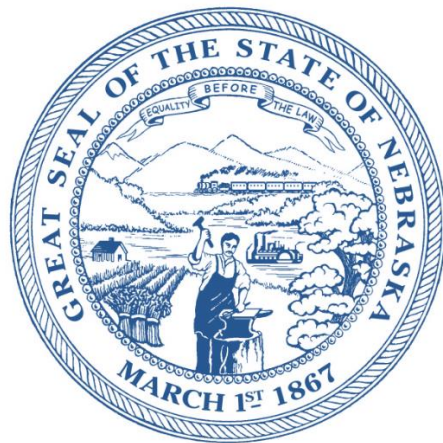


The Nebraska Foster Care Review Office Quarterly Report



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

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Executive Summary

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

Everyone is aware that our State is facing serious fiscal shortfalls. Stakeholders need to implement with fidelity targeted solutions to effectively utilize limited resources so that children's basic needs are met. The primary focus must be on building the capabilities of **ALL** the important adults whom these vulnerable children rely on. There are no easy solutions, but there are impactful solutions.

Based on the research, the FCRO makes the following recommendations.

To the Child Welfare System:

1. **Reasons for the trend of more children entering the child welfare system than exiting need to be determined, including why there are regional variances.** In particular there needs to be an analysis of why the Southeast and Western Service areas are increasing entries into foster care at faster rates than other areas.
2. **The length of stay needs to decrease for all state wards in out-of-home care** because the longer a child is in out-of-home care, the more long-lasting damage is being done to the child that often continues into their adult years. Further, the current pattern of having more children in the child welfare system for longer periods of time is stretching finite resources to their limits.
 - a. **A collaborative Barriers to Permanency special study needs to occur,** with a multi-prong approach – collect in-depth data on children in out-of-home care over a certain threshold period (such as 18 months), conduct thoughtful analysis of that data, identify and implement recommended practice changes for child welfare stakeholders, and measure the impact. Ideally this would be patterned after a 2014 collaborative study that involved DHHS and its lead agency, the Office of Inspector General for Child Welfare, the Court Improvement Project, and the Foster Care Review Office.
3. **DHHS and NFC should focus on caseworker recruitment and retention,** thereby increasing stability in the lives of youth in foster care. Caseworker changes, which are controlled by the system, have a serious impact on case progression and length of stay.
4. **The number of moves between foster placements for children in out-of-home care needs to be minimized** as there is abundant evidence that placement disruptions are a source of stress and negative outcome for children. DHHS needs to examine why children are moved between placements and develop reasonable

plans to increase placement stability, including provision of adequate supports. Intervention strategies should be developed if a child moves placements more than 2 times to prevent further disruptions, and specialized placements and services for youth with mental health and disability diagnoses may encourage faster time to permanency.

5. **Identify and use the resources that are most impactful** in achieving permanency in an expedient way for children that truly need out-of-home care due to a safety issue (regardless of how long placed outside the parental home).
6. **Resource availability needs to match the reasons that children come to the attention of the child welfare system.** DHHS needs to complete an in-depth analysis of the often-intertwined reasons that children enter out-of-home care and develop strategies to increase prevention and early intervention services to address those issues. This study would also help identify how to better allocate resources for children's cases.
7. **Develop a reasonable plan for actions to address why one in four children currently in the system experienced unsuccessful reunification attempts** in collaboration with advocates and stakeholders in an atmosphere that encourages frank discussions.
8. In addition to the **use of goal-driven targeted services** with service providers, the **judicial system needs to become more involved** in developing effective solutions to the issue of achieving timely permanency. For example, extended time to adjudication was found significant in increasing the length of time children spent in out-of-home care.

To the Juvenile Justice System:

1. **Many juvenile justice youth are in out-of-home placements, a number greatly exceeding original estimates** when the Legislature moved their services to the Office of Probation in 2013. The Office of Probation and Court Improvement Project needs to examine why so many of the youth served by Probation are placed out-of-home, often in non-treatment placements. Specifically, identify issues that are preventing in-home services, and determine how those can be effectively mitigated.
 - a. **Continue efforts towards the Juvenile Justice Home-Based Initiative.** It is important that these or similar in-home services are available for youth in every geographic area of the state.
2. **The number of youth missing from supervision** needs to be examined and reduced.

The FCRO remains ready, willing and able to be at the table to solve each of these issues as evidenced through our reports in order to ensure that **ALL** children in Nebraska have safety, permanency and well-being.

The following highlights some relevant data from the research:

Entries and Exits from Care

- Statewide, the number of entries exceeded the number of exits from the DHHS foster care system over the 19 month period September 2015 to March 2017.
- Regionally, there are variances in that trend, with the Western and Southeast service areas showing the greatest increases in entrances over exits.

Length of Stay

- Three main areas impacted the length of stay in foster care: lifetime experiences in the foster care system, final placement type, and reasons for exiting.
- Placement changes are one of the strongest predictors of length of stay.
- Caseworker changes, which are controlled by the system, have a serious impact on case progression and length of stay. Turnover cannot be blamed on child behaviors, it is a system issue that has negative impacts on children, families, and the fiscal costs associated with out-of-home care.
- The population of children in care over 18 months are less likely to have visitation with their mothers and their siblings when compared to the population of children who exit care within 18 months.

Numbers of Children in the Systems

On March 31, 2017, Nebraska's 5,004 children in out-of-home [foster] care included:

- 3,973 children (79.4%) who had experienced abuse or neglect and were solely under the Department of Health and Human Services (DHHS) and thus were state wards.
 - 3,576 of those children were placed out-of-home. That is 207 more children than in out-of-home care on September 30, 2016, a 6.2% increase. The remaining 397 children are currently in a trial home visit.
- 754 children (15.1%) that had committed status¹ or delinquent offenses, were court-ordered to be served by the Office of Probation Administration (Probation), and were placed out-of-home, but not at a Youth Rehabilitation and Treatment Center.
- 145 children (2.9%) who had experienced abuse or neglect AND committed a status or delinquent offense, were placed in foster care, and were served by both DHHS and Probation (dual-agency youth).
- 130 youth placed at the Geneva or Kearney Youth Rehabilitation and Treatment Centers (YRTCs).²

¹ A status offense is an offense that an adult could not be charged with, such as truancy, failure to follow curfews, etc.

² Youth at the YRTCs include: 120 that are served by both OJS and Probation, 9 youth served by HHS child welfare, OJS, and Probation, and 1 youth placed at the YRTC served solely by OJS. The 9 youth served by HHS child welfare, OJS, and Probation are also counted as dual-agency youth.

- 6 youth dually served by Probation and OJS in placements other than the YRTC.
- 5 youth served only by OJS in placements other than the YRTC.

These groups did not include:

- Children served by DHHS that were not removed (in-home services only).
- Youth served by Probation that were not removed (in-home services only).
- Youth continuing to be served by Probation after return to the parental home.

Facts on NDHHS State Wards (with no Probation involvement)

- The average daily population for DHHS state wards increased by 2.6% in the last six months. There were significant regional variances, with an 11.2% increase in the Southeast Service Area, a 12.2% increase in the Western Service, and a 3.6% decrease in the Eastern Service Area.
- Most wards (95%) were placed in a relative home, kinship home, or non-relative foster home; few are in group facilities. More were in relative-kin foster homes than with non-relative foster homes.
- 16.4% of state wards have experienced four or more placement disruptions, and this type of placement instability can have a lifelong negative impact.
- So-called “permanent” placements following a period of foster care are not always permanent, with 24% of children currently out-of-home having experienced prior removals.

Facts on Youth Placed at Youth Rehabilitation and Treatment Centers (YRTC)

- On 3/1/2017 there were 130 DHHS/OJS wards at the YRTCs in Kearney and Geneva. The average population of girls has remained the same, but the number of boys increased by 27% in the last six months.

Facts on Juvenile Probation Youth in Out-of-Home Care (with no DHHS involvement)

- On 3/31/2017 there were 754 youth served solely by Probation that were in an out-of-home care placement; with 216 (28.6%) under the age 16. As to placement, 42.5% were in a non-treatment facility, 35.4% were in treatment placements, and 11.4% were in a foster home.

Facts on Youth with simultaneous DHHS and Probation Involvement in Out-of-Home Care

- On 3/31/2017 there were 145 youth served by both DHHS and Probation placed in out-of-home care; 52 (35.9%) were under age 16.

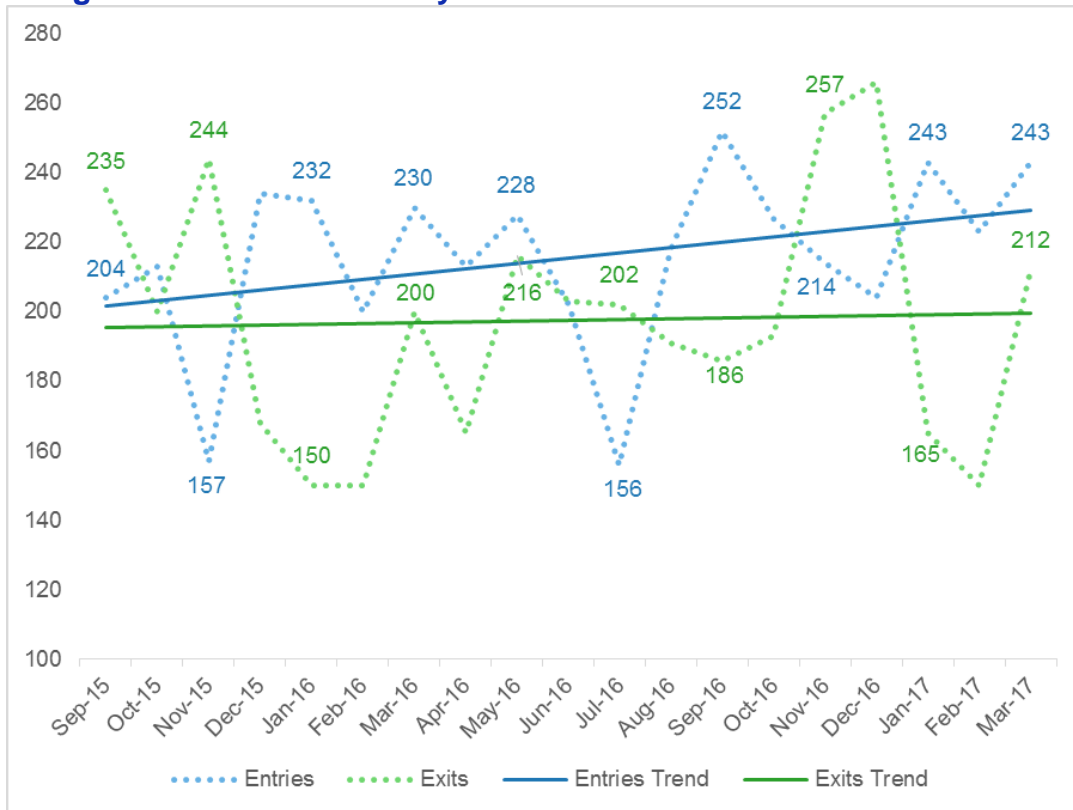
Section I – Entries and Exits for DHHS State Wards

The FCRO continues to report increases in the number of DHHS-involved children placed in out-of-home care. This section of the report will explore the causes of these increases by analyzing the number of youth entering and exiting out-of-home care in order to discern if the increases are due to more children entering care, fewer children exiting care once entered, or a combination of both.

Exit and Entry Analysis

Consistent with the pattern first reported in the March 2016 Quarterly Report of the Foster Care Review Office, the numbers of entries into the foster care system continue to outpace the number of exits (**Figure 1.1**), with variations by service area (**Figures 1.2-1.6**).

Figure 1.1: Statewide Entry and Exit Trends for DHHS State Wards



As shown in **Figure 1.1**, there are significant variations in the number of entries and exits into the DHHS foster care system over the 19 month period from September 2015 to March 2017. In 13 of the 19 months analyzed (68%), there were more entries into care than exits. By plotting the trend lines (the solid lines) a clearer picture emerges, demonstrating that entries into the foster care system are increasing, while exits are remaining at a much more consistent level, with only a slight increase over the time period analyzed. This statewide pattern is not consistent throughout the different regions of the state, as demonstrated in the following figures.

