



December 2023 Quarterly Report

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NEBRASKA

FOSTER CARE REVIEW OFFICE

Good Life, Great Outcomes

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EXECUTIVE SUMMARY

The Foster Care Review Office (FCRO) issues this Quarterly Report to inform the Nebraska Legislature, child welfare system stakeholders, juvenile justice system stakeholders, other policymakers, 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.¹

This report starts with a special study comparing experiences and well-being outcomes of youth ages 14 through 18 who were placed in out-of-home care with one of the four agency involvement types. The report continues with the most recent data available on conditions and outcomes for children in out-of-home care through the child welfare and juvenile justice systems. Some key findings for those children include:

- 4,163 Nebraska children were 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 9/30/23, representing a 1.3% decrease from 9/30/22. (page 17)
- Of the 4,163 total children, 3,480 (83.6%) children were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation, a 4.2% decrease compared to children on 9/30/22. (page 19)
- Most DHHS/CFS wards in out-of-home placements or trial home visits (97.5%) were placed in a family-like, least restrictive setting. (page 23)
- Over half of the children in a least-restrictive foster home, excluding those in trial home visits, were placed with relatives or kin (57.9%). (page 23)
- Of the 70 DHHS/CFS wards in congregate care, a majority were in Nebraska (82.9%); that is less than the 88.0% in congregate care placed in Nebraska on 9/30/22. (page 26)
- Depending on the geographic area, between 6.7% and 38.5% of the children have had five or more workers since most recently entering the child welfare system. Furthermore, 150 children statewide had 10 or more workers in that timeframe, most

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.

¹ Data cited in this report are from the FCRO's independent data tracking system or FCRO completed case file reviews unless otherwise noted. Some of the most requested data is also available through the FCRO's data dashboards (accessed via https://fcro.nebraska.gov/data_dashboards.html#). Data presented includes numbers of children impacted, the agencies and courts responsible, demographics, and key indicators, all of which can be sorted in the most useful ways.

of whom (135) were from the Eastern Service Area (ESA). This resulted in a significant decrease since 9/30/22 when 303 children had experienced 10 or more workers. (page 28)

- 127 (3.1%) youths in out-of-home care were involved with DHHS/CFS and Probation simultaneously, representing an 8.5% increase compared to youths on 9/30/22. (page 29)
- There were 473 (11.4%) youths that were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTCs, an 18.5% increase compared to youths on 9/30/22. (page 32)
- Probation most often utilizes in-state placements; 86.4% of the 346 youth with a known placement location in congregate care were placed in Nebraska. (page 36)
- 78 youths, 66 boys and 12 girls, from various counties across Nebraska were at a YRTC on 9/30/23 which is a 14.7% increase compared to the 68 such youths at the YRTCs at the same time last year. (page 38)
- 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 21, 30, 34, 39)
- The median number of days in care on 9/30/23: 471 days for DHHS/CFS wards, 464 days for dually involved youth, 136 days for Probation only youth, and 327 days for youth placed at a YRTC. (pages 21, 30, 34, 40)
- The median age for Nebraska children in care on 9/30/23 by agency involvement: 8 years old for DHHS/CFS wards, 16 years old for dually involved youth, 16 years old for Probation only youth, and 17 years old for youth placed at a YRTC. (pages 21, 30, 33, 38)
- The average number of times in care on 9/30/23 by agency involvement: 1.3 for DHHS/CFS wards, 1.8 for dually involved youth, 2.1 for Probation only youth, and 2.7 for youth at a YRTC. (pages 21, 30, 34, 40)
- The average number of lifetime placements as of 9/30/23 by agency involvement: 3.5 for DHHS/CFS, 10.2 for dually involved youth, 4.8 for Probation only youth, and 11.2 for youth at a YRTC. (pages 22, 30, 35, 40)
- Missing from care continues to be an issue. The following 45 children and youth were missing from care as of 9/30/23 by agency involvement: 17 DHHS/CFS wards, 6 dually involved youth, 21 Probation only youth, and 1 DHHS/OJS and Probation supervised youth. (pages 25, 31, 35, 38)
- Covid-19 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

Current Priority Recommendations

Children's experiences in out-of-home care have life-long impacts. In its September 2023 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 in the report on our website at 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, findings by local review boards, and publicly available data.

1. The special study included in this Quarterly Report emphasizes the risks to well-being and challenges to school success for system involved youth, especially those who are simultaneously involved with both DHHS/CFS and Probation. Efforts must be made by all system stakeholders, including DHHS/CFS, Probation, courts, the legal community, local communities, and provider organizations, to prioritize and implement policies and programming aimed at reducing the likelihood of becoming dually involved and better supporting the needs of all system involved youth.
2. The highly structured environment in the YRTC results in youth who are placed there having some of the most favorable well-being, academic, and normalcy outcomes. The FCRO encourages youth justice systems to prioritize careful reintegration planning to support continued progress and success for youth leaving the YRTC and returning to their home communities, including any mental or behavioral health treatment and academic, extracurricular, and career planning activities.
3. Youth placed in a detention or other juvenile justice placement must have access to treatment services and programming, including educational programming, to ensure that time spent in detention is not lost and youth can continue to make progress toward healing and rehabilitation.
4. The FCRO recognizes the significant decrease over the last year in the number of children in out-of-home care who have had 10 or more caseworkers in their most recent episode in care (from 282 to 135 in the ESA). The FCRO appreciates the efforts of DHHS/CFS to prevent the needless transfer of cases among caseworkers. Additionally, the FCRO supports family reunification when it is safe and in the child's best interest. As we continue to review children's cases, our boards will pay particular attention to the safety and appropriateness of placements and permanency plans.

5. Continue efforts to reduce caseloads to statutory levels. Caseloads remain too high in the Eastern Service Area where (per the October 2023 CFS report) only 31.3% of ongoing-only workers² were in compliance with statutory caseload standards. Statewide only 72.7% of all case managers' caseloads were in compliance. While this is incremental improvement since our September 2023 Annual Report, more must be done. High caseloads lead to high turnover, documentation gaps, and delays in permanency, which negatively affects children and families.
6. The FCRO encourages the Legislature, DHHS, Probation, and the courts to give serious and timely consideration to the recommendations of the LB 1173 Work Group and begin implementing intersectoral strategies to transform child and family well-being in Nebraska.

The FCRO will continue to work with all system stakeholders to pursue the recommended changes.

² Ongoing-only workers refers to caseworkers only working with ongoing cases and excludes initial assessment cases.

SPECIAL STUDY

YOUTH EXPERIENCE AND WELL-BEING COMPARISON BY AGENCY

In the Foster Care Review Office (FCRO) September 2023 Annual Report, a preliminary comparison of experiences and well-being outcomes for youth in out-of-home care across different agency involved youth populations was presented. The current special study looks to build off that initial review to examine the topic more thoroughly by splitting the population involved with DHHS/CFS and comparing youth experiences and well-being outcomes while placed in out-of-home care with one of four agency types: DHHS/CFS (only), simultaneous involvement with DHHS/CFS and Probation (aka Dually Involved), Probation (only), or a DHHS/OJS Youth Rehabilitation and Treatment Center (YRTC).

Children and youth who become system involved have likely experienced significant neglect, abuse, and/or considerable hardships which can have longstanding negative impact throughout their lives. Stressful experiences and maltreatment in childhood can contribute to more serious types of depression and self-injury in adolescents and young adults.³ Research has also shown that the more trauma a child experiences, the more likely they are to suffer from mental health conditions and chronic illness into adulthood.⁴ Childhood exposure to family and neighborhood violence has been linked to lower competency in school.⁵ Trauma has also been shown to increase the likelihood of offending and thus becoming involved with law enforcement and the juvenile justice system.⁶ The connections between behavioral health and life outcomes with childhood trauma, due to neglect, parental substance use, witnessed or experienced violence, or otherwise, have been well researched and documented in many ways. However, there is a need to further understand how these trends may lessen or intensify for youth who are involved in the child welfare and/or juvenile justice systems.

³ Qian H, Shu C, Feng L, Xiang J, Guo Y, Wang G. Childhood Maltreatment, Stressful Life Events, Cognitive Emotion Regulation Strategies, and Non-suicidal Self-Injury in Adolescents and Young Adults With First-Episode Depressive Disorder: Direct and Indirect Pathways. *Front Psychiatry*. 2022 Apr 12;13:838693. doi: 10.3389/fpsy.2022.838693. PMID: 35492724; PMCID: PMC9039129.

⁴ Mock SE, Arai SM. Childhood trauma and chronic illness in adulthood: mental health and socioeconomic status as explanatory factors and buffers. *Front Psychol*. 2011 Jan 31;1:246. doi: 10.3389/fpsyg.2010.00246. PMID: 21833299; PMCID: PMC3153850.

⁵ Margaret J. Briggs-Gowan, Alice S. Carter, Julian D. Ford, Parsing the Effects Violence Exposure in Early Childhood: Modeling Developmental Pathways, *Journal of Pediatric Psychology*, Volume 37, Issue 1, January/February 2012, Pages 11–22, <https://doi.org/10.1093/jpepsy/jsr063>

⁶ Craig, J. M. (2019). The Potential Mediating Impact of Future Orientation on the ACE–Crime Relationship. *Youth Violence and Juvenile Justice*, 17(2), 111-128. <https://doi.org/10.1177/1541204018756470>

This study is focused on system involved youth ages 14 through 18⁷ who had a FCRO case review during FY2022-23. In cases where multiple reviews may have been conducted for a youth during the year, only the most recent review was included. There was a total sample of 1,189 youth reviewed across the four distinct population types under examination. The largest population of youth were only involved with DHHS/CFS (n=831). The youth only involved with Probation was the second largest population (n=196), followed by the Dually Involved population (n=111). The smallest population type was for the youth who were placed at a YRTC (n=51). Demographic breakdowns for gender and race/ethnicity have not been included in the current study; however, may be a topic of future interest and review.

The following research questions are reviewed:

- 1) What is the prevalence of mental health, substance use, and disability diagnoses for each out-of-home youth population?
- 2) What differences exist in rates of prescribed psychotropic medications for those youth with a diagnosed mental health condition?
- 3) What differences exist in rates of treatment progress for mental health and substance use?
- 4) What differences exist in academic and extracurricular normalcy outcomes?

Measures of focus for analysis in this comparison include the percent of youth:

- Who had a mental health diagnosis⁸,
- Of those with a mental health diagnosis, who had been prescribed at least one psychotropic medication,
- Who were making at least partial progress on their diagnosed mental health issues,
- Who had a substance use disorder diagnosis,
- Who were making at least partial progress on their diagnosed substance use issues,
- Who had a disability diagnosis,
- Who were enrolled in school (or homeschooled) and had regular attendance,
- Who had no negative behaviors at school that impeded learning,
- Who were academically on track for all their core classes,
- Who participated in extracurricular normalcy activities (whether in school or not).

⁷ By law, YRTC involved youth are only ages 14-18.

⁸ Diagnoses for mental health, substance use, and disabilities as determined by a clinical professional.

Looking at the prevalence of diagnoses, we found that the highest percentage of mental health, substance use, and disability diagnoses were found for the youth population placed at a YRTC (100.0%, 72.5%, 94.1% respectively). The youth who were only involved with DHHS/CFS had the lowest rate of diagnoses; 72.1% had a mental health diagnosis, 7.8% had a substance use diagnosis, and 51.1% had a disability diagnosis. While Probation and Dually Involved populations had high rates of mental health diagnoses like the youth at a YRTC (90.8% and 87.4% respectively); the rates of substance use diagnoses were considerably lower than the youth at a YRTC. There were 51.5% of Probation youth and 36.9% of Dually Involved youth who had a substance use diagnosis. The percentage of disability diagnoses for Probation youth was 81.6%, which was considerably higher than the Dually Involved youth (63.1%).

There were less drastic differences in the percentages of youth with a mental health diagnosis who were prescribed a psychotropic medication. YRTC youth again had the highest percentage at 68.6%, followed by the Dually Involved youth at 62.9%. There were 54.1% of the DHHS/CFS only involved youth who had a psychotropic prescription. Probation had the lowest percentage of youth with a prescribed psychotropic medication (53.9%).

Youth at a YRTC were showing the most progress for both mental health issues as well as substance use (74.5% and 64.9% respectively); whereas the Dually Involved youth showed the least amount of progress in both areas (51.5% and 39.0%). There were 70.3% of DHHS/CFS (only) youth and 66.3% of Probation (only) youth making progress on their mental health. The Probation (only) and DHHS/CFS (only) youth were making fairly similar progress on substance use (49.5% and 46.2% respectively).

YRTC youth had the highest percentages of regular school attendance (93.5%), being on track in their core classes (89.1%), and involvement in extracurricular normalcy activities (98.0%). DHHS/CFS (only) youth had the highest percentage of no negative behaviors which impeded their learning at school (49.0%). YRTC youth and Probation (only) youth had fairly similar outcomes (47.8% and 44.9% respectively). The Dually Involved youth had the lowest percentages for all academic and normalcy outcomes. Only 55.0% were found to have regular school attendance, 28.8% were found to have no negative behaviors at school, and a mere 22.5% were on track in their core classes. Less than half (42.3%) of the Dually Involved youth were involved in any extracurricular normalcy activities. The remaining academic and previously described outcomes can be found in Figure 1.

Figure 1: Experience Factors and Outcomes for Youth Ages 14–18 Placed in Out-of-home Care Who Had an FCRO Review During FY2022-23

Experience Factors and Outcomes	DHHS/CFS n=831	Dually Involved n=111	Probation n=196	YRTC n=51
Mental Health Diagnosis	72.1%	87.4%	90.8%	100.0%
Prescribed Psychotropics	54.1%	62.9%	53.9%	68.6%
Making Progress on Mental Health	70.3%	51.5%	66.3%	74.5%
Substance Use Diagnosis	7.8%	36.9%	51.5%	72.5%
Making Progress on Substance Use	46.2%	39.0%	49.5%	64.9%
Disability Diagnosis	51.1%	63.1%	81.6%	94.1%
Regular School Attendance	78.3%	55.0%	88.6%	93.5%
No Negative Behaviors at School	49.0%	28.8%	44.9%	47.8%
On Track for Core Classes	53.5%	22.5%	77.2%	89.1%
Normalcy Activities	79.4%	42.3%	74.0%	98.0%

While procedural changes and training aimed at protecting and improving conditions for youth placed at a YRTC⁹ and those supervised by Probation¹⁰ have begun, the findings of the current study demonstrate that much work remains to help support outcomes and well-being for system involved youth of all types. Outcome data in this study indicates particular attention must be focused on developing better supports and coordination for those youth who are dually involved with both DHHS/CFS and Probation.

