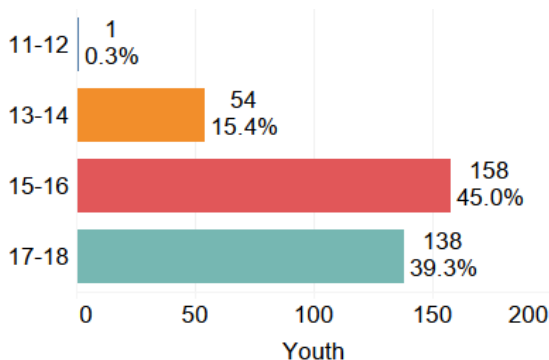


*Counties without numbers have no youth in out-of-home care.



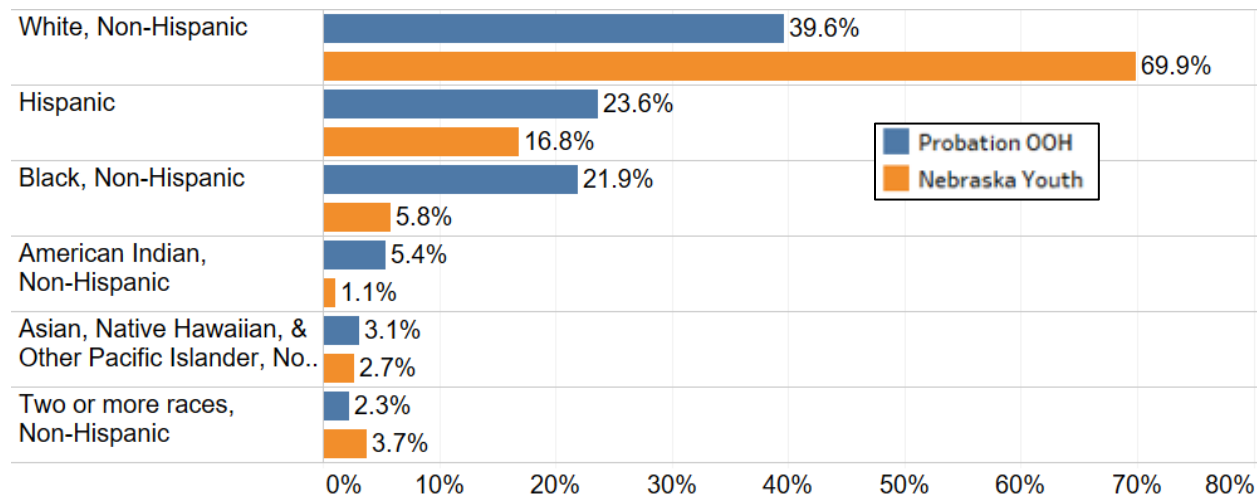
Age. Figure 24 shows the ages of Probation youth in out-of-home care on 12/31/21. The median age was 16.0 for both boys and girls, similar to last quarter and last year.

Figure 24: Age of Probation Supervised Youth in Out-of-Home Care on 12/31/21, n=351



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 21.9% 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 12/31/21, n=351