Figure 1.2: Central Service Area Exit and Entry Trends for DHHS State Wards

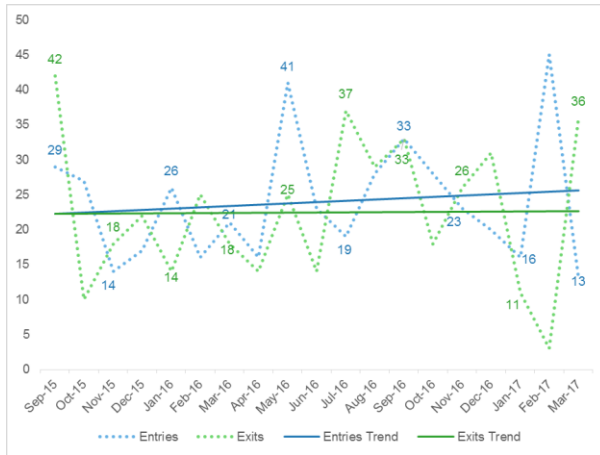
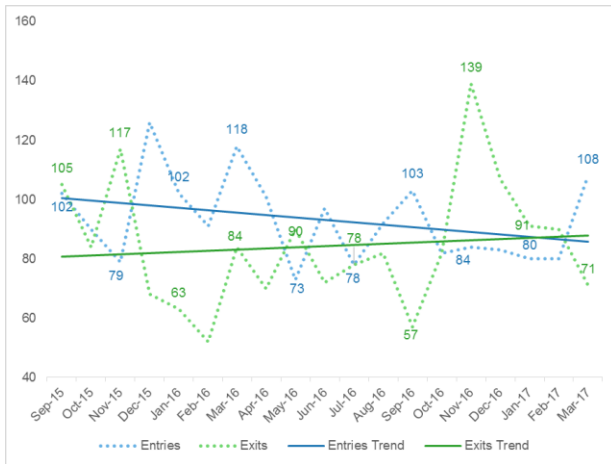


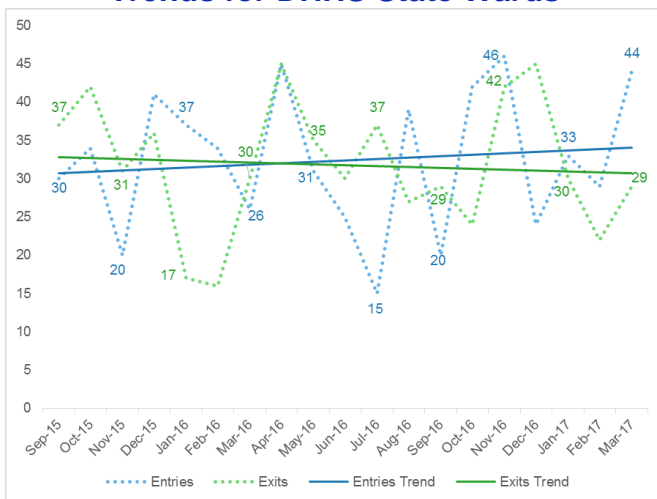
Figure 1.2 shows the Central Service Area entry and exit trends match closely to those of the state, with more entries than exits, and entries increasing more rapidly than exits.

Figure 1.3: Eastern Service Area Exit and Entry Trends for DHHS State Wards



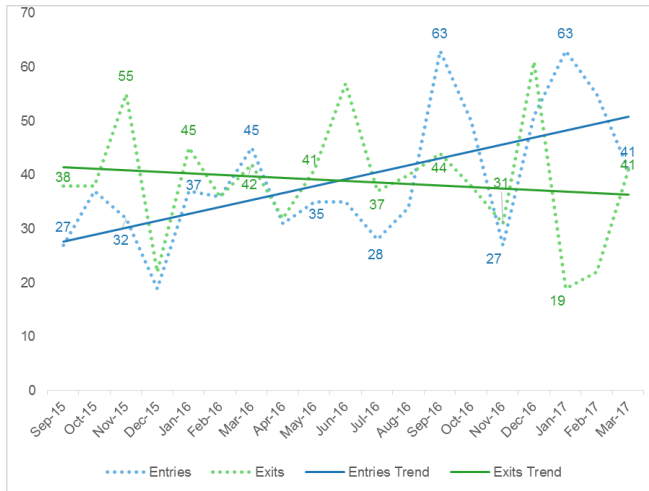
In the Eastern Service Area (Figure 1.3), a different pattern emerges, with a consistent decrease in entries over the 19 months analyzed and an increasing number of exits. **The ESA is the only service area in which the trend for exits surpasses the trend for entries.**

Figure 1.4: Northern Service Area Exit and Entry Trends for DHHS State Wards



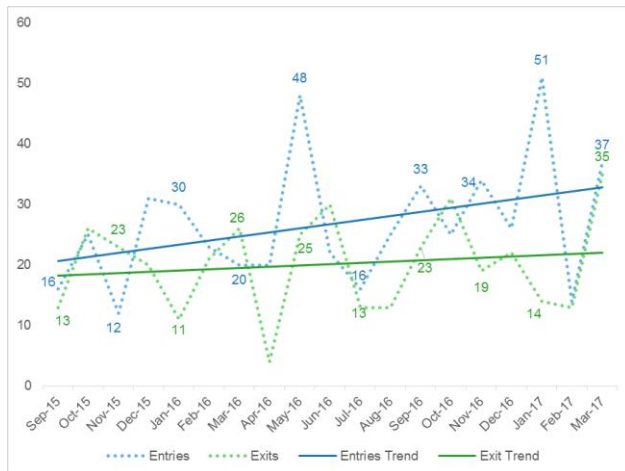
In the Northern Service Area, the number of entries has increased, while the number of exits has decreased, as shown in Figure 1.4.

Figure 1.5: Southeast Service Area Exit and Entry Trends for DHHS State Wards



The changes in both entry and exit trends for the Southeast Service Area, **Figure 1.5**, are more dramatic than in other areas of the state. **Entries began to surpass exits in January of 2016 and have continued on this trajectory.**

Figure 1.6: Western Service Area Exit and Entry Trends for DHHS State Wards



In **Figure 1.6**, the Western Service Area entry and exit patterns are similar to that of the statewide pattern, wherein entries remain higher than exits and while both entries and exits are increasing, entries are increasing at a faster rate.

The continued increase in number of entries without a similar rise in the number of exits suggests children are remaining in the system for longer periods of time.

Section II of this report outlines statistically significant factors that impact length of stay for children in foster care, and how the experiences and characteristics of children who are in care for more than 18 months are different from those who are in care 18 months or less.

Section II – Length of Time in Out-of-Home Care

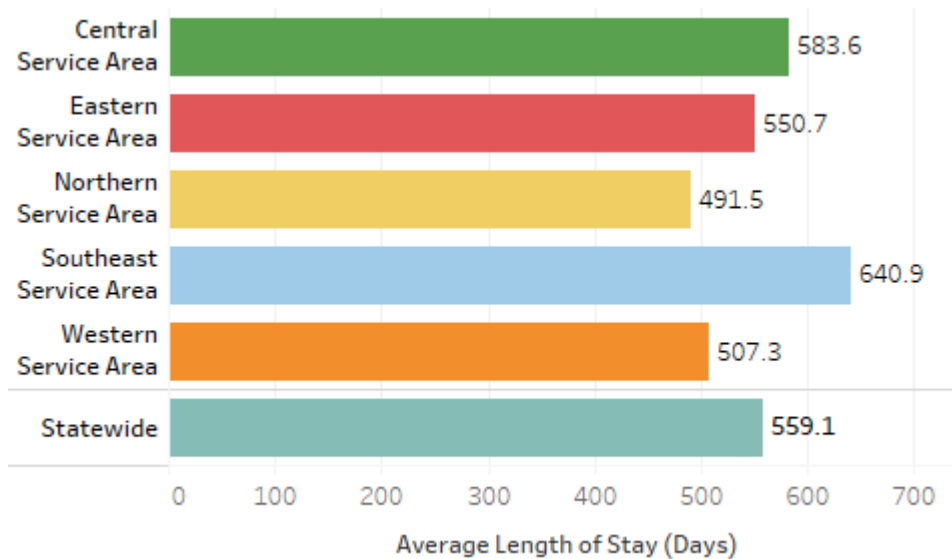
Length of Stay for All DHHS-Involved Children and Youth

Given that entries are exceeding exits in most areas of the state, and that entries are increasing at a faster rate than exits, it’s important to examine what may be preventing children from exiting the foster care system.

In order to better understand what may precipitate or prevent a youth from exiting foster care, the FCRO analyzed a sample of 2,863 DHHS-involved youth who exited out-of-home placement between January 1, 2016 and March 31, 2017. Some of the youth in the sample were also involved with probation or OJS, however youth whose involvement was solely with the juvenile justice service providing entities were excluded from the analysis. Initially, regression analysis was utilized to determine which variables had a statistically significant impact on the length of stay for children in out-of-home placement.³

The average length of stay for a single episode of care for DHHS wards is 559 days, or nearly 19 months (**Figure 2.1**). There are variations by service area, with children in the Southeast Service area averaging a statewide high of 641 days in care, with children in the Northern Service area averaging a statewide low of 492 days in care.

**Figure 2.1: Average Length of Stay
By Service Area, n=2,863**

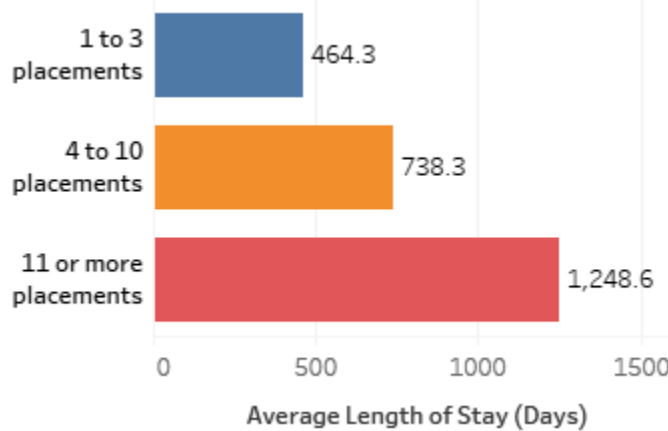


³ The regression analysis is not reported in full in this report, but can be made available by contacting the FCRO.

The remainder of this section outlines the events that impact length of stay for children in foster care, and focuses on three main areas: lifetime experiences in the foster care system, final placement type, and reason for exiting.

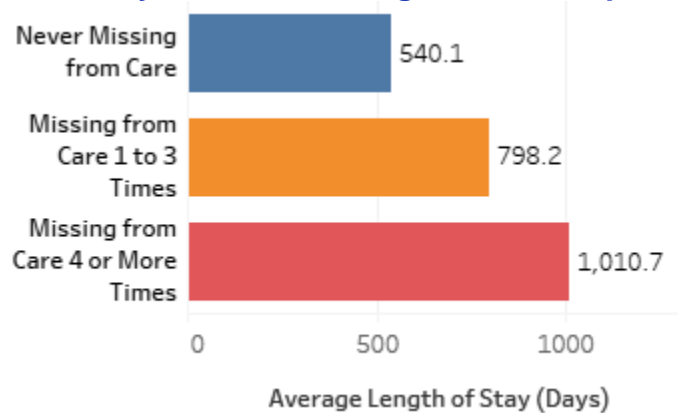
As shown in **Figure 2.2**, as the number of lifetime placements increases for a child, so does their average length of stay for the most recent episode in care. Placement changes is one of the strongest predictors of length of stay in the model.

Figure 2.2: Length of Stay during an Episode Ending Between 1/1/2016-3/31/2017 by Lifetime Placements, n=2,863



In addition to lifetime placements, the more times a youth has gone missing from care, the longer their average length of stay, as demonstrated in **Figure 2.3**.

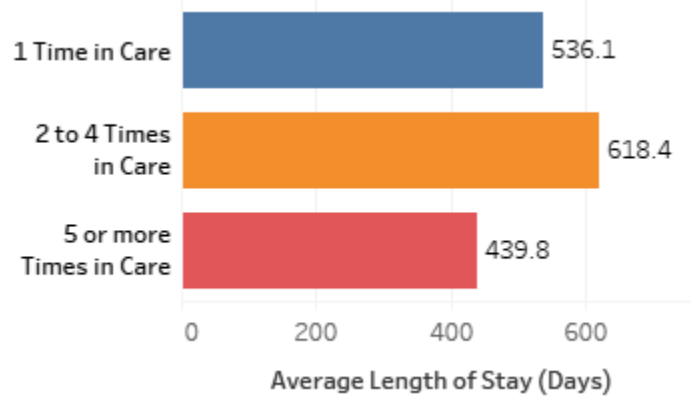
Figure 2.3: Length of Stay during an Episode Ending Between 1/1/2016-3/31/2017 by Lifetime Missing from Care Episodes, n=2,863



As shown in **Figure 2.4**, the number of times a child has been in care is correlated with their average length of stay for a single episode ending between 1/1/2016 and 3/31/2017. The decrease in length of stay for children in care 5 or more times must be interpreted within the context of the demographics of the children. Youth in care 5 or more times have an average age of 15 when they enter care for their most recent episode. This is compared to an average age of 5 for children in care for the first time, and age 9 for children entering care for their second, third, or fourth episode.

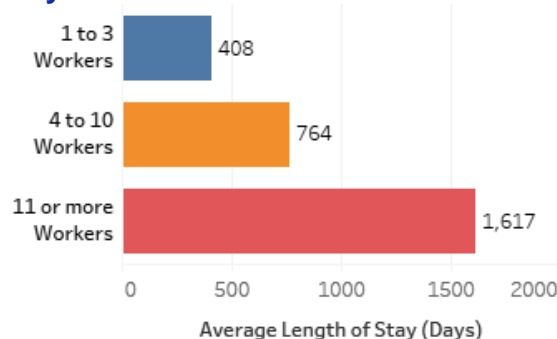
While the average days in care this episode may be shorter for those youth who have entered care 5 or more times, they have spent significantly more days in care over the course of their lifetime. Additionally, being in care 5 or more times is significantly correlated with aging out of the foster care system without a permanent family structure in place.

