



June 2024 Quarterly Report

Submitted pursuant to Neb. Rev. Stat. §43-1303(4) Issued: June 1, 2024



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 (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 on demographics and outcomes described for expecting and parenting youth as compared to those for non-parenting youth in out-of-home care who are involved with DHHS Children and Family Services (CFS). 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:

- 4,106 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 3/31/24, representing a 2.7% decrease from 3/31/23. (page 22)
- Of the 4,106 total children, 3,388 (82.5%) children were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation, a 5.5% decrease compared to children on 3/31/23. (page 24)
- Most DHHS/CFS wards in out-of-home placements or trial home visits (97.4%) were placed in a family-like, least restrictive setting. (page 28)
- Over half of the children in a least-restrictive foster home, excluding those in trial home visits, were placed with relatives or kin (56.8%). (page 28)
- Of the 75 DHHS/CFS wards in congregate care, a majority were in Nebraska (84.0%); that is less than the 91.4% in congregate care placed in Nebraska on 3/31/23. (page 31)
- Depending on the geographic area, between 8.4% and 39.2% of the children have had five or more CFS caseworkers since most recently entering the child welfare system. Furthermore, 129 children statewide had 10 or more workers in that timeframe, most of whom (118) were from the Eastern Service Area (ESA). This resulted in a

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 which include 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 fcronebraska.gov/data_dashboards). 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.

significant decrease since 3/31/23 when 148 children had experienced 10 or more workers. While there has been recent progress, the Eastern Service Area has been disproportionately impacted by caseworker changes for several years. (page 33)

- 138 (3.4%) youths in out-of-home care were involved with DHHS/CFS and Probation simultaneously, representing an 8.7% increase compared to youths on 3/31/23. (page 34)
- There were 480 (11.7%) youths that were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTCs, a 14.6% increase compared to youths on 3/31/23. (page 37)
- Probation most often utilizes in-state placements; 87.2% of the 360 youths with a known placement location in congregate care were placed in Nebraska. (page 41)
- 96 youths, 71 males and 25 females, from various counties across Nebraska were at a YRTC on 3/31/24 which is a 17.1% increase compared to the 82 such youths at the YRTCs at the same time last year. (page 42)
- 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. No meaningful change or improvement has occurred in the last year, and disproportionality rates have increased for dually involved Black, Non-Hispanic, and American Indian, Non-Hispanic youth in out-of-home care. (pages 26, 35, 38, 43)
- The median age for Nebraska children in care on 3/31/24 by agency involvement: 8 years old for DHHS/CFS wards and 16 years old for dually involved youth and Probation only youth. For youth at a YRTC the median age was 16 years old for both males and females. (pages 26, 35, 38, 43)
- The average number of times in care on 3/31/24 by agency involvement: 1.3 for DHHS/CFS wards, 1.8 for dually involved youth, 2.1 for Probation only youth, and 2.6 for youth at a YRTC. (pages 26, 35, 39, 44)
- The median number of days in care on 3/31/24: 482 days for DHHS/CFS wards, 638 days for dually involved youth, 188 days for Probation only youth, and 329 days for youth placed at a YRTC. (pages 26, 35, 39, 44)
- The average number of lifetime placements as of 3/31/24 by agency involvement: 3.4 for DHHS/CFS, 10.5 for dually involved youth, 4.7 for Probation only youth, and 9.9 for youth at a YRTC. (pages 27, 36, 40, 44)
- Missing from care continues to be an issue. The following 37 children and youth were missing from care as of 3/31/24 by agency involvement: 12 DHHS/CFS wards, 11 dually involved youth, 14 Probation only youth, and 0 DHHS/OJS and Probation supervised youth. (pages 31, 36, 40)
- Covid-19 undoubtedly had a significant impact on youth and families, programs, and providers. It will continue to be an important factor to consider when reviewing trends over time to understand the full impact it has had on children and youth involved in child welfare and juvenile justice systems.

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 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 fcro.nebraska.gov. The recommendations offered in this quarterly report are based on an analysis of the data tracked by the FCRO, as well as information collected during case reviews, findings by local review boards, and publicly available data.

1. The Special Study on Expecting and Parenting Youth in Out-of-Home Care contains recommendations based on findings of the study. Please refer to the Special Study beginning on page 5 for additional recommendations.
2. Meaningful and active efforts across all system-involved levels need to be made to address the continued and often increasing racial disproportionality and overrepresentation of minority children and youth in the system. This will continue to be a priority recommendation until more active efforts are seen to drive change in the right direction.
3. The FCRO remains concerned about the number of youth placed in detention facilities. This is a trend we believe warrants further investigation to understand this population of youth, what their needs are, and whether those needs are being met. Youth placed in detention or other juvenile justice confinement must have access to appropriate 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. More needs to be done to keep youth out of detention placements through services such as diversion and other rehabilitation efforts.
4. The COVID-19 pandemic saw a drastic reduction in the number of Probation involved youth in out-of-home care with the goal being to keep as many youth in their home as possible. Efforts should be made to continue these practices to keep youth in their homes whenever safely possible and to help reduce the number of Probation involved youth in more restrictive placements.
5. Dually involved youth (those youth in the care and custody of DHHS/CFS and simultaneously under the supervision of Probation) are particularly vulnerable and generally have the poorest outcomes. System partners must do more to address the high number of days in care and number of placements for this population.