Dually involved youth face unique challenges which require collaborative work that is not only prioritized between child welfare and juvenile justice system agencies, but also across education and behavioral health organizations¹¹ to ensure staff connected to a youth's case are fully informed about the youth's background and their current situation. Coordination is necessary to ensure these youth have access to and adequate funding for necessary services and supports, to reinforce protective factors to minimize negative lifelong impacts, and to identify and remove barriers to academic success. Consideration should be given to increased use of trauma-informed practices and programming such as the Crossover Youth

⁹ NDHHS – Office of Juvenile Services, Annual Prison Rape Elimination Act Report, 2022
[2022 Annual Prison Rape Elimination Act Report \(ne.gov\)](#)

¹⁰ Administrative Office of the Courts & Probation, Juvenile Probation Services Annual Report, 2022,
[Annual Report FY 2022 for posting on website.pdf \(nebraska.gov\)](#)

¹¹ Center for Juvenile Justice Reform, Addressing the Needs of Multi-System Youth: Strengthening the Connection between Child Welfare and Juvenile Justice, March 2021,
[*MultiSystemYouth_March2012.pd \(osbar.org\)](#)

Practice Model (CYPC) that strives to improve educational outcomes¹², reduce the use of group and institutional placements, and safely reduce the number of youths who become dually involved.

While YRTC youth reviewed in this study tended to have the most favorable outcomes, it should be noted that programming in the YRTCs is very structured with many outside distractions removed and temptations unavailable to act upon. The highly structured environment of a YRTC leaves youth with very little choice other than to comply with rules and daily routines set for them if they want to discharge and return home or be placed in a less restrictive setting. Efforts should be made to help with transitioning youth out of the YRTC and into their next placement to support continuation of progress with any mental health and/or substance use treatment, along with sustaining achieved success with their academics and extracurricular activities.

Research has shown the negative impact which can result when children are maltreated and exposed to substance use or violence. Results of this study emphasize the risks on well-being and challenges to succeeding in school for system involved youth, particularly for those who are simultaneously involved with both DHHS/CFS and Probation. Policies and programming aimed at reducing the likelihood of becoming dually involved and better supporting the needs of all system involved youth should be prioritized. Future research to review differences across gender and race/ethnicity groups may help to better understand factors that jeopardize treatment success and the well-being of these vulnerable populations of youth.

¹² Center for Juvenile Justice Reform, The Crossover Youth Practice Model in Brief: Improving Educational Outcomes for Crossover Youth, 2016, [2016 CYPM-In-Brief-Educational-Outcomes.pdf - Google Drive](#)

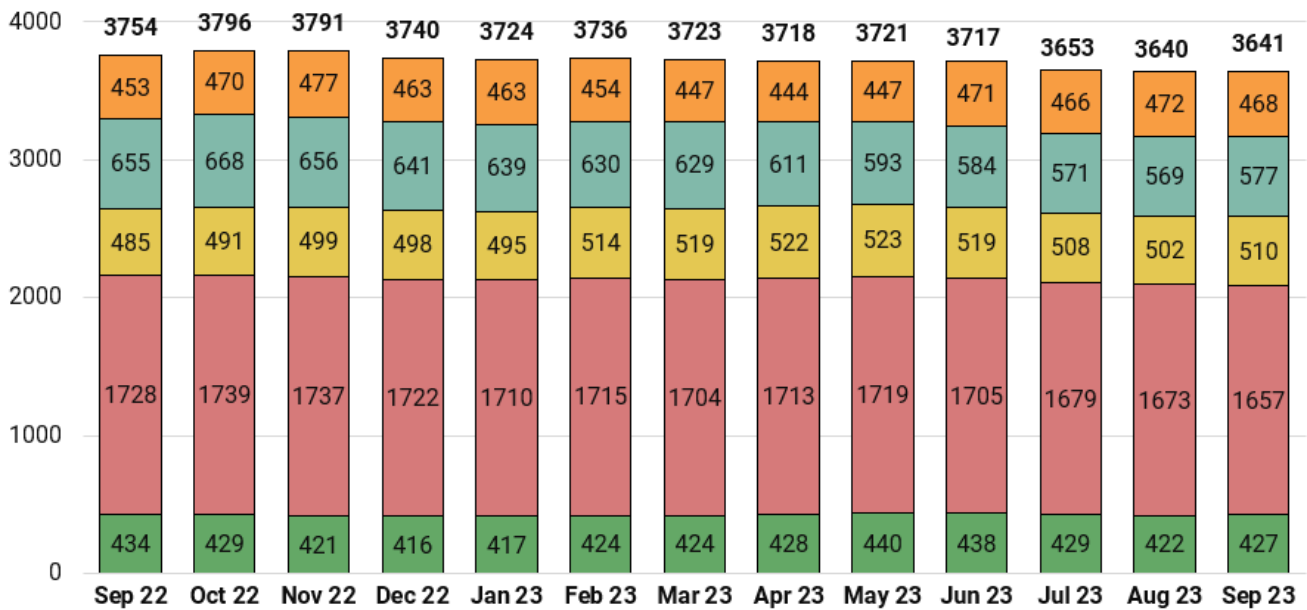
OUT-OF-HOME TRENDS

This section includes the Average Daily Population as well as the Entry and Exit data for court-involved children in out-of-home care or trial home visits involved with DHHS and Probation. Youth who were involved with both DHHS and Probation simultaneously (dually involved youth) are included in both system trends; youth who were placed at a YRTC are included with the Probation involved youth.

CHILD WELFARE TRENDS

Average Daily Population. Figure 2 represents the average daily population (ADP) per month of all DHHS involved children in out-of-home care or trial home visit, including those simultaneously served by Probation, from September 2022 to September 2023.

Figure 2: Average Daily Population of DHHS Wards, Sept. 2022- Sept. 2023



The colors refer to the service area, as shown in the map below. Totals at the top of the chart may be slightly different than the sum of the service areas due to rounding.

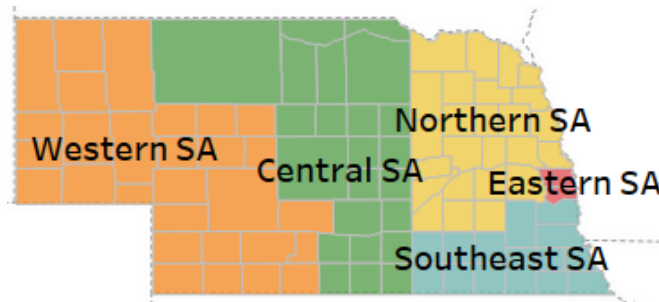


Figure 3 indicates the percent change in average daily population varied throughout the state and illustrates the differences among service areas (geographic regions).

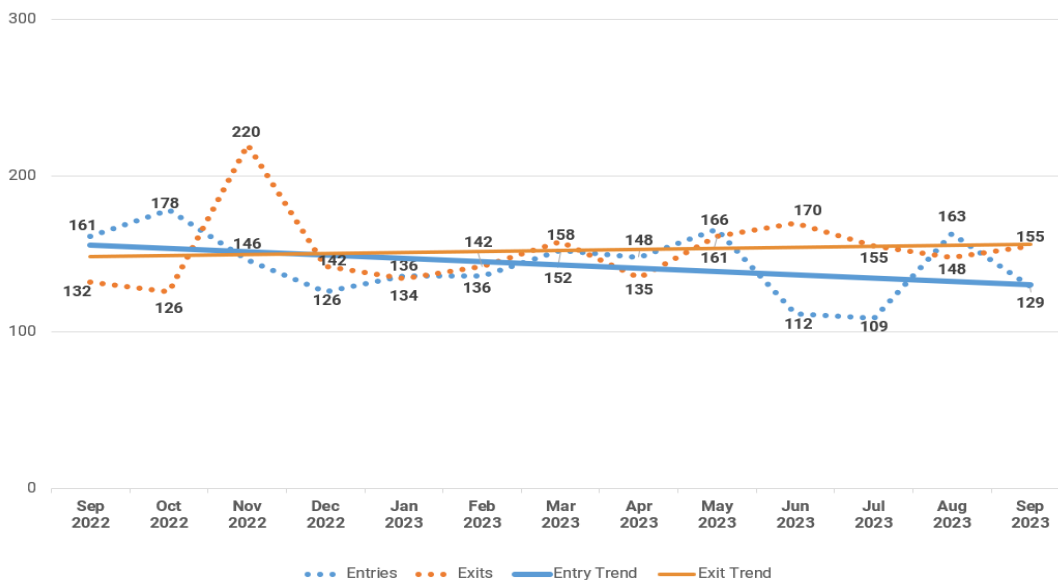
Figure 3: Percent Change in Average Daily Population of DHHS Wards by Service Area, Sept. 2022 to Sept. 2023

	Sept-22	Sept-23	% Change
Central SA	434	427	-1.6%
Eastern SA	1,728	1,657	-4.1%
Northern SA	485	510	5.2%
Southeast SA	655	577	-11.9%
Western SA	453	468	3.3%
State	3,754	3,641	-3.0%

Entries and Exits. Population changes of children in out-of-home care and trial home visits can be influenced by many factors, including changes in the number of children entering the system, changes in the number of children exiting the system, and changes in the amount of time children spend in the system. Some patterns tend to recur, such as more exits at the end of the school year, prior to holidays, during reunification or adoption days, and more entries after school starts (when reports of abuse or neglect tend to increase).

Figure 4 represents exits and entries per month of all DHHS involved children in out-of-home care or trial home visit, including those simultaneously served by Probation, from September 2022 to September 2023.

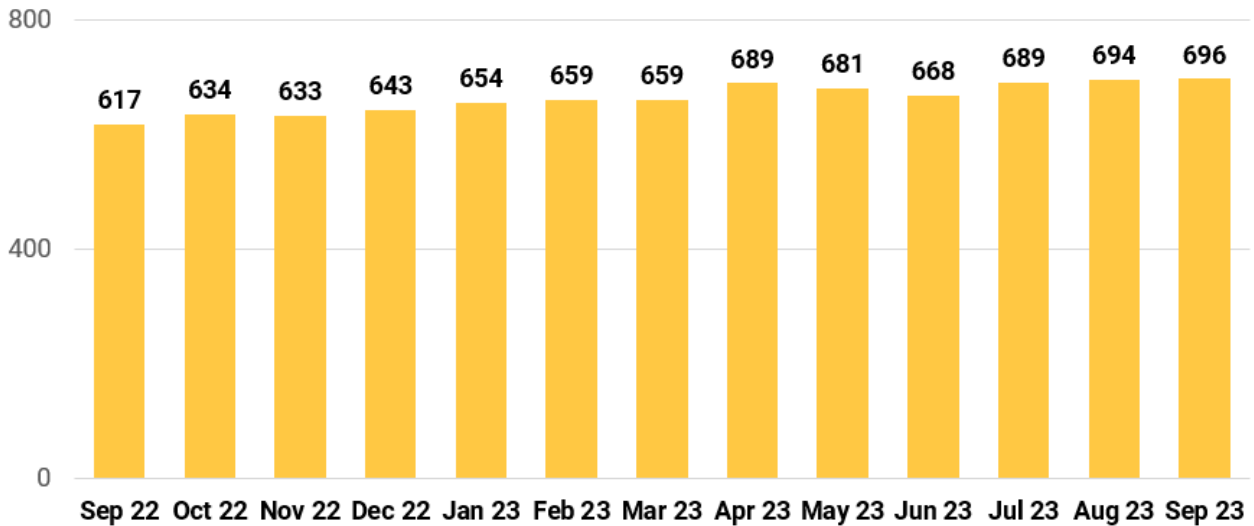
Figure 4: Monthly Entries and Exits of DHHS Wards, Sept. 2022-Sept. 2023



JUVENILE JUSTICE-PROBATION TRENDS

Average Daily Population. Figure 5 below represents the average daily population (ADP) per month of all Probation supervised youth in out-of-home care, including those simultaneously served by DHHS and those placed at a YRTC, from September 2022 to September 2023. The average daily population increased resulting in 12.8% more Probation supervised youth in out-of-home care on average in September 2023 compared to September 2022.

Figure 5: Average Daily Population of Probation Supervised Youth in Out-of-Home Care, Sept. 2022-Sept. 2023¹³



¹³ Averages for each column may not be exactly equal to the sum of the probation districts due to rounding.

Two of the 12 probation districts experienced a decline in the population of Probation supervised youth in out-of-home care, as demonstrated in Figure 6.

Figure 6: Percent Change in Average Daily Population of Probation Supervised Youth by Probation District, Sept. 2022 to Sept. 2023¹⁴

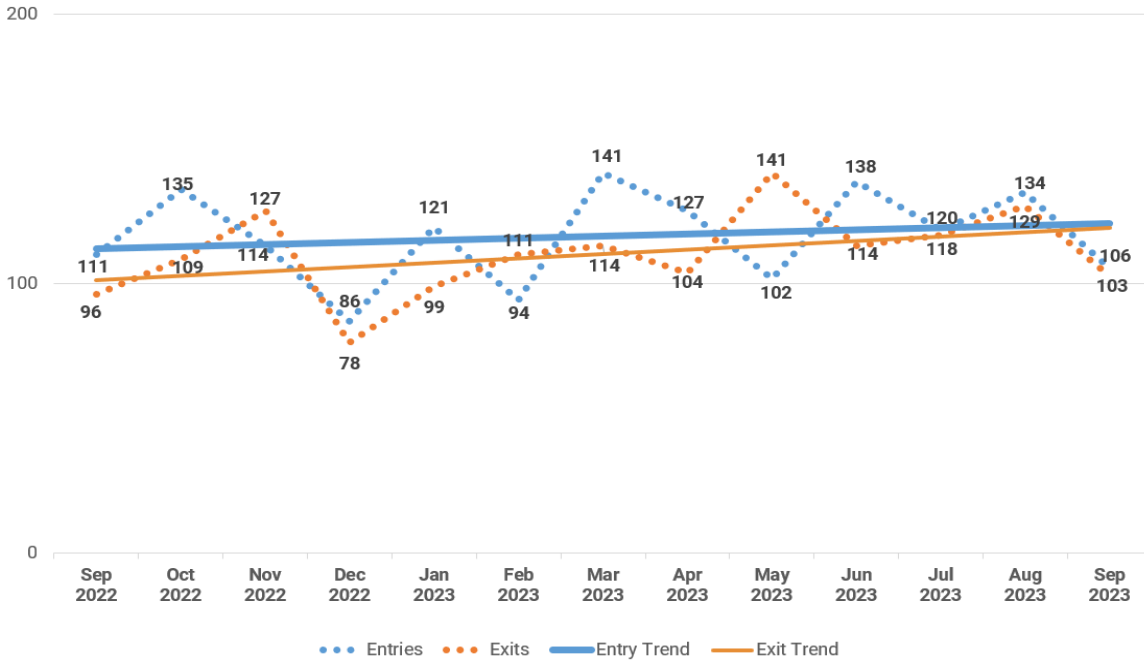
	Sept-22	Sept-23	% Change
District 1	15	24	60.0%
District 2	36	40	11.1%
District 3J	119	122	2.5%
District 4J	200	229	14.5%
District 5	26	41	57.7%
District 6	38	43	13.2%
District 7	31	40	29.0%
District 8	15	14	-6.7%
District 9	53	36	-32.1%
District 10	23	31	34.8%
District 11	33	42	27.3%
District 12	28	34	21.4%
State	617	696	12.8%

¹⁴ Averages for each column may not be exactly equal to the sum of the probation districts due to rounding.