Figure 2.4: Length of Stay during an Episode Ending Between 1/1/2016-3/31/2017 by Lifetime Times in Care, n=2,863



The number of caseworkers, measured as the number of NFC caseworkers for youth in the Eastern Service Area and DHHS caseworkers for youth in all other areas of the state, is also strongly correlated with length of stay in foster care (**Figure 2.5**). 38% of the children studied had four or more caseworkers. While only 2% had 11 or more caseworkers, that still means that 58 children exited our system during this time period having experienced significant instability in their cases. Caseworker changes are a system issue; therefore, the system must identify why children and families would have 11 or more workers over a child’s lifetime and stabilize the workforce.

Figure 2.5: Length of Stay during an Episode Ending Between 1/1/2016-3/31/2017 by Lifetime Number of DHHS/NFC Workers, n=2,863



The number of caseworkers assigned to a case over time is significant because worker changes can create situations where:

- There are gaps in information transfer.
- Caseworkers are expected to handle families in crisis without sufficient background information because they do not have the case history needed to determine appropriate services and case direction.
- New hires are often unfamiliar with the quality and availability of services.
- Effective case management is based on the creation of relationships and trust which take time. With each change families are forced to retell their histories which can potentially be re-traumatizing for both parents and children.
- Supervisor time is needed to continuously recruit and train new personnel or cover vacant caseloads.
- Funds that could have been used for direct services are instead needed to pay for repeated recruitment, training, and related costs.

Data point to the importance of minimizing disruption in the lives of Nebraska’s foster children. In general, the more disruptions that occur – whether placement, caseworker or multiple entries and exits into foster care – the longer a youth will remain in the system. Conversely, the longer a child is in the system, the more disruptive their foster care experience is likely to be and the impact of that can be lifelong negative effects.

The length of time a child spends in foster care is also correlated to the type of placement they were in prior to exit and their reason for exit, presented in **Figures 2.6 and 2.7**, respectively. It is important to note, however, that type of placement and reason for exit are highly intertwined with one another, making it difficult to assess which is driving the changes in length of stay. For example, the children who are on trial home visit for their last placement are also the children who are most likely to be reunified with their parents. Conversely, children whose last placement is independent living are the same children who are likely to age out of foster care.

Figure 2.6: Length of Stay by Last Placement Type, n=2,863

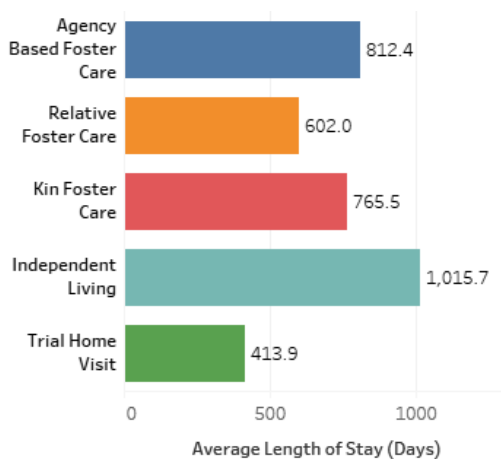
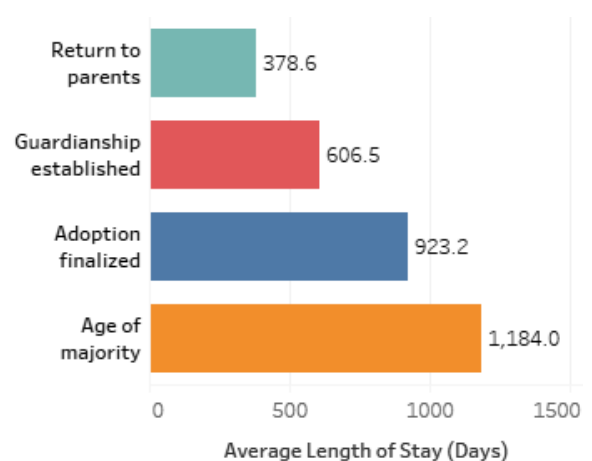


Figure 2.7: Length of Stay by Reason for Exit, n=2,863



In addition to discussing which variables are correlated to length of stay, it's also important to note which factors had small effect sizes or did not affect the length of stay. Demographic variables like sex and race had a very small impact on average length of stay. Similarly, the effect of age on length of stay is minimal, with a peak for youth who enter care at ages 11 and 12. The factors that are most strongly correlated to length of stay are the lifetime experiences of a youth in care, the placement types, and the reason for exit.

Length of stay, FCRO reviewed cases

The data described above is provided to the FCRO by DHHS. The FCRO also collects independent data on children who are in out of home care and are reviewed by local Foster Care Review Boards. The final section of this report looks at 2,816 children who were reviewed by the FCRO from January 1, 2016 to March 31, 2017. The children were divided into two distinct groups: 1) those who exited foster care in 18 months or less and 2) those who exited foster care more than 18 months after entry or have been in care for over 18 months and have not yet exited.⁴ ANOVA analysis compared these two groups on key information gathered during the FCRO review process.⁵ The following tables and graphs illustrate statistically significant differences between the two groups of children.

Table 2.1 shows that children who exit within 18 months have fewer lifetime placements, fewer times missing from care, fewer times in care, fewer caseworkers, and are more likely to have a trial home visit.

Table 2.1: Average Lifetime Care Experiences, n=2,816

	Exited within 18 Mos	Over 18 Mos in Care
Lifetime Placements	2.45	5.25
Lifetime Missing from Care	0.08	0.35
Lifetime Times in Care	1.35	1.49
Lifetime Caseworkers	2.92	4.85
Lifetime Trial Home Visits	0.71	0.31

Similar to what was found in the analysis of all DHHS youth who exited care, the system experiences of youth who exited within 18 months and those with longer stays in care are different.

⁴ Children that had not exited but were in care for less than 18 months were excluded.

⁵ The complete results of the analysis are available by contacting the FCRO.

While the previous analysis did not find race to be a strong predictor of length of stay, it is clear that children in care for over 18 months are more likely to be Black, as shown in **Figure 2.8**. Black children are disproportionately represented in both categories, and their representation in the over 18 months category is particularly problematic. This was the only racial category with a statistically significant difference between the two groups.

Figure 2.8: Racial Category Black, n=2,816

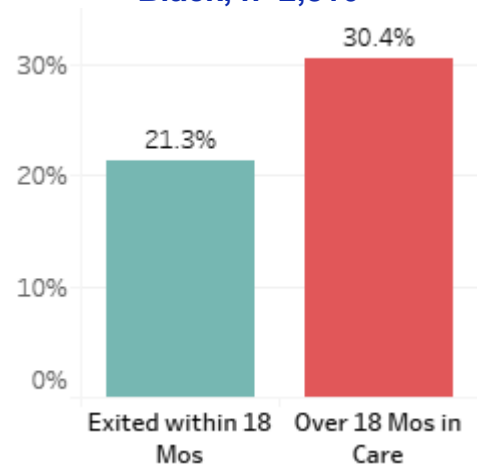
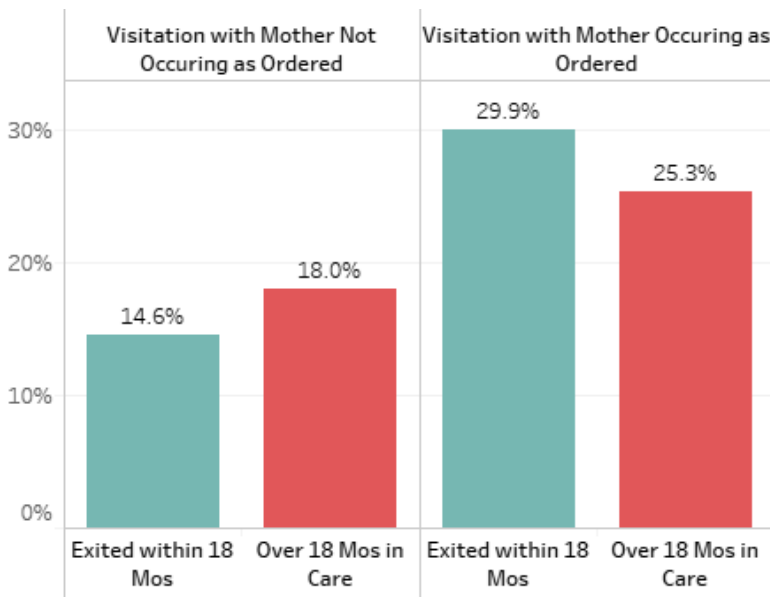
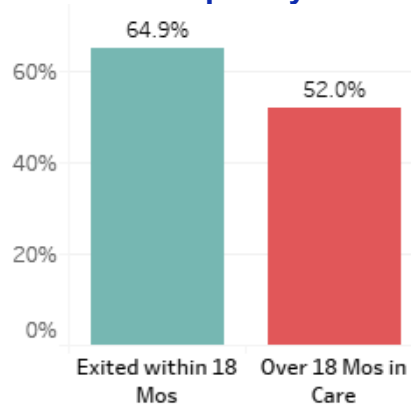


Figure 2.9: Visitation with Mother, n=2,816



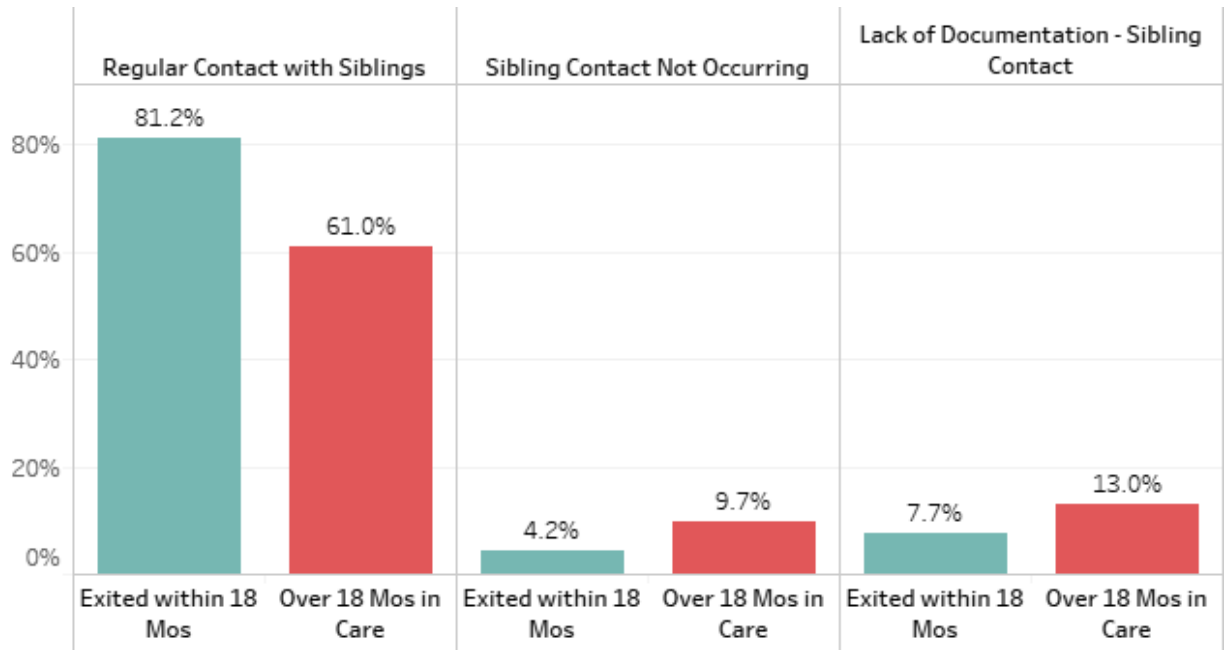
Visitation with mother was different between the two groups of youth. Those who exited within 18 months were more likely to have visitation occur as ordered (**Figure 2.9**) and more likely to have visitation occurring at the appropriate frequency (**Figure 2.10**). Visitation with father, however, was not statistically different between the two groups.

Figure 2.10: Visitation Frequency with Mother, n=2,816



The differences between children who exited within 18 months and those who remain in care for 18 months are more pronounced for sibling visitation than for visitation with mother (**Figure 2.11**). 81.2% of the youth exiting in 18 months have regular contact with their siblings, while only 61.0% of those who remain in care over 18 months have regular contact with their siblings.

Figure 2.11: Sibling Visitation, n=2,576⁶



Sibling relationships are especially important to child welfare involved youth, as those relationships can provide continuity and attachments during a disruptive time⁷. Siblings may be a source of stability for children whose families are otherwise unstable, and research has shown sibling relationships promote resilience. One study comparing children in foster care to those who were not in foster care found that children in care have smaller networks of relationships in general, making siblings proportionally more important.⁸

Preferably, siblings would be placed together, but when this is not an option, it is important that the sibling relationships be maintained through regular visits and other forms of contact that promote sibling bonding.