6. Relatives are the preferred placement and help children achieve better outcomes when a child is removed from the home and placed in out-of-home care. The FCRO has been tracking and reporting on the licensing of relative and kinship homes, finding it has been inconsistent over the last year and DHHS has not been maximizing the ability to pull down Title IV-E reimbursement. The FCRO recognizes the work of DHHS resulting in the recent approval from the Administration for Children and Families (ACF) for Nebraska's plan to utilize a separate relative and kinship approval process. The new process will allow Nebraska to draw additional federal dollars for child welfare services. While this is a promising development, DHHS is encouraged to ensure compliance to the approved plan, including timely home studies and adequate training, in-home supports, and resources for foster parents, especially relatives/kin, whether licensed or not.
7. The FCRO recognizes the progress DHHS has continued to make over the last year in decreasing the number of children in the Eastern Service Area who have had 10 or more caseworkers in their most recent episode in out-of-home care (from 148 to 129). Children with 10 or more caseworkers are minimal across the rest of the state. There remains an issue with children having five or more caseworkers across the state, but particularly in the ESA where it is disproportionately an issue given 39.2% of the children have had five or more caseworkers. DHHS must continue to make progress in workforce stability to prevent the unnecessary transfer of cases between caseworkers.
8. To address high turnover and other staffing challenges, DHHS is encouraged to create and implement a long-term plan to recruit individuals that might consider pursuing a career in social work, psychology, mental health practice, and related professions. This may include activities such as engaging with students and teachers in middle schools and high schools, participating in career fairs, partnering with post-secondary education institutions, offering job-shadowing, volunteer, and internship opportunities, and other efforts designed to elevate human services career choices. As the number of caseworker trainees in the ESA continues to remain high, training and on-going support and supervision must be top priorities.
9. 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. We are concerned that the report submitted to the Legislature on December 1, 2023, will become just another expensive report on child welfare in Nebraska that is collecting dust on a shelf.

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

SPECIAL STUDY

EXPECTING AND PARENTING YOUTH IN OUT-OF-HOME CARE

Young adult pregnancy rates in the United States have continued to decline for nearly 30 years; however, existing research demonstrates young people who have spent time in out-of-home care have higher rates of early pregnancy and parenthood as their rates have not declined at the same rate as the general population of young adults.² Compared to their peers, youth in an out-of-home placement are more likely to experience homelessness, poverty, low self-esteem leading to risky behaviors, lower education attainment, and teen pregnancy and parenting.³ Data from Midwestern states show that by age 19, more than half of youth in out-of-home care had been pregnant at least once compared to a quarter of youth not in out-of-home care.⁴ Among pregnant females in out-of-home care, many experience a repeat pregnancy before they reach age 19.⁵ Having a history of maltreatment is known to be a risk factor for early pregnancies for females in out-of-home care, but research also found it is more common among females who recently exited from care in comparison to their peers.⁶ Young males face the same risk factors as females, yet they are often left out of the discussion and excluded from services.⁷

Youth in care that are expecting a child or parenting face increased challenges, including increased placement instability, increased likelihood of experiencing homelessness or poverty, and a greater strain on their ability to have normal adolescent experiences.⁸ Similar themes have been found across different studies related to:⁹

² King, B., Shpiegel, S., Grinnell-Davis, C., & Smith, R. (2022). The Importance of Resources and Relationships: An introduction to the special issue on Expectant and Parenting Youth in Foster Care. *Child & Adolescent Social Work Journal*, 39(6), 651–656. <https://doi.org/10.1007/s10560-022-00878-w>

³ Capacity Building Center for States. (2019). Addressing the needs of pregnant and parenting youth in foster care: A primer on interagency collaboration for Children's Bureau grantees. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

⁴ Ibid.

⁵ Teen pregnancy among young women in foster care: a primer. (2022, August 30). Guttmacher Institute. <https://www.guttmacher.org/gpr/2011/06/teen-pregnancy-among-young-women-foster-care-primer>

⁶ Eastman, Andrea & Palmer, Lindsey & Ahn, Eunhye. (2019). Pregnant and Parenting Youth in Care and Their Children: A Literature Review. *Child and Adolescent Social Work Journal*. 36. 10.1007/s10560-019-00598-8.

⁷ sbrown@casey.org. (2023, February 10). Helping teen parents in foster care – Casey Family Programs. Casey Family Programs. <https://www.casey.org/pregnant-parenting-teens/>.

⁸ Capacity Building Center for States. (2019). Addressing the needs of pregnant and parenting youth in foster care: A primer on interagency collaboration for Children's Bureau grantees. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

⁹ Eastman, Andrea & Palmer, Lindsey & Ahn, Eunhye. (2019). Pregnant and Parenting Youth in Care and Their Children: A Literature Review. *Child and Adolescent Social Work Journal*. 36. 10.1007/s10560-019-00598-8.

- 1) barriers and opportunities;
- 2) mental and physical health needs of youth;
- 3) influences of trauma on sexual development;
- 4) risks due to lack of financial supports; and
- 5) the disruption of relationships and living environments for youth in out-of-home care.