Out-of-Home Trends

Entries and Exits. Probation related placements are focused on community safety and rehabilitation of the youth. Under statute, the FCRO tracks and reviews Probation supervised youth if they are in an out-of-home placement. For Probation supervised youth, the end of an episode of out-of-home care does not necessarily coincide with the end of their Probation supervision; therefore, the FCRO is unable to report on successful or unsuccessful releases from Probation.

Figure 7: Monthly Entries and Exits of Probation Supervised Youth, Sept. 2022-Sept. 2023



POINT IN TIME TREND OVERVIEW BY AGENCY

The following tables represent a trend comparison of the number of children and youth in out-of-home care (or Trial Home Visit) by agency type over the last eight point in time quarters. The DHHS/CFS and Dually Involved tables below show the statewide total as well as the breakout by service area. Probation displays the statewide total and the breakout by probation district. Finally, YRTC represents the statewide total and the breakout by gender.

DHHS/CFS	12/31/21	3/31/22	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23	9/30/23
Statewide	3,620	3,613	3,606	3,633	3,596	3,584	3,530	3,480
CSA	454	436	421	408	385	409	407	404
ESA	1,650	1,655	1,655	1,666	1,652	1,643	1,612	1,581
NSA	476	474	499	477	487	500	508	495
SESA	603	612	604	629	609	590	549	554
WSA	437	436	427	453	463	442	454	446

- For children and youth involved only with DHHS/CFS, the most recent point in time data shows a 1.4% statewide decrease over the previous quarter.
- Four of the five service areas had a decrease with the largest decrease occurring in the NSA at 2.6%; whereas the SESA had an increase of 0.9%.

Dually Involved	12/31/21	3/31/22	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23	9/30/23
Statewide	131	125	107	117	127	127	129	127
CSA	21	22	18	21	20	17	19	15
ESA	51	48	46	46	54	60	56	57
NSA	17	18	10	13	17	15	18	15
SESA	30	28	28	23	21	21	20	25
WSA	12	9	5	14	15	14	16	15

- For youth who were dually involved with DHHS/CFS and Probation, the most recent point in time data shows a 1.6% statewide decrease over the previous quarter.
- Three of the five service areas had a decrease while two service areas (ESA and SESA) had an increase over the previous quarter.

Out-of-Home Trends

Probation	12/31/21	3/31/22	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23	9/30/23
Statewide	351	382	372	399	414	419	435	473
District 1	5	11	9	12	11	13	16	20
District 2	21	29	25	29	32	27	31	30
District 3J	60	72	67	64	71	66	75	79
District 4J	113	122	118	116	113	121	125	139
District 5	18	19	20	16	23	28	32	37
District 6	29	22	29	35	28	26	37	32
District 7	21	25	19	22	33	32	20	28
District 8	9	7	5	8	7	6	8	7
District 9	27	34	35	43	39	41	32	30
District 10	14	11	8	13	17	16	15	22
District 11	24	16	19	20	17	22	30	29
District 12	10	14	18	21	23	21	14	20

- For youth who were only involved with Probation, the most recent point in time data shows an 8.7% statewide increase over the previous quarter.
- Seven of the 12 probation districts had an increase, with the largest increases occurring in District 10 at 46.7%, District 12 at 42.9%, District 7 at 40.0%, followed by District 1 at 25.0%.
- Five probation districts had a decrease over the previous quarter, with the largest decrease occurring in District 6 at 13.5%, followed by District 8 at 12.5%, District 9 at 6.3%, District 11 at 3.3%, and lastly District 2 at 3.2%.

YRTCs	12/31/21	3/31/22	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23	9/30/23
Statewide	54	63	68	68	62	82	84	78
Females	21	15	15	15	15	22	22	12
Males	33	48	53	53	47	60	62	66

- For youth who were placed at a YRTC, the most recent point in time data shows a 7.1% total population decrease over the previous quarter; however, the female population solely accounted for the decrease as the male population count increased.

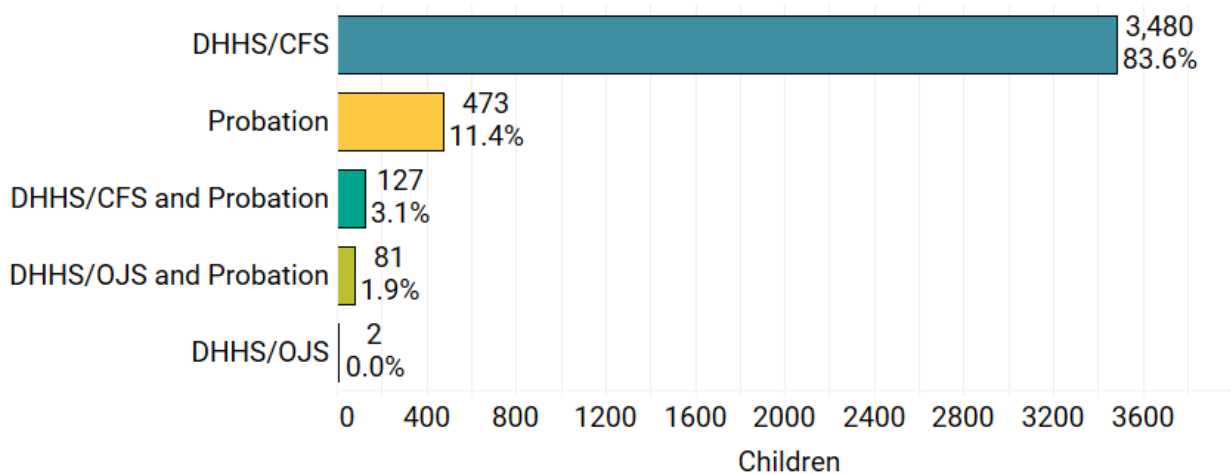
SYSTEM-WIDE TRENDS

On 9/30/2023, 4,163 Nebraska children were in out-of-home or trial home visit placements¹⁵ under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division hereafter referred to as Probation.

Over the course of a year, a child may enter or exit out-of-home care one or more times and may be involved with one or more state agencies. Additionally, children may be involved in voluntary placements, court-ordered placements, or both throughout a year.

Figure 8 provides a snapshot of the agency involvement of non-duplicated children in out-of-home care on 9/30/2023.

Figure 8: All Court-Involved Children in Out-of-Home Care or Trial Home Visit by Agency Involved on 9/30/2023, n¹⁶=4,163



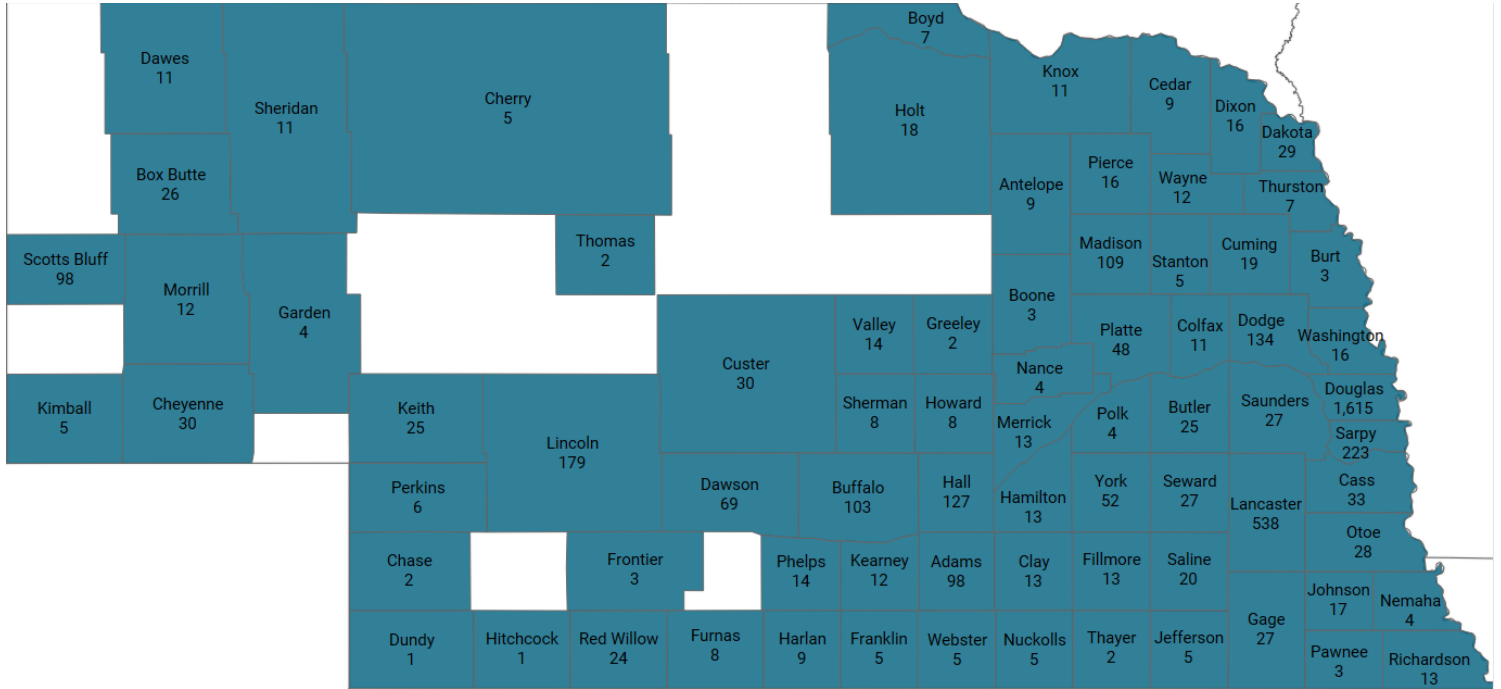
¹⁵ This section does not include children in non-court Approved Informal Living Arrangements, tribal wards, or children that have never had a removal from the home.

¹⁶ See Appendix B for a glossary of terms and a description of acronyms.

System-Wide Trends

Children in out-of-home care come from all areas of Nebraska. Figure 9 represents the county of court jurisdiction for the 4,163 court-involved children who were in out-of-home care on 9/30/2023 (which excludes AILAs).¹⁷

Figure 9: County of Court Jurisdiction for all Nebraska Court-Involved Children in Out-of-Home Care or Trial Home Visit on 9/30/2023, n=4,163



*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. Children who received services in the parental home without experiencing a removal are not included as they are not within the FCRO's authority to track or review.

The 4,163 shown above is a 1.3% decrease compared to 9/30/2022 when 4,219 court-involved children were in out-of-home care.

The next sections of this report will summarize the sub-populations of all children in out-of-home care based on the agency or agencies involved.

¹⁷ See Appendix B for a glossary of terms and a description of acronyms.

CHILD WELFARE CHILDREN

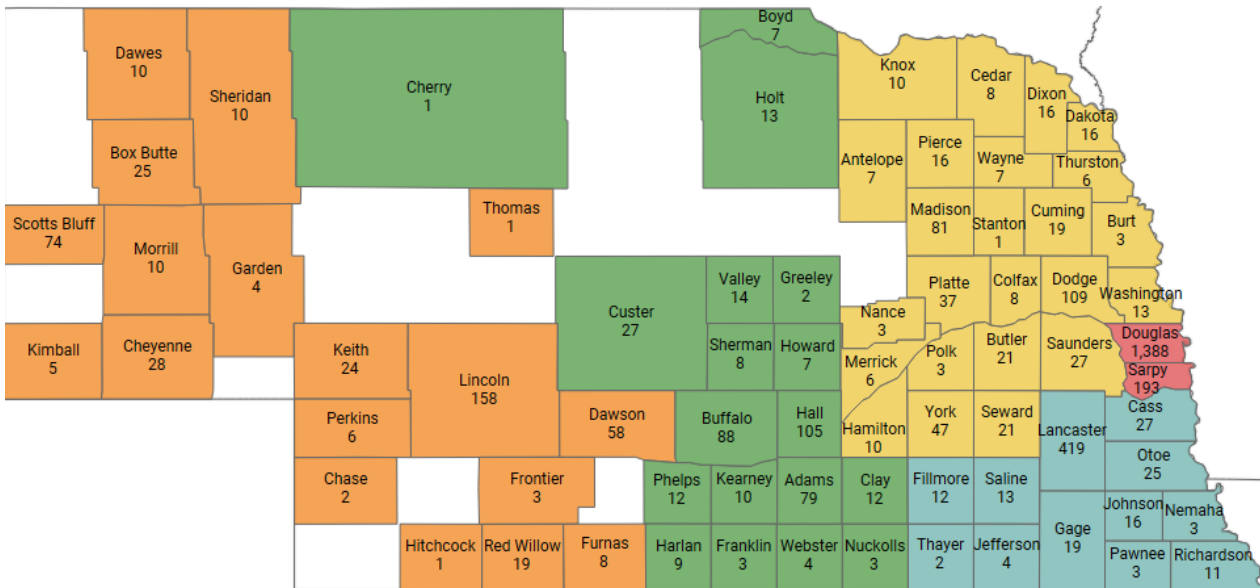
DHHS/CFS COURT-INVOLVED CHILDREN IN CARE THROUGH THE CHILD WELFARE SYSTEM

This section includes point in time data for DHHS/CFS only court-involved children in out-of-home care or trial home visit in the child welfare system (abuse and neglect). This does not include children and youth dually involved with DHHS/CFS and Probation.

POINT IN TIME DEMOGRAPHICS AND PLACEMENTS

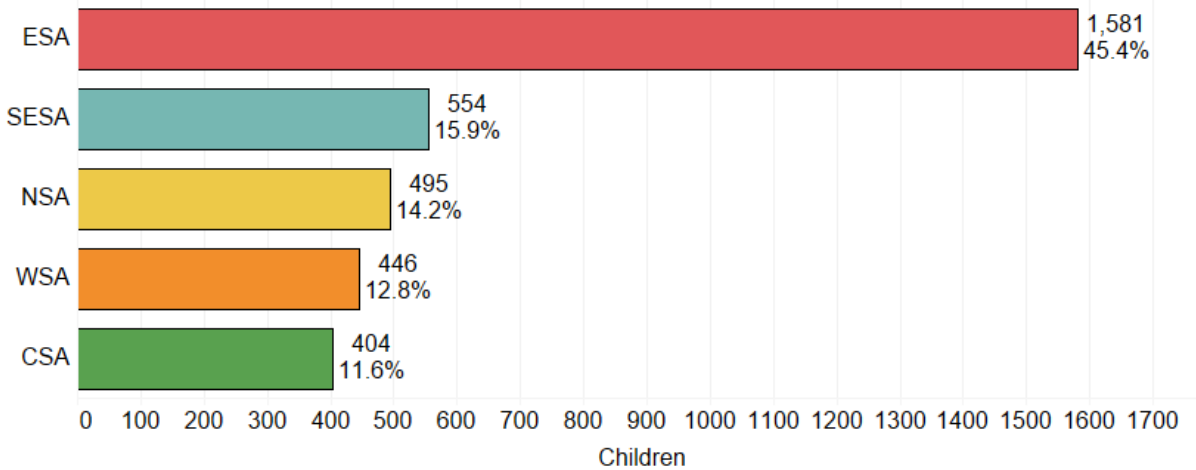
County. Figure 10 shows the county of court jurisdiction for the 3,480 children in out-of-home care or trial home visit on 9/30/2023. This compares to 3,633 on 9/30/2022, a 4.2% decrease.