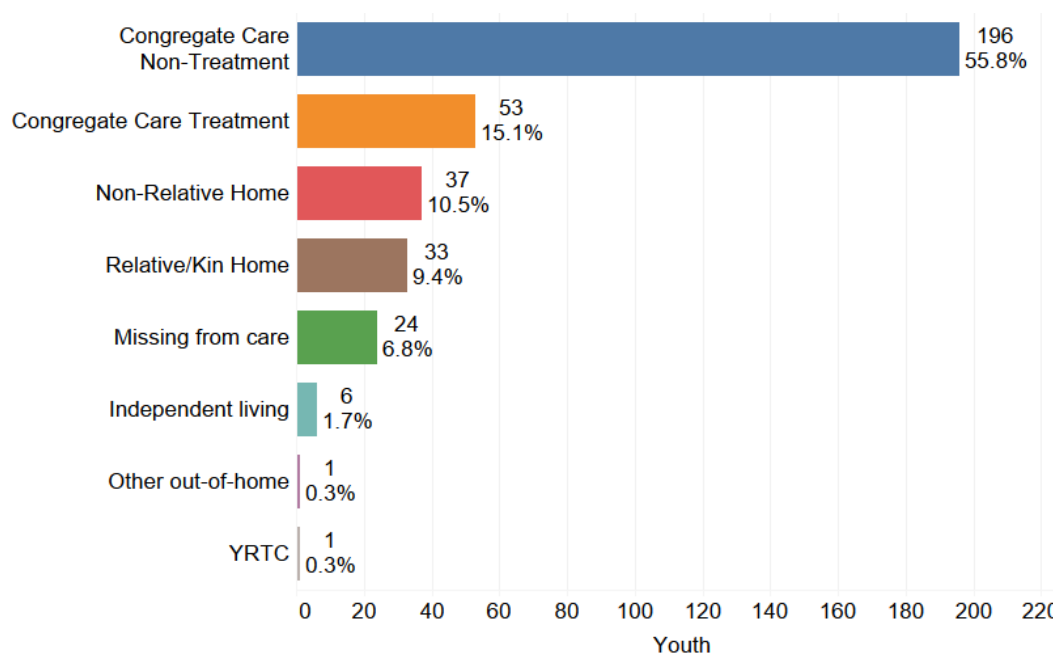
Gender. There are almost three times as many boys (73.5%) in out-of-home care served by Probation as there are girls (26.5%). That is similar to the last few years.

Placements

Placement Type. Figure 26 shows that 15.1% of Probation youth in out-of-home care on 12/31/21 are in congregate treatment placements, an increase when compared to the 13.2% on 12/31/20. Congregate treatment placements include acute inpatient hospitalization, psychiatric residential treatment facilities, short term residential and treatment group home.

55.8% 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.

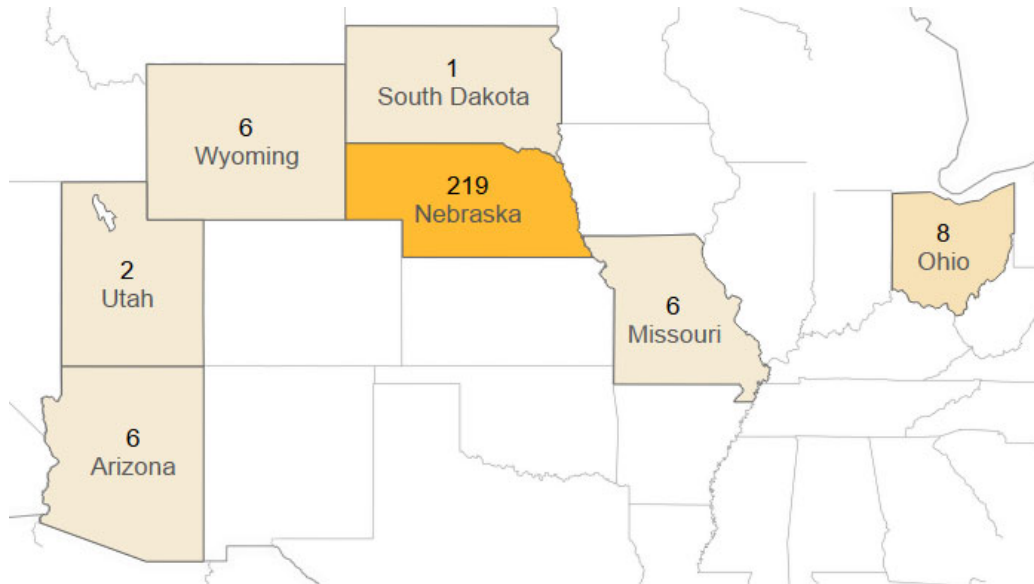
Figure 26: Treatment or Non-Treatment Placements of Probation Supervised Youth in Out-of-Home Care on 12/31/21, n=351



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, 88.3% of the 248 youth with a known placement location in congregate care were placed in Nebraska. This compares to 88.9% on 12/31/20.