The current study examines the prevalence of parenting amongst 14 through 18-year-old youth who were state wards in out-of-home care under DHHS Children and Family Services (CFS) with a completed review between January 1, 2018 through December 31, 2023. Foster Care Review Office (FCRO) staff completed 6,459 case file reviews on youth 14 years and older during the specified timeframe. These reviews were conducted on 2,817 unduplicated youth; 1,532 were female and 1,285 were male. During the process of out-of-home care case reviews, data is collected on whether females and males are expecting a child and/or if they are already a parent. Amongst the group of youth reviewed there were 2,595 with no record of ever having been expecting a baby or having been a parent; whereas 195 youth were known to have either been expecting a child or already had a child at some point during the timeframe. There were 27 youth in which expecting a child and parenting were unable to be determined.

For the group with no pregnancy or parenting condition, there were 1,382 females and 1,213 males. For the (to be) parenting group, there were 137 females and 58 males. Some from this group had reviews prior to expecting or becoming a parent but have been grouped for comparison purposes in the (to be) parenting group (n= 195) versus the non-parenting group (2,595).

Reviews for the (to be) parenting group compared to the non-parenting group:

There were 321 reviews in total for the (to be) parenting group, with 237 of them for the females in the group and 84 of them conducted for the males in the group. This compares to a much larger quantity of reviews for youth in the non-parenting group. In total for the non-parenting group there were 6,101 reviews conducted: 3,177 for females and 2,924 for males. There were 37 reviews conducted for a group of youth in which expecting a child and parenting status were all unable to be determined (n=27). For purposes of this study, the group of youth with completely unknown parenting status were removed from further analysis.

Demographics of the non-parenting group (n=2,595):

- 53.3% were female (n=1,382)
- 46.7% were male (n=1,213)

For non-parenting females (n=1,382), race was as described below:

Race	Count	Percentage
American Indian, Non-Hispanic	36	2.6%
Asian/Native Hawaiian, Non-Hispanic	10	0.7%
Black, Non-Hispanic	210	15.2%
Hispanic	317	22.9%
Other/Unknown	15	1.1%
Two or More Races, Non-Hispanic	120	8.7%
White, Non-Hispanic	674	48.8%
Grand Total	1,382	100.0%

For non-parenting males (n=1,213), race was as described below:

Race	Count	Percentage
American Indian, Non-Hispanic	35	2.9%
Asian/Native Hawaiian, Non-Hispanic	17	1.4%
Black, Non-Hispanic	200	16.5%
Hispanic	274	22.6%
Other/Unknown	6	0.5%
Two or More Races, Non-Hispanic	103	8.5%
White, Non-Hispanic	578	47.7%
Grand Total	1,213	100.0%

Demographics of the (to be) parenting group (n=195):

- 70.3% were female (n=137)
- 29.7% were male (n=58)

For (to be) parenting females (n=137), race was as described below:

Race	Count	Percentage
American Indian, Non-Hispanic	3	2.2%
Asian/Native Hawaiian, Non-Hispanic	0	0.0%
Black, Non-Hispanic	26	19.0%
Hispanic	46	33.6%
Other/Unknown	0	0.0%
Two or More Races, Non-Hispanic	18	13.1%
White, Non-Hispanic	44	32.1%
Grand Total	137	100.0%

Multiple studies have found that females with a race/ethnicity of Black, Non-Hispanic, American Indian, Non-Hispanic, or Hispanic and those with a history of missing from care/running from care were at greatest risk for pregnancy.¹⁰ Results from this study echo this finding with 33.6% of (to be) parenting females being Hispanic and 19.0% being Black, Non-Hispanic.

¹⁰ Eastman, Andrea & Palmer, Lindsey & Ahn, Eunhye. (2019). Pregnant and Parenting Youth in Care and Their Children: A Literature Review. Child and Adolescent Social Work Journal. 36. 10.1007/s10560-019-00598-8.

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For (to be) parenting males (n=58), race was as described below:

Race	Count	Percentage
American Indian, Non-Hispanic	3	5.2%
Asian/Native Hawaiian, Non-Hispanic	0	0.0%
Black, Non-Hispanic	18	31.0%
Hispanic	12	20.7%
Other/Unknown	0	0.0%
Two or More Races, Non-Hispanic	4	6.9%
White, Non-Hispanic	21	36.2%
Grand Total	58	100.0%

Males who were American Indian, Non-Hispanic and Black, Non-Hispanic were found at rates nearly twice that of the non-parenting group.

In order to achieve greater balance across the groups for comparative analyses, a paired sample design was used matching the groups on gender, race/ethnicity, and age in years at the time of review.

Total Review Records for Comparison (n=642):

Race	Non-Parenting	(To be) Parenting	Total
American Indian, Non-Hispanic	7	7	14
Black, Non-Hispanic	82	82	164
Hispanic	101	101	202
Two or More Races, Non-Hispanic	43	43	86
White, Non-Hispanic	88	88	176
Grand Total	321	321	642

Sex	Non-Parenting	(To be) Parenting	Total
Male	84	84	168
Female	237	237	474
Grand Total	321	321	642

Age in Years at Time of Review	n-size	Mean/Average	Std. Deviation	Std. Error Mean
Non-Parenting	321	17.21	1.17	0.07
(To be) Parenting	321	17.49	1.15	0.06

Special Study

The table below shows youth in the non-parenting group tended to enter Child Welfare at an earlier age than the (to be) parenting group. This explains why the (to be) parenting group had fewer times in care over their lifetime and fewer placements over their lifetime. However, youth in the (to be) parenting group had more instances, on average, of missing from care, holding true with past research conducted on this topic.