Figure 10: County of Court Jurisdiction for DHHS Wards in Out-of-Home Care or Trial Home Visit on 9/30/2023, n=3,480*



*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. Children who received services in the parental home without experiencing a removal are not included as they are not within the FCRO's authority to track or review.

Child Welfare



Approximately 57% of DHHS wards were from the three most populous counties in Nebraska: Douglas, Lancaster, and Sarpy. However, some rural counties, like Lincoln County (North Platte), which had the 4th highest count of children who are DHHS wards, have higher rates of children in out-of-home care per 1,000 children in the population, ages 0 through 18, as shown in Figure 11. Statewide, the rate of DHHS wards in care per 1,000 children was 6.6.

Figure 11: Top 10 Counties by Rate of DHHS Wards in Care per 1,000 Children in the Population on 9/30/2023¹⁸

County	Children in Care	Total Children Ages 0 - 19	Rate per 1,000 children	Family Count
Boyd	7	358	19.6	2
Lincoln	158	8,416	18.8	87
Johnson	16	1,038	15.4	7
Valley	14	1,026	13.6	7
Keith	24	1,820	13.2	13
Harlan	9	697	12.9	6
York	47	3,713	12.7	25
Cheyenne	28	2,371	11.8	20
Sherman	8	715	11.2	6
Dodge	109	10,068	10.8	74

¹⁸ U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2022.

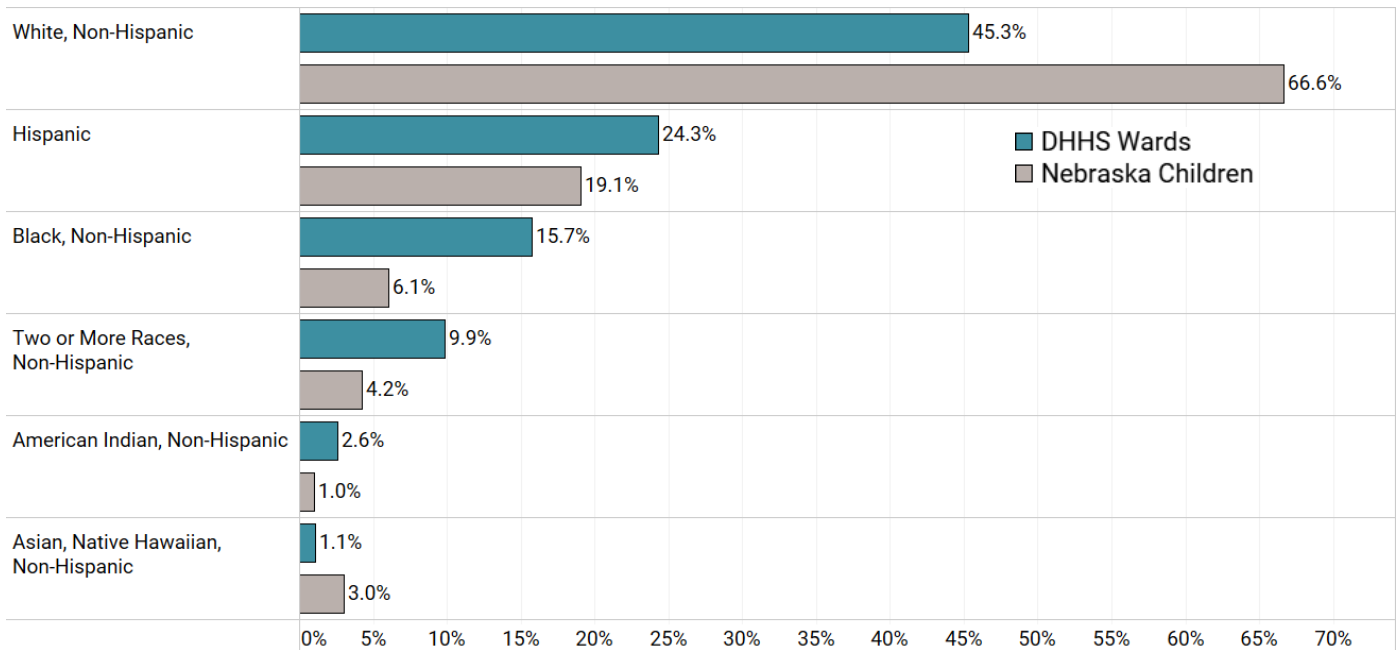
Age. Consistent with past years, the median age was 8 years old for DHHS wards in care.

- 37.0% of the children in out-of-home care or trial home visit on 9/30/2023 were age 5 and under.
- 34.2% of the children were age 6-12.
- 28.8% of the children were age 13-18.

Gender. Males (49.5%) and females (50.5%) are nearly equally represented in the number of DHHS wards in care.

Race. Figure 12 compares the race and ethnicity of children in out-of-home care or trial home visit to the number of children in the state of Nebraska. Minority children continue to be overrepresented in the out-of-home population. This overrepresentation is nearly identical to the data presented last year. A truly equitable out-of-home care system should reflect a population composed of race/ethnicity ratios in out-of-home care equivalent to the ratios of children in the general population per census records.

Figure 12: Race and Ethnicity of DHHS Wards in Out-of-Home Care and Trial Home Visit on 9/30/2023 Compared to Nebraska Children, n=3,480



Times in Care Over Lifetime. The average number of times in care over their lifetime for current DHHS wards as of 9/30/2023 was 1.3.

Median Length of Stay. For those in care on 9/30/2023, the median number of days in care for DHHS wards was 471 days.

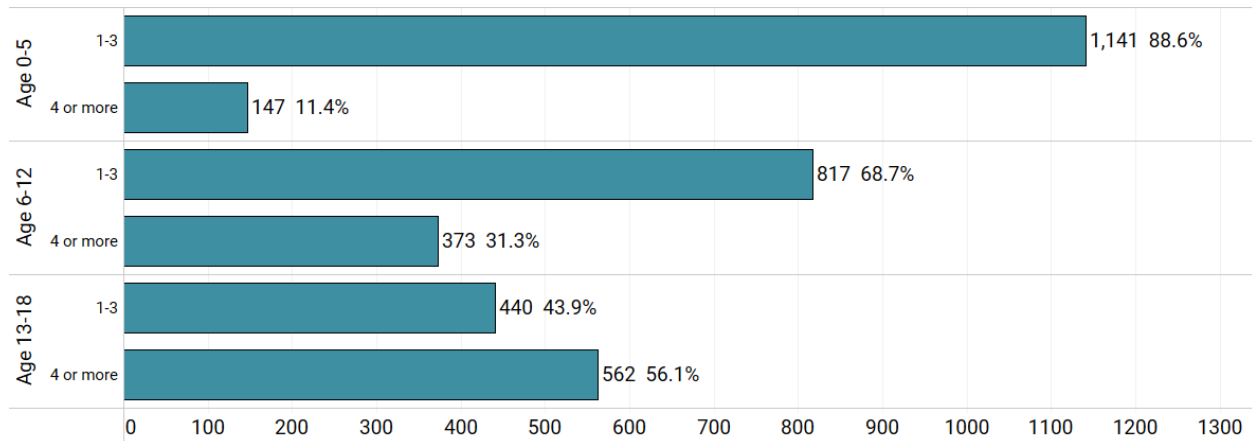
Number of Placements. National research indicates that children experiencing four or more placements over their lifetime are likely to be permanently damaged by the instability and trauma of broken attachments.¹⁹ However, children who have experienced consistent, stable, and loving caregivers are more likely to develop resilience to the effects of prior abuse and neglect, and more likely to have better long-term outcomes.²⁰

On 9/30/2023, DHHS wards had an average of 3.5 placements in their lifetime.

Figure 13 shows the number of lifetime placements for DHHS wards by age group. It is unacceptable that 11.4% of children ages 0-5, and 31.3% of children ages 6-12 have been moved between caregivers four or more times. This has implications for children’s health and safety at the time of review and throughout their lifetime.

By the time children reach their teen years, over half (56.1%) have had four or more lifetime placements.

Figure 13: Lifetime Placements for DHHS Wards in Care 9/30/2023, n=3,480



The percentage with four or more lifetime placements varies by DHHS/CFS service area.

Age Group	CSA	ESA	NSA	SESA	WSA
0-5	2.9%	14.0%	12.7%	14.2%	5.4%
6-12	28.9%	40.0%	19.3%	30.1%	20.0%
13-18	49.6%	63.5%	45.3%	50.3%	54.4%

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

²⁰ Ibid.

Placement Restrictiveness. It is without question “children grow best in families.” While temporarily in foster care, children need to live in the least restrictive, most home-like placement possible for them to grow and thrive. Thus, placement type matters. The least restrictive placements are home-like settings, moderate restrictive placements include non-treatment group facilities, and the most restrictive are the facilities that specialize in psychiatric, medical, or juvenile justice related issues and group emergency placements.

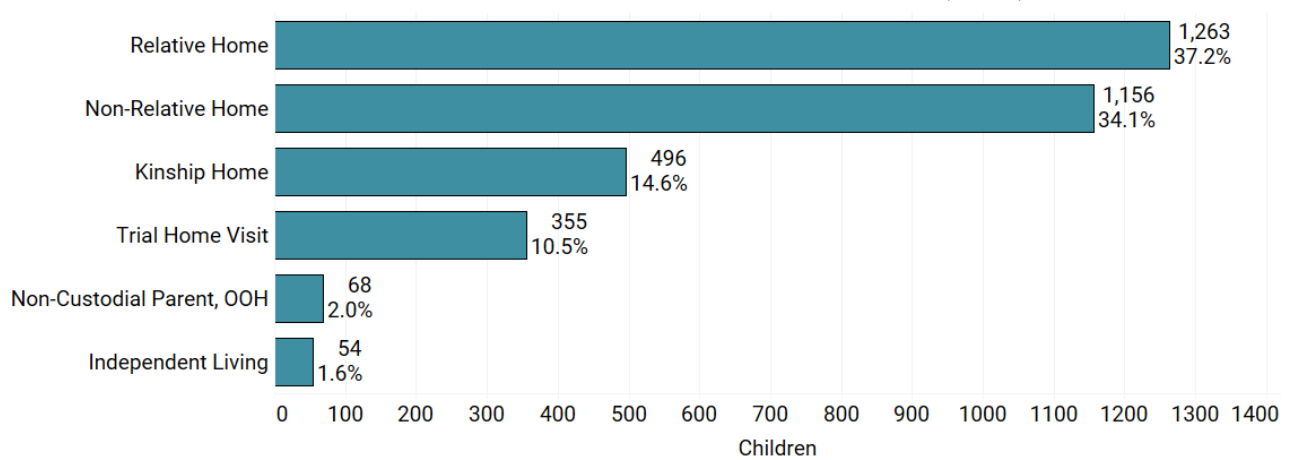
- The vast majority (97.5%) of DHHS/CFS state wards in care on 9/30/2023 were placed in the least restrictive placement, well above the national average of 90%.²¹ This is a continuing trend.
 - Of the children placed in family-like settings (not including trial home visits), 57.9% were in a relative or kinship placement.²²

Formalized relative and kinship care was put in place to allow children to keep existing and appropriate relationships and bonds with family members, or similarly important adults, thus lessening the trauma of separation from the parents.

If a maternal or paternal relative or family friend is an appropriate placement, children suffer less disruption by being placed with persons they already know, who make them feel safe and secure; however, it is not required that relatives have a pre-existing relationship with the child to be placed with them.

When considering Figure 14, remember some children in out-of-home care do not have any adult relatives available for consideration, while others may have relatives, but the relatives are not suitable to provide care.

Figure 14: Additional Details on Least Restrictive Placement Type for DHHS Wards in Out-of-Home Care or Trial Home Visit on 9/30/2023, n=3,392



²¹ Child Welfare Information Gateway. Numbers and Trends March 2021, Foster Care Statistics 2019. Available on 8/23/2022 at: <https://www.childwelfare.gov/pubPDFs/foster.pdf>

²² Neb. Rev. Stat. §71-1901 defines relative care as placement with a relative of the child or of the child’s sibling through blood, marriage, or adoption. Kinship care is with a fictive relative, someone with whom the child has had a significant relationship prior to removal from the home. Other states may use different definitions of kin, making comparisons difficult.

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 law²³ defines some of these placements differently than many other states; the following are the Nebraska definitions:

1. "Relative home" is a home where one of the primary caregivers is related to the child or a sibling by blood, marriage, or adoption.
2. "Kinship home" is a home where one of the primary caregivers has previously lived with the child or is a trusted adult who has a preexisting, significant relationship with the child or a sibling.
3. "Independent living" is for teens nearing adulthood, such as those in a college dorm or apartment.
4. "Trial home visit" (THV) by statute is a temporary placement with the parent from which the child was removed with both the Court and DHHS/CFS remaining involved.
5. "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.
6. "Non-relative home" refers to a licensed foster home where the primary caretakers have no significant prior relationship with the child.

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 approves rather than licenses most of these homes for a variety of reasons. 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.

Relative homes can be granted a waiver of one or more of the following requirements:

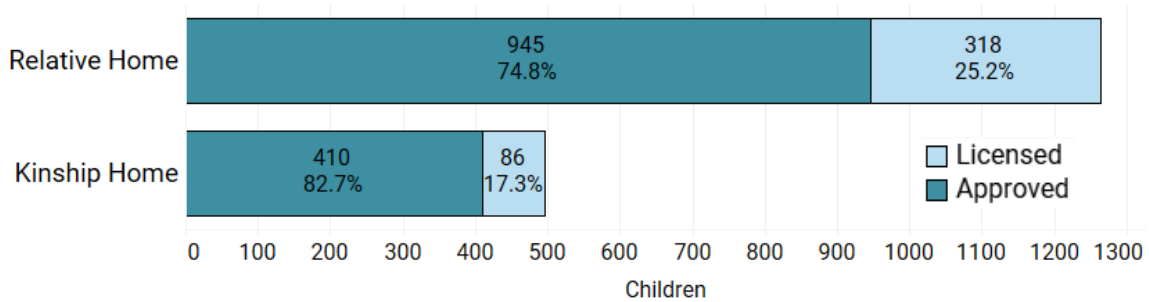
- The three required references come from no more than one relative.
- The maximum number of persons for whom care can be provided.
- The minimum square feet per child occupying a bedroom and minimum square footage per individual for areas excluding bedrooms, bathrooms, and kitchen.
- The home has at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

²³ Neb. Rev. Stat. §71-1901.

Child Welfare

Current License Status. Due to the fiscal impact and caregiver training issues, the FCRO looked at the licensing status for relative and kinship placement types. As shown in Figure 15, in keeping with the FCRO’s focus on individual children, we see that relatively few are in a licensed placement. However, since 9/30/2022, children in licensed relative placements have increased from 17.6% to 25.2% and children in licensed kinship placements have increased from 11.3% to 17.3%. Progress is being made, but it is slow progress.