Figure 27: State Where Youth in Congregate Care Supervised by Probation were Placed on 12/31/21, n=248



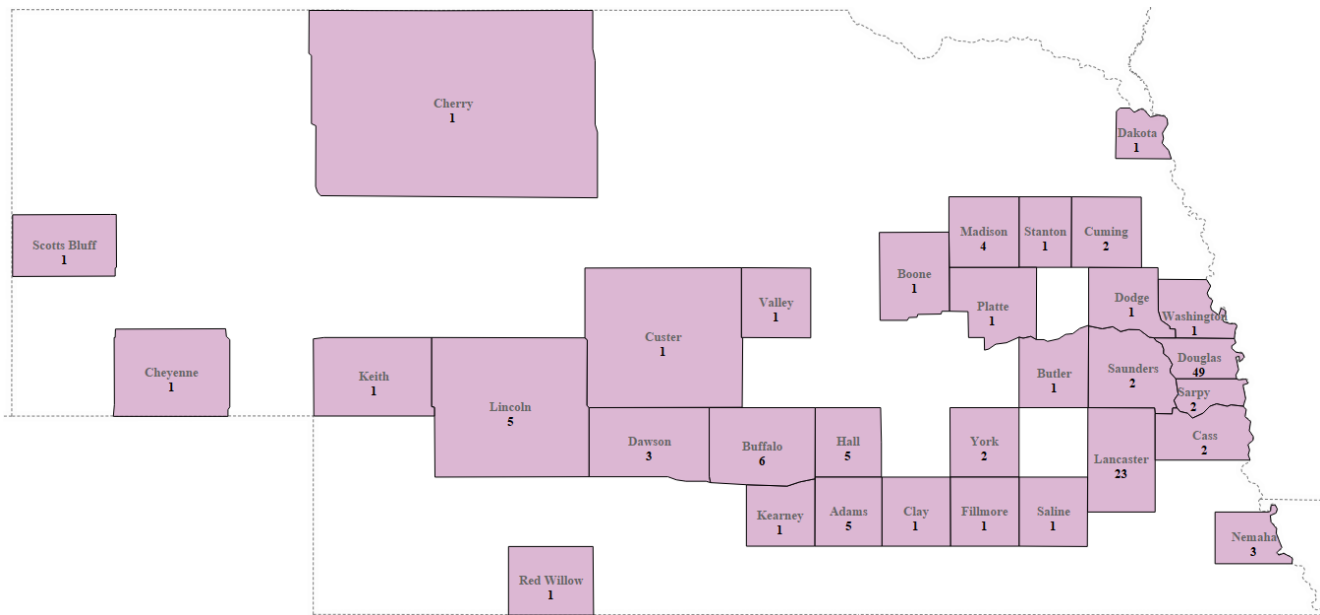
Youth in Out-of-Home Care with Simultaneous DHHS/CFS and Probation Involvement – Point-in-time (Single Day) View

On 12/31/21, 131 youth were involved with both DHHS/CFS and Probation (also known as dually-involved youth), which is 7.4% greater than the 122 such youth on 12/31/20.

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.

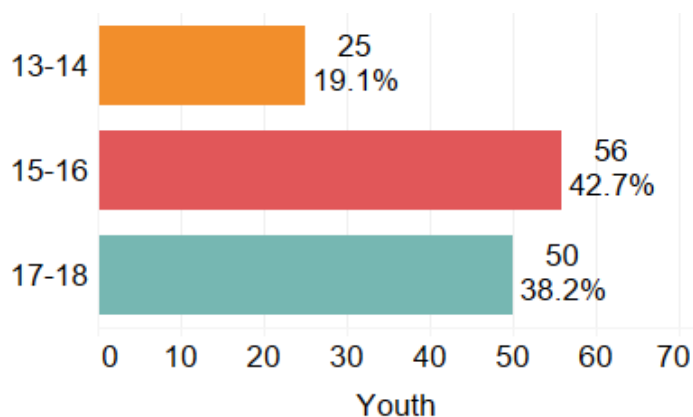
Figure 28: Dually-Involved Youth in Out-of-Home or Trial Home Visit Placement by County of Court Involvement on 12/31/21, n=131*