Measure	Non-Parenting Group Average (n=321)	(To be) Parenting Group Average (n=321)	Non-Parenting Males Average (n=84)	(To be) Parenting Males Average (n=84)	Non-Parenting Females Average (n=237)	(To be) Parenting Females Average (n=237)
Age of 1st Entry Into Child Welfare	7.3	12.1*	7.1	10.4*	7.4	12.7
Times in Care Over Lifetime	2.4	1.8	2.6	2.0	2.4	1.8
Placements Over Lifetime	14.9	12.1	16.4	14.3	14.3	11.3
Missing from Care Over Lifetime	2.4	3.3*	2.6	4.8*	2.4	2.7

*Significant difference between groups (p< .05)

One study found most pregnant and parenting youth rely on economic or food support, with Food Stamps and Temporary Assistance for Needy Families (TANF) being particularly common.¹¹ In addition to economic and food supports, it was found that 43.0% of females that were pregnant, or parenting had a mental health diagnosis, 26.0% had a substance abuse diagnosis, and 39.0% were found to be overweight or obese.¹² Furthermore, only 49.0% of pregnant females in out-of-home care received prenatal care in their first trimester, while 10.0% never received any prenatal care.¹³

In the current study, 79.9% of (to be) parenting youth had a mental health diagnosis, with males having a lower likelihood than females of having such diagnosis. Of those with a mental health diagnosis, only 69.9% of (to be) parenting youth were receiving services to address their mental health compared to 79.1% of non-parenting youth. The (to be) parenting males were least likely to receive services for their mental health diagnosis. While the (to be) parenting youth were less likely to receive mental health services than the non-parenting group, they were more likely to receive services related to a substance use diagnosis. However, this could be due to court ordered services, prioritization of services standards for pregnant females, and/or concerns of use while pregnant for the females. Of concern is the staggering difference between groups of those having a designated primary care physician with only 88.8% of (to be) parenting females having a primary care physician and only 66.7% of the males. It is important for youth in out-of-home care to have a

¹¹ Lucenko, B., PhD, Black, C., MPH, Cawthon, L., MD, Felver, B. E. M., MES, MPA, Department of Social and Health Services, Planning, Performance and Accountability, Research and Data Analysis Division, Children’s Administration, Center for the Study of Social Policy, & Annie E. Casey Foundation. (2012). Pregnant and Parenting youth in foster care: Risk factors and service needs. In DSHS | RDA. <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-11-182.pdf>

¹² Ibid.

¹³ Ibid.

Special Study

designated primary care physician to provide appropriate prenatal care as well as be able to speak to the youth about safe sexual health and appropriate sexual behaviors.

Measure	Non-Parenting Group Average (n=321)	(To be) Parenting Group Average (n=321)	Non-Parenting Males Average (n=84)	(To be) Parenting Males Average (n=84)	Non-Parenting Females Average (n=237)	(To be) Parenting Females Average (n=237)
Mental Health Condition Diagnosed	83.3	79.9	82.3	77.5	83.7	80.8
Mental Health Services Received	79.1*	69.9	73.7	56.4	80.9	74.7
Substance Use Condition Diagnosed	19.7	22.3	18.3	42.9*	20.3	15.2
Substance Use Disorder Services Received	39.0	61.7*	33.3	51.6	41.4	72.4*
Designated Primary Care Physician (PCP)	93.4*	83.5	91.2*	66.7	94.0	88.8
Sex Trafficking Suspected/Documented	7.0	8.3	6.0*	0.0	7.4	11.4
Sexualized Behaviors	9.3	13.8	7.1	11.1	10.0	14.3

*Significant difference between groups (p < .05)

Having adequate and appropriate services for expecting or parenting youth in out-of-home care is also crucial. Several studies using individual interviews of parents aging out of care have been conducted to identify needs of these young parents and many commonalities among those interviewed have been found. They often lacked financial, emotional, social, and parenting support, they often relied on welfare, experienced unemployment, had unstable housing, and needed reliable and safe childcare.¹⁴ Parents transitioning out of care also had limited parenting skills and knowledge about child development and many felt unprepared to parent.¹⁵ Due to the stressors and circumstances for parenting youth in care, there is general agreement that coordinated service delivery is necessary to address the specific needs of these parenting youth in care.¹⁶

The current study emphasizes the importance of the need for adequate and appropriate services for expecting and parenting youth. More of the (to be) parenting youth had a primary permanency plan of Independent Living and were more likely to age out of the system at age 19. These youth were slightly more involved in their plan; 78.4% compared to the 75.4% of the non-parenting group being involved in their plan. Additionally, the (to be) parenting youth were slightly more likely to have a current Independent Living Plan. While it is encouraging to see some positive outcomes for these youth, there is still room for improvement. Only 83.1% of (to be) parenting youth were receiving the necessary skills for adulthood compared to 89.1% of the non-parenting group. One area of particular concern is the low percentage of (to be) parenting males receiving at least partially adequate services (68.9% compared to 85.7% for the non-parenting males).