Figure 15: Licensing for DHHS/CFS Wards in Relative or Kinship Foster Homes on 9/30/2023, Statewide, n=1,263 (relatives) and n=496 (kinship)

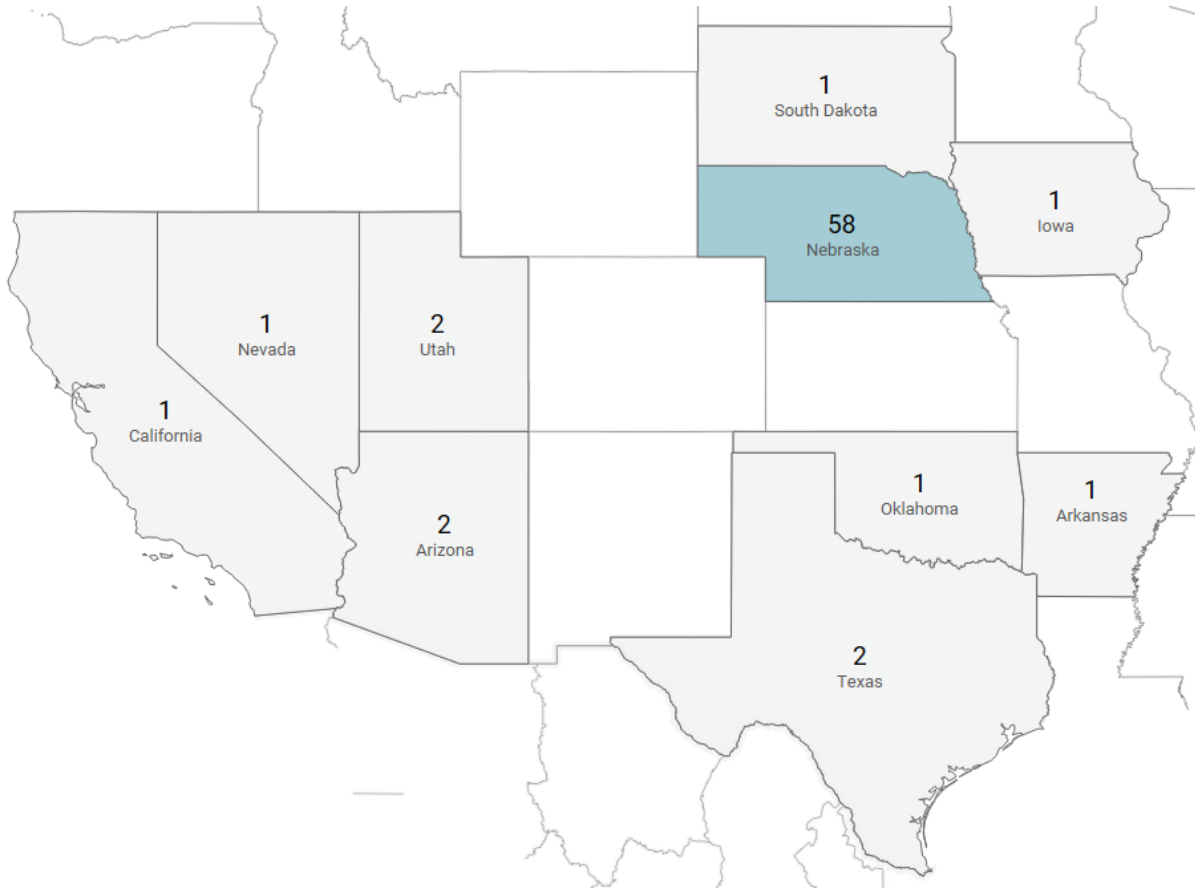


Missing from Care. On 9/30/2023, there were 17 DHHS/CFS only involved children missing from care. Of the missing children, 12 were female and 5 were male. This is always a serious safety issue that deserves special attention. While unaccounted for, these children have higher likelihoods of being victimized by sex traffickers or having other poor outcomes.

Congregate Care. The majority (82.9%) of DHHS/CFS wards in congregate care facilities²⁴ are placed in Nebraska (Figure 16).

- DHHS/CFS had 70 children in congregate care, resulting in a 6.7% decrease from the previous year.

Figure 16: DHHS Wards in Congregate Care on 9/30/2023 by State of Placement, n=70



²⁴ Congregate care includes non-treatment group facilities, group facilities that specialize in psychiatric, medical, and group emergency placements.

CASEWORKER CHANGES

Caseworkers are charged with ensuring children's safety while in out-of-home care, and they are critical for children to achieve timely and appropriate permanency. The number of different caseworkers assigned to a case is significant because worker changes can create situations where there are gaps in the information and client relationships must be rebuilt, causing delays in permanency. It is also significant to the child welfare system because resources are directed to recruiting, hiring, and training new workers instead of serving families.

An often-quoted study from Milwaukee County, Wisconsin, found that children who only had one caseworker achieved timely permanency in 74.5% of the cases, as compared with 17.5% of those with two workers, and 0.1% of those having six workers.²⁵ The University of Minnesota also found that caseworker turnover/changes correlated with increased placement disruptions.²⁶

The FCRO receives information from DHHS about the number of caseworkers children have had while in out-of-home or trial home visit during their current episode.²⁷ Due to system changes, the following explanations are necessary:

- In the Eastern Service Area, ongoing casework was done primarily by lead agency (contractor) Family Permanency Specialists (FPS) until March 2022. Since then, it has been conducted by DHHS/CFS Case Managers. Thus, the count for the Eastern Service Area may include workers in each category. The FCRO was careful not to duplicate the counts for previous lead agency workers who were hired by DHHS/CFS if they continued to serve the same family.²⁸
- In the rest of the state, the data represents the number of DHHS Case Managers assigned to a case.

²⁵ [Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff](#), January 2005. Authors C. Flower, J. McDonald, and M. Sumski. Inquiries regarding the report should be directed to Child Welfare Associates LLC in Wheaton, IL. [turnoverstudy.pdf \(uh.edu\)](#)

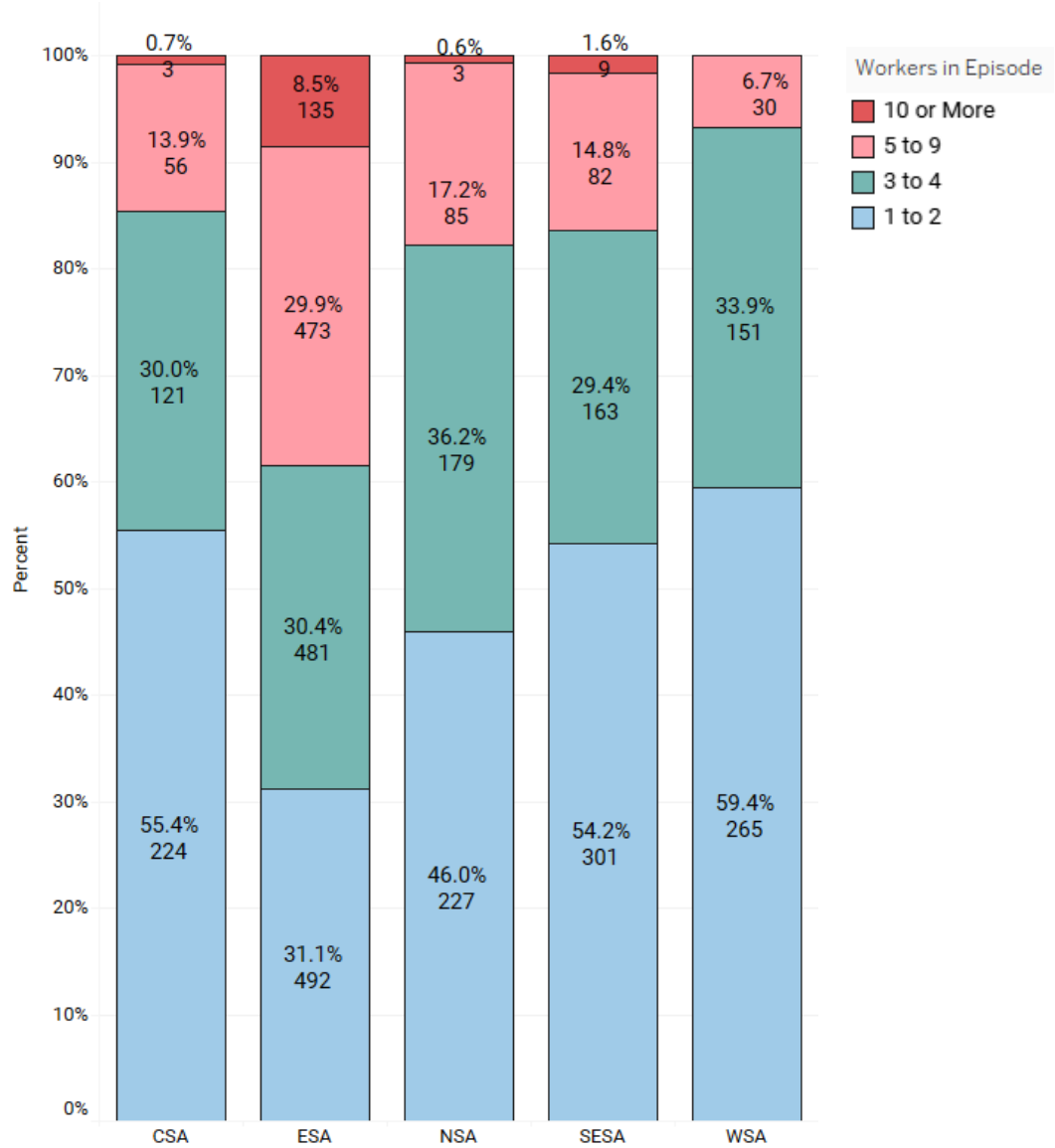
²⁶ PATH Bremer Project – University of Minnesota School of Social Work, 2008.

²⁷ The FCRO has determined that there are issues with the way that DHHS reports the number of caseworker changes. Therefore, this information is issued with the caveat “as reported by DHHS.”

²⁸ PromiseShip held the lead agency contract with DHHS until 2019 when DHHS rebid the contract and awarded it to Saint Francis Ministries. Cases transferred in the fall of 2019. Many former PromiseShip caseworkers were subsequently employed by Saint Francis. Then in spring 2022 the contract was discontinued, and many Saint Francis workers were hired as DHHS/CFS Case Managers. Throughout those transfers if the same worker remained with the child's case without a break of service, the FCRO ensured that the worker count was not increased. Counts were only increased during each transfer period if a new person became involved with the child and family.

Child Welfare

Figure 17: Number of Caseworkers in Current Episode for DHHS Wards in Care on 9/30/2023, n=3,480



Over a quarter (25.2%) of the children served by DHHS have had five or more caseworkers during their current episode in care. The Eastern Service Area, which had previously been served by a private contractor, has a much higher percentage of children with five or more caseworkers than any other service area in the state. In fact, many children (38.5%) in the Eastern Service Area had five or more workers, and of those, 135 children (8.5% of the total) had 10 or more workers in their current episode in care (a decrease from last year; was 52.6% and 16.9% respectively). That does not include caseworkers who may have worked with the child during a previous episode in out-of-home care or a non-court, voluntary case. It is apparent DHHS/CFS has made strides in reducing case transfers in the Eastern Service Area over the last year, and we want to encourage them to continue to bring down the number of children who have had five or more caseworkers in their most recent episode in care.

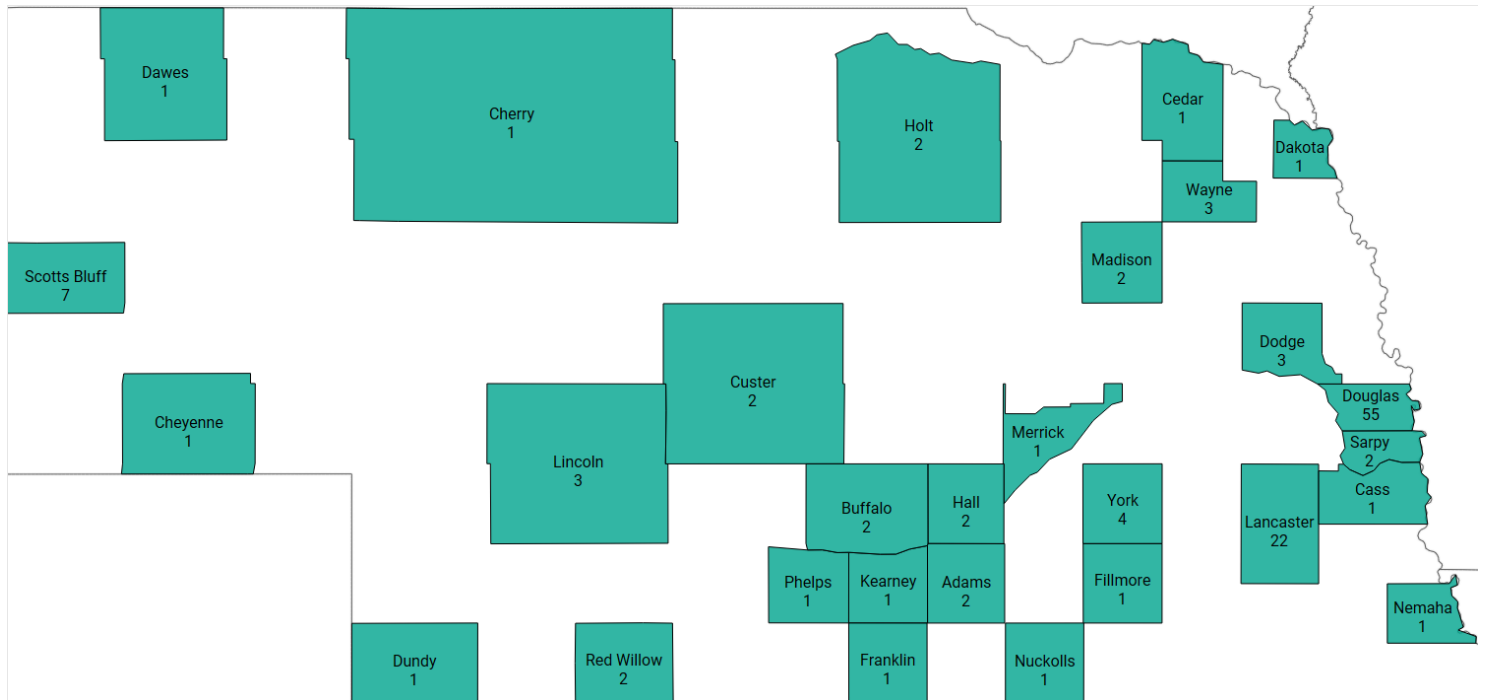
DUALLY INVOLVED YOUTH

COURT-INVOLVED YOUTH IN CARE THROUGH THE CHILD WELFARE SYSTEM SIMULTANEOUSLY SUPERVISED BY THE ADMINISTRATIVE OFFICE OF COURTS AND PROBATION – JUVENILE SERVICES DIVISION

POINT IN TIME DEMOGRAPHICS

County. On 9/30/2023, there were 127 dually involved youth in out-of-home care, an 8.5% increase from the 117 dually involved youth on 9/30/2022. (See Appendix A for a list of counties and their respective judicial districts and service areas).