⁶ Includes only children in care with siblings.

⁷ "Sibling Issues in Foster Care and Adoption," Child Welfare Information Gateway. Children's Bureau. January 2013.

⁸ Kosonen, M. 1999. "Core' and Kin Siblings: Foster Children's Changing Families." In A. Mullender, (Ed.), *We are Family: Sibling Relationships in Placement and Beyond*. London: British Agencies for Adoption and Fostering. Cited in "Siblings Issues in Foster care and Adoption," Child Welfare Information Gateway. Children's Bureau. January 2013.

The status of parental rights, mother in **Figure 2.12** and father in **Figure 2.13**, is another key difference between the youth who are in care for longer periods of time.

Figure 2.12: Mother’s Parental Rights, n = 2,249⁹

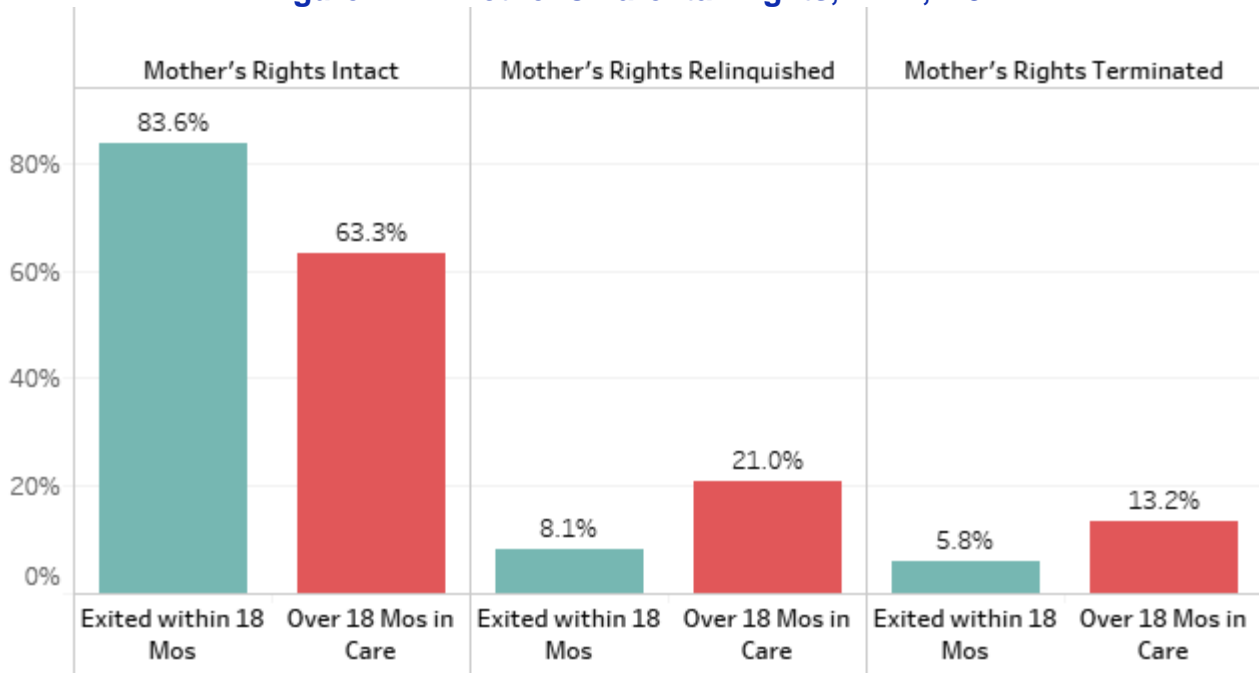
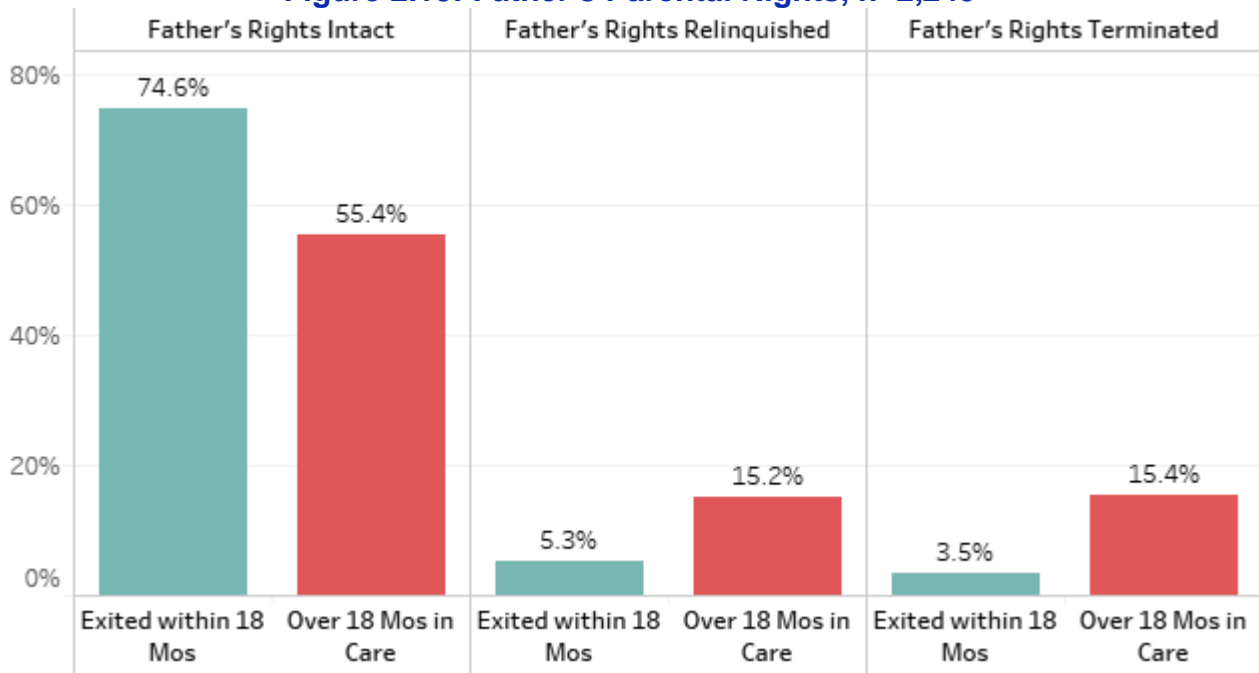
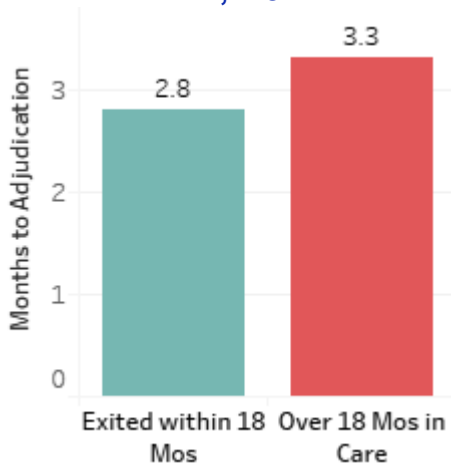


Figure 2.13: Father’s Parental Rights, n=2,249



⁹ The parental rights status for both parents was not available for all children.

Figure 2.14: Months to Adjudication, n=2,719



As shown in **Figure 2.14**, the court process is different for the two groups of children. On average, youth in care for 18 months or less reach adjudication faster. While the difference in time to adjudication is relatively small, this delay in the court process can be an early signal to the parties involved in the case that there may be future delays. The connection between adjudication delays and longer stays in care points to the need for timely court hearings with minimal continuances, as well as prompt assessments and reports to enable judges to reach adjudication decisions more quickly.

Finally, youth who are in care over 18 months are more likely to have a disability diagnosis (**Figure 2.15**) and they are more likely to have a mental health diagnosis (**Figure 2.16**).

Figure 2.15: Disability Diagnosis, n=2,675

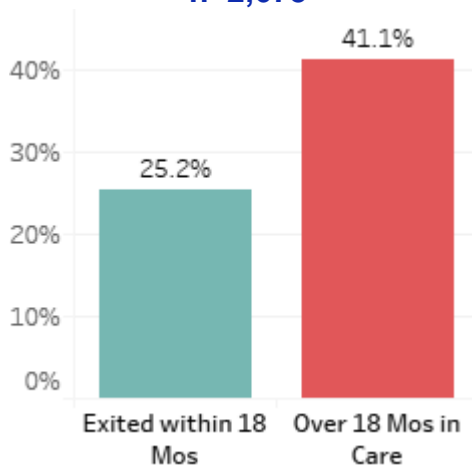
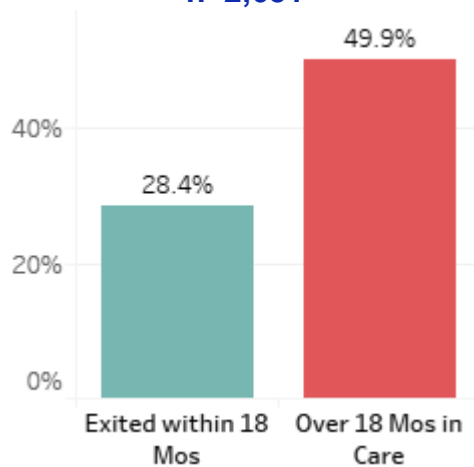


Figure 2.16: Mental Health Diagnosis, n=2,651



Special Study Conclusion

In conclusion, the factors that affect length of stay can be summed up into 5 categories:

- 1) experiences/disruptions to the foster care experience,
- 2) reason for exiting, which is closely correlated to the last placement before exit,
- 3) visitation with mothers and siblings,
- 4) parental rights and the court process, and
- 5) special needs of youth.

It is also important to note that racial and ethnic minorities continue to be disproportionately placed in out-of-home care, as will be discussed further in the remainder of this report. This is especially relevant for Black children who make up an even larger portion of the children in care for more than 18 months.

The information in this report can be used to identify intervention strategies to reduce the length of stay for children in care. DHHS and NFC should focus on caseworker retention, therefore increasing stability in the lives of youth in foster care. Intervention strategies should be developed if a child moves placements more than 2 times to prevent further disruptions, and specialized placements and services for youth with mental health and disability diagnoses may encourage faster time to permanency.

Inconsistent visitation with mothers can serve as an early signal. DHSS should continue the important work fostering relationships between siblings, especially those not placed together. It is important that these visits take place in addition to any visits with parents in order to allow siblings to develop their own bonds.

Section III

All Children in Out-of-Home Care

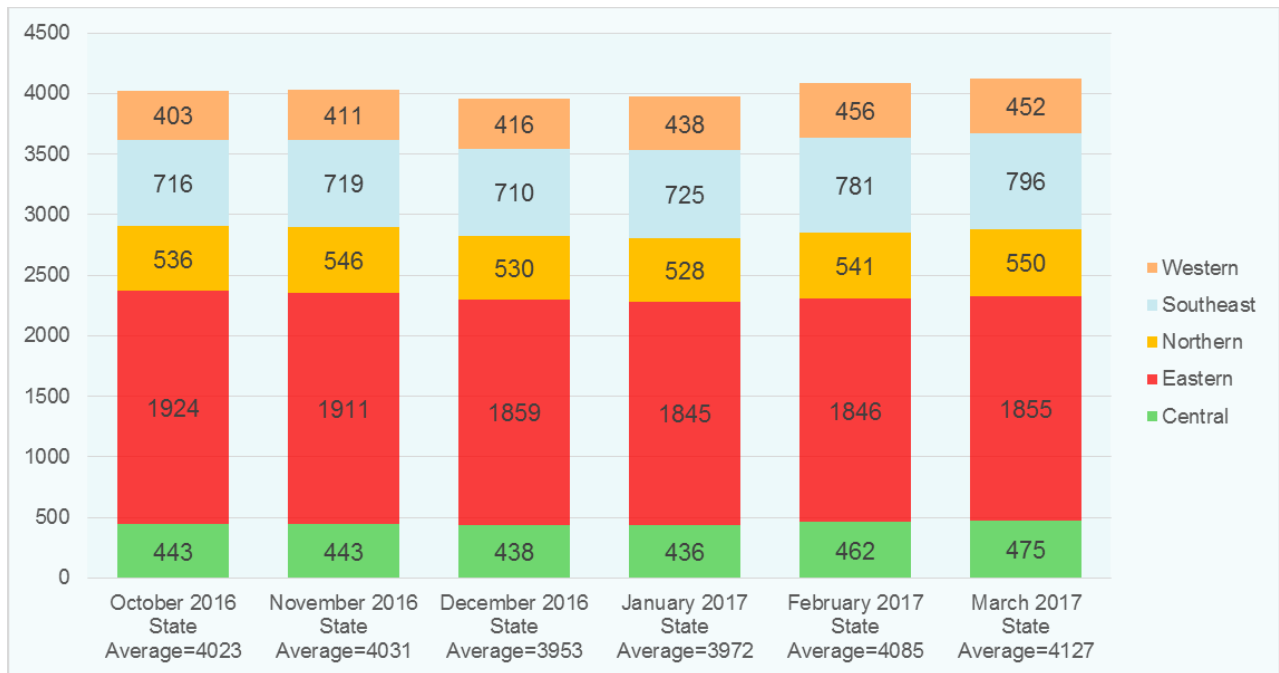
In this section we will be describing the status for different groups of children who were in state care on March 31, 2017.