¹⁴ Eastman, Andrea & Palmer, Lindsey & Ahn, Eunhye. (2019). Pregnant and Parenting Youth in Care and Their Children: A Literature Review. *Child and Adolescent Social Work Journal*. 36. 10.1007/s10560-019-00598-8.

¹⁵ Ibid.

¹⁶ Ibid.

Special Study

Measure	Non-Parenting Group Average (n=321)	(To be) Parenting Group Average (n=321)	Non-Parenting Males Average (n=84)	(To be) Parenting Males Average (n=84)	Non-Parenting Females Average (n=237)	(To be) Parenting Females Average (n=237)
Primary Permanency Plan is Independent Living	24.6	45.6*	17.7	45.8*	26.9	45.5*
Age of Majority is Exit from OOH Care Reason	63.9	74.7*	73.2	68.2	60.5	76.8*
Youth Involved in Plan	75.4	78.4	71.2	76.2	76.9	79.3
Ansell Casey Completed	48.6	46.6	40.4	45.0	50.9	47.2
Independent Living Plan Current	72.7	73.9	63.4	69.0	76.0	75.7
Skills for Adulthood Received	89.1*	83.1	81.2	70.5	91.9	87.9
At Least Partial Adequate Services for Youth	89.7*	80.2	85.7*	68.9	91.2	84.9
Closeness to Home (Same County)	60.1	64.1	42.5	64.4*	66.7	64.0
Connected to Family/Kin	84.7	90.6*	77.0	92.3*	87.3	90.0

*Significant difference between groups (p < .05)

More needs to be done for expecting and parenting males in out-of-home care to ensure they are receiving the appropriate skills and services to be good fathers, however a potential positive outcome for (to be) parenting males is they are much more likely to be placed within the same county as their court jurisdiction which in turn may result with them having a much higher likelihood of feeling connected to their family and kin.

Early parenthood for adolescents who have a history in out-of-home care tend to have associations with lower educational attainment, homelessness, and decreased likelihood of having a bank account.¹⁷ These associations undoubtedly add to the risk of creating a cycle of poverty and homelessness these youth already face.

Measure	Non-Parenting Group % (n=321)	(To be) Parenting Group % (n=321)	Non-Parenting Males % (n=84)	(To be) Parenting Males % (n=84)	Non-Parenting Females % (n=237)	(To be) Parenting Females % (n=237)
Not Enrolled in School but Should Be	5.3	10.9	6.0	15.5	5.1	9.3
On Target for Core Classes (if in school)	66.8	55.3	60.4	52.6	68.9	56.2
In Extracurricular Normalcy Activities	75.6	69.4	72.9	65.7	76.6	70.7

*Significant difference between groups (p < .05)

Youth in the (to be) parenting group were more than twice (10.9%) as likely to not be enrolled in school when they should be. Of those that were enrolled in school, just over half (55.3%) were on target with all their core classes. It is important these young people are enrolled in school and attending classes because more education leads to better prospects for earnings and employment which would better allow them to provide for their family and provides more opportunities to break the cycle of poverty and homelessness.¹⁸ The likelihood that the (to be) parenting youth were involved in extracurricular normalcy activities was less than those in the non-parenting group. We know expecting and parenting youth in out-of-home care face a greater strain with having normal adolescent experiences and

¹⁷ Eastman, Andrea & Palmer, Lindsey & Ahn, Eunhye. (2019). Pregnant and Parenting Youth in Care and Their Children: A Literature Review. Child and Adolescent Social Work Journal. 36. 10.1007/s10560-019-00598-8

¹⁸ Education matters. (2016, March). U.S. Bureau of Labor Statistics. Retrieved May 22, 2024, from <https://www.bls.gov/careeroutlook/2016/data-on-display/education-matters.htm>

having these experiences are important for healthy cognitive, emotional, and social development.¹⁹

Youth in out-of-home care also have disproportionate rates of abusive relationships and sexually transmitted infections (STIs).²⁰ The Federal Department of Health and Human Services funds many programs to support expecting and parenting youth and pregnancy prevention efforts with youth in out-of-home care, including the John H. Chafee Foster Care Program for Successful Transition to Adulthood (also known as Independent Living) and Adolescent Pregnancy Prevention (APP) programs.²¹ Collaborative practices between these programs can streamline service delivery and increase access to needed resources and supports in an effort to help expecting and parenting youth in out-of-home care turn challenges into protective factors and promote the confidence needed to improve their lives and meet their goals.²² Independent Living programs offer a large array of supports for youth in out-of-home care and transitioning to adulthood, including pregnancy prevention and increasing the service array for teens who are expecting or parenting.²³ APP programs support youth in out-of-home care up to age 19, including expecting and parenting youth, and focus on prevention of unplanned pregnancies.²⁴

Common goals of both programs are:²⁵

- Prevent and reduce disparities in incidence of STIs and adolescent pregnancies;
- Support expecting and parenting youth in care as a special population;
- Offer trauma informed services, including support for victims of sexual abuse and sexual assault;
- Promote strong connections with supportive adults; and
- Increase educational access, stability, and attainment.

