



# December 2022 Quarterly Report

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**NEBRASKA**  
FOSTER CARE REVIEW OFFICE

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## Dedication in Memoriam

We dedicate this report in memory of Carolyn (Carol) K. Stitt (1954-2022) who served as Executive Director of the Foster Care Review Board from 1983-2012. Your tireless advocacy for and unwavering commitment to children in foster care is an inspiration to those who follow in your giant footsteps. Your legacy lives on in those who share your passion for justice and continue to work on behalf of Nebraska's most vulnerable.

## Executive Summary

The FCRO is the independent state agency responsible for overseeing the safety, permanency, and well-being of children in out-of-home care in Nebraska. Through a process that includes case reviews, data collection and analysis, and accountability, we are the authoritative voice for all children and youth in out-of-home care. The Foster Care Review Office (FCRO) celebrated 40 years of service on July 1, 2022.

As announced earlier this year, FCRO's Data Dashboards (accessed via our website, [www.fcro.nebraska.gov](http://www.fcro.nebraska.gov)) are now available. Data presented includes current numbers of children impacted, the agencies and courts responsible, demographics, and key indicators, all of which can be sorted in ways you find most useful. The FCRO is committed to providing high-level and in-depth analysis through our data reporting so that system stakeholders and everyday Nebraskans alike have access to information related to children and youth in out-of-home care.

*The 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 share recommendations for needed changes made per our mandate.*

In the special study section of this report, we describe how we were able to use the FCRO's data dashboards to select key outcome data, including data on racial disparities and comparisons by DHHS/CFS Service Area, by child's gender, and by age group. A sample of findings includes<sup>1</sup>:

- The Eastern Service Area (ESA – metro Omaha area) had the longest median days in care at 560.5; whereas the shortest was in the Western Service Area (WSA – panhandle area) at 304.0 days. ESA also had the highest average of caseworkers involved with the child's current episode at 6.1 compared to the lowest average in the WSA at 2.3 caseworkers.
- Outcome trends between girls and boys involved solely with DHHS/CFS were quite similar, though the median days in care for boys was slightly longer at 463.0 days compared to 443.0 for girls.
- Youths ages 13-18 involved solely with DHHS/CFS had a median of 550.0 days in care and an average of 5.1 caseworkers. The average number of episode and lifetime placements were also both highest for this age group.
- Black, Non-Hispanic boys ages 13-18 had 1061.0 median days in care, whereas Black, Non-Hispanic girls had a median of 792.0 days. Both groups had the longest median days in care in comparison to the other race groups.
- Black, Non-Hispanic boys and girls had the highest average of caseworkers at 9.0.

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<sup>1</sup> Data quoted in this report are from the FCRO's independent data tracking system or FCRO completed case file reviews unless otherwise noted.



- Black, Non-Hispanic boys and girls both had the highest average number of placements (episode and lifetime) in addition to the highest rates of being missing from care.

Readers are encouraged to read the special study section to get further details.

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

- There were 4,219 Nebraska children in out-of-home or trial home visit placements under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division (hereafter referred to as Probation) on 9/30/22, representing a 1.3% increase from 9/30/21. (page 14)
- Of the 4,219 total children, 3,633 (86.1%) children were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation, a 0.9% increase compared to children on 9/30/21. (page 15)
- Most DHHS/CFS wards in out-of-home placements or trial home visits (97.0%) were placed in a family-like, least restrictive setting. (page 21)
- Over half of children in a least-restrictive foster home, excluding those in trial home visits, are placed with relatives or kin (58.7%). The percentage of children in a licensed relative or kinship home has decreased in the last year. (page 22)
- Of the 75 DHHS/CFS wards in congregate care, most are in Nebraska (88.0%); slightly less than the 91.7% in congregate care placed in Nebraska on 9/30/21. (pages 23-24)
- Depending on the geographic area, between 5.5% and 52.6% of the children have had five or more workers since most recently entering the child welfare system. Furthermore, 303 children statewide had 10 or more workers in that timeframe, most of whom (282) were from the Eastern Service Area (ESA). (page 26)
- When combining youth in out-of-home care through Probation only, Dually-adjudicated, and OJS/Probation, the average daily population in September 2022 was 610 youth who had some level of Probation involvement, compared to 583 such youth in September of 2021. That represents a 4.7% increase.
- There were 399 (9.5%) youths that were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTC's, an 11.5% increase compared to youth on 9/30/21. (page 32)
- Probation most often utilizes in-state placements; 87.7% of the 310 youth with a known placement location in congregate care were placed in Nebraska. (page 36)

## Executive Summary

- There were 117 (2.8%) youths in out-of-home care involved with DHHS/CFS and Probation simultaneously, representing a 16.4% decrease compared to youths on 9/30/21. (page 37)
- There were 68 youths, 53 boys and 15 girls, from various counties across Nebraska at a YRTC on 9/30/22 which is consistent with 64 such youths at the YRTCs the same time last year. (page 30)
- Disproportionate rates for children of color in out-of-home care remains a critical issue to be examined and addressed, regardless of which agency or agencies are involved. (pages 6-13, 20, 31, 34, 38-39)
- Missing from Care continues to be an issue. The following 59 children and youth were missing from care as of 9/30/2022: 28 DHHS/CFS wards, 19 Probation only youth, and 12 Dually-adjudicated youths.
- Covid-19 has undoubtedly had a significant impact on youth and families, programs, and providers. 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. It will continue to be an important factor to consider when reviewing outcome trends over time.

## **Recommendations**

Children's experiences in out-of-home care have life-long impacts. In its September 2022 Annual Report, the FCRO made several major recommendations intended to improve conditions for children in Nebraska's child welfare and juvenile justice systems. Many of those recommendations remain relevant and can be found on our website at [www.fcro.nebraska.gov](http://www.fcro.nebraska.gov). The FCRO will continue to work with all system stakeholders to pursue the recommended changes. The recommendations offered in this quarterly report are based on an analysis of the data tracked by the FCRO, as well as data collected during case reviews, and findings by local review boards.

1. Racial and ethnic disparities in the child welfare and juvenile justice systems have become intractable and are causing harm to children, families, and communities of color (see special study, pages 6-13). The FCRO recommends a task force be created. The task force should be led by and comprised of mostly people with lived experience or those who live in communities heavily impacted by the child protection system to identify the root causes and propose solutions to address the disparities which exist from the time leading up to and including when an abuse or neglect report is received for a child through the achievement of permanency.
2. Availability of and access to supports and services for children and families continues to be a challenge across Nebraska. 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. Some progress is noted in this area with the release in September 2022 of a Request for Information by DHHS/CFS for Innovative Child and Family Well-Being Solutions.
3. 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 be safe. Progress is acknowledged in implementing the fourth and fifth foster care reimbursement rate tiers effective October 1, 2022.
4. The number of children in licensed (vs. approved) relative and kinship homes has declined since 2021. The FCRO encourages continued efforts to identify, train, equip, and license relative and kinship foster homes with support to newly licensed relative and kinship foster homes.
5. Redouble efforts to stabilize the child welfare workforce. Innovative approaches to recruitment and retention are required in the post-pandemic environment. Case manager turnover continues to be an acute problem, particularly in the ESA. On average more than 18 case managers have left their positions each month during the first nine months of 2022. This represents up to 320 cases that must be

transferred to new caseworkers every month. The workers who remain are often overwhelmed, leading to burnout and additional turnover.

6. Implement strategies to reduce case manager workload. Caseloads remain too high, especially in the ESA where (per the CFS report of Sept. 2022 data) only 33.8% of ongoing case managers had caseloads within statutory caseload standards. Statewide only 64.3% of ongoing case managers had caseloads in compliance. High caseloads and high workloads lead to staff turnover and delays in permanency, negatively impacting children and families.
7. Continue efforts to improve case file documentation. FCRO case file reviews indicate documentation continues to be an issue. Lack of documentation in case files, lack of updated assessments, and poor-quality documentation are a result of inexperience, lack of training and support, and high workloads, all of which contribute to high turnover. Additionally, these factors result in poor case management, lack of progress toward permanency, and poor outcomes for children and families.





## Special Study on Outcome Patterns, including Racial Disparity

**Publicly available FCRO data dashboards contributed to this research.** Earlier this year the Foster Care Review Office (FCRO) announced the release of our newly developed data dashboards which enhance our readers' access to the most requested FCRO data on the child welfare and juvenile justice out-of-home populations in Nebraska. The online data dashboards can be easily filtered by DHHS Service Area, Probation District, type of agency involvement, age, race, gender, etc. The data dashboards are available to stakeholders and the general public at [https://fcro.nebraska.gov/data\\_dashboards.html#](https://fcro.nebraska.gov/data_dashboards.html#).

The data dashboard tool serves as the basis for this Special Study, both to illustrate how readers can use it to easily retrieve relevant data, as well as to introduce two new measures which have been added: 1) Median Days in Care (for all children and youth); and 2) Average Number of Caseworkers (for children in child welfare).

Over the years, FCRO has continued to emphasize the importance of stability factors related to the well-being of children in out-of-home care. Multiple removals, placement disruptions, and multiple changes in caseworkers result in broken attachments, further trauma, and create delays to reunification or other permanency options. This Special Study looks at measures related to stability while in care and the amount of time children have been in their current out-of-home placement. Measures reviewed include:

- Median Days in Care – Days in care for each child was determined by taking 09/30/2022 minus the most recent removal date. The median describes the midpoint for the population where 50% are below and 50% are above the median.
- Average Number of Caseworkers – The count of caseworkers each child has had during their current episode in out-of-home care is totaled for all children and then divided by the total number of children in the population or subpopulation.
- Average Number of Placements (Episode) – The count of placements each child has had during their current episode in out-of-home care is totaled for all children and then divided by the total number of children in the population or subpopulation.<sup>2</sup>

***FCRO has continued to emphasize the importance of stability factors related to the well-being of children in out-of-home care. Multiple removals, placement disruptions, and multiple changes in caseworkers result in broken attachments, further trauma, and create delays to reunification or other permanency options.***

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<sup>2</sup> Episode refers to the period between removal from the parental home and the end of court action. There may be trial home visit placements during this time. Some children have more than one episode in foster care during their childhood.

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- Average Number of Placements (Lifetime) – The count of placements each child has had over their lifetime experience in out-of-home care is totaled for all children and then divided by the total number of children in the population or subpopulation.
- Percentage of Children Missing from Care – The number of children described as missing from their care placement is divided by the total number of children in the population or subpopulation.

**Outcome patterns.** From this point, we review outcome patterns amongst various subpopulations of the child welfare population who were involved solely with DHHS/CFS. This population of 3,633 children represents 86.1% of all children and youth in out-of-home care or a trial home visit on 9/30/2022, and thus offers larger sample-sized subpopulations for review and comparison. Sample sizes of 10 or fewer were excluded from review and reporting.

The charts that follow were created in Excel based on the data found using the data dashboards. The color coding for the cells in those charts offers a key to quickly visualize outcomes that are more desirable (green) from those that are less desirable (red), with shades in between as applicable. In summary,

- Median days in out-of-home care for all children who were solely involved with DHHS/CFS was slightly longer than for the total population, at 457.0 days.
- The Eastern Service Area (ESA – metro Omaha area) had the longest median days in care at 560.5; whereas the shortest was in the Western Service Area (WSA – panhandle area) at 304.0 days.
- ESA also had the highest average of caseworkers involved with the child's current episode at 6.1 compared to the lowest average in the WSA at 2.3 caseworkers.
- A similar pattern could also be found for the average number of placements (episode and lifetime). ESA had an average of 3.4 placements within the child's current episode and 4.1 placements over their lifetime compared to an average of 1.9 (episode) and 2.5 (lifetime) placements in the WSA.
- ESA had over 5 times the rate of children missing from care as those who were missing in WSA.

Variable	Total Count	Median Days in Care	Avg# Caseworkers	Avg# Placements (Episode)	Avg# Placements (Lifetime)	% Missing from Care
All in OOH on 9/30/2022	4,219	413.0	N/A	3.0	3.9	1.4%
NDHHS/CFS only (all)	3,633	457.0	4.3	2.8	3.4	0.8%
Central Service Area	408	410.5	2.6	2.3	2.9	0.5%
Eastern Service Area	1,666	560.5	6.1	3.4	4.1	1.1%
Northern Service Area	477	361.0	3.2	2.4	2.8	0.4%
Southeast Service Area	629	457.0	3.0	2.5	3.0	0.6%
Western Service Area	453	304.0	2.3	1.9	2.5	0.2%

**Gender differences.** Outcome trends between girls and boys involved solely with DHHS/CFS were quite similar, though the median days in care for boys was slightly longer at 463.0 days compared to 443.0 for girls.

Variable	Total Count	Median Days in Care	Avg# Caseworkers	Avg# Placements (Episode)	Avg# Placements (Lifetime)	% Missing from Care
All in OOH on 9/30/2022	4,219	413.0	N/A	3.0	3.9	1.4%
NDHHS/CFS only (all)	3,633	457.0	4.3	2.8	3.4	0.8%
Girls	1,839	443.0	4.4	2.8	3.4	0.8%
Boys	1,794	463.0	4.3	2.8	3.5	0.7%

**Differences based on age group.** As could be expected, outcome trends tended to decline with age.

- Youth ages 13-18 involved solely with DHHS/CFS had a median of 550.0 days in care and an average of 5.1 caseworkers. The average number of episode and lifetime placements were also both highest for this group.
- The median days in care and average number of caseworkers decreased for those children 6-12 years in age (462.0 days and 4.4 caseworkers).
- It decreased even further for those 0-5 years of age (395.0 days and 3.7 caseworkers).
- Youth ages 13-18 also had the highest percentage of missing from care at 2.7%.