A. DHHS Wards

Trends

Figure 3.1 shows the average daily population (ADP) of all DHHS-involved youth¹⁰ in out-of-home care or trial home visit per month for the last six months by geographic region (service area). The low was 3,953 in December 2016, the high was 4,127 in March 2017. In the last six months, the average daily population increased by 2.6%. The lower average for December is consistent with previous years because it is common for children to be returned home prior to the December holidays.

Figure 3.1: Average Daily Population, DHHS Wards in Out-of-Home or Trial Home Visit Placement



¹⁰ This includes youth who are dually involved with Juvenile Probation and/or OJS who have an active child abuse and neglect case. Youth who are involved with Probation or OJS without an active child welfare case are not included in the ADP calculations.

As shown in **Table 3.1**, the Southeast area had an 11.2% increase in the number of children over the six month period, the Western area had a 12.2% increase, and the Eastern Area had a 3.6% decrease.

Table 3.1: Percent Change in ADP from October 2016 to March 2017

Service Area	Percentage Change
Central	+7.2%
Eastern	-3.6%
Northeast	+2.6%
Southeast	+11.2%
Western	+12.2%
Statewide	+2.6%

In the current economy with limited resources available and additional funding cuts possible, the increases may make it difficult for already strained areas of the state to adequately provide for children’s and families’ needs. Further research is needed to determine why the increases occurred and how they will impact outcomes for children from those areas.

DHHS Wards on March 31, 2017

The following information is a snap shot of children who experienced child abuse or neglect and were solely under DHHS on March 31, 2017.

DHHS wards can be in an out-of-home placement or in a trial home visit. By statute a trial home visit is a temporary placement with the parent from which the child was originally removed and during which the Court and DHHS remain involved. The following applies to the population on 3/31/2017:

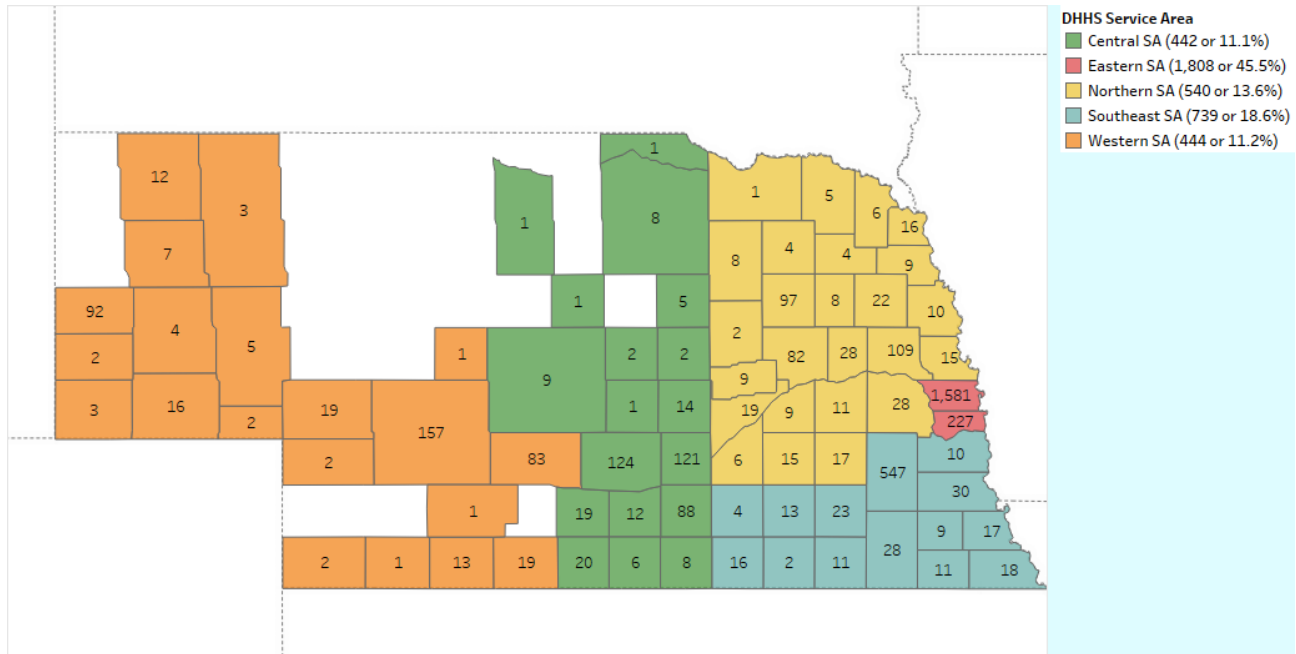
Out-of-home care (OOH)	3,576 children
<u>Trial home visit (THV)</u>	<u>397 children</u>
Total DHHS Wards	3,973 children

In comparison, on 9/31/2016 there were 3,585 DHHS wards total (in an out-of-home or trial home visit placement).

Children’s geographic location of origin

DHHS wards in out-of-home care or trial home visit come from every geographic area, from Omaha to Scottsbluff, Falls City to Chadron, and Sioux City to McCook. **Figure 3.2** shows the 3,973 DHHS wards by county.

Figure 3.2: Area Serving DHHS Wards in Out-of-Home or Trial Home Visit Placement on 3/31/2017, n=3,973



Ages of DHHS wards

Figure 3.3 shows that for the 3,973 DHHS wards, 40.6% were preschoolers, 35.7% were in elementary/early middle school, and 23.7% were teenagers.

Figure 3.3: Age Group of DHHS Wards in Out-of-Home or Trial Home Visit Placement on 3/31/2017, n=3973

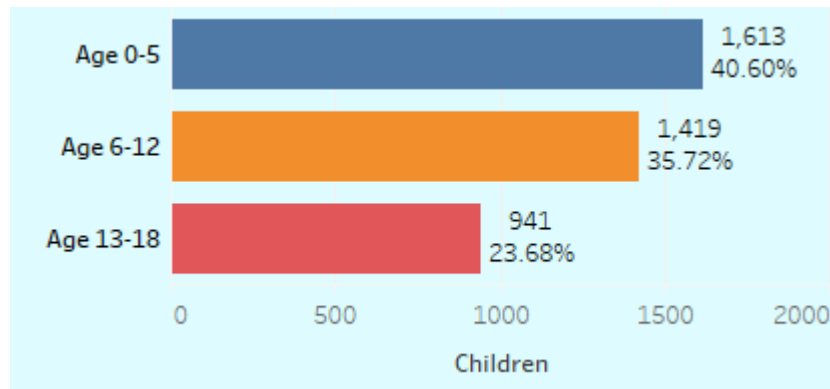


Table 3.2 shows that over the last six months the percent in each age group has changed, with March 31, 2017 having a greater number of younger children and fewer teens.

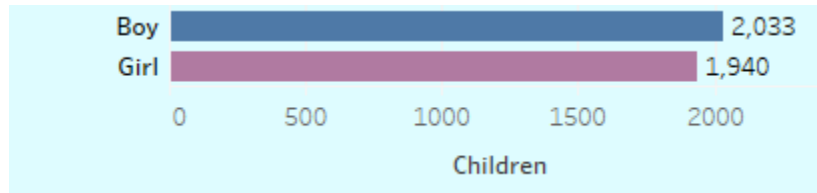
Table 3.2 Percent in Each Age Group on September 30, 2016 and March 31, 2017

Service Area	September 30, 2016	March 31, 2017
Age 0-5	38.7%	40.6%
Age 6-12	32.6%	35.7%
Age 13-18	28.7%	23.7%

Gender

Figure 3.4 shows that for the 3,973 DHHS wards, girls are 48.8% of the population, while boys are 51.1%. This is consistent with September 2016.

Figure 3.4: Gender of DHHS Wards in Out-of-Home or Trial Home Visit Placements on 3/31/2017, n=3,973



Race

Table 3.3 shows the race or races indicated per child. Some children with multiple races identified may appear multiple times. Hispanic ethnicity is included.

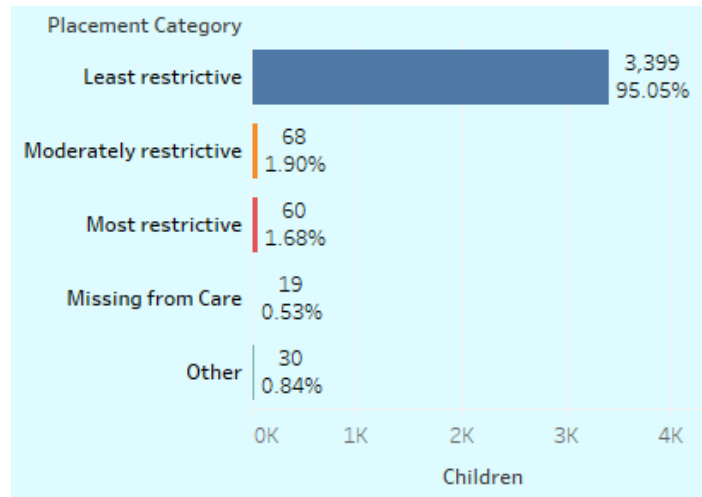
Table 3.3: Race and Ethnicity of DHHS Wards 3/31/2017, n=3,973
 [Multiple races per child are allowed, one ethnicity]

	Ethnicity			Grand Total
	Hispanic	Not Hispanic	Unable to determine ethnicity	
American Indian children	127	209	72	408
Asian children	6	40	4	50
Black children	43	696	180	919
Native Hawaiian children	8	7	0	15
Pacific Islander children	0	0	0	0
White children	536	1,952	377	2,865
Other race children	113	10	28	151
Unknown Race children	49	13	39	101
Declined to ID	4	1	2	7

Restrictiveness level of children’s placements, excluding children in trial home visit

Figure 3.5 shows that most (95.0%) of the 3,576 children who are placed out-of-home are placed in a family-like, least restrictive setting. Children in more restrictive settings often require a more unique set of services. Regardless of where a child is placed it is important that the placement is equipped to meet that particular child’s needs.

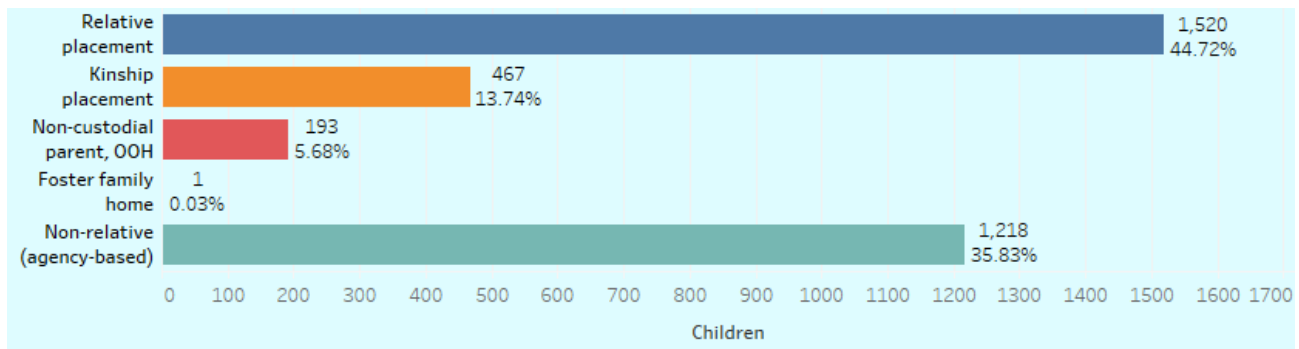
Figure 3.5: Placement Restrictiveness for DHHS Wards in Out-of-Home Placements on 3/31/2017, n=3,576



Relative or kinship placements

Figure 3.6 shows that the majority (58.4%) of the children in a foster home are placed with relatives or kin. 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 children.¹¹

Figure 3.6: Specific Type of Placement for DHHS Wards in Least Restrictive Placements on 3/31/2017, n=3,399



¹¹ 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.” Neb. Rev. Stat. 71-1901(9) defines “relative” as having a blood, marriage, or adoption relationship, and for Indian children they may also be an extended family member per ICWA.

There are benefits to the proper use of relative or kinship placements.

1. The concept behind placing children with a relative or kin caregiver is to reduce the trauma children experience on removal from the home by placing them with someone they already know and trust.^{12,13}
2. Children in relative or kinship care are more likely to retain a relationship with their family/extended family and are more likely to have contact with siblings and biological parents over the long-term than those in agency-based homes.¹⁴
3. National research indicates that children in relative or kinship placements tend to not be moved to a new foster placement as often as children in agency-based placements.¹⁵

At the same time, there are challenges to the use of relative or kinship placements.