Figure 18: County of Origin for Dually Involved Youth on 9/30/2023, n=127



Dually Involved

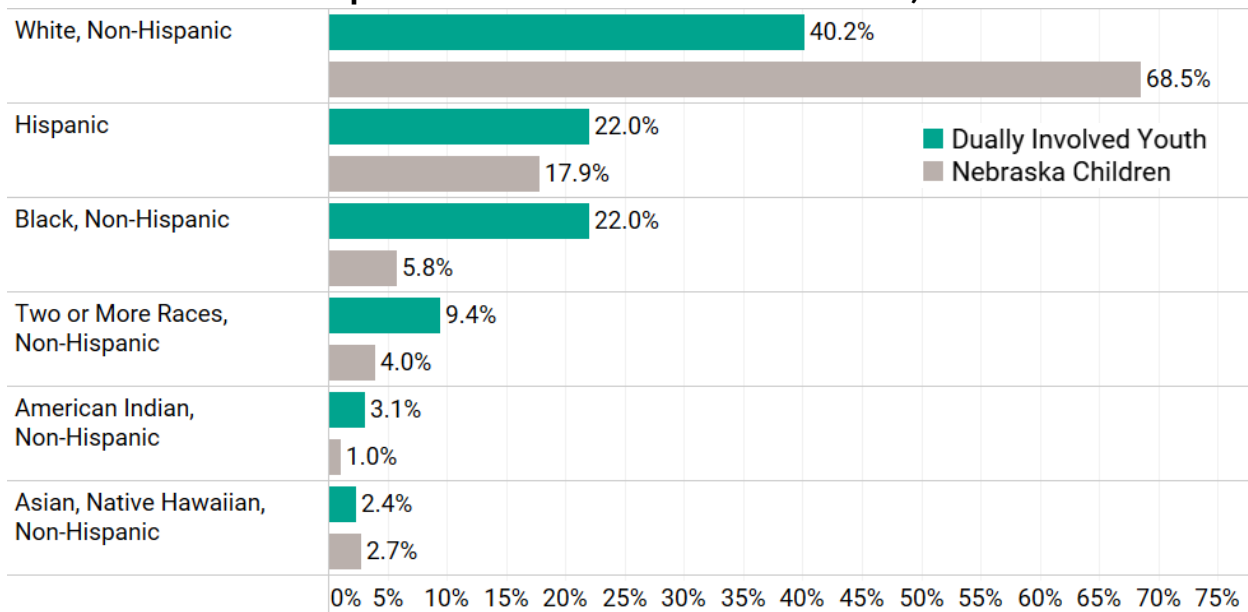
Age. The median age for dually involved youth was 16 years old for both males and females.

- 2 (1.6%) were age 11-12.
- 31 (24.4%) were age 13-14.
- 48 (37.8%) were age 15-16.
- 46 (36.2%) were age 17-18.

Gender. Males outnumbered females among dually involved youth (62.2% to 37.8%, respectively).

Race and Ethnicity. As discussed throughout this report, there is racial disproportionality in this group also. Many racial and ethnic minority groups are overrepresented.

Figure 19: Race and Ethnicity of Dually Involved Youth in Out-of-Home Placement Compared to Nebraska Youth on 9/30/2023, n=127



Times in Care Over Lifetime. The average number of times in care over their lifetime for current dually involved youth as of 9/30/2023 was 1.8.

Median Length of Stay. For those in care on 9/30/2023, the median number of days in care for dually involved youth was 464 days.

Number of Placements. The average number of placements over their lifetime for dually involved youth on 9/30/2023 was 10.2.

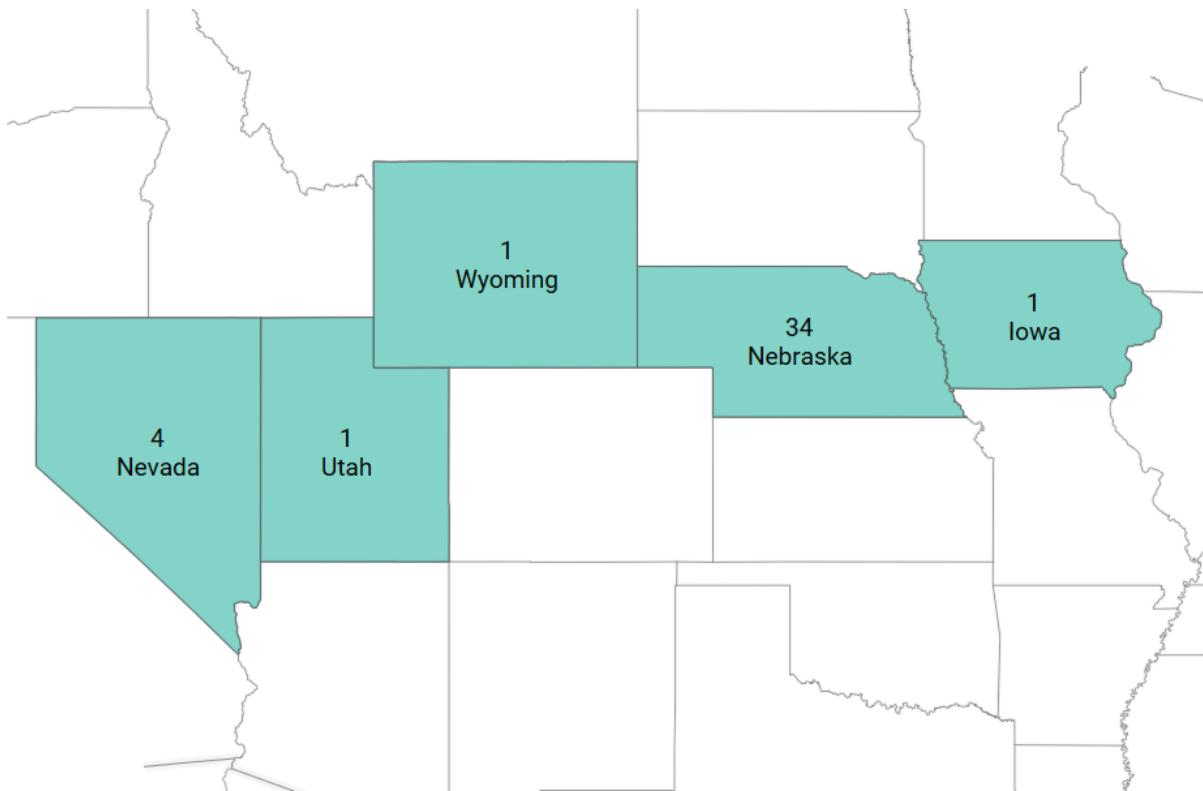
Placement Types. On 9/30/2023:

- 61.4% were in family-like settings (relative, kin, or non-relative foster care).
- 15.7% were in detention or other juvenile justice settings such as jail.
- 9.4% were in treatment congregate care.
- 7.1% were in non-treatment congregate care, excluding detention or other juvenile justice settings such as jail (see above).
- 4.7% were missing from care.
- 1.6% were in independent living.

Missing from Care. On 9/30/2023, there were 6 dually involved youth missing from care. Of the missing youth, 3 were male and 3 were female.

Congregate Care. Most (82.9%) dually involved youth in congregate care²⁹ were placed in Nebraska.

Figure 20: Placement State for Dually Involved Youth in Congregate Care on 9/30/2023, n=41



²⁹ Congregate care includes non-treatment group facilities, group facilities that specialize in psychiatric, medical, or juvenile justice related issues, and group emergency placements.

PROBATION YOUTH

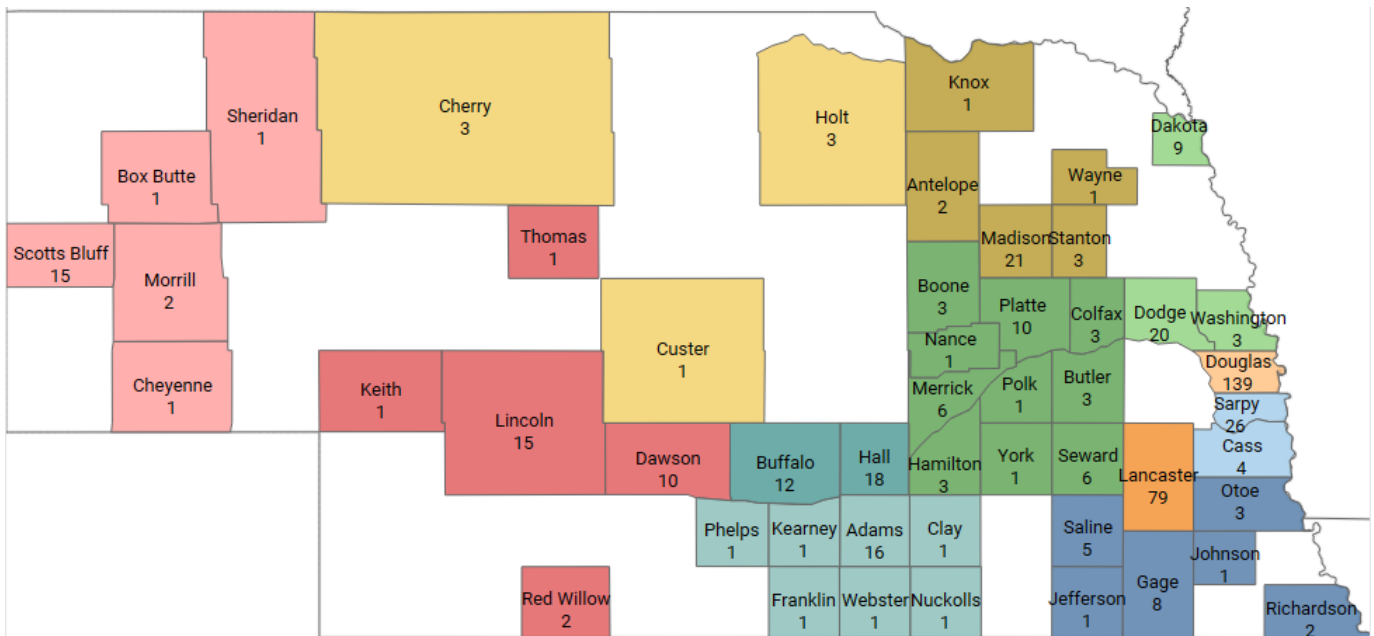
YOUTH IN OUT-OF-HOME CARE SUPERVISED BY THE ADMINISTRATIVE OFFICE OF THE COURTS AND PROBATION-JUVENILE SERVICES DIVISION

This section includes point in time data for court-involved children in out-of-home care for Probation only supervised youth.

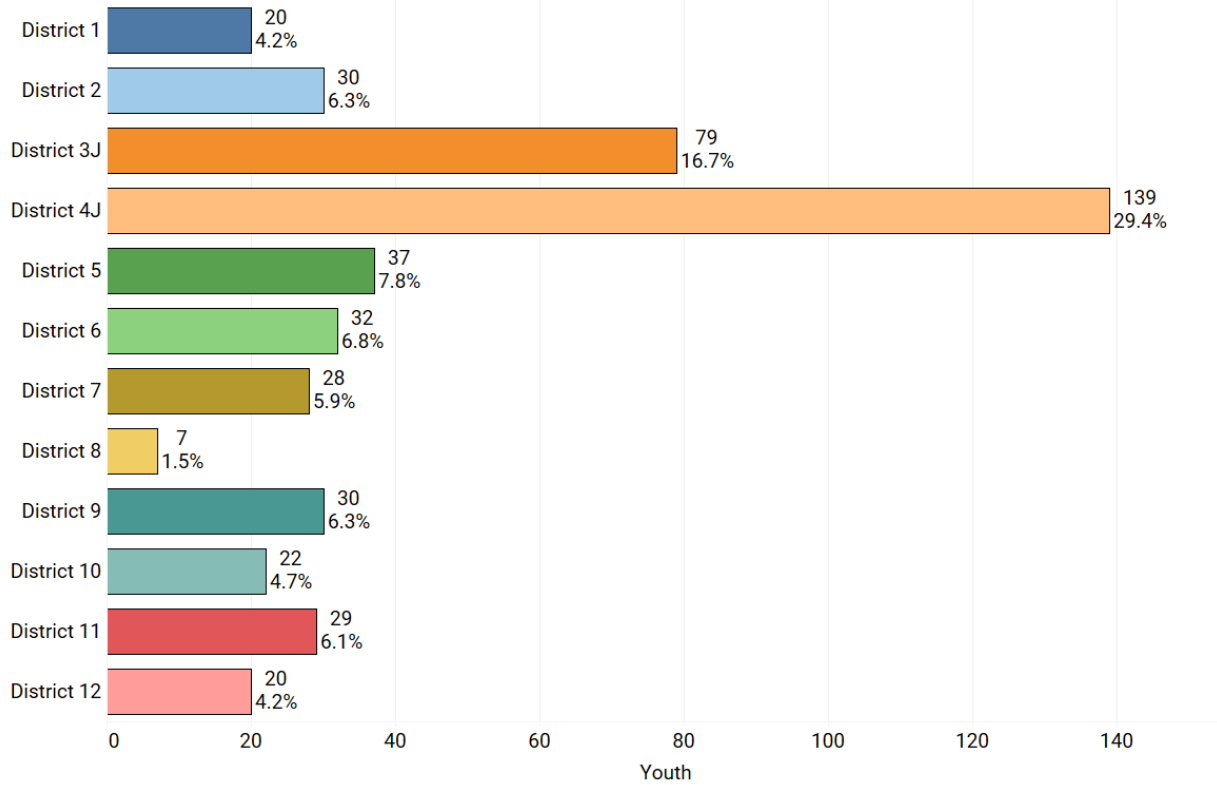
POINT IN TIME DEMOGRAPHICS AND PLACEMENTS

County. Figure 21 shows the county of court jurisdiction for Probation supervised youth in out-of-home care on 9/30/2023, based on the judicial district. On 9/30/2023, there were 473 youth in out-of-home care supervised by Probation compared to 399 on 9/30/2022, an 18.5% increase. (See Appendix A for a list of counties and their respective district).

Figure 21: County of Court Jurisdiction for Probation Supervised Youth in Out-of-Home Care on 9/30/2023, n=473



Juvenile Justice-Probation



Age. The median age was 16 years old for both males and females.

- 7 (1.5%) were age 11-12.
- 88 (18.6%) were age 13-14.
- 226 (47.8%) were age 15-16.
- 152 (32.1%) were age 17-18.

Gender. Males were 71.2% of the population of Probation supervised youth in out-of-home care, females were 28.8%.