The Personal Responsibility Education Program: Promising Youth Programs adapted a Healthy Sexuality and Pregnancy Prevention for Youth in Foster Care curriculum for parents and caregivers of youth in out-of-home care into an online course. The online course is intended to help parents and caregivers of youth ages 10 and older in out-of-home care learn

¹⁹ Harper Browne, C. & Center for the Study of Social Policy. (2015b). Expectant and Parenting Youth in foster Care: Addressing their developmental needs to promote healthy parent and child outcomes. Center for the Study of Social Policy. <https://cssp.org/wp-content/uploads/2018/08/EPY-developmental-needs-paper-web-2.pdf>

²⁰ Ball, Barbara & Hoefler, Sharon & Faulkner, Monica & Requeses, Andrea & Brooks, Tia & Munoz, Guadalupe & Pacheco, Eleni & Poland, Cieria & Salmeron, Carolina & Zelaya, Ana. (2023). Innovation in Sexuality and Relationship Education in Child Welfare: Shifting Toward a Focus on Ongoing Conversations, Connection, and Consent. *Prevention Science*. 24. 10.1007/s11121-022-01476-z.

²¹ Capacity Building Center for States. (2019). Addressing the needs of pregnant and parenting youth in foster care: A primer on interagency collaboration for Children's Bureau grantees. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

²² Ibid.

²³ Ibid.

²⁴ Ibid.

²⁵ Ibid.

about sexual health topics to guide youth in making health decisions.²⁶ Pilot participants indicated the modules in the course were beneficial and relevant for parents and caregivers of youth in out-of-home, and felt with the concrete examples and tips, it helped prepare parents and caregivers to feel more comfortable speaking with youth about sexual health.²⁷

Goals for effective programs for expecting and parenting youth in out-of-home care should ensure the healthy development of both the teen and the child as well as develop strong parent-child relationships that promote attachment and bonding.²⁸ The key components of effective programs for parenting youth in out-of-home care typically include establishing clear goals and objectives, implementing programming activities based on theory and research, an appropriate length and intensity of the program, incorporating support from multiple sources, using active learning approaches, and addressing the development of both parent and child.²⁹

It is important teen fathers do not get left out of the discussion, but often, programs do not focus on fathers. A few reasons for this include funding streams dictate the recipient of services be the mother, paternity may be difficult to determine, teen fathers may be unwilling to seek help for fear of reprisal, and there are fewer teen fathers than teen mothers, as fathers involved in teen pregnancies tend to be older than 20.³⁰ Teen fathers face the same risk factors as mothers, including increased risk for being involved in subsequent pregnancies along with a higher likelihood of facing employment challenges, which can make supporting their children a challenge.³¹

Parenting programs should include fathers whenever safe and appropriate.³² Research shows that when a father is present in the lives of his children, they both have a higher quality of life.³³ Fathers have more motivation to maintain employment, to not use substances, and have overall better mental health while their children are less likely to engage in risky behaviors, drop out of school, and overall have more positive social experiences.³⁴

Lutheran Family Services, a Nebraska non-profit organization, recognized the lack of services and programs for fathers and created The Fatherhood Initiative in an effort to serve Nebraska fathers who want to better connect or re-engage with their children and learn how

²⁶ Keating, Betsy, Jacqueline Crowley, Veronica Murphy Sotelo, and Jean Knab. "Healthy Sexuality and Pregnancy Prevention for Youth in Foster Care: Adapting a Curriculum for Parents and Caregivers of Youth in Foster Care into an Online Course." OPRE Report #2023-015. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2023.

²⁷ Ibid.

²⁸ sbrown@casey.org. (2023, February 10). Helping teen parents in foster care – Casey Family Programs. Casey Family Programs. <https://www.casey.org/pregnant-parenting-teens/>.

²⁹ Ibid.

³⁰ Ibid.

³¹ Ibid.

³² Ibid.

³³ What is the Fatherhood Initiative? (2024). Retrieved May 20, 2024, from <https://www.onelfs.org/childrens-services/the-fatherhood-initiative/>

³⁴ Ibid.

to be better parents.³⁵ Additionally, a training opportunity recently promoted by the Nebraska Indian Child Welfare Coalition (NICWC) allows individuals of American Indian descent to become certified as facilitators in the Fatherhood is Sacred®, Motherhood is Sacred® curriculum. The three-day intensive training provides individuals with the knowledge and skills to implement a 12-session program that assists fathers, mothers, and families to fully realize their potential.³⁶

It is clear more needs to be done to support expecting and parenting youth in out-of-home care. Expecting and parenting youth want to be good parents to their children. It is the responsibility of DHHS/CFS and their placement agencies to ensure these youth receive the skills, services, and programs to give them the opportunity to be the best parents they can be for their children and to improve their chance of breaking the cycle of poverty and maltreatment many of them have faced.

As previously stated, research has shown youth in care that are expecting or parenting face increased challenges compared to their peers, such as placement instability, homelessness, poverty, and having normal adolescent experiences.³⁷ Results of this FCRO special study emphasize the need for more access to adequate services, designated primary care, and treatment for mental health along with substance use for those youth with true diagnoses. Emphasis needs to be placed on parenting skills for expecting and parenting youth in out-of-home care, including for males. Thoughtful policies and programming from DHHS/CFS are needed to reduce the number of unplanned pregnancies occurring for youth in out-of-home care. Many of the research studies noted throughout this section only included pregnant and parenting females and further research should include expecting and parenting fathers to better address and understand their specific needs and outcomes. Future research to review differences in outcomes across service areas and race/ethnicity groups may help to better understand more specific needs and factors that prevent services and skills from being provided to this very vulnerable population of youth.