1. Contrary to the intent of licensing statutes it has been anecdotally identified through FCRO case reviews that some kinship placements did not have a significant prior relationship with the child and were actually barely known to the child at time of placement. This practice does not reduce children's trauma.
2. Children placed with relative or kinship caregivers are likely to have the same types of emotional, behavioral, educational, mental health, or trauma related issues as children in agency-based placements, but the relative or kinship caregiver, regardless of how well-meaning, may not receive the tools necessary to effectively help the children in their care.
 - a. Relative/kin caregivers currently are not required by Nebraska to receive the training that non-family (agency-based) placements are required to receive.
 - b. Relative/kin caregivers may be less likely to know they can request needed supports and services since they do not receive caregiver training. If they do know, some have reported to the FCRO that they are reluctant to ask for services due to the perceived or real threat that the children to whom they have an emotional tie will be removed from their care.
 - c. Relative/kin caregivers may be less likely to request or have access to specialized training on childhood trauma.¹⁶
3. Relative or kinship caregivers must manage an often-stressed relationship with the parent(s) of the children they care for while simultaneously being substitute parents for children who may have a number of trauma, educational, and other issues that

¹² Per the Family Policy Act as found in Neb. Rev. Stat. 43-533(4), relatives are to be considered first when making placements.

¹³ "Working with Kinship Caregivers," Child Welfare Information Gateway, Federal Department of Health and Human Services, February 2012. Note: The federal use of the word "kinship" includes relatives.

¹⁴ Among others, "The Effect of Kinship Placement on Foster Children's Well-Being," Iryna Hayduk, University of Houston, March 2014, and "Working with Kinship Caregivers," Child Welfare Information Gateway, Federal Department of Health and Human Services, February 2012. Note: The federal use of the word "kinship" includes relatives.

¹⁵ "Working with Kinship Caregivers," Child Welfare Information Gateway, Federal Department of Health and Human Services, February 2012, Webster, Barth & Needell, 2000. Note: The federal use of the word "kinship" includes relatives.

¹⁶ Ibid.

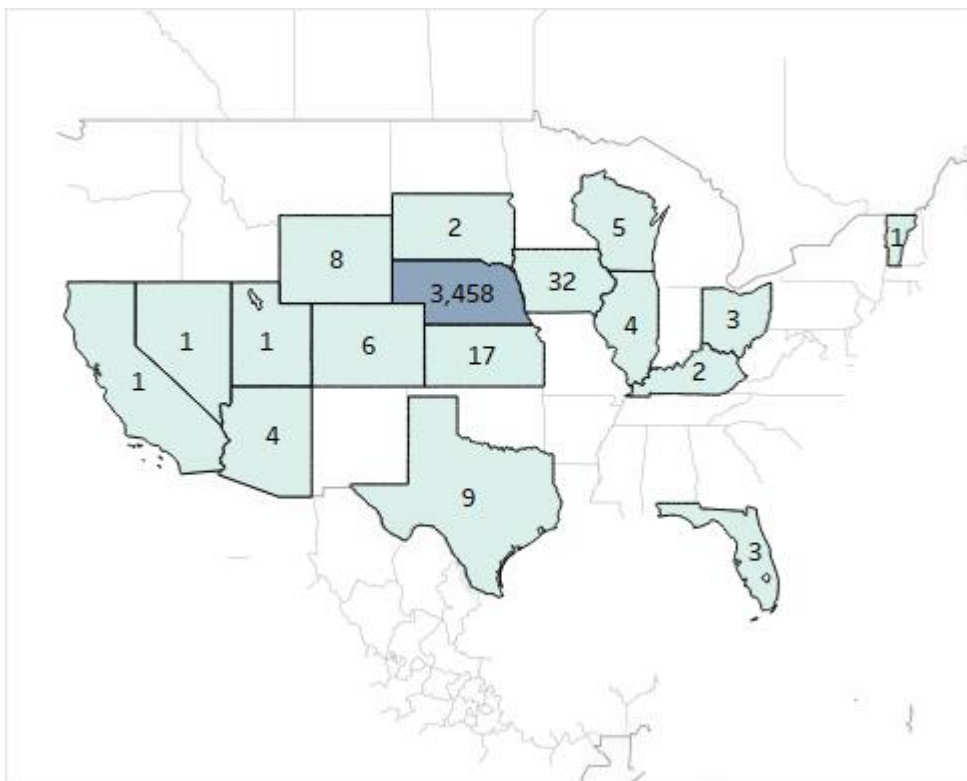
have yet to be resolved. Stress levels in such relative or kinship families can run high, and a number of supports, particularly in crisis situations, are needed to ensure children have adequate outcomes.¹⁷

4. There is a potential financial incentive to providers to use relative or kinship placements because that lowers their costs for training and support, even those that may be problematic.
5. Non-licensed placements do not qualify for federal IV-E funding for services for otherwise eligible children so there is a financial disincentive to the State to use non-licensed relative or kin placements.

State where children are placed

Figure 3.7 shows states where the 3,557 children in out-of-home care are placed (excluding children missing from care or on trial home visit). Most (97.2%) are in Nebraska.

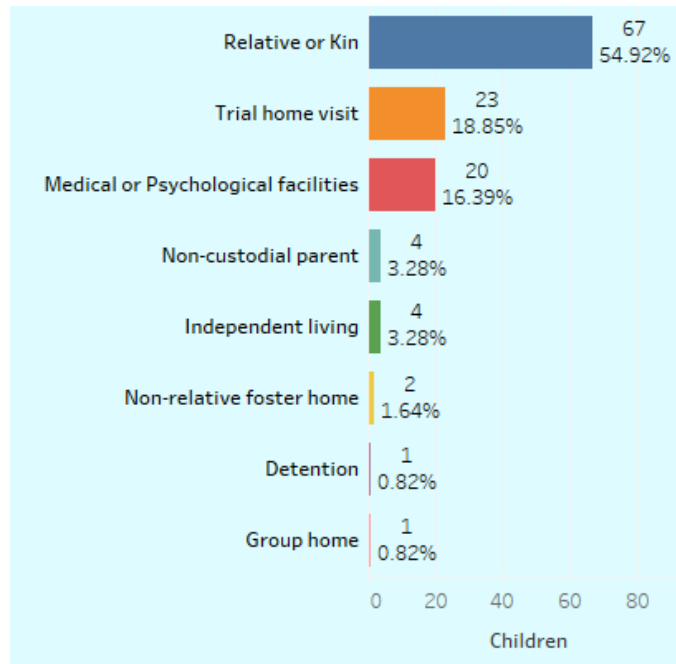
Figure 3.7: State of Placement for DHHS Wards in Out-of-Home Care on 3/31/2017, n=3,557



¹⁷ “Working with Kinship Caregivers,” Child Welfare Information Gateway, Federal Department of Health and Human Services, February 2012. Note: The federal use of the word “kinship” includes relatives.

Figure 3.8 shows the types of placement for DHHS wards placed out-of-state. Most (54.9%) are with relatives/kin in a foster placement, 16.4% are in medical or psychological facilities, and the rest are in other types.

Figure 3.8: Placement Type for DHHS Wards Placed Outside of Nebraska on 3/31/2017, n=122



Multiple placement moves

After children are removed from the family home, many are moved between out-of-home placements multiple times.¹⁸ Moves might be a positive thing in the case of a child who needed a high level of care when he/she first entered care and is now progressing toward less restrictive, more family like care. But even a positive move can be traumatic for the children, decreasing their sense of stability. Often placement moves are due to system issues rather than the needs of the child.

Further, national researchers have found that children who experience four or more moves between foster caregivers over their lifetime are significantly more likely to suffer consequences of that instability far into adult life.¹⁹

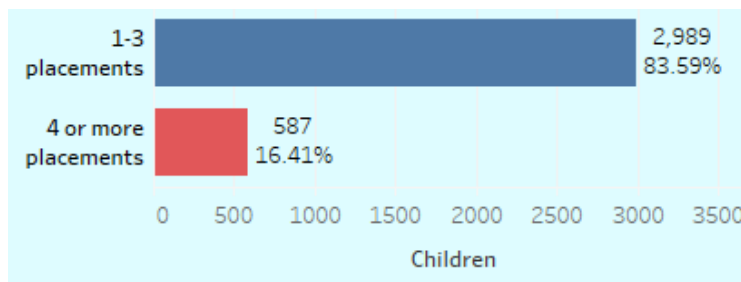
¹⁸ Moves, by definition, do not include respite care or short-stay hospitalizations.

¹⁹ Some examples include: Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000; the American Academy of Pediatrics, 2000; Noonan, Kathleen, Rubin, David, Mekonnen, Robin, Zlotnik, Sarah, and O’Reilly, Amanda. Dr. Peter Pecora, Senior Director of Research Services with Casey Family Programs and Professor at the School of Social Work at the University of Washington, in The Foster Care Alumni Studies – Why Should the Child Welfare Field Focus on Minimizing Placement Change (2007); and Securing Child Safety, Well-being, and Permanency Through Placement Stability in Foster Care. Children’s Hospital of Philadelphia Research Institute Policy Lab, Evidence to Action, Fall 2009.

Evidence shows that placement instability is associated with attachment disorders, poor educational outcomes, mental health and behavior problems, poor preparation for independent living as children become older, and negative adult outcomes. Many such children lose contact with their siblings and relatives, leaving them without a natural support system once they are no longer in the care of the child welfare system.²⁰

Therefore, it is significant that 16.4% of Nebraska’s DHHS wards experienced four or more placement moves since their most recent removal from the home (**Figure 3.9**). This does not include prior placement moves for children who have been removed from the parental home more than once.

Figure 3.9: Placement Moves this Episode for DHHS Wards Placed Out-of-Home on 3/31/2017, n=3,576

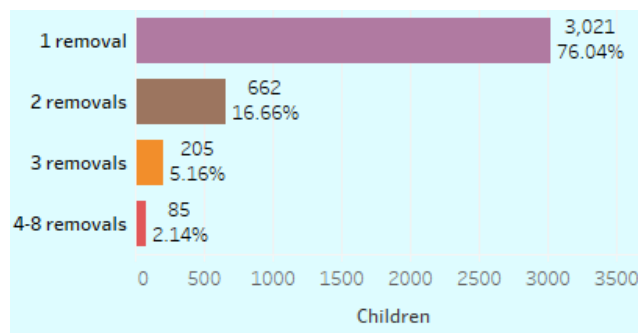


Lifetime removals from the home

Figure 3.10 shows that approximately one-fourth (24%) of the DHHS wards in care on 3/31/2017 had experienced more than one removal from the parental home. Each removal can be traumatic and increases the likelihood of additional moves between placements.

The agencies and groups that make up the child welfare system needs to collaboratively meet for a frank talk to develop a reasonable plan for actions to address why one in four children currently in the system experienced unsuccessful reunification attempts. As a State we can and must do better.

Figure 3.10: Lifetime Removals for DHHS Wards in Out-of-Home or Trial Home Visit Placements on 3/31/2017, n=3,973



²⁰ “Supporting Reunification and Preventing Reentry Into Out-of-Home Care,” Child Welfare Information Gateway, a service of the Children’s Bureau, February 2012.

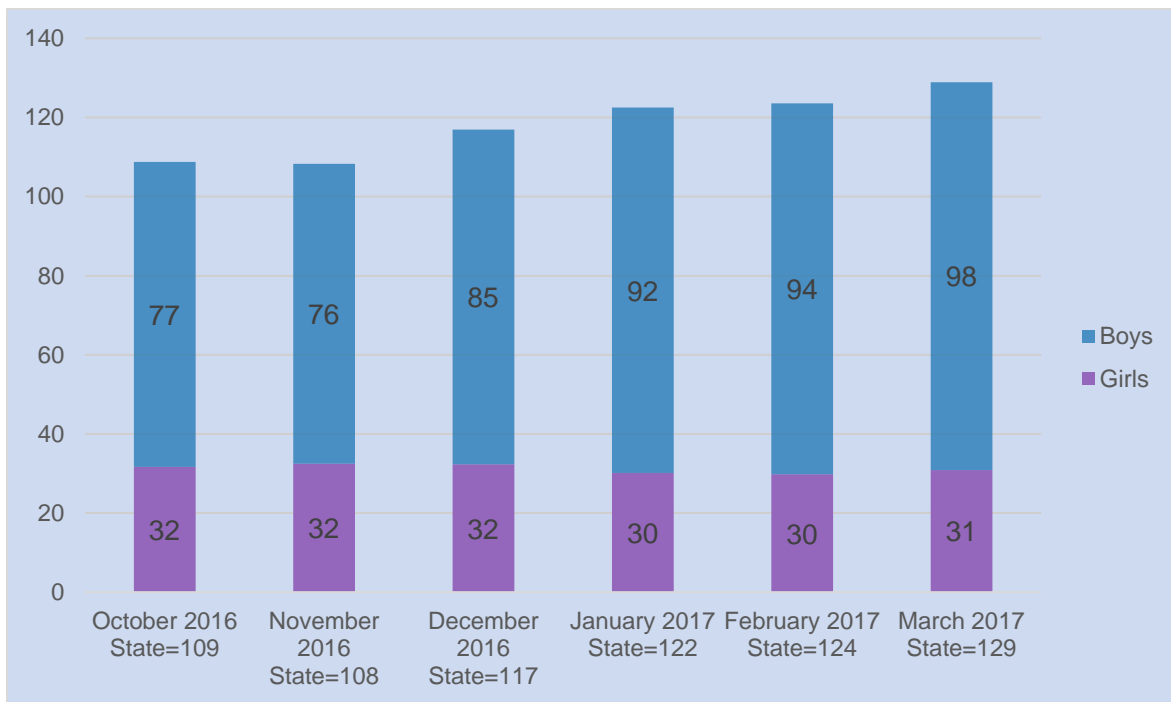
B. DHHS/OJS Wards

On 3/31/2017 there were 130 DHHS/OJS wards at the Youth Rehabilitation and Treatment Centers [YRTC]. The DHHS Office of Juvenile Services [OJS] is responsible for the YRTCs at Kearney (boys) and Geneva (girls). Placement at a rehabilitation and treatment center is the most restrictive type of placement.