Variable	Total Count	Median Days in Care	Avg# Caseworkers	Avg# Placements (Episode)	Avg# Placements (Lifetime)	% Missing from Care
All in OOH on 9/30/2022	4,219	413.0	N/A	3.0	3.9	1.4%
NDHHS/CFS only (all)	3,633	457.0	4.3	2.8	3.4	0.8%
0 to 5 Years	1,357	395.0	3.7	1.9	2.0	0.0%
6 to 12 Years	1,247	462.0	4.4	2.3	2.9	0.0%
13 to 18 Years	1,029	550.0	5.1	4.6	5.9	2.7%

**Filtering by both age and race.** Next, we filtered by race and then further drilled down to see if race patterns held across age groups. Child welfare leaders and scholars have long expressed concerns regarding racial disproportionality in the U.S. foster care system—the fact that Black children are represented in foster care systems at levels much higher than their numbers in the overall population.<sup>3</sup>

Child welfare and foster care involvement are surprisingly common in the U.S., as are racial variations within the foster care population. By age 18, 37 percent of all children—including up to 53 percent of Black children—will have a child welfare investigation for alleged abuse or neglect (Kim et al., 2017). Similarly, by age 18, up to 5 percent of

<sup>3</sup> The Push for Racial Equity in Child Welfare, E. Jason Baron, Ezra G. Goldstein, Joseph Ryan, Sept. 2022.

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children—including up to 9 percent of Black children—will have entered foster care at some point (Yi, Edwards and Wildeman, 2020).

Considering Nebraska children solely in the care of DHHS/CFS in out-of-home placement or trial home visit on 09/30/2022, we found that there were startling differences by race on many outcome measures. Black, Non-Hispanic children had the longest median days in care, the highest average number of caseworkers, and the highest average number of placements for both in episode and lifetime.<sup>4</sup>

Variable	Total Count	Median Days in Care	Avg# Caseworkers	Avg# Placements (Episode)	Avg# Placements (Lifetime)	% Missing from Care
<b>All in OOH on 9/30/2022</b>	4,219	413.0	N/A	3.0	3.9	1.4%
<b>NDHHS/CFS only (all)</b>	3,633	457.0	4.3	2.8	3.4	0.8%
<i>White, Non-Hispanic</i>	1,614	399.0	3.6	2.4	3.0	0.6%
<i>Hispanic</i>	848	445.0	3.8	2.6	3.2	0.9%
<i>Black, Non-Hispanic</i>	562	661.0	7.0	3.9	4.7	1.2%
<i>Two or More Races, Non-Hispanic</i>	366	460.5	5.0	3.2	4.0	0.5%
<i>American Indian, Non-Hispanic</i>	144	499.0	3.7	2.9	3.5	0.0%
<i>Other/Unknown</i>	57	301.0	3.1	2.1	2.5	1.8%
<i>Asian/Native Hawaiian, Non-Hispanic</i>	42	485.5	5.7	2.9	3.1	0.0%

We then added filters by age group and found there were racial inequities in every age group. For example:

- For ages 0-5, the median days in care was 353.0 if the child was White and 547.0 if the child was Black.
- For those ages 6-12, the median days in care was 381.0 if the child was White, 681.0 if the child was Black, and 623.0 if the child was American Indian.
- For ages 13-18, the median days in care was 497.0 if the youth was White and 852.0 if the child was Black. The longest median days in care was found for Asian/Native Hawaiian youth at 1,375.5; however, it should be noted that the sample size for this subpopulation of youth was quite small.

Variable	Total Count	Median Days in Care	Avg# Caseworkers	Avg# Placements (Episode)	Avg# Placements (Lifetime)	% Missing from Care
<b>NDHHS/CFS only in OOH on 9/30/2022</b>	3,633	457.0	4.3	2.8	3.4	0.8%
<b>NDHHS/CFS only (Ages 0-5)</b>	1,357	395.0	3.7	1.9	2.0	0.0%
<i>White, Non-Hispanic</i>	622	353.0	3.3	1.8	1.9	0.0%
<i>Hispanic</i>	300	389.0	3.3	1.9	2.1	0.0%
<i>Black, Non-Hispanic</i>	207	547.0	5.4	2.0	2.1	0.0%
<i>Two or More Races, Non-Hispanic</i>	134	403.0	4.0	1.9	2.2	0.0%
<i>American Indian, Non-Hispanic</i>	62	439.5	3.2	2.0	2.2	0.0%
<i>Other/Unknown</i>	23	263.0	3.0	1.8	2.0	0.0%

<sup>4</sup> Episode refers to the period between removal from the parental home and the end of court action. There may be trial home visit placements during this time. Some children have more than one episode in foster care during their childhood.

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Variable	Total Count	Median Days in Care	Avg# Caseworkers	Avg# Placements (Episode)	Avg# Placements (Lifetime)	% Missing from Care
<b>NDHHS/CFS only in OOH on 9/30/2022</b>	3,633	457.0	4.3	2.8	3.4	0.8%
<b>NDHHS/CFS only (Ages 6-12)</b>	1,247	462.0	4.4	2.3	2.9	0.0%
<i>White, Non-Hispanic</i>	531	381.0	3.7	2.1	2.6	0.0%
<i>Hispanic</i>	299	445.0	3.8	2.0	2.6	0.0%
<i>Black, Non-Hispanic</i>	185	681.0	6.8	3.1	4.1	0.0%
<i>Two or More Races, Non-Hispanic</i>	147	513.0	5.6	2.6	3.4	0.0%
<i>American Indian, Non-Hispanic</i>	45	623.0	3.9	2.8	3.3	0.0%
<i>Other/Unknown</i>	21	301.0	3.1	1.9	2.3	0.0%
<i>Asian/Native Hawaiian, Non-Hispanic</i>	19	484.0	4.7	2.4	2.6	0.0%

Variable	Total Count	Median Days in Care	Avg# Caseworkers	Avg# Placements (Episode)	Avg# Placements (Lifetime)	% Missing from Care
<b>NDHHS/CFS only in OOH on 9/30/2022</b>	3,633	457.0	4.3	2.8	3.4	0.8%
<b>NDHHS/CFS only (Ages 13-18)</b>	1,029	550.0	5.1	4.6	5.9	2.7%
<i>White, Non-Hispanic</i>	461	497.0	3.9	3.8	5.1	2.0%
<i>Hispanic</i>	249	515.0	4.4	4.3	5.3	3.2%
<i>Black, Non-Hispanic</i>	170	852.0	9.0	6.8	8.5	4.1%
<i>Two or More Races, Non-Hispanic</i>	85	520.0	5.7	6.0	7.8	2.4%
<i>American Indian, Non-Hispanic</i>	37	661.0	4.4	4.6	6.0	0.0%
<i>Other/Unknown</i>	13	386.0	3.2	3.2	4.0	7.7%
<i>Asian/Native Hawaiian, Non-Hispanic</i>	14	1375.5	8.6	4.1	4.3	7.1%

Considering only youth ages 13-18, we also found outcome measures varied by gender. For example:

- Black, Non-Hispanic boys ages 13-18 had 1061.0 median days in care, whereas Black, Non-Hispanic girls had a median of 792.0 days. Both groups had the longest median days in care in comparison to the other race groups.
- Black, Non-Hispanic boys and girls had the highest average of caseworkers at 9.0.
- Black, Non-Hispanic boys and girls both had the highest average number of placements (episode and lifetime) in addition to the highest rates of being missing from care.

Variable	Total Count	Median Days in Care	Avg# Caseworkers	Avg# Placements (Episode)	Avg# Placements (Lifetime)	% Missing from Care
<b>NDHHS/CFS only in OOH on 9/30/2022</b>	3,633	457.0	4.3	2.8	3.4	0.8%
<b>NDHHS/CFS only (13-18) Boys</b>	473	583.0	5.2	4.8	6.1	2.7%
<i>White, Non-Hispanic</i>	214	555.5	4.0	3.9	5.2	2.8%
<i>Hispanic</i>	112	492.0	4.5	4.1	5.2	1.8%
<i>Black, Non-Hispanic</i>	83	1061.0	9.0	7.5	9.4	3.6%
<i>Two or More Races, Non-Hispanic</i>	32	541.0	6.0	7.7	9.1	3.1%
<i>American Indian, Non-Hispanic</i>	17	749.0	4.0	3.8	4.4	0.0%



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Variable	Total Count	Median Days in Care	Avg# Caseworkers	Avg# Placements (Episode)	Avg# Placements (Lifetime)	% Missing from Care
NDHHS/CFS only in OOH on 9/30/2022	3,633	457.0	4.3	2.8	3.4	0.8%
NDHHS/CFS only (13-18) Girls	556	523.5	5.0	4.4	5.8	2.7%
<i>White, Non-Hispanic</i>	247	454.0	3.8	3.7	5.0	1.2%
<i>Hispanic</i>	137	526.0	4.2	4.4	5.4	4.4%
<i>Black, Non-Hispanic</i>	87	792.0	9.0	6.2	7.7	4.6%
<i>Two or More Races, Non-Hispanic</i>	53	520.0	5.5	5.0	7.1	1.9%
<i>American Indian, Non-Hispanic</i>	20	445.0	4.8	5.3	7.4	0.0%

**Contributing factors.** There are factors contributing to racial disproportionality and disparity that are beyond the scope of this Special Study. Poverty is strongly related to minority status across the United States, and poverty can impact child maltreatment rates. There can be a lack of resources available in certain geographic contexts. Pressure to reunify quickly can adversely impact parents that lack the resources necessary to address the reasons that their children entered care. There can be racial bias exhibited by individuals such as caseworkers or mandated reporters, and there may be a long-term impact of structural or multi-generational racism.<sup>5</sup>

**Differences in Nebraska's most populous area.** In other parts of the country, urban areas tended to experience the highest level of racial disparity. We looked at the ESA, since that is the largest urban area in Nebraska and represents the largest number of children in care. We found that:

- When looking specifically at the ESA, the American Indian, Non-Hispanic children had the longest median days in care at 856.5.
- Black, Non-Hispanic children had the second longest median days in care at 758.0; in other areas such as average number of caseworkers and average number of placements, they once again reflect the least favorable outcomes.

Variable	Total Count	Median Days in Care	Avg# Caseworkers	Avg# Placements (Episode)	Avg# Placements (Lifetime)	% Missing from Care
NDHHS/CFS only in OOH on 9/30/2022	3,633	457.0	4.3	2.8	3.4	0.8%
NDHHS/CFS only in ESA	1,666	560.5	6.1	3.4	4.1	1.1%
<i>White, Non-Hispanic</i>	530	519.5	5.3	3.0	3.7	0.6%
<i>Hispanic</i>	373	515.0	5.2	3.2	3.8	1.3%
<i>Black, Non-Hispanic</i>	466	758.0	7.8	4.0	5.0	1.5%
<i>Two or More Races, Non-Hispanic</i>	187	556.0	6.8	3.6	4.4	1.1%
<i>American Indian, Non-Hispanic</i>	36	856.5	6.2	3.7	4.6	0.0%
<i>Other/Unknown</i>	37	304.0	3.3	2.4	2.7	2.7%
<i>Asian/Native Hawaiian, Non-Hispanic</i>	37	484.0	5.6	2.6	2.8	2.7%

<sup>5</sup> Child Welfare Information Gateway. (2021). Child welfare practice to address racial disproportionality and disparity. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/>

**How to improve the situation.** National research highlights the complicated intersection of poverty, race and ethnicity, and the perceived risk for maltreatment in explaining disparities at key child welfare decision points, including the initial rate of allegations (hotline reports), substantiation of maltreatment, and the decision to remove children from their homes.<sup>6,7</sup>

There are many ways that states can ensure families have access to the services and supports they need. First, states can bring attention to the issues by researching practices and outcomes and releasing their findings to the public, such as the FCRO is doing by making the data dashboards available and publishing this and prior reports. Additionally, states should utilize a race equity assessment process to inform their child welfare policymaking process. It is imperative that this process relies not only on relevant data but also on the inclusion of a diverse stakeholder and community population to help with decision-making, prioritization, and accountability at all system levels. The process must include involvement of persons with lived experience.

The FCRO has prioritized as its first recommendation in this report that an equity task force be created. The task force should be led by and comprised of mostly people with lived experience or those who live in communities heavily impacted by the child protection system to identify the root causes and propose solutions to address the disparities which exist from the time leading up to and including when an abuse or neglect report is received for a child through the achievement of permanency.

States can invest in early interventions, encourage cross-system collaboration, involve the communities, and prioritize high-quality legal representation for families from diverse racial and ethnic backgrounds that statistically have disproportionate contact with the justice system.<sup>8</sup>

It must be acknowledged that racial data has inherent limitations. For example, race and ethnicity are not biological or scientific. People may identify their or their children's race or ethnicity based on many societal factors. Racial definitions which differ across studies or data collection further increases the difficulty of doing comparisons. In addition, how people define their own race or ethnicity can change over time. Approximately 10 million people changed the identification of their race or ethnicity between the 2000 and 2010 censuses.<sup>9</sup>

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<sup>6</sup> Martin and Citrin, 2014, as cited in *Achieving Racial Equity, Child Welfare Policy Strategies to Improve Outcomes for Children of Color*, Megan Martin MSW and Dana Dean Connelly, PhD. Center for the Study of Social Policy.

<sup>7</sup> *The Push for Racial Equity in Child Welfare*, E. Jason Baron, Ezra G. Goldstein, Joseph Ryan, Sept. 2022.

<sup>8</sup> Child Welfare Information Gateway. (2021). *Child welfare practice to address racial disproportionality and disparity*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/>

<sup>9</sup> Ibid.

Nonetheless, the degree of the racial disparity in the study data indicates that further research and, more importantly, action is needed.

Data must be continually examined to ensure it is sufficient to address both causal and root causes resulting in disparities across races. The data must be transparently shared with all audiences, along with a clear explanation about what the data includes and represents and what it does not. The challenge is developing an understanding of what is needed to bring about positive change in strategy, offer outcome improvements, and result in solutions that get beyond causal factors and begin to tackle the root causes for sustained results.