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

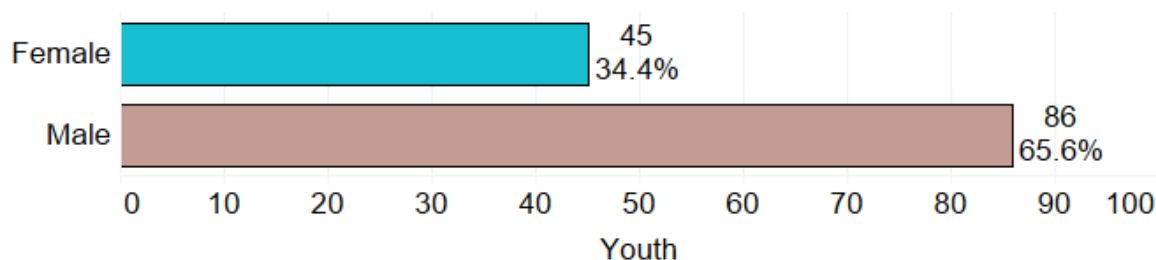
Age. Figure 29 indicates that currently all dually-involved youth in out-of-home care are teenagers. The median age was 16.0 for girls and also 16.0 for boys.

Figure 29: Ages of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 12/31/21, n=131



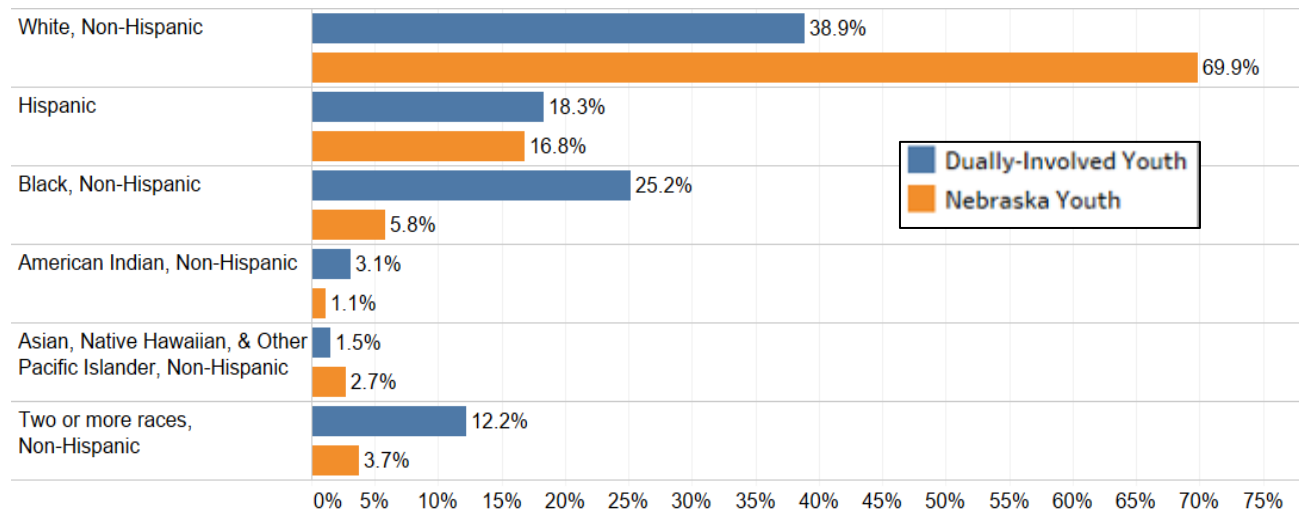
Gender. Figure 30 shows that, as is true with other juvenile justice populations, there are more boys (65.6%) in this group than girls (34.4%). On 12/31/20, the percent of boys was 64.8% and girls was 35.2% so the ratio has remained fairly constant.

Figure 30: Gender of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 12/31/21, n=131



Race and Ethnicity. Black, American Indian, and multi-racial youth continue to be overrepresented in the dually-involved population (Figure 31). For example, 25.2% 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).