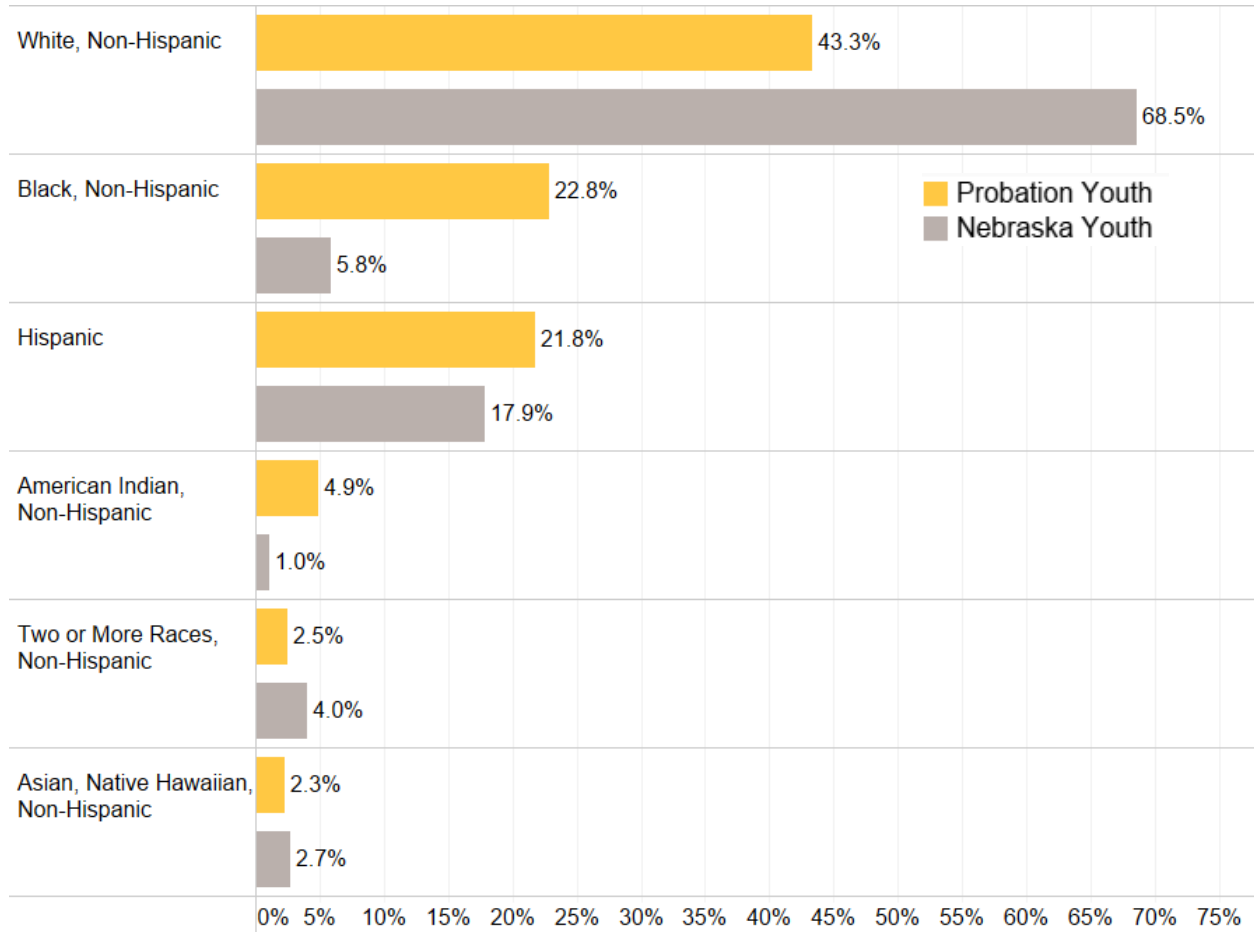
Race. Black Non-Hispanic and American Indian Non-Hispanic youth were disproportionately represented in the population of Probation supervised youth in out-of-home care.

- As shown in Figure 22, Black Non-Hispanic youth make up 5.8% of Nebraska’s youth population, but 22.8% of the Probation supervised youth in out-of-home care.
- American Indian Non-Hispanic youth are just 1.0% of Nebraska’s youth population, but 4.9% of the Probation supervised youth in out-of-home care.³⁰

The disproportionality rates for both racial groups above have stayed consistent from the previous year (22.3% and 5.5% on 9/30/2022, respectively).

³⁰ The number of American Indian youth in out-of-home care while on probation does not include those involved in Tribal Court.

Figure 22: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Placement Compared to Nebraska Youth on 9/30/2023, n=473



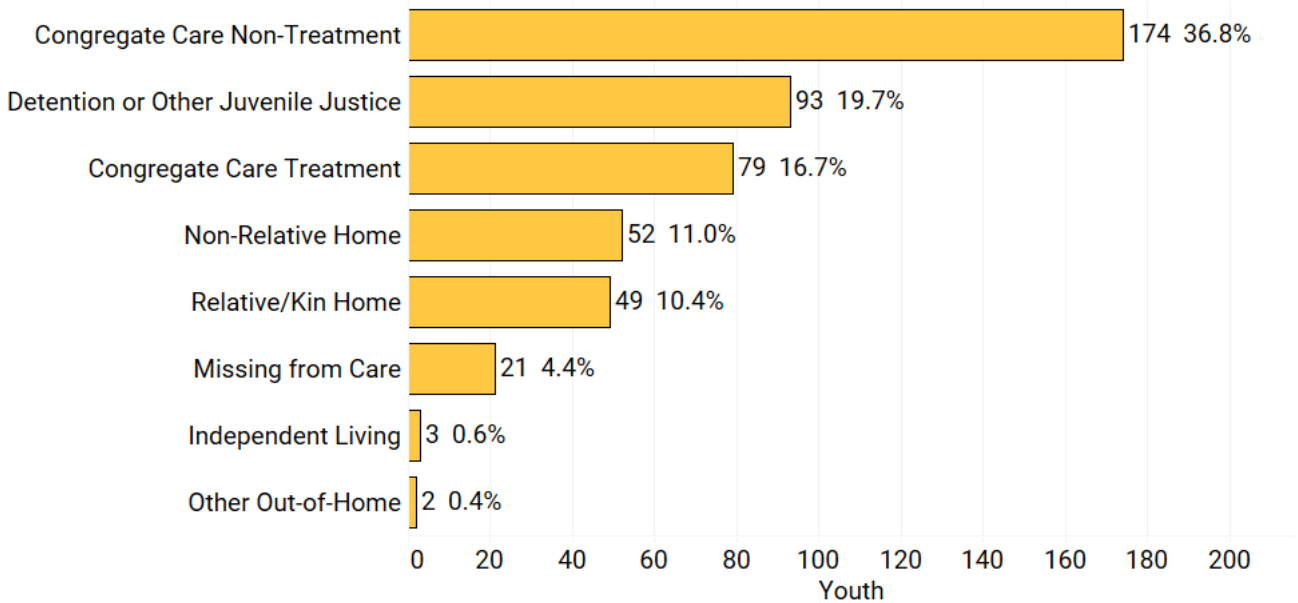
Times in Care Over Lifetime. The average number of times in care over their lifetime for Probation supervised youth as of 9/30/2023 was 2.1.

Median Length of Stay. For those in care on 9/30/2023, the median number of days in care for Probation supervised youth was 136 days.

Juvenile Justice-Probation

Placement Type. Probation supervised youth in out-of-home care were most frequently placed in a non-treatment group care facility (Figure 23). Only 16.7% were in a treatment facility. Of note, 19.7% were in a detention-type setting or other juvenile justice placement such as jail.

Figure 23: Probation Supervised Youth in Out-of-Home Care on 9/30/2023 by Placement Type, n=473

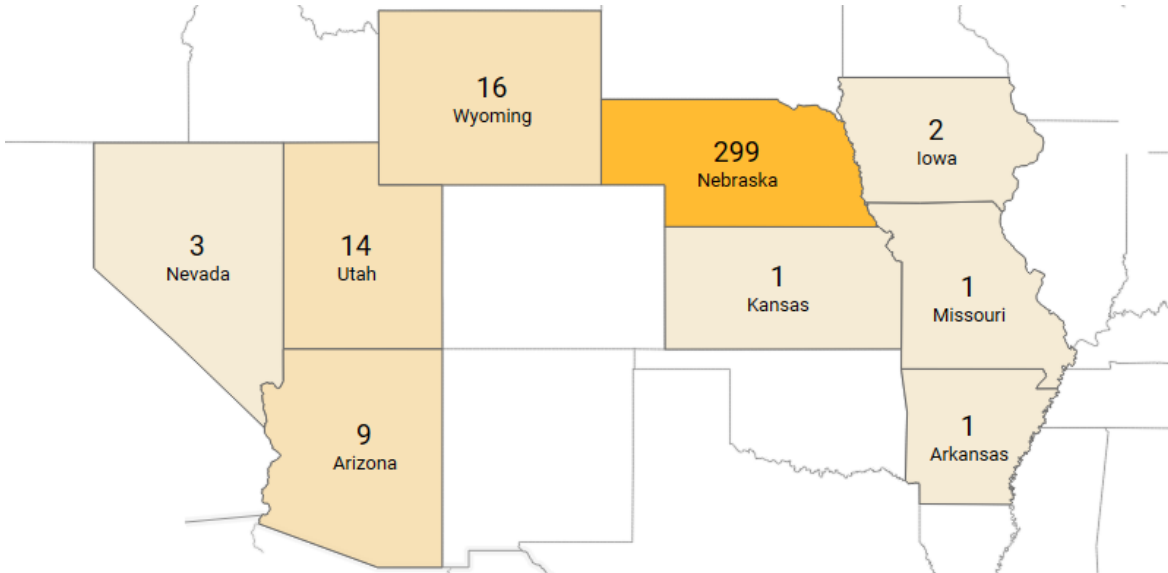


Number of Placements. The average number of lifetime placements as of 9/30/2023 for Probation supervised youth was 4.8 placements.

Missing from Care. On 9/30/2023, there were 21 Probation supervised youth missing from care. Of the missing youth, 14 were male and 7 were female.

Congregate Care. Comparing 9/30/2023 to 9/30/2022, there was a 11.6% increase in the number of Probation supervised youth placed in congregate care facilities³¹ (346 and 310, respectively). In September 2023, 86.4% were in Nebraska.

Figure 24: Probation Supervised Youth in Congregate Care on 9/30/2023 by State of Placement, n=346



³¹ Congregate care includes non-treatment group facilities, group facilities that specialize in psychiatric, medical, or juvenile justice related issues, and group emergency placements.

YRTC YOUTH

YOUTH PLACED AT THE YOUTH REHABILITATION AND TREATMENT CENTERS

This section includes tracking and review data for youth placed at a Youth Rehabilitation and Treatment Center. Data describes population trends, snapshot distributions, and data only available on youth the FCRO has reviewed.

The Youth Rehabilitation and Treatment Centers (YRTC) have undergone several changes since June 2019.

- From June 2019-July 2019, all males were placed at the YRTC in Kearney and females were placed at the YRTC in Geneva.
- In August 2019, the females were moved to YRTC-Kearney, and the facility served both males and females.³²
- In October 2019, DHHS announced a three-facility YRTC program that includes placing both males and females at YRTC in Kearney, placing some females close to transitioning home at YRTC in Geneva, and the creation of a new location and program of YRTC in Lincoln for “both male and female youth with high behavioral acuity.”³³

Over the past few years, the YRTC system has gone through some substantial changes, including to the program, the educational structure, and even the physical locations. While some changes were in response to COVID-19, other changes were aimed to improve the programs within the YRTC system. Only the most pertinent measures are included in this section.

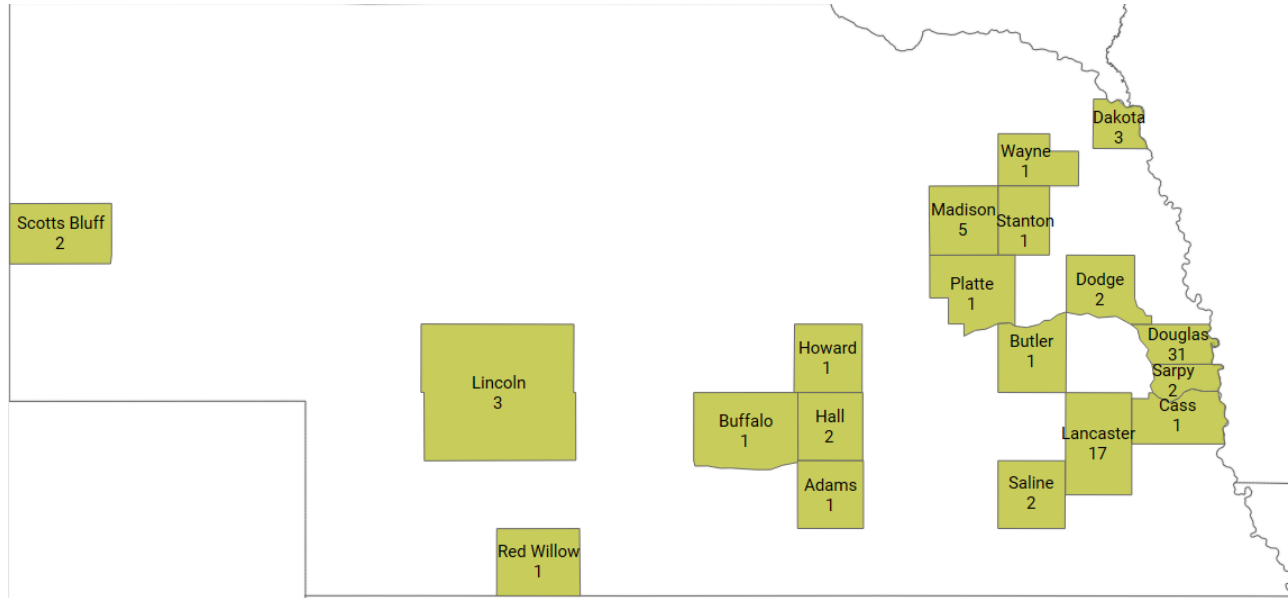
³² DHHS. August 2019. “Youth from Rehabilitation and Treatment Center in Geneva Relocating to Kearney.” Available at: <http://dhhs.ne.gov/Pages/Youth-from-Rehabilitation-and-Treatment-Center-in-Geneva-Relocating-to-Kearney.aspx>

³³ DHHS. October 2019. “DHHS Announces Development of Youth Rehabilitation and Treatment Center System.” Available at: <http://dhhs.ne.gov/Pages/DHHS-Announces-Development-of-Youth-Rehabilitation-and-Treatment-Center-System.aspx>

POINT IN TIME DEMOGRAPHICS

County. On 9/30/2023, there were 83 youth involved with OJS or OJS and Probation; 78 of these youth were placed at a YRTC. Of the five remaining youth not at a YRTC, most were placed at a detention center, and one was missing from care. Figure 25 illustrates the county of court jurisdiction of each of the 78 youth placed at a YRTC.

Figure 25: Youth Placed by a Juvenile Court at a YRTC on 9/30/2023 by County of Court, n=78



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

Gender. On 9/30/2023, there were 66 males and 12 females placed at a YRTC.