The FCRO is committed to continuing to further delve into the data to initiate more precise analytics, including the use of AI analytic tools to identify patterns and discrepancies to ensure a thorough and unbiased approach. We recognize this will require system and community partners who collect and have access to additional relevant data sets to connect to data from the FCRO's Foster Care Tracking System (FCTS).

The ability to implement a better causal model for analysis is dependent upon data beyond that which is available in FCTS for children and youth in out-of-home care. This will require community and system partners to work together as a collaborative group. This group will need to identify and collect the relevant data sources, which must include data from those with lived experience (i.e., surveys). Once key data sources are identified and sharing agreements are secured, a process for combining the sources will need to be developed to support big data infrastructure with reliable and sustainable analytic capacity. From there, the group will need to create a collective dashboard that is maintained on a regular basis and made available to stakeholder and community groups for ongoing use to help understand and support local needs.

The FCRO remains committed to assisting its child welfare system partners in developing, measuring, and addressing the impact of changes designed to improve conditions for children experiencing the foster care system.



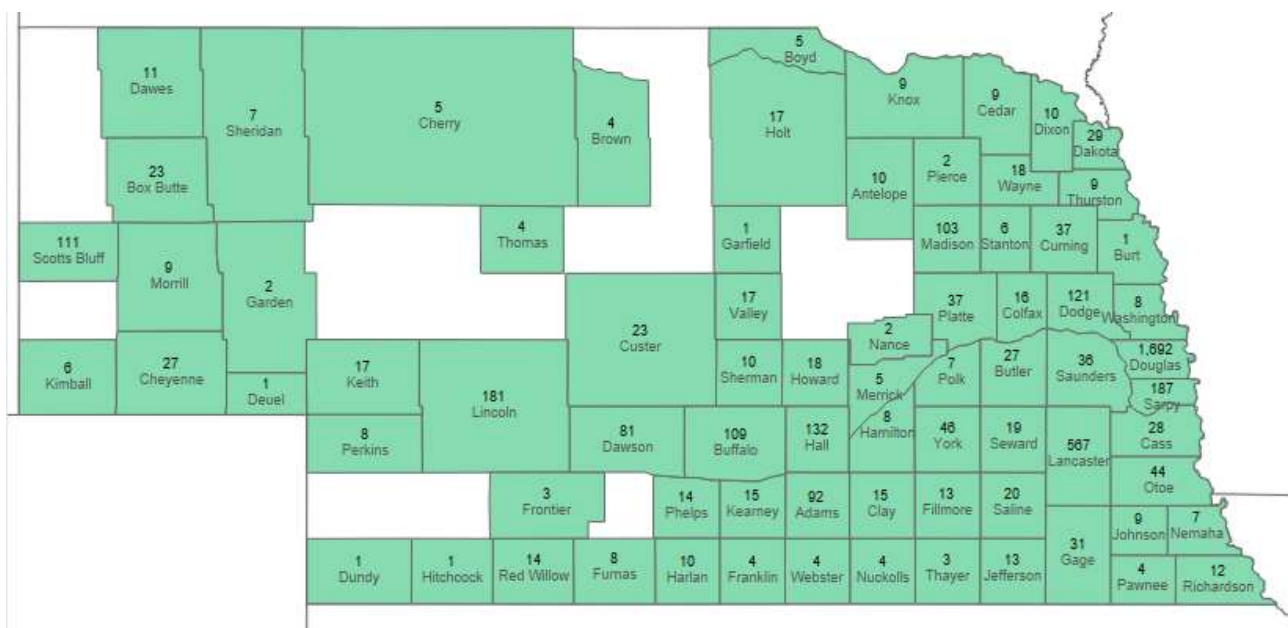
Total in Care

## Total Children in Out-of-Home or Trial Home Placement<sup>10</sup>

On 9/30/22, there were 4,219 Nebraska children in out-of-home or trial home visit placements<sup>11</sup> under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division, hereafter simply referred to as Probation.<sup>12</sup> This is a 1.3% increase from the 4,166 children in such placements on 9/30/21.

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 9/30/22, n=4,219\***



\*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.

<sup>10</sup> Data quoted in this report are from the FCRO’s independent data tracking system and FCRO completed case file reviews unless otherwise noted.  
<sup>11</sup> This section does not include children in non-court Informal Living Arrangements, tribal wards, or children that have never had a removal from the home.  
<sup>12</sup> See Appendix A for definitions and explanations of acronyms and key terms.

The 4,219 children in out-of-home or trial home visit care on 09/30/22 included the following groups:

- 3,633 (86.1%) children that were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation.
  - This is a 0.9% increase compared to the 3,599 children on 9/30/21. The rate of increase has slowed.
- 399 (9.5%) youth that were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTC's.
  - This is an 11.5% increase compared to the 358 such youth on 9/30/21. This is a reversal of the previous trend.
- 117 (2.8%) youth that were in out-of-home care and involved with DHHS/CFS and Probation simultaneously.
  - That is a 16.4% decrease compared to the 140 such youth on 9/30/21.
- 69 (1.6%) youth that were in out-of-home care and involved with DHHS/OJS and Probation simultaneously.
  - That is a 3.0% increase compared to the 67 such youth on 9/30/21.
- 1 (<0.1%) child that was in out-of-home care and was served by DHHS/OJS only.
  - There were 2 such children on 9/30/21.

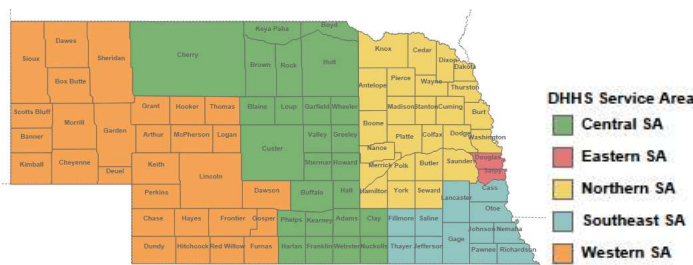
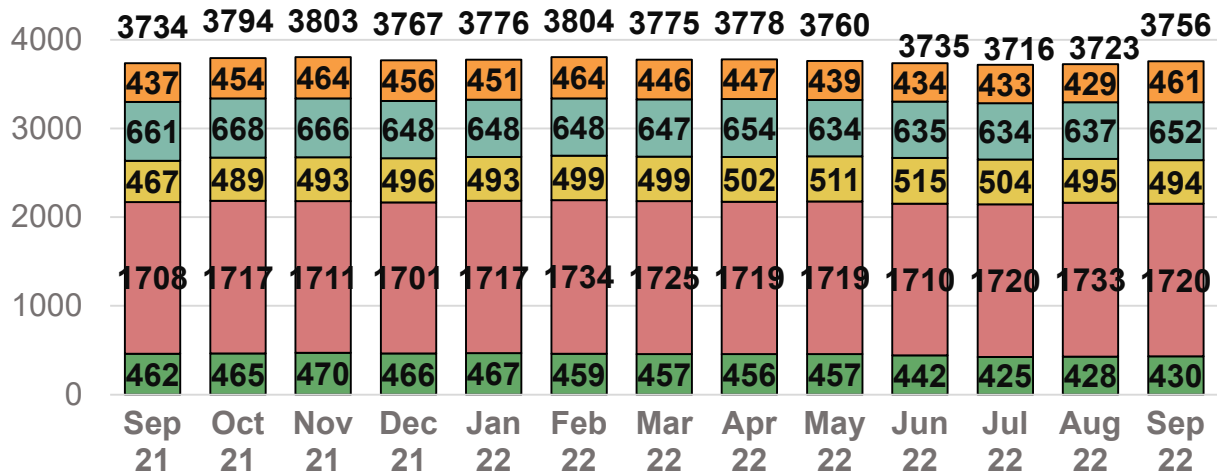


## Average Daily Population of Children with any DHHS/CFS Involvement

### Daily Population

Figure 2 shows the monthly fluctuation in the 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 Sept. 2021 through Sept. 2022. 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 Placements<sup>13</sup>**  
(Includes children with simultaneous involvement with Probation)<sup>14</sup>



<sup>13</sup> The average shown at the top of each column may not be exactly equal to the sum of the service areas due to rounding.

<sup>14</sup> 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 catches and reverses many errors in children’s records, regardless of the cause, 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 Sept. 2021 to Sept. 2022 by service area (SA). In Sept. 2022, there were 0.6% more DHHS/CFS wards in out-of-home care or trial home visit than at the same time last year. The Central and Southeast Service Areas experienced a decrease, while the remaining areas experienced an increase.

**Figure 3: Percent Change in All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements<sup>15</sup>**

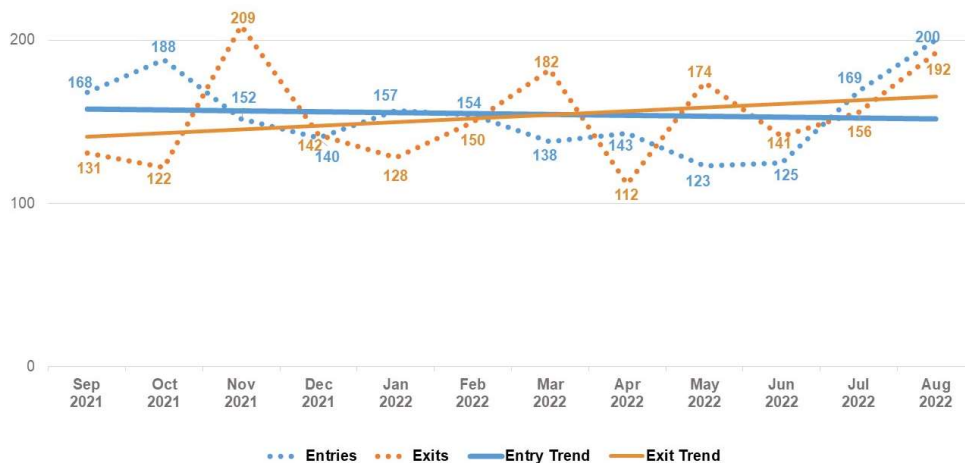
(Includes children with simultaneous involvement with Probation)

	Sep 21	Sep 22	% Change
Central Service Area	462	430	-6.9%
Eastern Service Area	1,708	1,720	0.7%
Northern Service Area	467	494	5.7%
Southeast Service Area	661	652	-1.4%
Western Service Area	437	461	5.6%
<b>Statewide</b>	<b>3,734</b>	<b>3,756</b>	<b>0.6%</b>

### Entries and Exits

Figure 4 shows that since early 2022 exits slightly outpaced entries into out-of-home care, which have remained relatively level from Sept. 2021-Sept. 2022.

**Figure 4: Statewide Entries and Exits of DHHS/CFS Involved Children**  
(Includes children with simultaneous involvement with Probation)



<sup>15</sup> The average shown at the bottom of each column may not be exactly equal to the sum of the service areas due to rounding.

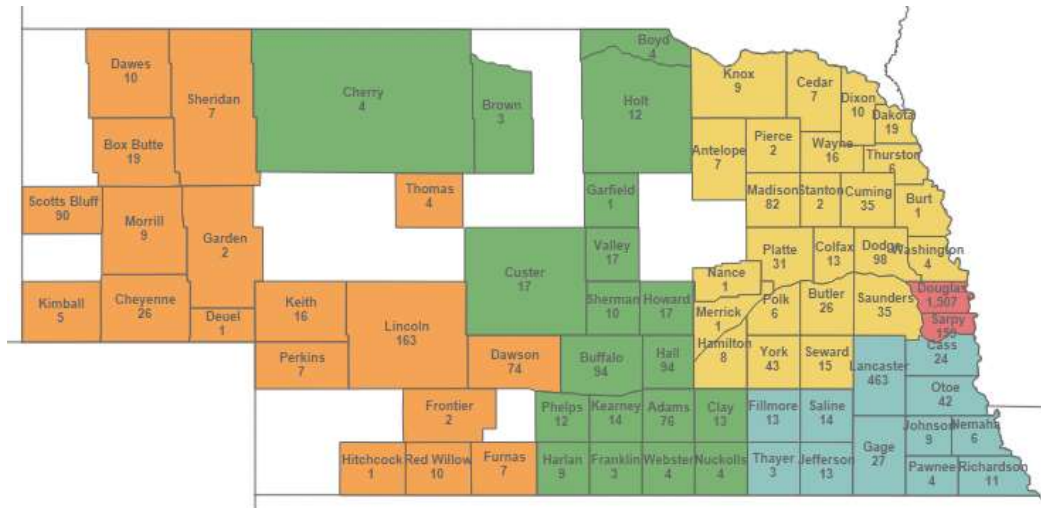
## Children Solely Involved with DHHS/CFS – Point-in-time (Single Day) View

Single-day data on DHHS/CFS wards in this section include only children that meet the following criteria: 1) involved with DHHS/CFS and no other state agency and 2) reported being in either an out-of-home or trial home visit placement.<sup>16</sup> On 9/30/22 there were 3,633 children who met those criteria. That compares to 3,599 on 9/30/21, a 0.9% increase.

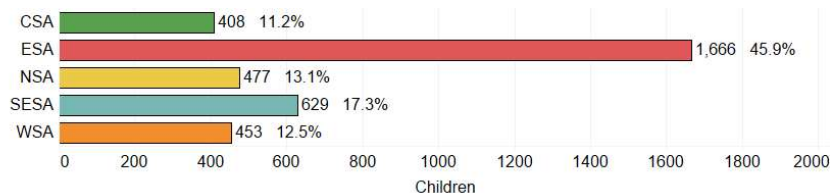
### Demographics

**County.** The map below (figure 5) shows the county for the 3,633 DHHS/CFS wards in out-of-home care on 9/30/22. Counties with the most children in care included Douglas (1,507), Lancaster (463), Lincoln (163), and Sarpy (159). Child abuse and neglect resulting in out-of-home placement affect nearly every part of the state.