Trends

Figure 4.1 shows the average daily number of OJS wards at each of the YRTCs for the last six months.

Figure 4.1. Average daily number of OJS Wards placed at a Youth Rehabilitation and Treatment Center



The number of girls has remained consistent. The number of boys increased by 27% when comparing October’s average to the March average. There are currently more than three times as many boys as girls committed to youth rehabilitation facilities. This is consistent with national trends.²¹

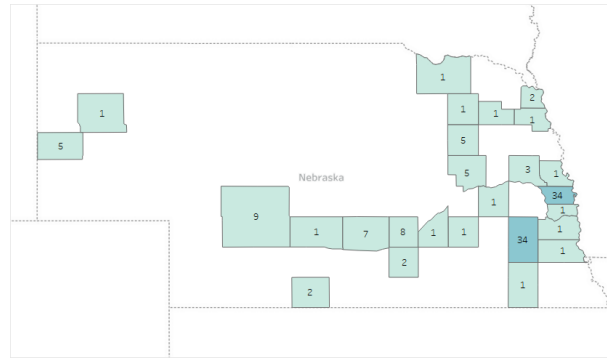
²¹ OJJDP “Girls in the Juvenile Justice System.”

County of origin for youth at the YRTCs

Youth at the YRTCs come from every region of the state, as illustrated in **Figure 4.2**, with most coming from the more populous regions as would be expected.

Figure 4.2: Youth Placed at a Youth Rehabilitation and Treatment Center under DHHS/OJS on 3/31/2017 by Juvenile Court, n=130

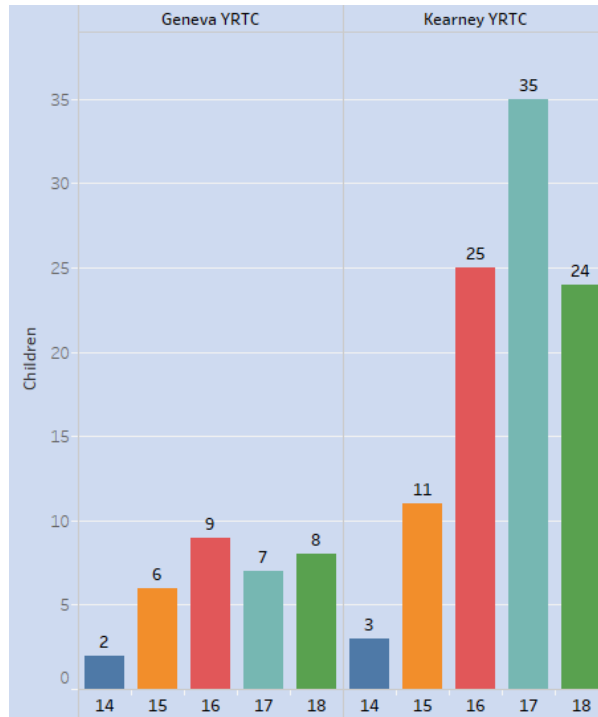
Adams	KYRTC	2
Box Butte	GYRTC	1
Buffalo	GYRTC	1
	KYRTC	6
Butler	KYRTC	1
Cass	KYRTC	1
Dakota	KYRTC	2
Dawson	KYRTC	1
Dodge	KYRTC	3
Douglas	GYRTC	11
	KYRTC	23
Furnas	KYRTC	2
Gage	KYRTC	1
Hall	GYRTC	1
	KYRTC	7
Hamilton	GYRTC	1
Knox	KYRTC	1
Lancaster	GYRTC	10
	KYRTC	24
Lincoln	GYRTC	2
	KYRTC	7
Madison	KYRTC	5
Otoe	KYRTC	1
Pierce	KYRTC	1
Platte	KYRTC	5
Sarpy	GYRTC	1
Scotts Bluff	GYRTC	1
	KYRTC	4
Thurston	GYRTC	1
Washington	KYRTC	1
Wayne	GYRTC	1
York	GYRTC	1
Grand Total		130



Ages of youth at the YRTCs

Per Neb. Rev. Stat. §43-251.01(4), youth committed to a youth rehabilitation and treatment center (and thus under OJS) must be at least 14 years of age. The average age of girls placed at YRTC is 16; the average age of boys placed at YRTC is 17. See **Figure 4.3** for more details.

Figure 4.3: Ages of Youth Placed at a Youth Rehabilitation and Treatment Center under DHHS/OJS on 3/31/2017, n=130



Race of youth at the YRTCs

Minorities tend to be over-represented in youth at YRTCs as shown in **Table 4.1**. For example:

- Black youth were 31% of the youth at YRTCs, while black youth are only 6% of the Nebraska youth population according to U.S. Census data for 2016.
- American Indian youth were 8% of the youth at YRTCs, compared to 2% of the Nebraska youth population per U.S. Census data for 2016.

Table 4.1 Race of youth placed at a Youth Rehabilitation and Treatment Center under DHHS/OJS on 3/31/2017, n=130

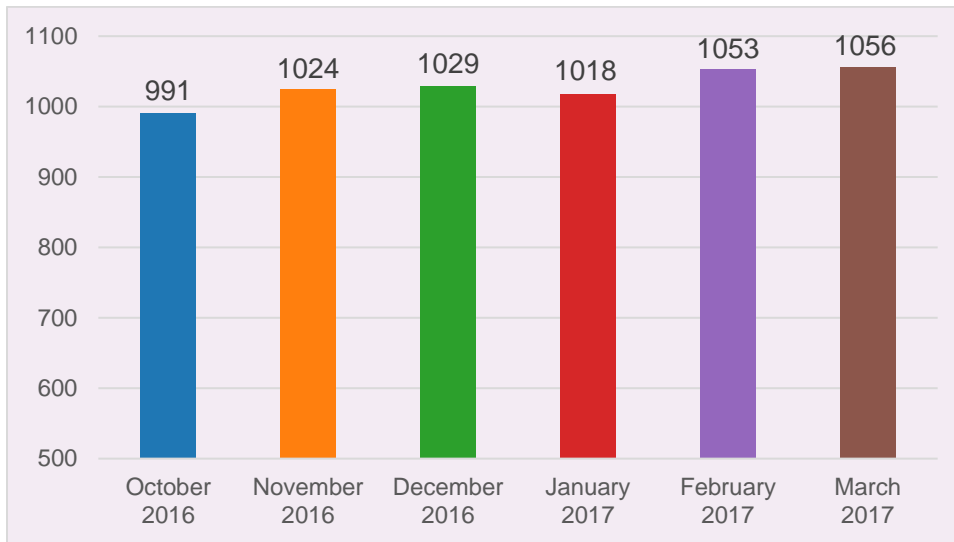
	Ethnicity			Grand Total
	Hispanic	Not Hispanic	Unable to determine ethnicity	
American Indian children	3	4	4	11
Asian children	0	0	0	0
Black children	1	26	13	40
Native Hawaiian children	0	0	0	0
Pacific Islander children	0	0	0	0
White children	16	47	14	77
Other race children	7	0	0	7
Unknown Race children	2	0	0	2
Declined to ID	0	1	0	1

C. Probation Supervised Youth

Trends

Figure 5.1 shows the average daily population (ADP) of all Probation-involved youth²² in out-of-home placement per month for the last six months. There has been a 6.6% increase comparing October to March.

Figure 5.1: Average Daily Population, Probation-Involved Youth in Out-of-Home Placement on 3/31/2017



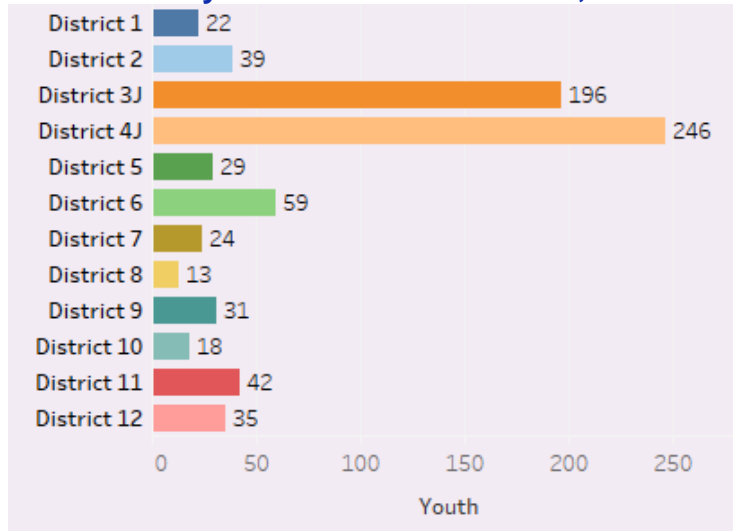
This remainder of this section focuses on youth in out-of-home care served by the Office of Juvenile Probation that are not involved with either DHHS/OJS or DHHS child welfare. There were 755 youth placed in out-of-home care on March 31, 2017 who were solely supervised by Probation.

²² This includes youth who are also simultaneously involved with either DHHS or OJS in addition to those solely served by Probation.

Where children are from

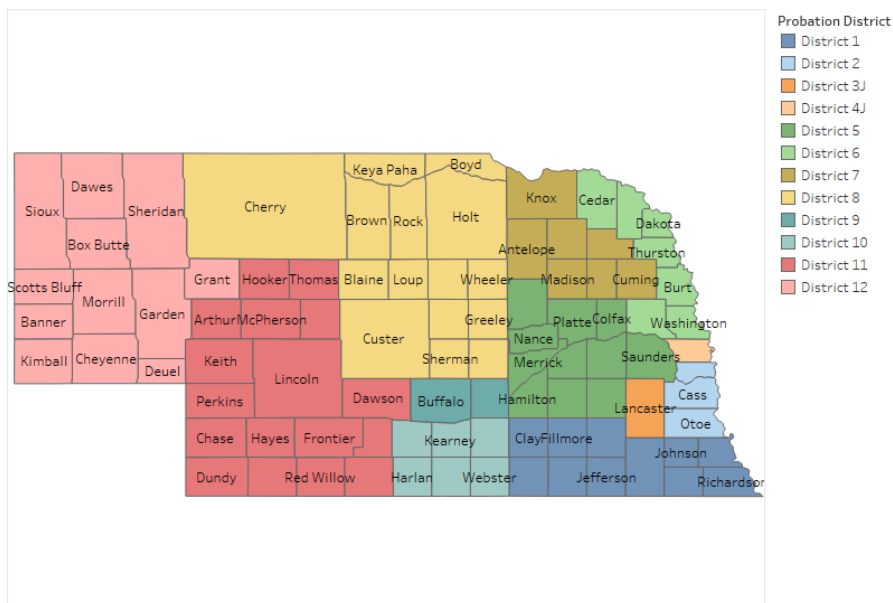
Figure 5.2 shows the Probation district, based on the county of court, for the 754 Probation youth. **Figure 5.3** shows Probation’s statutory districts.

Figure 5.2: Geographic District for Youth in Out-of-home Care Served by Probation on 3/31/2017, n=754



It is important to note that while Douglas County (4J) has the highest number of youth out-of-home, Lancaster County (3J) has a higher proportion of juvenile justice youth placed out-of-home. 26% of probation youth placed out-of-home are from Lancaster County, but U.S. Census data indicates that only 16% of Nebraska’s young people live there. Comparatively, 32% of probation youth placed out-of-home are from Douglas County, which is where 29% of Nebraska’s young people reside.

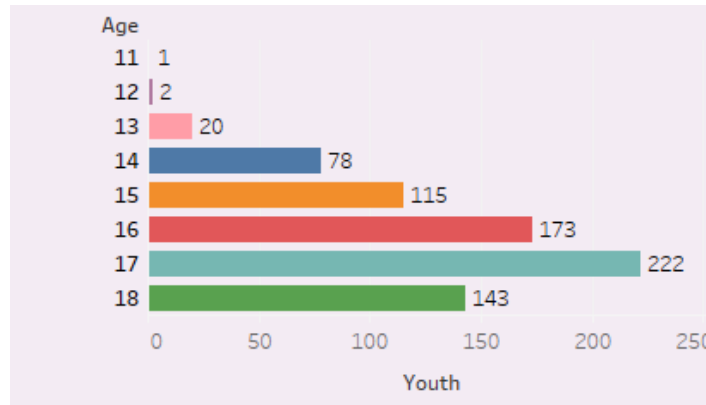
Figure 5.3: Probation district as defined in statute



Ages

Figure 5.4 shows the ages of Probation youth in out-of-home care on 3/31/2017. It is important to note that 216 (28.6%) are under age 16. Questions have been raised regarding the best system to deal with the youngest court-involved youth and their families.