Age. By law, youth placed at a YRTC range in age from 14 to 18. On 9/30/2023, the median age of both males and females was 17 years old.

Race and Ethnicity. Minority youth are disproportionately represented at the YRTCs. As shown in Figures 26 and 27, this is true for both males and females. In particular:

- Black Non-Hispanic, Hispanic, and American Indian Non-Hispanic males were disproportionately represented in the YRTC population on 9/30/2023. Black Non-Hispanic males were overrepresented at a rate of nearly seven times greater than their census population and American Indian Non-Hispanic males were overrepresented at a rate that is six times greater than their census population.
- Black Non-Hispanic and Two or More Races Non-Hispanic females were disproportionately represented in the YRTC population on 9/30/2023. Both were overrepresented about four times greater than their census population.

Figure 26: Race and Ethnicity of Male Youth Placed at a YRTC Compared to Nebraska Male Youth on 9/30/2023, n=66

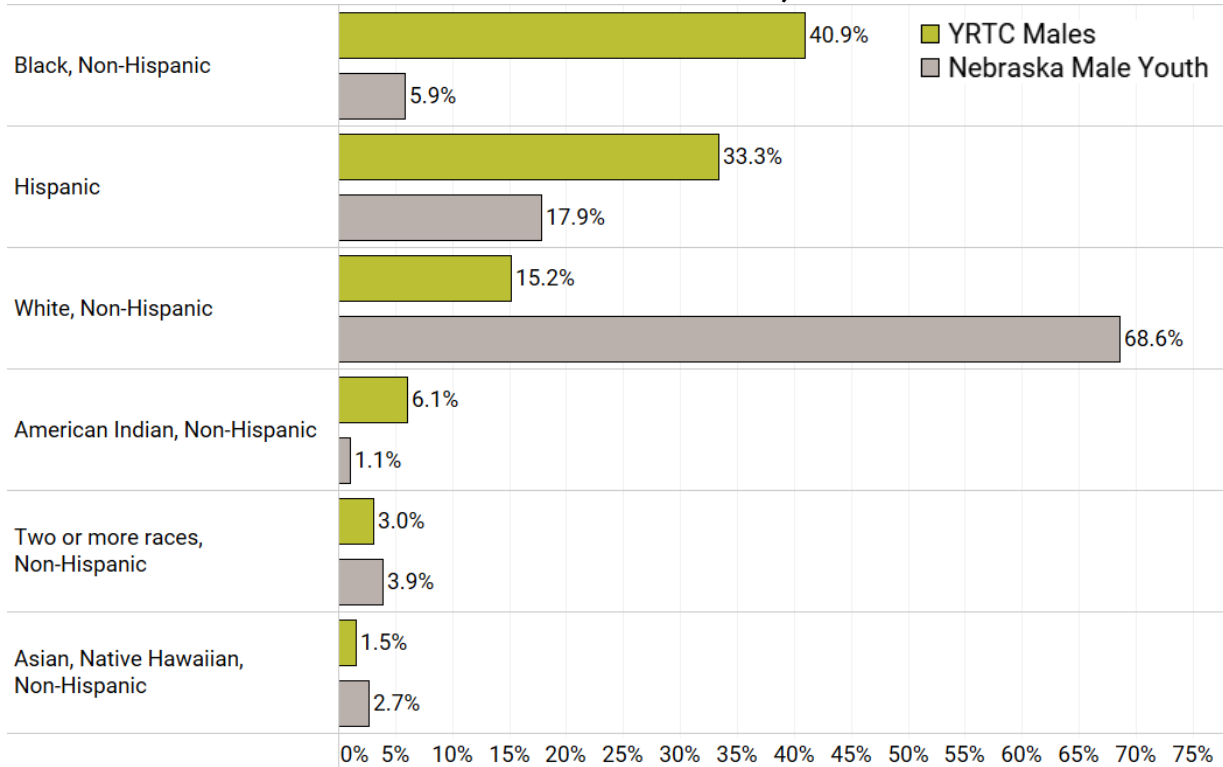
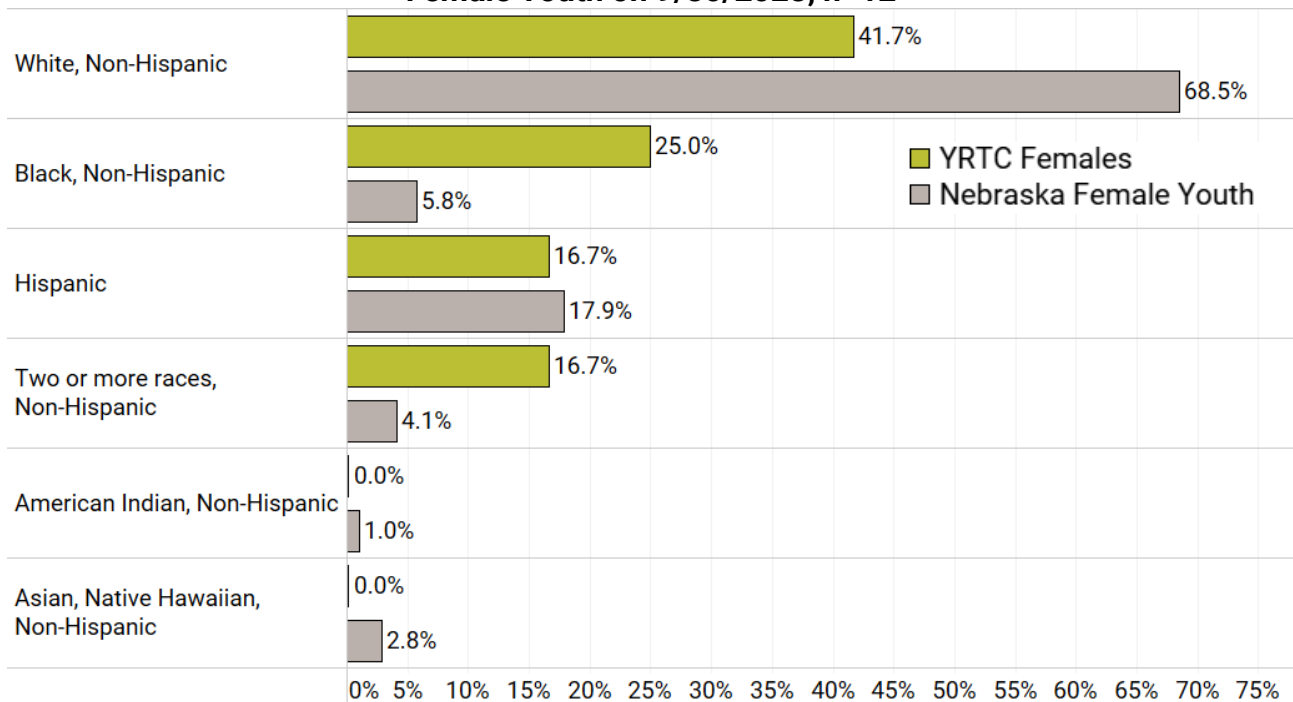


Figure 27: Race and Ethnicity of Female Youth Placed at a YRTC Compared to Nebraska Female Youth on 9/30/2023, n=12



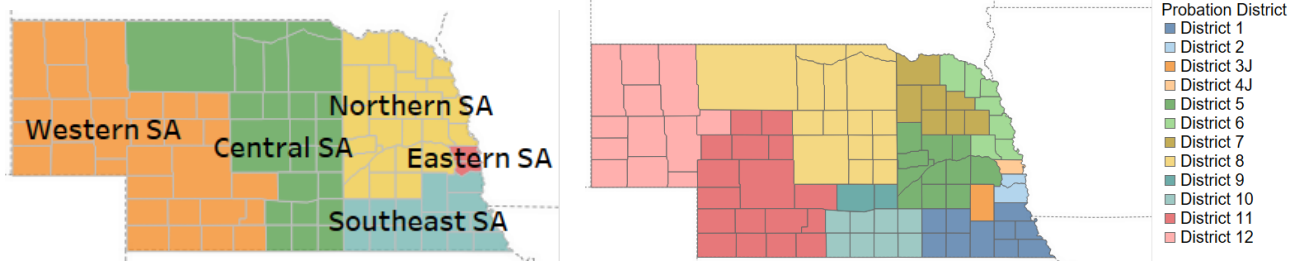
Times in Care Over Lifetime. The average number of times in care over their lifetime for youth at a YRTC on 9/30/2023 was 2.7.

Median Length of Stay. For those in care on 9/30/2023, the median number of days in care for youth at a YRTC was 327 days.

Number of Placements. Average number of placements over their lifetime for youth at a YRTC on 9/30/2023 was 11.2.

Appendix A

County to DHHS Service Area and Judicial (Probation) District³⁴



County	DHHS Service Area	Probation District
Adams	Central SA	District 10
Antelope	Northern SA	District 7
Arthur	Western SA	District 11
Banner	Western SA	District 12
Blaine	Central SA	District 8
Boone	Northern SA	District 5
Box Butte	Western SA	District 12
Boyd	Central SA	District 8
Brown	Central SA	District 8
Buffalo	Central SA	District 9
Burt	Northern SA	District 6
Butler	Northern SA	District 5
Cass	Southeast SA	District 2
Cedar	Northern SA	District 6
Chase	Western SA	District 11
Cherry	Central SA	District 8
Cheyenne	Western SA	District 12
Clay	Central SA	District 10
Colfax	Northern SA	District 5

County	DHHS Service Area	Probation District
Cuming	Northern SA	District 7
Custer	Central SA	District 8
Dakota	Northern SA	District 6
Dawes	Western SA	District 12
Dawson	Western SA	District 11
Deuel	Western SA	District 12
Dixon	Northern SA	District 6
Dodge	Northern SA	District 6
Douglas	Eastern SA	District 4J
Dundy	Western SA	District 11
Fillmore	Southeast SA	District 1
Franklin	Central SA	District 10
Frontier	Western SA	District 11
Furnas	Western SA	District 11
Gage	Southeast SA	District 1
Garden	Western SA	District 12
Garfield	Central SA	District 8
Gosper	Western SA	District 11
Grant	Western SA	District 12

³⁴ District boundaries in statute effective July 20, 2018, Neb. Rev. Stat. §24-301.02. DHHS service areas per Neb. Rev. Stat. 81-3116.

County	DHHS Service Area	Probation District
Greeley	Central SA	District 8
Hall	Central SA	District 9
Hamilton	Northern SA	District 5
Harlan	Central SA	District 10
Hayes	Western SA	District 11
Hitchcock	Western SA	District 11
Holt	Central SA	District 8
Hooker	Western SA	District 11
Howard	Central SA	District 8
Jefferson	Southeast SA	District 1
Johnson	Southeast SA	District 1
Kearney	Central SA	District 10
Keith	Western SA	District 11
Keya Paha	Central SA	District 8
Kimball	Western SA	District 12
Knox	Northern SA	District 7
Lancaster	Southeast SA	District 3J
Lincoln	Western SA	District 11
Logan	Western SA	District 11
Loup	Central SA	District 8
Madison	Northern SA	District 7
McPherson	Western SA	District 11
Merrick	Northern SA	District 5
Morrill	Western SA	District 12
Nance	Northern SA	District 5
Nemaha	Southeast SA	District 1
Nuckolls	Central	District 10
Otoe	Southeast SA	District 1
Pawnee	Southeast SA	District 1
Perkins	Western SA	District 11
Phelps	Central SA	District 10
Pierce	Northern SA	District 7

County	DHHS Service Area	Probation District
Platte	Northern SA	District 5
Polk	Northern SA	District 5
Red Willow	Western SA	District 11
Richardson	Southeast SA	District 1
Rock	Central SA	District 8
Saline	Southeast SA	District 1
Sarpy	Eastern SA	District 2
Saunders	Northern SA	District 5
Scotts Bluff	Western SA	District 12
Seward	Northern SA	District 5
Sheridan	Western SA	District 12
Sherman	Central SA	District 8
Sioux	Western SA	District 12
Stanton	Northern SA	District 7
Thayer	Southeast SA	District 1
Thomas	Western SA	District 11
Thurston	Northern SA	District 6
Valley	Central SA	District 8
Washington	Northern SA	District 6
Wayne	Northern SA	District 7
Webster	Central SA	District 10
Wheeler	Central SA	District 8
York	Northern SA	District 5

Appendix B

Glossary of Terms and 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.

AILA is an Approved Informal Living Arrangement for children who are involved with DHHS/CFS and placed in out-of-home care voluntarily by their parents. AILA cases are not court-involved.

Child is defined by statute [Nebr. Rev. Stat. §43-245(2)] as being age birth through eighteen; in Nebraska a child becomes a legal adult on their 19th birthday.

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 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.

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

CSA is the Central area, **ESA** is the Eastern area, **NSA** is the Northern, **SESA** is the Southeast, and **WSA** is the Western area. Counties in each are listed in Appendix A.

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 for delinquent youth.

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.

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

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

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

ICWA refers to the Indian Child Welfare Act.

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 are sometimes referred to as runaways and are at a much greater risk for human trafficking.

n= refers to the number of individuals represented within the dataset.

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

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.^{35,36}

³⁵ 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

³⁶ 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/sites/default/files/2022-12/cfop_155-01_guidelines_for_the_use_of_psychotherapeutic_medications_in_state_mental_health_treatment_facilities.pdf

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 DHHS/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.

System Oversight Specialists (SOS) are FCRO staff members who perform reviews, facilitate board meetings, and work directly with volunteers who provide recommendations to the court for each individual child reviewed in out-of-home care.

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.

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 DHHS/CFS remain involved. This applies only to DHHS 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.

Appendix C

The Foster Care Review Office

The Foster Care Review Office (FCRO) celebrated 41 years of service on July 1, 2023. 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 DHHS 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, verified, 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 the child's time in care and certain upcoming court hearings.³⁷

Once a child is selected for review, FCRO System Oversight Specialists track children's outcomes and facilitate citizen reviews. Local board members, who are community volunteers who have successfully completed required initial and ongoing instruction, conduct case file reviews, and make required findings.³⁸

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.

³⁷ Data quoted in this report are from the FCRO's independent data tracking system and FCRO completed case file reviews unless otherwise noted.

³⁸ Children and youth are typically reviewed at least once every six months for as long as they remain in care.

ADDITIONAL INFORMATION IS AVAILABLE

The Foster Care Review Office can provide additional information on many of the topics in this Report. For example, much of the data previously presented can be further divided by judicial district, DHHS service area, county of court involved in the case, and various demographic measures.

Some of the most requested data is publicly accessible with easy-to-use sort and limitation features at the FCRO's data dashboard:

https://fcro.nebraska.gov/data_dashboards.html

If you are interested in more data on a particular topic, or would like a speaker to present on the data, please contact us with the specifics of your request at:

Foster Care Review Office Research Team

1225 L Street, Suite 401

Lincoln, NE 68508

402.471.4420

www.fcro.nebraska.gov

email: fcro.contact@nebraska.gov, attention: Research Team