**Figure 5: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement on 9/30/22 by County of Court Involvement and DHHS/CFS Service Area, n=3,633\***



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



<sup>16</sup> 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 are the rates of state wards from counties with relatively few children in the population. Figure 6 compares the number of children in out-of-home care and trial home visit to the U.S. Census numbers of children in the population. Of particular interest is that Lincoln County is ranked 10<sup>th</sup> in estimated population for children 0 to 19, yet it is ranked 2<sup>nd</sup> in rate per 1,000 (up from 3<sup>rd</sup> at this time last year).

To put this in context, the statewide average is 6.69 children in care per 1,000 (as calculated by the number of DHHS wards in out-of-home care across the state divided by the statewide population ages 0 to 19).

**Figure 6: Top 10 Counties by Rate of NDHHS Wards in Care on 9/30/22**

County	Children in Care	Total Age 0-19 <sup>17</sup>	Rate per 1,000 children	Family Count
Thomas	4	172	23.26	2
Lincoln	163	8,770	18.59	87
Valley	17	1,037	16.39	8
Sherman	10	690	14.49	6
Cuming	35	2,432	14.39	15
Harlan	9	723	12.45	6
Butler	26	2,211	11.76	11
York	43	3,739	11.50	22
Fillmore	13	1,210	10.74	6
Cheyenne	26	2,429	10.70	14

**Gender.** Girls (50.6%) and boys (49.4%) were equally represented in the population of children in care on 09/30/22, as has been true for several years.

**Age.** Populations by age group are consistent with past reports:

- 37.4% of children in care are 5 and under,
- 34.3% are between 6 and 12, and
- 28.3% are teenagers.

The median age is 8.0 years for both boys and girls.

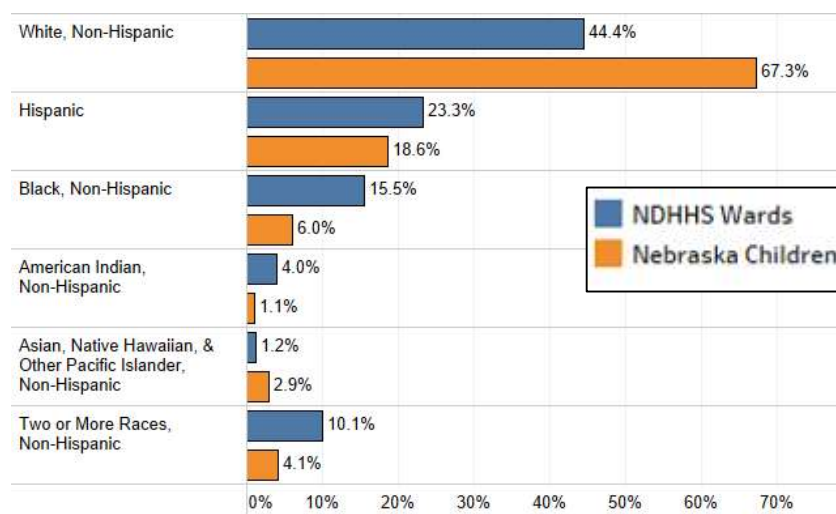
<sup>17</sup> U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2022.

**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). Further, American Indian children may be underrepresented in the DHHS/CFS population data below due to issues with when and how DHHS/CFS determines racial data, and thus they may have a higher rate of disproportionality than shown below.<sup>18</sup>

The Census Bureau estimates that 6.0% of Nebraska's children are Black or African American, 1.1% are American Indian or Alaska Native, and 4.1% are multiracial; yet all three groups are overrepresented among DHHS/CFS wards when compared with their representation in the general population of children in Nebraska.

**Figure 7: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement on 9/30/22 by Race or Ethnicity, n=3,633**

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



## Placements

**Placement Restrictiveness.** Restrictiveness levels matter because to grow and thrive children in foster care need to live in the least restrictive, most home-like temporary placement possible. For most that would be a foster home. However, some children need congregate care, which is classified as either moderately or most restrictive. The moderate restrictiveness level includes non-treatment group facilities, and the most

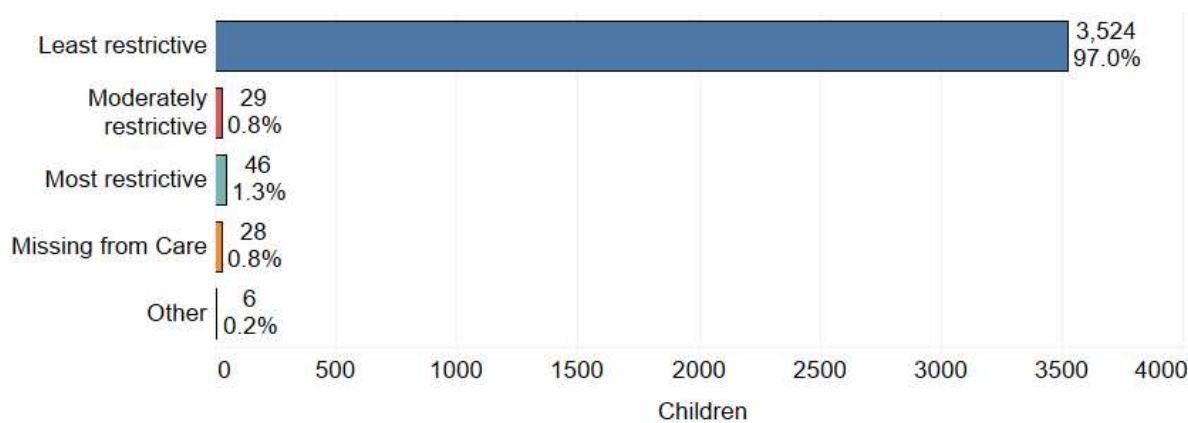
<sup>18</sup> The University of Oklahoma has received a Robert Wood Johnson Foundation grant to study the impact of Nebraska's Indian Child Welfare Act (ICWA) in collaboration with DHHS-CFS. Nebraska Appleseed and NICWC are their partners with collaboration from DHHS/CFS and the Court Improvement Project. The FCRO is providing technical assistance to the primary research team. For instance, the FCRO has identified that some reviewed children have been labeled ICWA eligible in the DHHS data base, but the child's racial designation does not indicate any Native heritage.



restrictive level includes facilities that specialize in psychiatric, medical, or other issues and group emergency placements.

Figure 8 shows that most (3,524 or 97.0%) 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% for the past several years.

**Figure 8: Placement Restrictiveness for DHHS/CFS Wards in Out-of-home or Trial Home Placements on 09/30/22, n=3,633**



Children missing from care, the second to the bottom category in Figure 8, 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.

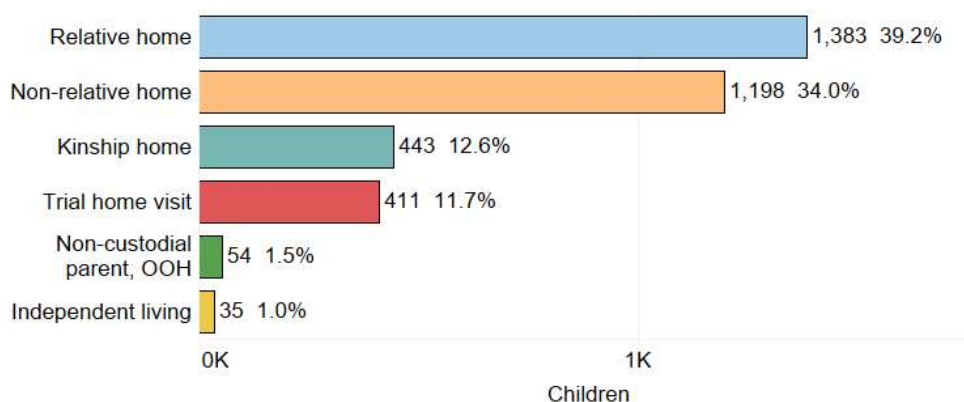
**Types of Least Restrictive Placements.** There are several different types of placements in the least restrictive category that provide care to children in home-like settings. Nebraska defines some of these placements differently than many other states; the following are the Nebraska definitions:

- “Relative” is defined in statute as having 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.

Excluding children in a trial home visit with a parent, more than half of the children in a least restrictive foster home (1,826 or 58.7%) are placed with relatives or kin (Figure 9). This is consistent with the 57.9% placed with relatives or kin on 9/30/21.

**Figure 9: Specific Placement Type for DHHS/CFS Wards in the Least Restrictive Placement Category on 09/30/22, n=3,524 (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. DHHS for a variety of reasons approves rather than licenses most 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 their 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. Relative homes can be granted a waiver of one or more of the following requirements:

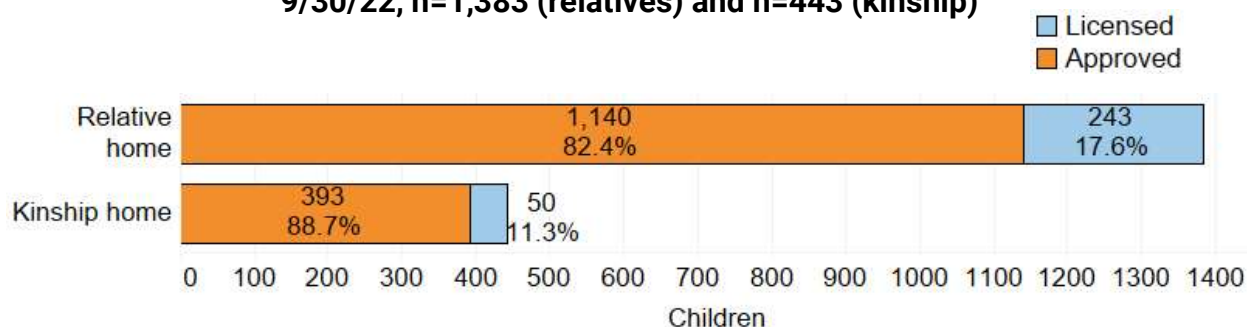
- That the three required references come from no more than one relative.
- The maximum number of persons for whom care can be provided.
- The minimum square feet per child occupying a bedroom and minimum square footage per individual for areas excluding bedrooms, bathrooms, and kitchen.
- That the home 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 placements. As shown in Figure 10, in keeping with the FCRO's focus on individual children, we see that relatively few are in a licensed placement.

- On 9/30/22, 17.6% of children in a relative placement were in a licensed home which was less than the 20.0% on 9/30/21.
- On 9/30/22, 11.3% in a kinship placement were in a licensed home, less than the 16.6% on 9/30/21.

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

**Figure 10: Licensing for DHHS/CFS Wards in Relative or Kinship Foster Homes on 9/30/22, n=1,383 (relatives) and n=443 (kinship)**



**Congregate Care.** 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 to keep children connected to their families or communities.

On 09/30/22, 75 DHHS/CFS wards were placed in moderately or most restrictive congregate care facilities. This is 10.7% less than the 84 such children and youth on 9/30/21. Figure 11 shows that most of the 75 DHHS/CFS wards in congregate care, (66 or 88.0%) are in Nebraska. This is slightly less than the 91.7% in Nebraska on 9/30/21.

**Figure 11: State of Placement for DHHS/CFS Wards in Congregate Care on 9/30/22, n=75**



### **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.<sup>19</sup> And the accumulated effects of such moves may increase the risk of instability in the next placement.<sup>20</sup> However, children that have experienced consistent, stable, and loving caregivers are more likely to develop resilience to the effects of prior abuse and neglect, and more likely to have better long-term outcomes.<sup>21</sup>

Of the 3,633 children in care on 09/30/22, 1,028 children (28.3%) had experienced four or more placements over their lifetime (Figure 12).<sup>22</sup> This compares to the 28.0% of the children in care on 09/30/21. Further, it is concerning that 11.0% of young children have experienced a high level of placement change while simultaneously coping with removal from their parent(s) – all during a developmentally critical period.

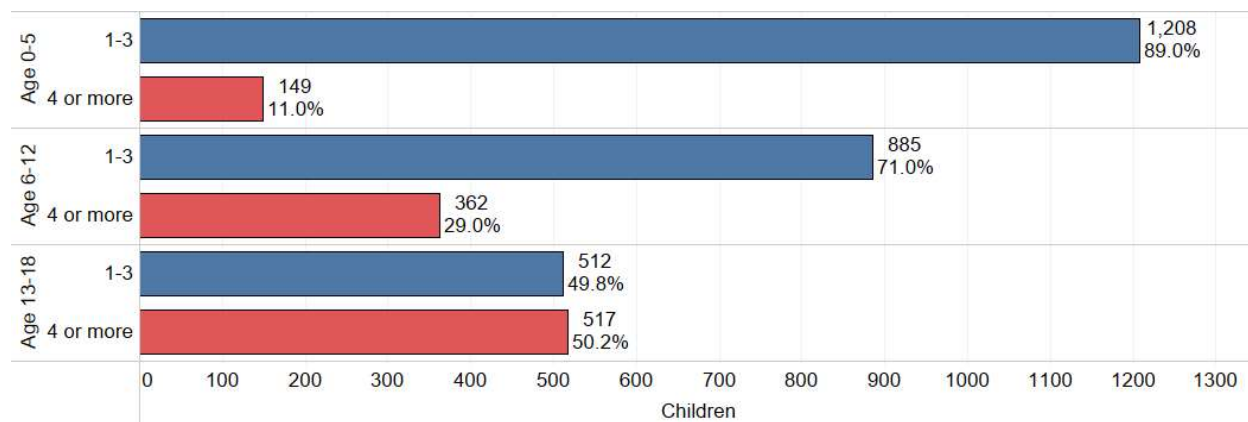
<sup>19</sup> Examples include Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

<sup>20</sup> Newton, Litrownik and Landsverk, 2000 as found in Kinship Care First? Factors associated with placement moves in out-of-home care, May 2020, Elsevier Ltd.