³⁵ What is the Fatherhood Initiative? (2024). Retrieved May 20, 2024, from <https://www.onelfs.org/childrens-services/the-fatherhood-initiative/>

³⁶ Fatherhood and Motherhood is Sacred | NAFFA. (n.d.). NAFFA. <https://www.nativeamericanfathers.org/fatherhood-and-motherhood-is-sacred>

³⁷ Capacity Building Center for States. (2019). Addressing the needs of pregnant and parenting youth in foster care: A primer on interagency collaboration for Children's Bureau grantees. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

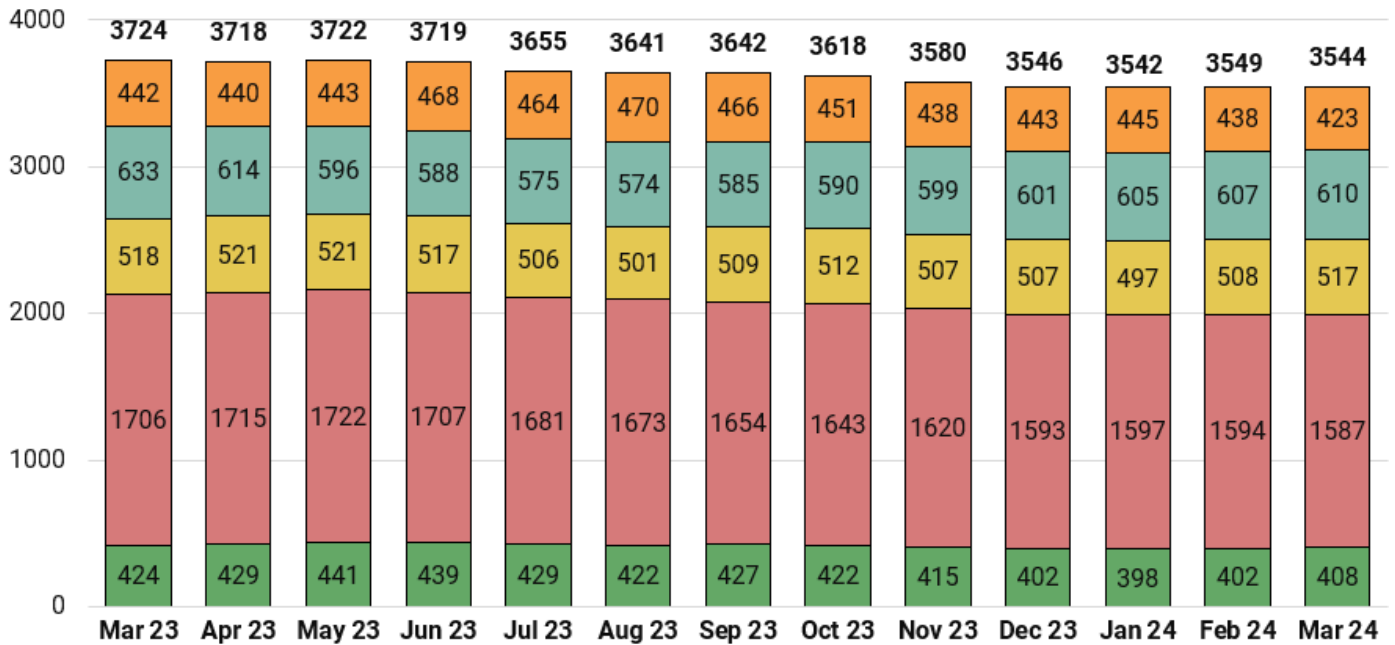
OUT-OF-HOME TRENDS

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.

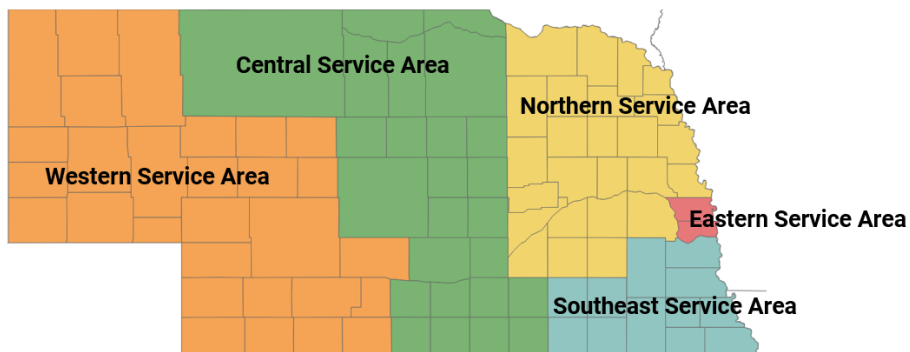
CHILD WELFARE TRENDS

Average Daily Population. Figure 1 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 March 2023 to March 2024.

Figure 1: Average Daily Population of DHHS Wards, March 2023-March 2024



The colors refer to the service area (geographic regions), 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.



Out-of-Home Trends

Figure 2 indicates the percent change in average daily population varied throughout the state and illustrates the differences among service areas (geographic regions).