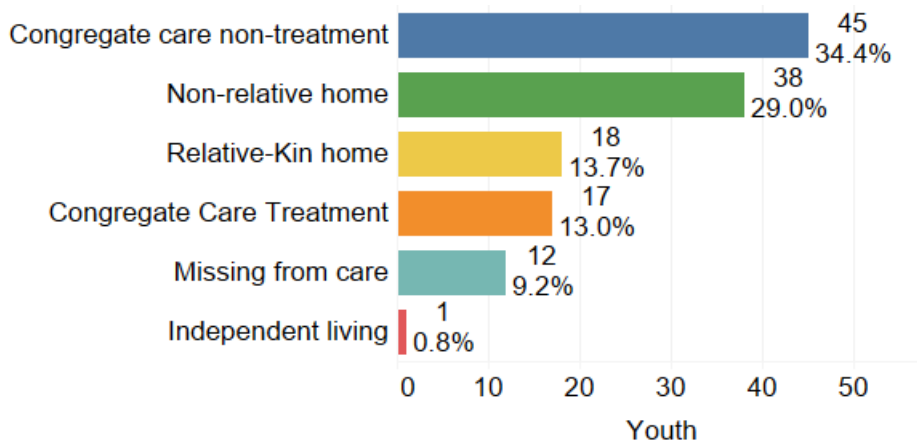
Figure 31: Race and Ethnicity of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 12/31/21, n=131, Compared to Census



Placements

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

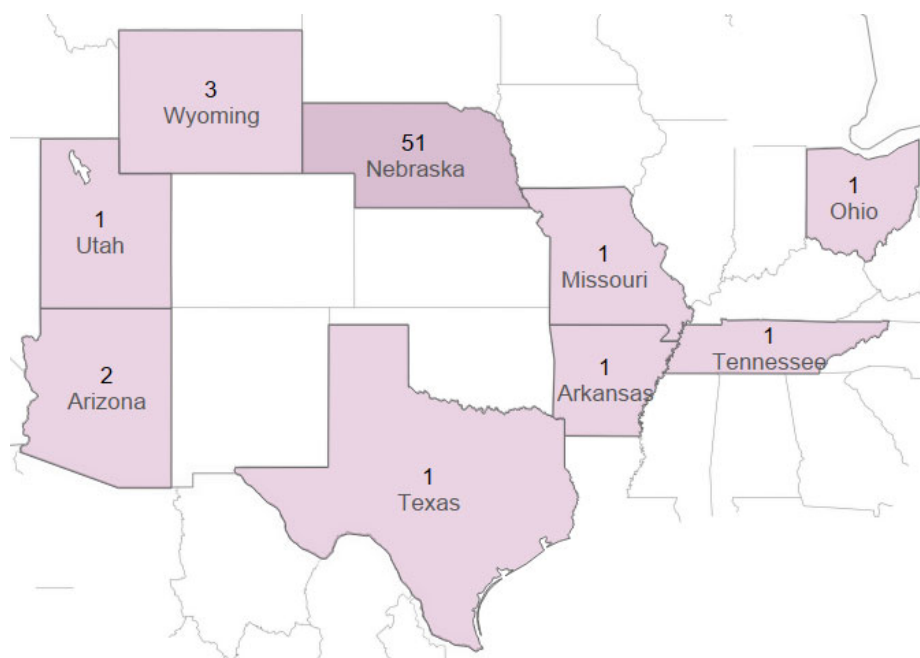
Figure 32: Placement Types for Dually-Involved Youth in Out-of-Home or Trial Home Placement on 12/31/21, n=131



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; 82.3% were placed in Nebraska, down from last year when it was 87.5%. Several of the out-of-state youth were not in bordering states. The total number in congregate care (62) is a 55.0% increase from the 40 youth on 12/31/20. Further research is needed to determine reasons for this change.

Figure 33: Placement State for Youth in a Congregate Care Facility on 12/31/21 that are Served by both DHHS/CFS and Probation, n=62



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, most of whom as teenagers.
- **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 children or youth missing from care 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.

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