<sup>21</sup> Examples include Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

<sup>22</sup> This does not include placements with parents, respite short-term placements (such as to allow foster parents to jointly attend a training) or episodes of being missing from care.

**Figure 12: Lifetime Placements for DHHS/CFS wards  
in Out-of-Home or Trial Home Visit on 9/30/22, n=3,633**



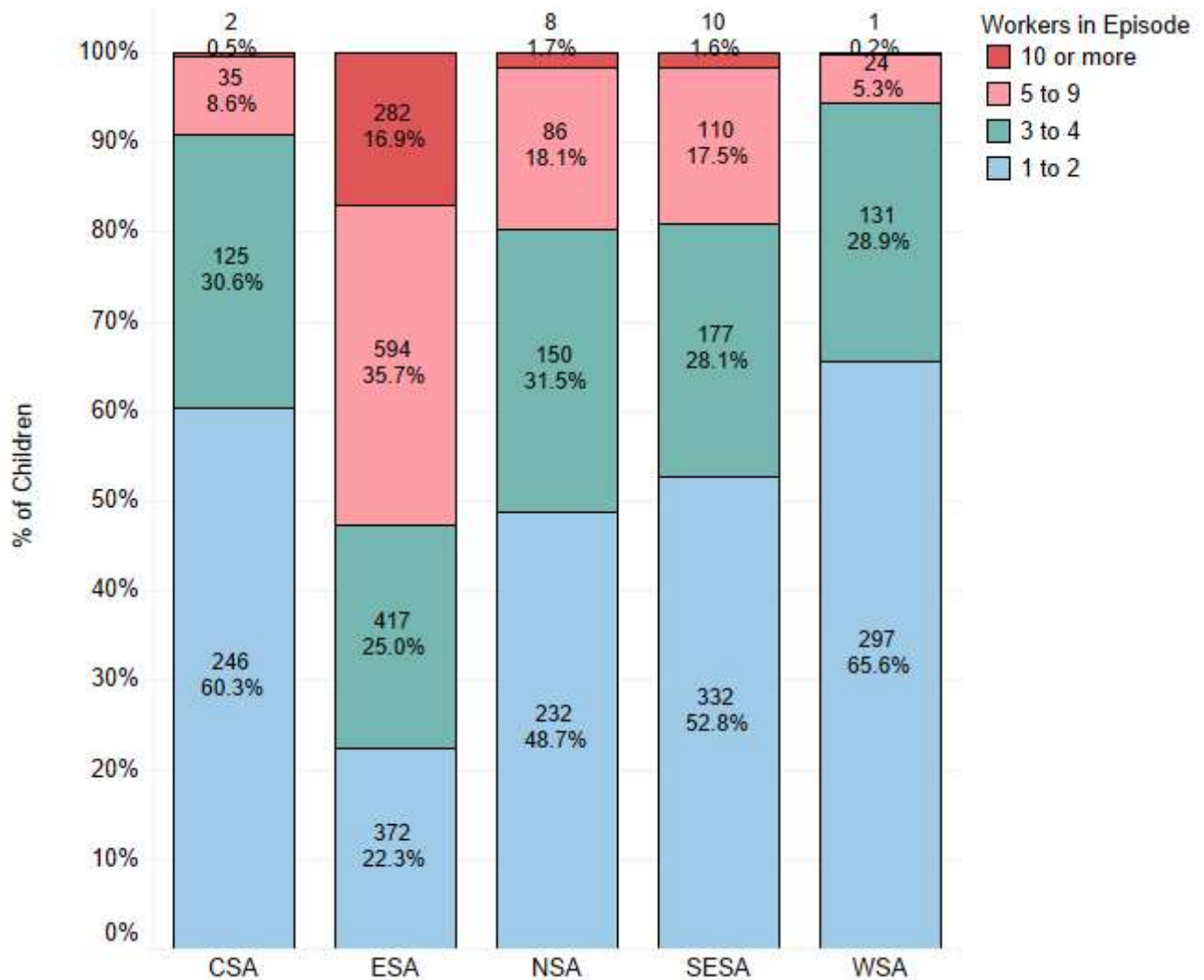
### **Number of Workers during Current Episode of Care**

Figure 13 on the next page shows the number of workers during the current episode of care for 3,633 children in out-of-home or trial home visit placement on 09/30/22 as reported by DHHS. In the Eastern Service Area, the worker count could include both lead agency workers (DHHS/CFS contracted for such services through 2021) and DHHS/CFS case managers (cases transferred to DHHS/CFS case managers in 2022). Elsewhere, the counts represent DHHS/CFS case managers. If a worker transferred employment from the lead agency to DHHS/CFS so that the child's family had no change in the case manager, the worker count was not duplicated.<sup>23</sup>

Five or more workers is considered an unacceptable number of worker transfers that likely significantly delays permanency. Depending on the geographic area, between 5.5% and 52.6% of the children have had five or more workers since most recently entering the child welfare system. There are 303 children statewide with 10 or more workers in that timeframe, most of whom (282) are from the Eastern Service Area (ESA). There were 170 children in care on 09/30/2021 that had 10 or more workers.

<sup>23</sup> In the Eastern Service Area, PromiseShip held the lead agency contract with DHHS until 2019, when DHHS rebid it. Cases transferred to Saint Francis Ministries in the fall of 2019, with many former PromiseShip workers becoming employed by Saint Francis. The FCRO ensured that the worker count was not increased if the same person remained with the child's case without a break of service. Similarly, in Jan-April 2022 cases transferred from Saint Francis to DHHS when the contract was ended, with DHHS hiring many former lead agency workers. Again, the count was not increased if the children's case remained with the same worker. Counts only increased if a new worker became involved with the child and family.

**Figure 13: Number of Workers for DHHS/CFS Wards 09/30/22 in Current Episode, n=3,633**



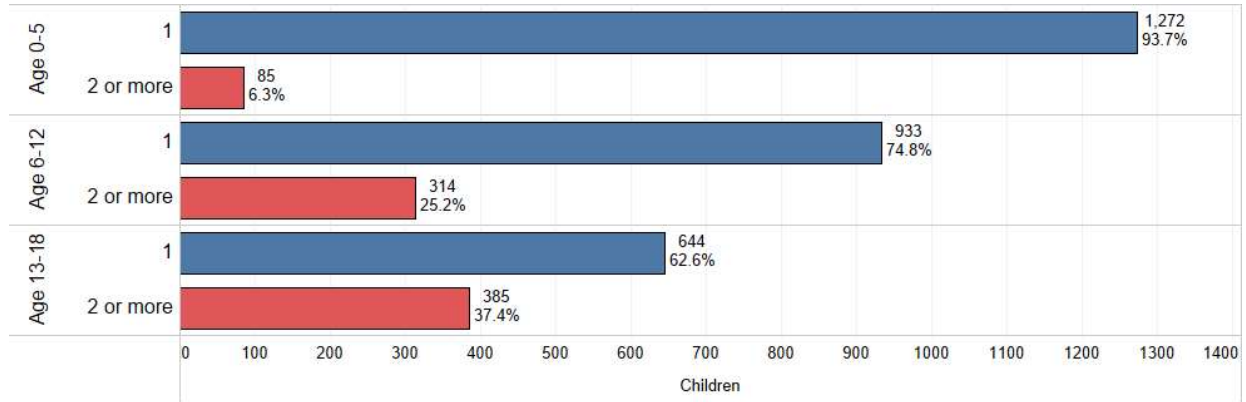
**Lifetime Episodes involving a Removal from the Home**

Each removal from home 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 a large percentage of children experience multiple removals. Collaborative efforts are needed to address this.

Figure 14 shows that 784 (21.6%) of the DHHS wards in care on 09/30/22 had experienced more than one court-involved removal from the parental home. This is slightly less than the 23.6% on 09/30/21.



**Figure 14: Lifetime Removals for DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placements on 09/30/22, n=3,633**



## 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 there are three facilities that serve this population. By statute a judge can only order a youth to be placed at a YRTC if that youth has not been successful in a less restrictive placement. The DHHS Office of Juvenile Services (DHHS/OJS) is responsible for the care and treatment of youth at the YRTCs.

Figure 15 shows the average daily number of DHHS/OJS wards by gender. Throughout the rolling year in the figure below, the population counts for girls trended down slightly over 2022, while the counts for boys fluctuated throughout the year with lower counts in late fall 2021 and an overall increase since Sept. 2021.

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

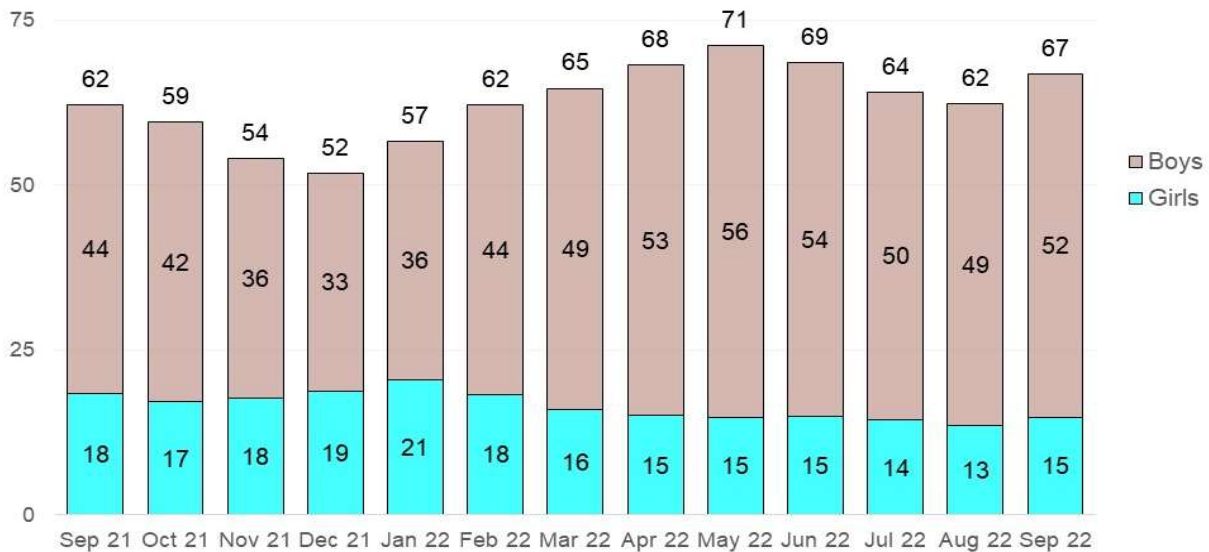


Figure 16 shows the percentage change between Sept. 2021 and Sept. 2022.

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

	Sept. 21	Sept. 22	% Change
Girls	18	15	-19.7%
Boys	44	52	18.9%
<b>State</b>	<b>62</b>	<b>67</b>	<b>7.5%</b>

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

Single-day data here, which is different from the averages on the previous page, is for the 68 boys and girls that met all the following criteria:

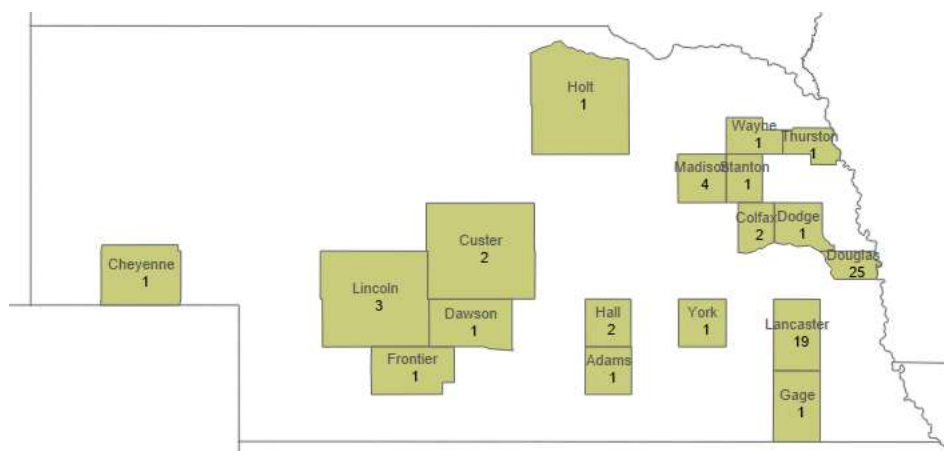
1. Youth is age 14–18.<sup>24</sup>
2. Committed by a judge to a Youth Rehabilitation and Treatment Center.<sup>25</sup>
3. Placed in one of the DHHS Office of Juvenile Services (DHHS/OJS) YRTC facilities on 9/30/22.<sup>26</sup>

By statute judges can only order youth to be placed at a YRTC if they have not been successful in a less restrictive placement. Commitments are for an indeterminate amount of time to allow youth to work through the program. There can be challenges serving boys and girls from wide age, behavioral, and developmental ranges.

### Demographics

**County.** As illustrated in Figure 17; there were 68 youths from various counties across Nebraska at a YRTC on 09/30/22, which is consistent with the 64 such youths at a YRTC on 9/30/21.

**Figure 17: Boys and Girls Placed by a Juvenile Court at a Youth Rehabilitation and Treatment Center on 9/30/22 by County of Court, n=68\***



\*Counties with no shading had no youth at one of the YRTCs on that date.