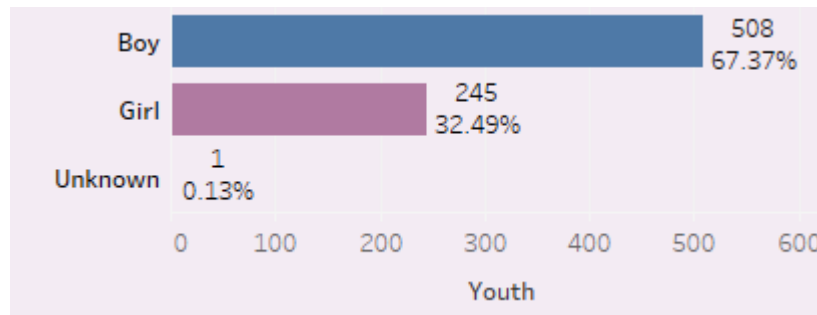
Figure 5.4: Age of Youth in Out-of-home Care Served by Probation on 3/31/2017, n=754



Gender

There are about twice as many boys in out-of-home care served by Probation as there are girls, as shown in **Figure 5.5**. This type of gender difference is common across the country for similar youth.

Figure 5.5: Gender of Youth in Out-of-home care Served by Probation on 3/31/2017, n=754



Race

There are some racial disparities as shown in **Table 5.1**. For example:

- 31% of youth served by Probation were Black, compared to 6% of the Nebraska youth population per U.S. Census 2016 data.
- 8% of youth served by Probation were American Indian, compared to 2% of the Nebraska youth population per U.S. Census 2016 data.

Table 5.1 shows the racial background of youth supervised by Probation. Some children may appear multiple times if they have more than one race identified.

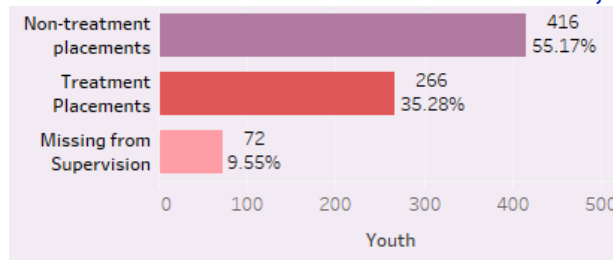
Table 5.1: Race of Youth in Out-of-home Care Served by Probation on 3/31/2017, Multiple Races Allowed, n=754

	Ethnicity			Grand Total
	Hispanic	Not Hispanic	Unable to determine ethnicity	
American Indian children	10	38	14	62
Asian children	0	5	2	7
Black children	8	177	49	234
Native Hawaiian children	0	0	1	1
Pacific Islander children	0	1	0	1
White children	69	353	78	500
Other race children	62	15	5	82
Unknown Race children	8	1	16	25
Declined to ID	0	3	0	3

Treatment or non-treatment placements

Figure 5.6 shows that over half (55.1%) of Probation youth in out-of-home care are in non-treatment placements, 35.4% are in treatment placements, and 9.5% are missing from supervision.

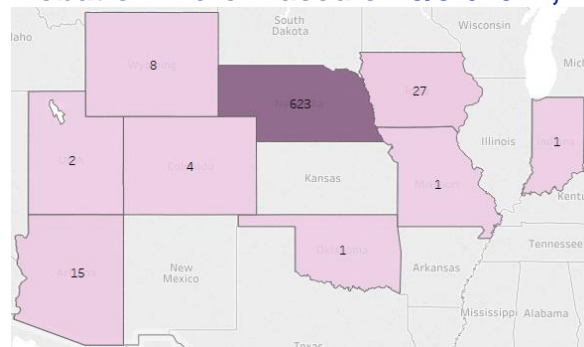
Figure 5.6: Treatment or Non-Treatment Placements of Probation Youth in Out-of-home Care on 3/31/2017, n=754



State where youth are placed

The state where placed was not available for the 72 youth missing from supervision on March 31, 2017. For the remaining 682 youth, 91.0% were placed in Nebraska, 3.9% were in Iowa, 2.2% were in Arizona, 1.2% were in Wyoming, and the rest were in other states as illustrated in **Figure 5.7**.

Figure 5.7: State Where Youth in Out-of-home Care Served by Probation Were Placed on 3/31/2017, n=682



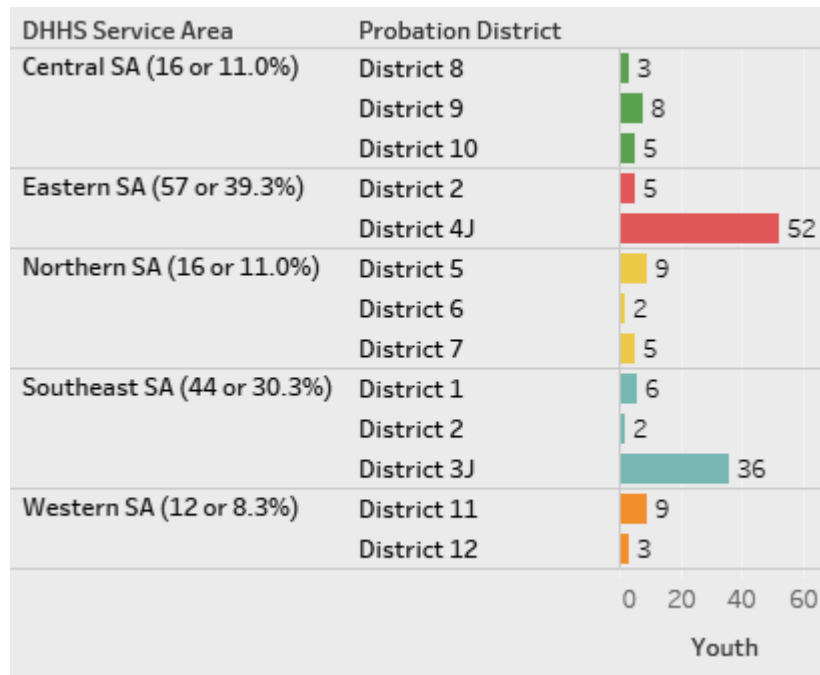
D. Youth with Both DHHS and Probation Involvement

On 3/31/2017 there were 145 children involved with both DHHS and the Office of Juvenile Probation; with 142 of them in out-of-home placement and 3 in a trial home visit following an out-of-home placement.

Where youth are from

These youth come from all parts of the state, as illustrated in **Figure 6.1** below.

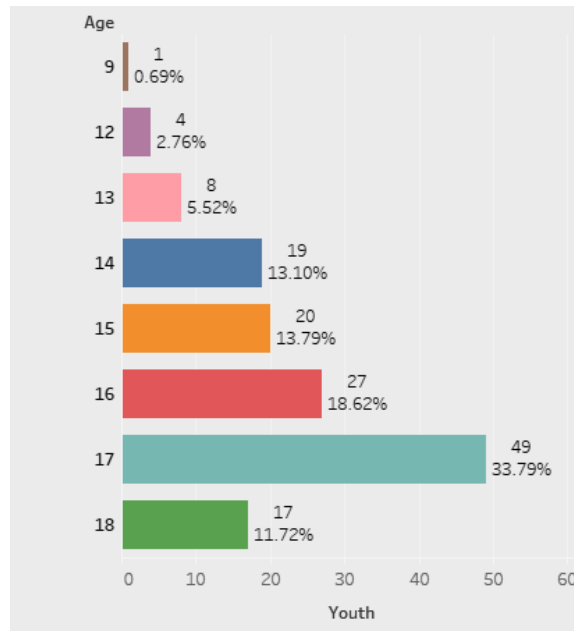
Figure 6.1: Youth in Out-of-home Care Served by Both DHHS and Probation on 3/31/2017 by DHHS Service Area, n=145



Ages

Figure 6.2 indicates that most dual-agency youth are teenagers, although some are younger.

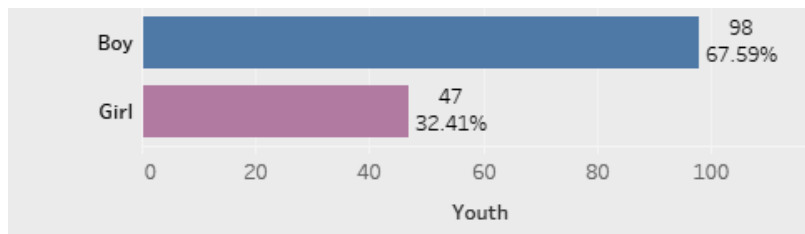
Figure 6.2. Ages of Youth in Out-of-home Care Served by Both DHHS and Probation on 3/31/2017, n=145



Gender

Figure 6.3 shows that, as is true with other juvenile justice populations, there are about twice as many boys in this group as girls.

Figure 6.3: Gender of Youth in Out-of-home Care Served by Both DHHS and Probation on 3/31/2017, n=145



Race and Ethnicity

Table 6.1 shows the racial background of youth served by both agencies. Some youth may appear twice if they have more than one race identified.

- 27% are Black, compared to 6% of the Nebraska youth population per U.S. Census 2016 data.

- 12% are American Indian, compared to 2% of the Nebraska youth population per U.S. Census 2016 data.

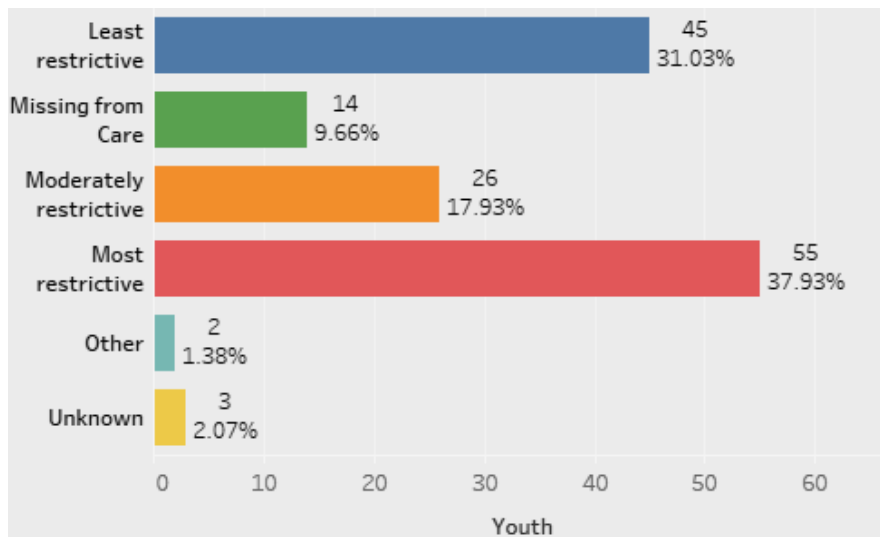
Table 6.1: Race of youth in out-of-home care served by both DHHS and Probation on 3/31/2017, n=145

	Ethnicity			Grand Total
	Hispanic	Not Hispanic	Unable to determine ethnicity	
American Indian children	4	8	6	18
Asian children	0	1	1	2
Black children	1	32	6	39
Native Hawaiian children	0	0	1	1
Pacific Islander children	0	0	0	0
White children	16	69	9	94
Other race children	6	1	1	8
Unknown Race children	0	0	1	1
Declined to ID	1	0	0	1

Restrictiveness level of children’s placements

Figure 6.4 shows that slightly more children are in least restrictive placement types than in most restrictive, based on definitions used for non-Probation involved state wards.

Figure 6.4: Placement Restrictiveness for Youth in Out-of-home Care Served by both DHHS and Probation on 3/31/2017, n=145



Least restrictive includes placements in a home-like setting.
Moderately restrictive includes non-treatment group homes and boarding schools.
Most restrictive includes psychiatric facilities, medical facilities, youth rehabilitation and treatment centers, youth detention, and emergency shelters.
Other is for older youth in independent living situations that are still under supervision.

APPENDIX A - FCRO BACKGROUND

Mission

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

Vision

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

Purpose for the FCRO Tracking/Data System

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

Purpose of FCRO Reviews

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

Role

The FCRO's role under the Foster Care Review Act is to: 1) independently track children in out-of-home care, 2) review those children's cases, 3) collect and analyze data related to the children, 4) identify conditions and outcomes for Nebraska's children in out-of-home care, 5) make recommendations to the child welfare and juvenile justice systems on needed corrective actions, and 6) inform policy makers and the public on issues related to out-of-home care. The FCRO is an independent state agency not affiliated with DHHS, Courts, the Office of Probation, or any other entity.

About this Report

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

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

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

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