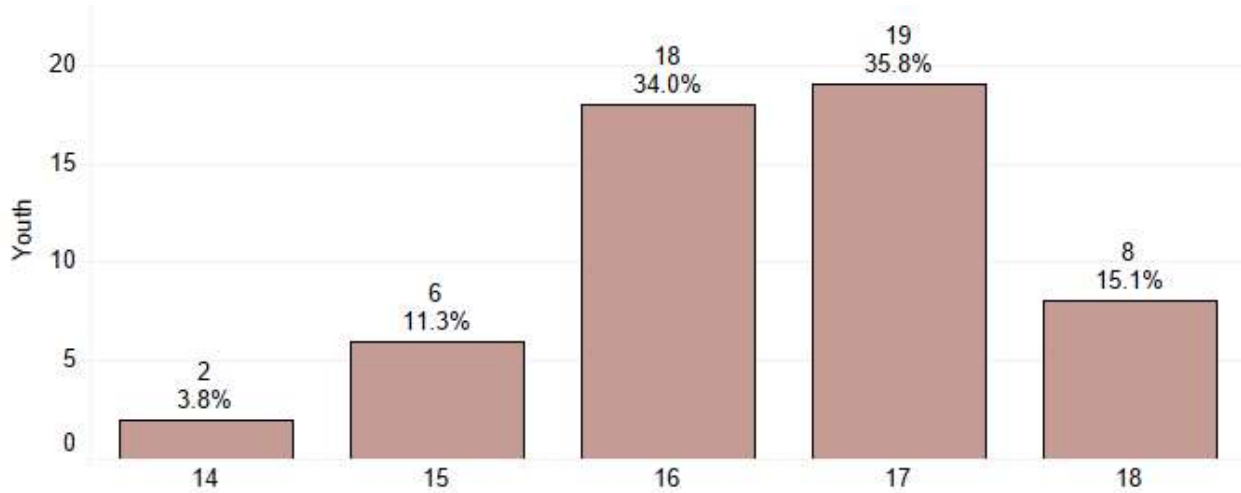
<sup>24</sup> See Neb. Rev. Stat. §43-251.01(4) for age requirements

<sup>25</sup> 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.

<sup>26</sup> On 9/30/22, there were YRTC facilities in Kearney, Hastings, and Lincoln. Data here does not include youth at the Whitehall psychiatric residential treatment program.

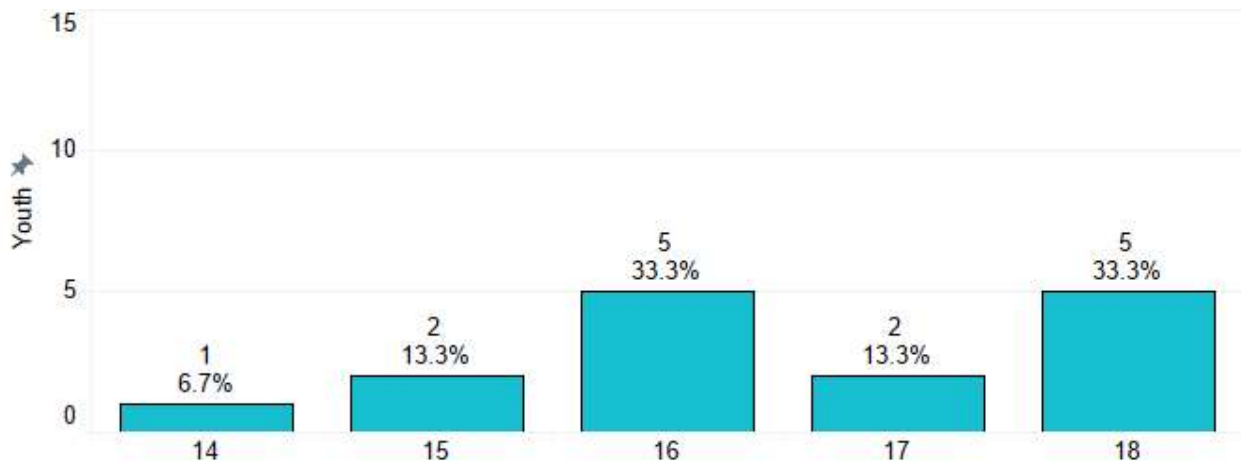
**Age and Gender.** On 9/30/22, 53 of the youth placed at a YRTC were boys (Figure 18).

**Figure 18: Ages of Boys Placed at a YRTC under DHHS/OJS on 09/30/22, n=53**



On 09/30/22, 15 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 for boys above.<sup>27</sup>

**Figure 19: Ages of Girls at a YRTC under DHHS/OJS on 09/30/22, n=15**

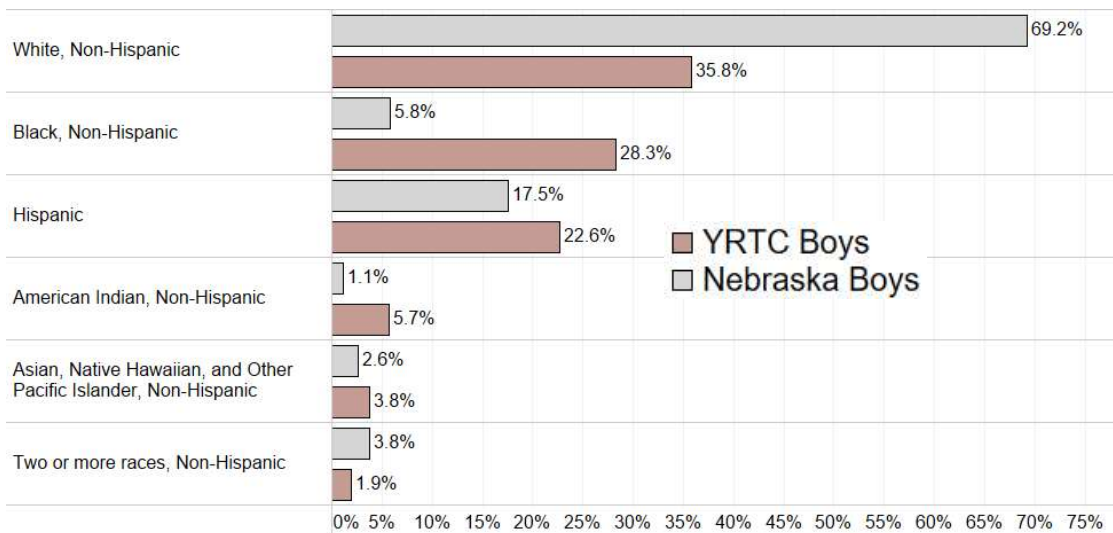


<sup>27</sup> National Center for Juvenile Justice, Juvenile Court Statistics 2018, April 2020, Sarah Hockenberry and Charles Puzzanchera.

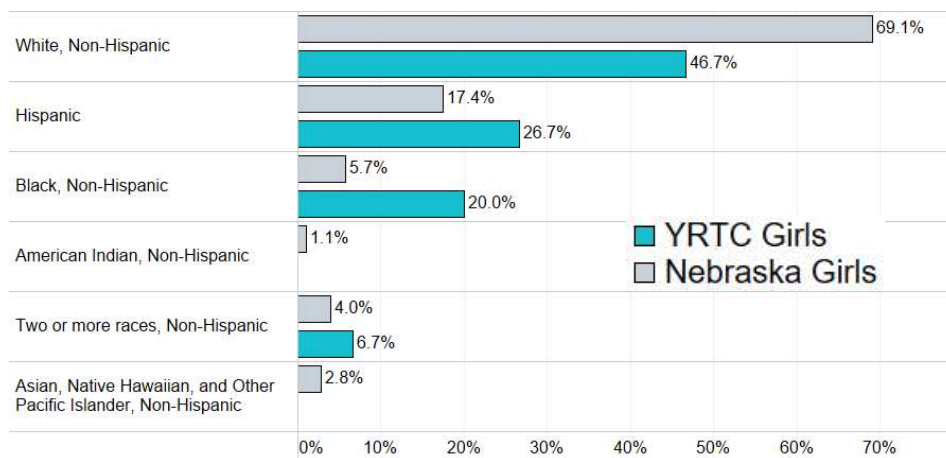
The median age for boys was 17.0 years and the median age for girls was 16.0 years.

**Race and Ethnicity.** Although OJS and the YRTC facilities have no control over which youth are committed to the facilities, 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 Hispanic, Black and those having two or more races. This is a system issue and will require system-wide effort to resolve.

**Figure 20: Race and Ethnicity of Boys placed at a YRTC under DHHS/OJS on 09/30/22, n=53**



**Figure 21: Race and Ethnicity of Girls placed at a YRTC under DHHS/OJS on 09/30/22, n=15**



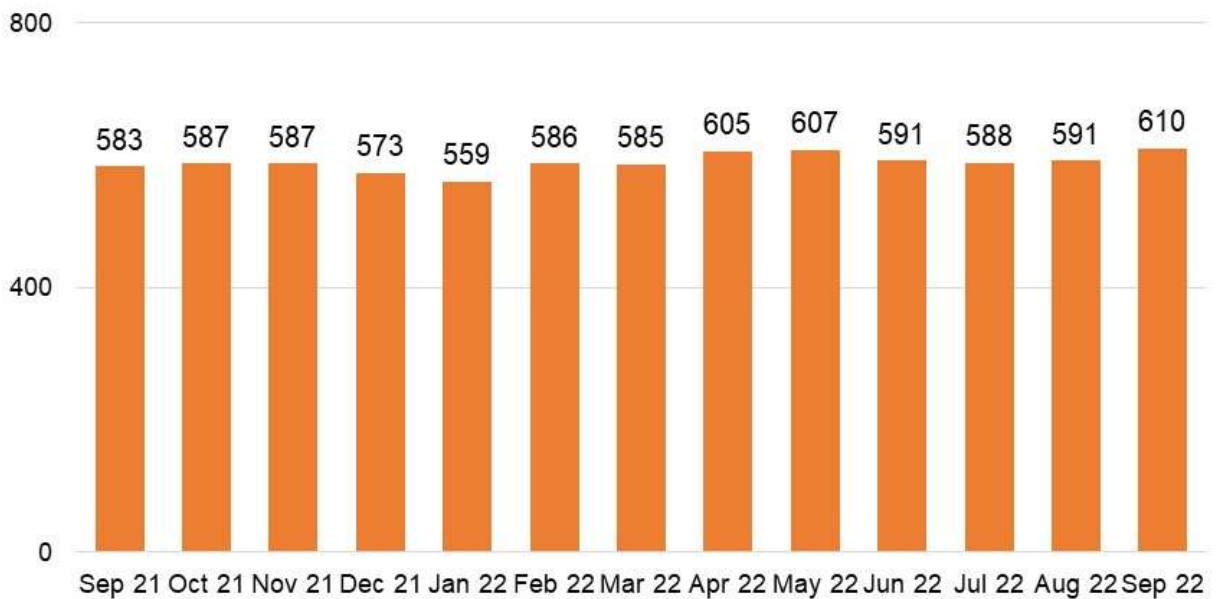
## Average Daily Population for Youth Out-of-Home With Any Probation Involvement

### 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 Sept. 2021 to Sept. 2022 there has been a 4.7% increase 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)





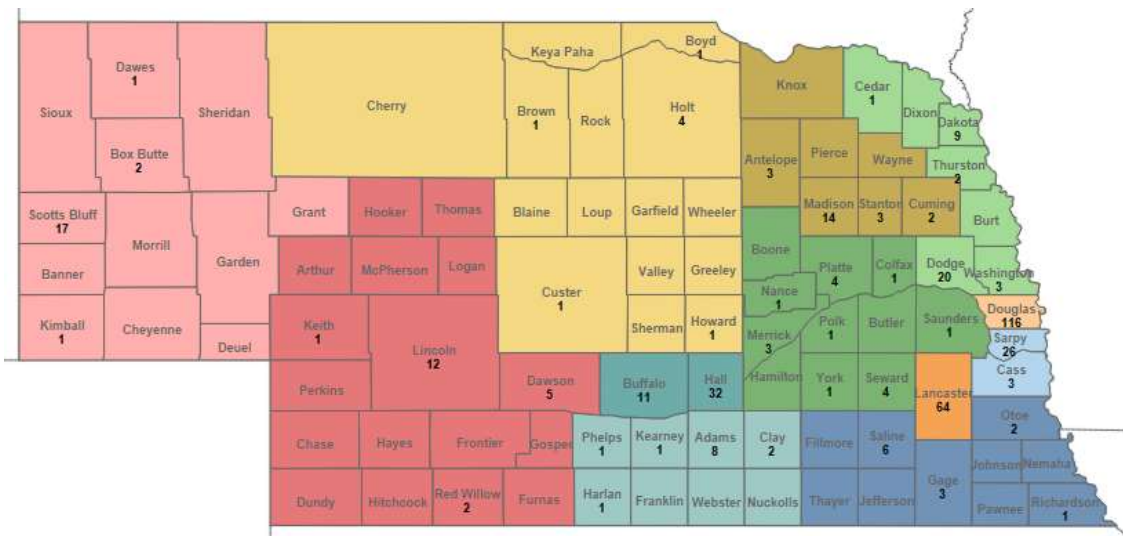
## Youth in Out-of-Home Care Supervised by the Office of Juvenile Probation - Point-in-time (Single Day) View

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

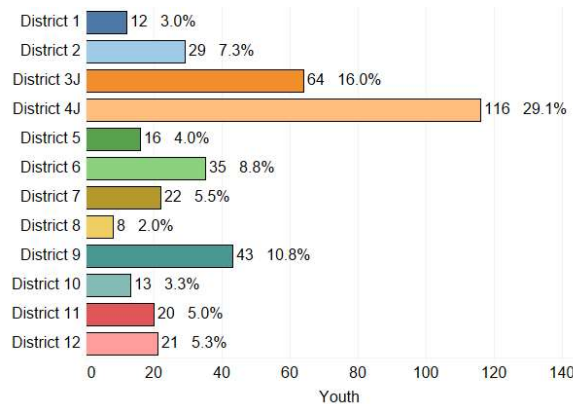
### Demographics

**County.** Figure 23 shows the Probation district and the county of court for the 399 Probation youth in out-of-home care on 09/30/22 that are not involved with either DHHS/CFS or DHHS/OJS. That is 11.5% more than the 358 such youth in out-of-home care on 09/30/21.

**Figure 23: County of Court for Probation Supervised Youth in Out-of-Home Care by County of Court Involvement on 09/30/22, n=399\***

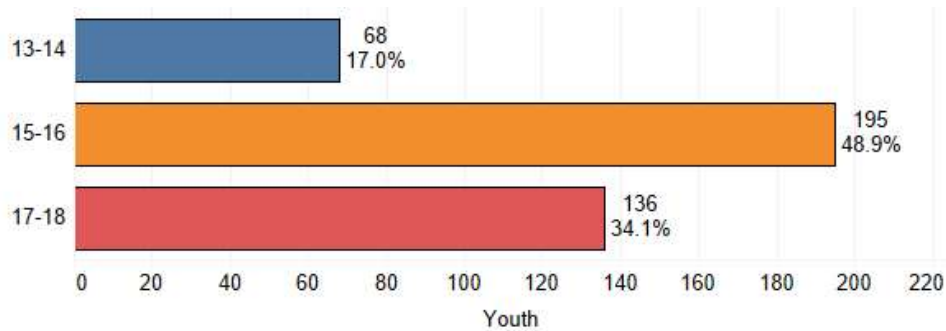


\*Counties without numbers have no Probation youth in out-of-home care.



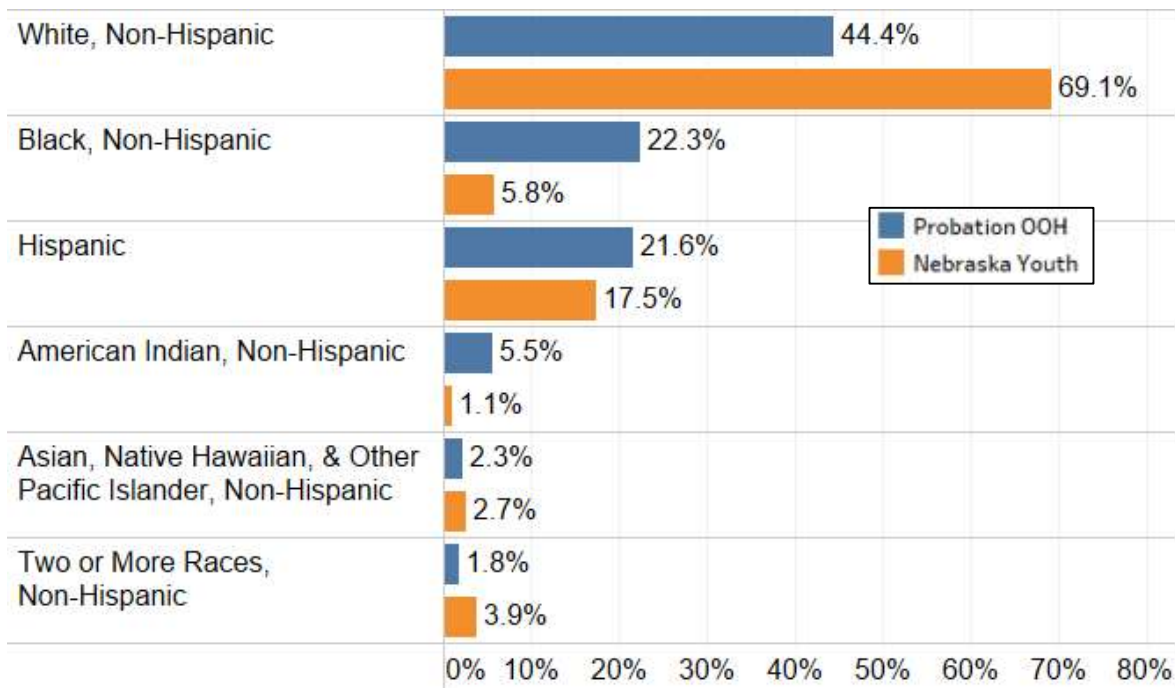
**Age.** Figure 24 shows the ages of Probation youth in out-of-home care on 09/30/22. The median age was 16.0 for both boys and girls, like last year.

**Figure 24: Age of Probation Supervised Youth in Out-of-Home Care on 09/30/22, n=399**



**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 22.3% of the Probation youth out-of-home. Native youth 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 09/30/22, n=399**



**Gender.** There are almost three times as many boys (74.4%) in out-of-home care served by Probation as there are girls (25.6%). That is fairly similar to the last few years.

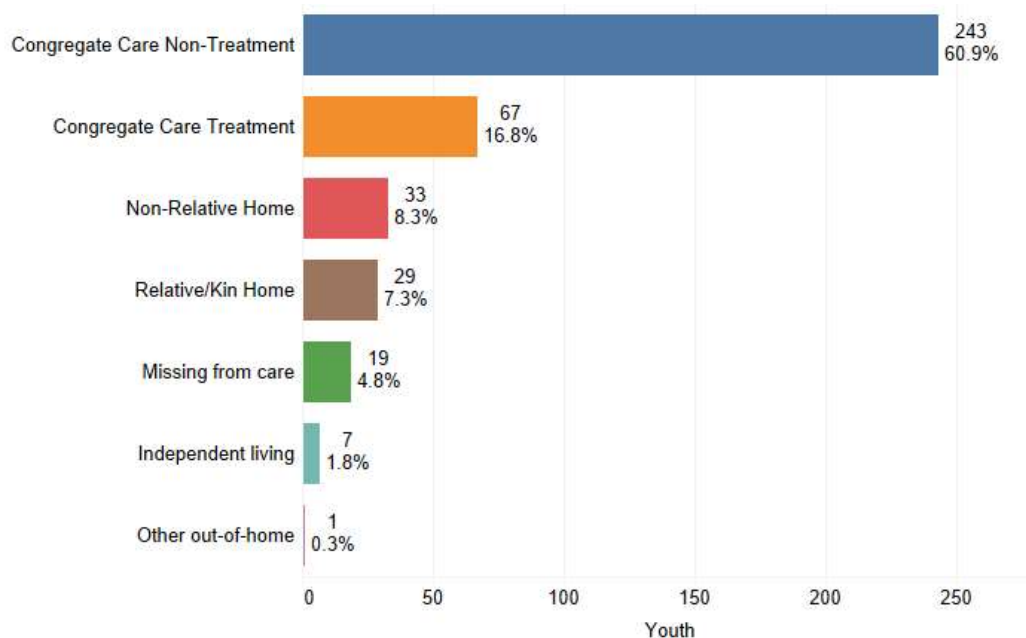
## Placements

**Placement Type.** Figure 26 shows that 16.8% of Probation youth in out-of-home care on 09/30/22 are in congregate care treatment placements, which is a slight decrease when compared to 19.3% on 09/30/21. Congregate treatment placements include acute inpatient hospitalization, psychiatric residential treatment facilities, short-term residential, and treatment group homes.

60.9% 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 homes (parenting and non-parenting), independent living, and shelters.

There were fewer youths missing from care compared to the previous year (19 of 399 or 4.8% on 09/30/2022 compared to 22 of 358 or 6.1% on 09/30/2021).

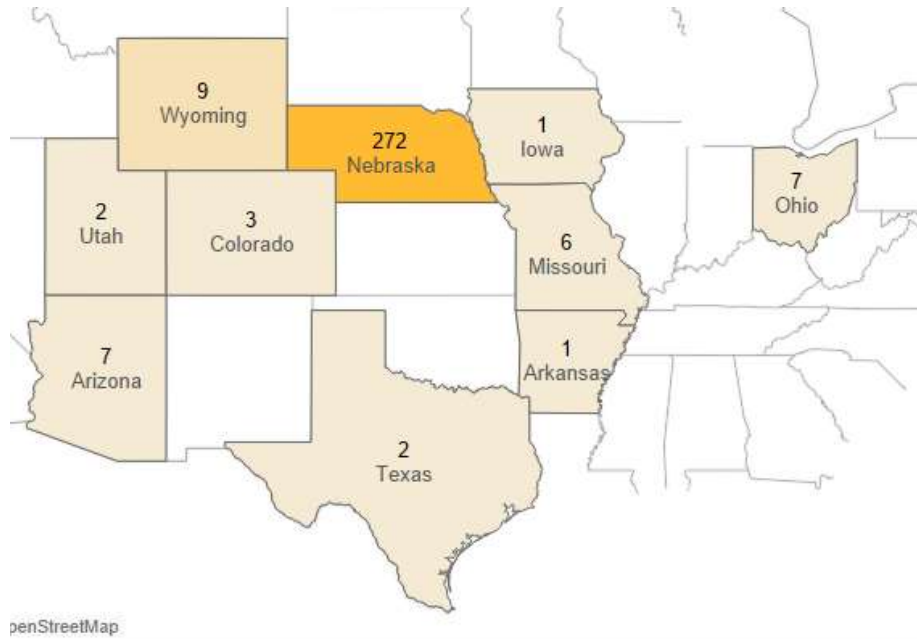
**Figure 26: Treatment or Non-Treatment Placements of Probation Supervised Youth in Out-of-Home Care on 3/31/22, n=399**



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

**Congregate Care.** When congregate care is needed, Probation most often utilizes in-state placements. Per Figure 27, 87.7% of the 310 youth with a known placement location in congregate care were placed in Nebraska. This compares to 88.4% on 09/30/21.

**Figure 27: State Where Youth in Congregate Care Supervised by Probation were Placed on 09/30/22, n=310**

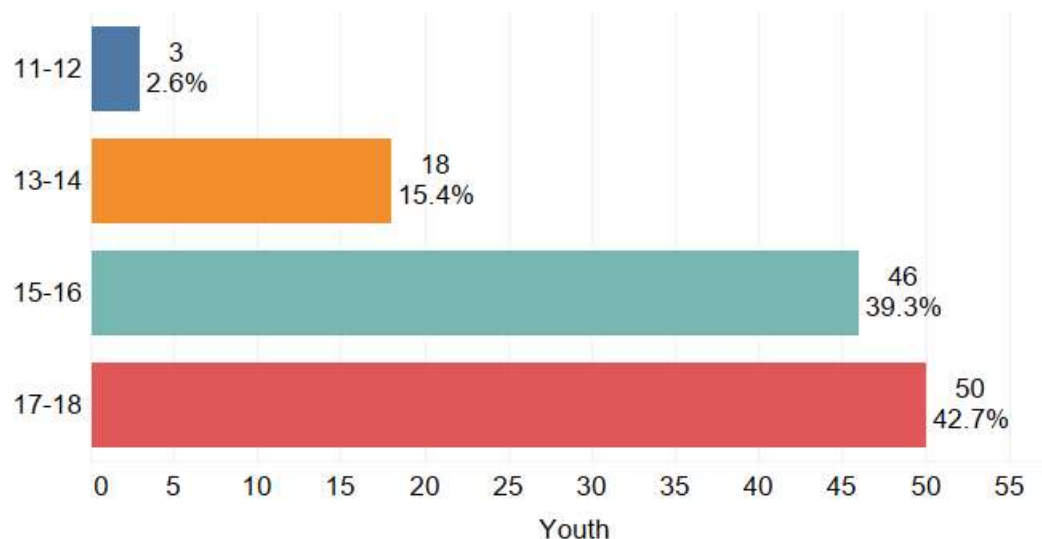




Dually-Involved Youth

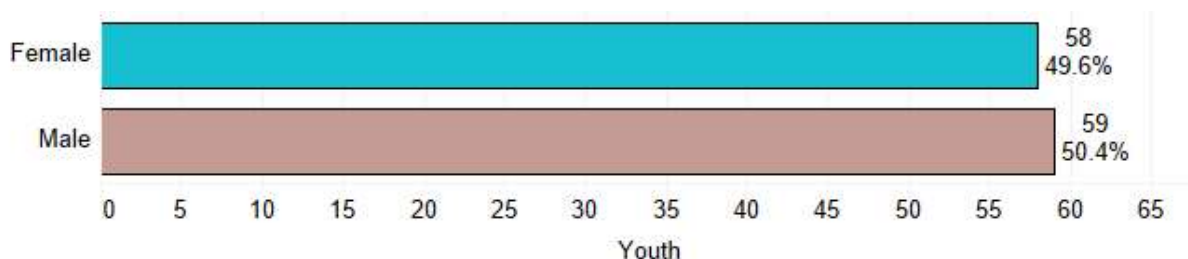
**Age.** Figure 29 indicates the ages for all Dually-involved youth in out-of-home care. The median age was 16.0 for girls and 16.0 for boys, consistent with last year (16.0 girls and 15.8 boys).

**Figure 29: Ages of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 09/30/22, n=117**



**Gender.** Figure 30 shows that, unlike other juvenile justice populations, the difference in count between boys and girls in this population has become virtually non-existent at this time due to a significant decrease in the population of boys, from 85 on 9/30/2021 down to 59 on 9/30/2022.

**Figure 30: Gender of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 09/30/22, n=117**

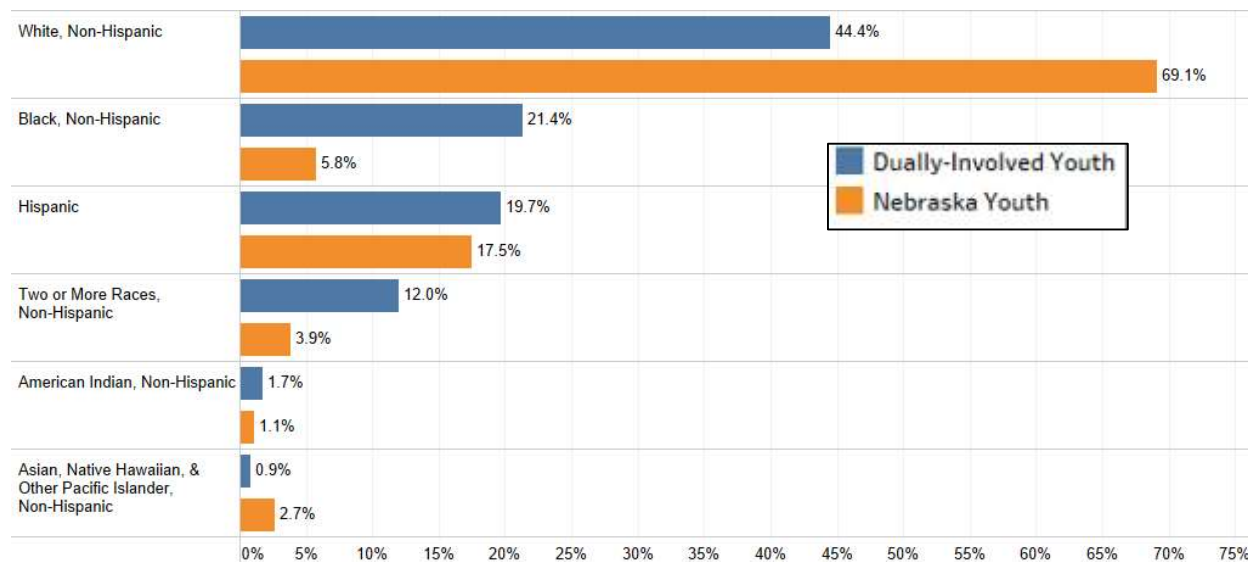


**Race and Ethnicity.** Black and multi-racial youth continue to be overrepresented in the Dually-involved population (Figure 31). For example, 21.4% of Dually-involved youth are Black, compared to 5.8% in the general population of Nebraska’s youth ages 10 to 19 (per US Census).



Dually-Involved Youth

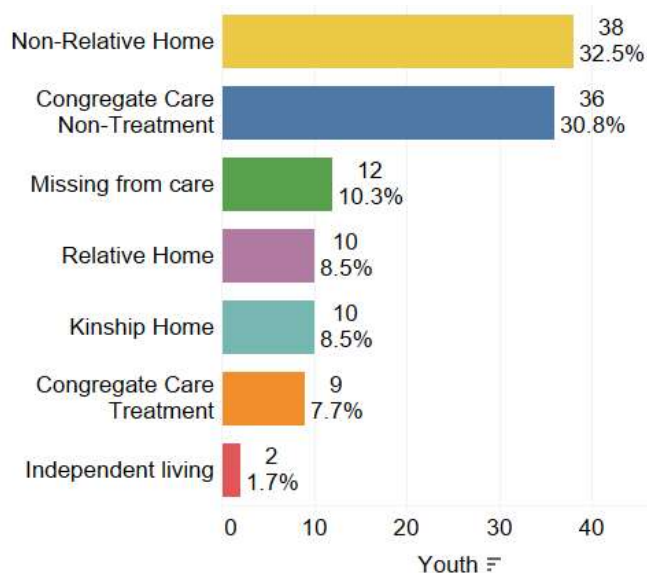
**Figure 31: Race and Ethnicity of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 09/30/22, n=117, Compared to Census**



**Placements**

**Placement Type.** Figure 32 shows the placement types for youth with dual-agency involvement.

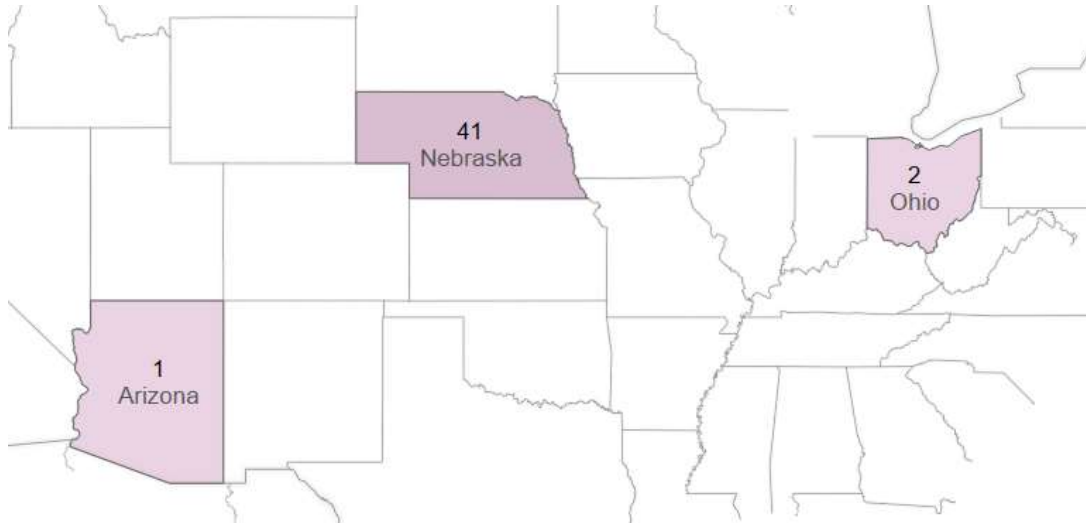
**Figure 32: Placement Types for Dually-Involved Youth in Out-of-Home or Trial Home Placement on 09/30/22, n=117**



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. There were 93.2% placed in Nebraska, up from last year when it was 75.4%. The total number in congregate care was 44 compared to 61 such youth on 9/30/21.

**Figure 33: Placement State for Youth in a Congregate Care Facility on 09/30/22 that are Served by both DHHS/CFS and Probation, n=44**



## Appendix A – Glossary of Terms & Acronyms

**Adjudication** is the process whereby a court establishes its jurisdiction for continued intervention in the family's situation. Issues found to be true during the court's adjudication hearing are to subsequently be addressed and form the basis for case planning throughout the remainder of the case. Factors adjudicated by the court also play a role in a termination of parental rights proceeding should that become necessary.

**Child** is defined by statute as being age birth through eighteen; in Nebraska a child becomes a legal adult on their 19<sup>th</sup> birthday.

**Child abuse and neglect** is any recent act or failure to act on the part of a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act that presents an imminent risk of serious harm.<sup>28</sup>

**Congregate care** includes non-treatment group facilities, facilities that specialize in psychiatric, medical, or juvenile justice related issues, and group emergency placements.

**Court** refers to the Separate Juvenile Court or County Court serving as a Juvenile Court. Those are the courts in Nebraska with jurisdiction for cases involving child abuse, child neglect, and juvenile delinquency.

**Delinquency** refers to offenses that constitute criminal behavior in adults – misdemeanors, felonies, or violations of a city ordinance.

**Disproportionality/overrepresentation** refers to instances where the rate of what is measured (such as race or gender) in the foster care population significantly differs from the rate in the overall population of Nebraska's children.

**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.

**Dually involved youth** are court-involved youth in care through the child welfare system (NDHHS/CFS) simultaneously supervised by the Administrative Office of Courts and Probation - Juvenile Services Division.

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<sup>28</sup> CAPTA Reauthorization Act of 2010 (P.L. 111-320), 42 USC § 5101.

**Episode** refers to the period between removal from the parental home and the end of court action. There may be trial home visit placements during this time.

**FCRO** is the Foster Care Review Office, author of this report.

**ICWA** refers to the Indian Child Welfare Act.

**ILA** is an Informal Living Arrangement for children who are involved with NDHHS/CFS and placed out-of-home voluntarily by their parents. ILA cases are not court-involved.

**Kinship home.** Per Neb. Rev. Stat. §71-1901(7) “kinship home” means a home where a child or children receive out-of-home 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 as described in Neb. Rev. Stat. §43-1311.02(8).

**Missing from care** includes children and youth whose whereabouts are unknown. Those children, sometimes referred to as runaways, are at a much greater risk for human trafficking.

**NDHHS/CFS** is the Nebraska Department of Health and Human Services Division of Children and Family Services. NDHHS/CFS serves children with state involvement due to abuse or neglect (child welfare). Geographic regions under NDHHS/CFS are called **Service Areas**.

**CSA** is the Central service area, **ESA** is the Eastern service area, **NSA** is the Northern service area, **SESA** is the Southeast service area, and **WSA** is the Western service area.

**NDHHS/OJS** is the Department of Health and Human Services (NDHHS) Office of Juvenile Services. Among other duties, **OJS** oversees the **YRTCs**, which are the Youth Rehabilitation and Treatment Centers.

**Neglect** is a broad category of serious parental acts of omission or commission resulting in the failure to provide for a child’s basic physical, medical, educational, and/or emotional needs. This could include a failure to provide minimally adequate supervision.

**Normalcy** includes fun activities designed to give any child skills that will be useful as adults, such as strengthening the ability to get along with peers, leadership skills, and skills for common hobbies such as softball, choir, band, athletics, etc.

**Out-of-home care** is 24-hour substitute care for children placed away from their parents or guardians and for whom a state agency has placement and care responsibility. This includes, but is not limited to, foster family homes, foster homes of relatives or kin, group homes, emergency shelters, residential treatment facilities, child-care institutions, pre-

adoptive homes, detention facilities, youth rehabilitation facilities, and children missing from care. It includes court-ordered placements only unless noted.

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 given in foster family homes, while the term “**out-of-home care**” is broader.

**Physical abuse** is any nonaccidental physical injury to a child.

**Probation** is a shortened reference to the Administrative Office of the Courts and Probation – Juvenile Services Division. Geographic areas under Probation are called **Districts**.

**Psychotropic medications** are drugs prescribed with the primary intent to stabilize or improve mood, behavior, or mental illness. There are several categories of these medications, including: antipsychotics, antidepressants, anti-anxiety, mood stabilizers, and cerebral/psychomotor stimulants.<sup>29,30</sup>

**Relative placement.** Neb. Rev. Stat. §71-1901(9) defines “relative placement” as one in which the foster caregiver has a blood, marriage, or adoption relationship to the child or a sibling of the child, and for Indian children they may also be an extended family member per the Indian Child Welfare Act.

**SDM** (Structured Decision Making) is a proprietary set of evidence-based assessments that NDHHS/CFS uses to guide decision-making.

**SFA** is the federal Strengthening Families Act. Among other requirements for the child welfare system, the Act requires courts to make certain findings during court reviews.

**Siblings** are children’s brothers and sisters, whether full, half, or legal.

**Status offense** is a term that applies to conduct that would not be considered criminal if committed by an adult, such as truancy or leaving home without permission.

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<sup>29</sup> American Academy of Child and Adolescent Psychiatry. February 2012. “A Guide for Community Child Serving Agencies on Psychotropic Medications for Children and Adolescents. Available at: [https://www.aacap.org/App\\_Themes/AACAP/docs/press/guide\\_for\\_community\\_child\\_serving\\_agencies\\_on\\_psychotropic\\_medications\\_for\\_children\\_and\\_adolescents\\_2012.pdf](https://www.aacap.org/App_Themes/AACAP/docs/press/guide_for_community_child_serving_agencies_on_psychotropic_medications_for_children_and_adolescents_2012.pdf)

<sup>30</sup> State of Florida Department of Children and Families Operating Procedure. October 2018. “Guidelines for the Use of Psychotherapeutic Medications in State Mental Health Treatment Facilities.” Available at: <https://www.myflfamilies.com/admin/publications/cfops/CFOP%20155-xx%20Mental%20Health%20-%20Substance%20Abuse/CFOP%20155-01,%20Guidelines%20for%20the%20Use%20of%20Psychotherapeutic%20Medications%20in%20State%20Mental%20Health%20Treatment%20Facilities.pdf>

**Termination (TPR)** refers to a termination of parental rights. It is the most extreme remedy for parental deficiencies.

**Trial home visits (THV)** by statute are a temporary placement with the parent from which the child was removed and during which the Court and NDHHS/CFS remains involved. This applies only to NDHHS wards, not to youth who are only under Probation supervision.

**Youth** is a term used by the FCRO in deference to the developmental stage of children involved with the juvenile justice system and older children involved in the child welfare system.

**Youth Rehabilitation and Treatment Center (YRTC)** is the most restrictive type of placement. By statute a judge can only order a youth to be placed at a YRTC if that youth has not been successful in addressing juvenile justice issues in a less restrictive placement.



## Appendix B – The Foster Care Review Office

The Foster Care Review Office (FCRO) celebrated 40 years of service on July 1, 2022. The FCRO is the independent state agency responsible for overseeing the safety, permanency, and well-being of children in out-of-home care in Nebraska. Through a process that includes case reviews, data collection and analysis, and accountability, we are the authoritative voice for all children and youth in out-of-home care.

**Mission.** Ultimately, our mission is for the recommendations we make to result in meaningful change, great outcomes, and hopeful futures for children and families.

**Data.** Tracking is facilitated by the FCRO's independent data system, through collaboration with our partners at NDHHS and the Administrative Office of the Courts and Probation. Every episode in care, placement change, and caseworker/probation officer change is tracked; relevant court information for each child is gathered and monitored; and data relevant to the children reviewed is gathered and entered into the data system by FCRO staff. This allows us to analyze large-scale system changes and select children for citizen review based on their time in care and the date of those children's upcoming court hearings.

Once a child is selected for review, FCRO System Oversight Specialists track children's outcomes and facilitate citizen reviews.<sup>31</sup> Local board members, who are community volunteers that have successfully completed required initial and ongoing instruction, conduct case file reviews, and make required findings.

**Oversight.** The oversight role of the FCRO is two-fold. During each case file review, the needs of each specific child are reviewed, the results of those reviews are shared with the legal parties on the case, and if the system is not meeting those needs, the FCRO will advocate for the best interest of the individual child. Simultaneously, the data collected from every case file review is used to provide a system-wide view of changes, successes, and challenges of the complicated worlds of child welfare and juvenile justice.

**Looking forward.** The recommendations in this report are based on the careful analysis of the FCRO data. The FCRO will continue to tenaciously make recommendations and to repeat unaddressed recommendations as applicable, until Nebraska's child welfare and juvenile justice systems have a stable, well-supported workforce that utilizes best practices and a continuum of evidence-based services accessible across the state, regardless of geography.

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<sup>31</sup> Children and youth are typically reviewed at least once every six months for as long as they remain in care.

## CONTACT INFORMATION

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