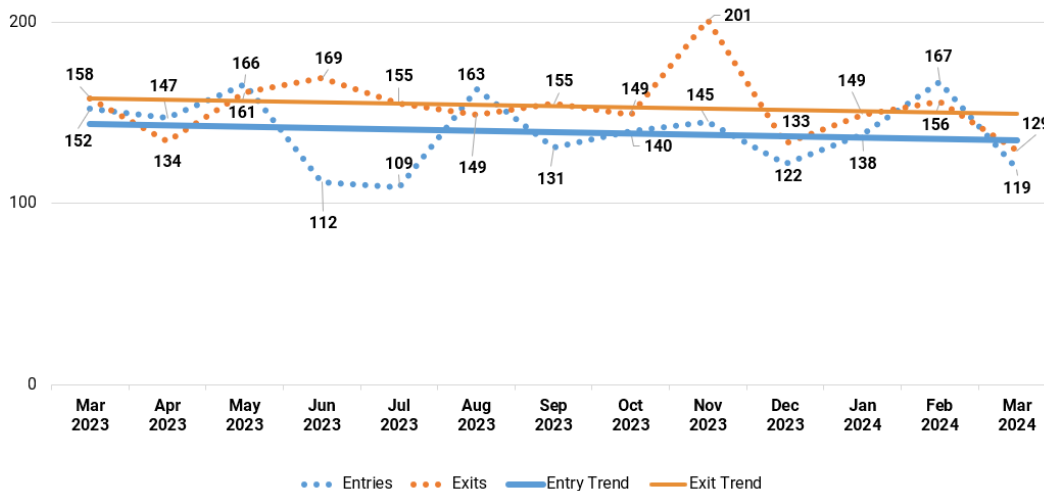
Figure 2: Percent Change in Average Daily Population of DHHS Wards by Service Area, March 2023 to March 2024³⁸

	Mar-23	Mar-24	% Change
Central SA	424	408	-3.9%
Eastern SA	1,706	1,587	-7.0%
Northern SA	518	517	-0.4%
Southeast SA	633	610	-3.6%
Western SA	442	423	-4.4%
State	3,724	3,544	-4.8%

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 3 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 March 2023 to March 2024.

Figure 3: Monthly Entries and Exits of DHHS Wards, March 2023-March 2024

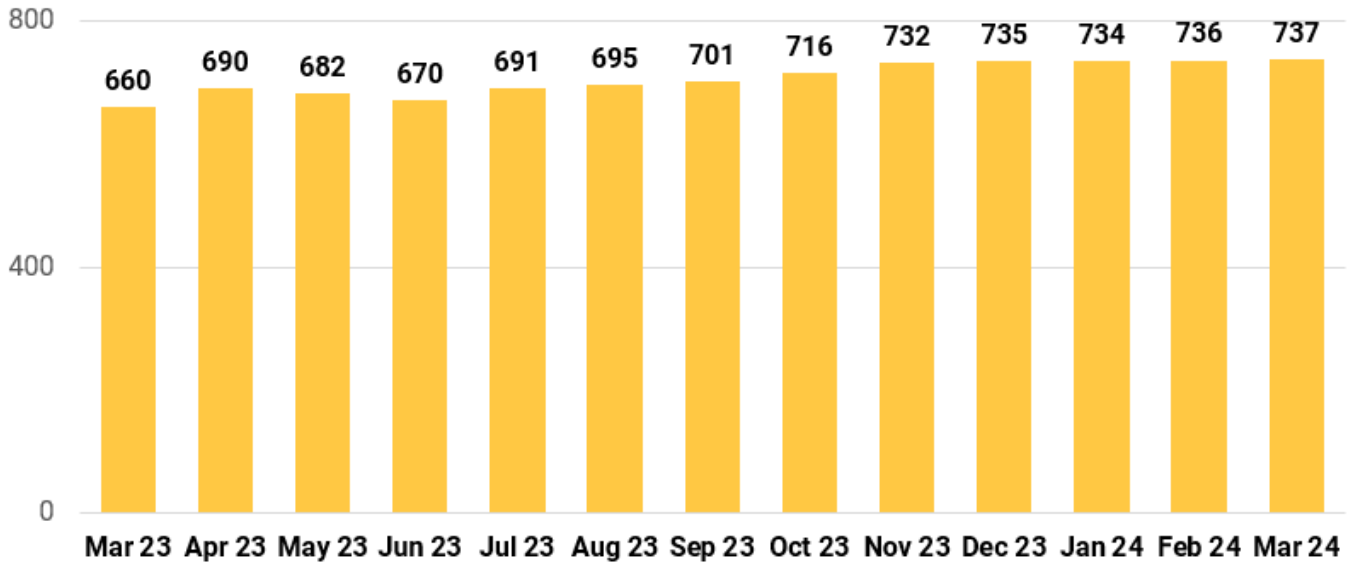


³⁸ Averages for each column may not be exactly equal to the sum of the service areas due to rounding.

JUVENILE JUSTICE-PROBATION TRENDS

Average Daily Population. Figure 4 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 March 2023 to March 2024. The average daily population increased resulting in 11.7% more Probation supervised youth in out-of-home care on average in March 2024 compared to March 2023.

Figure 4: Average Daily Population of Probation Supervised Youth in Out-of-Home Care, March 2023-March 2024³⁹



³⁹ 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 5.

Figure 5: Percent Change in Average Daily Population of Probation Supervised Youth by Probation District, March 2023 to March 2024⁴⁰

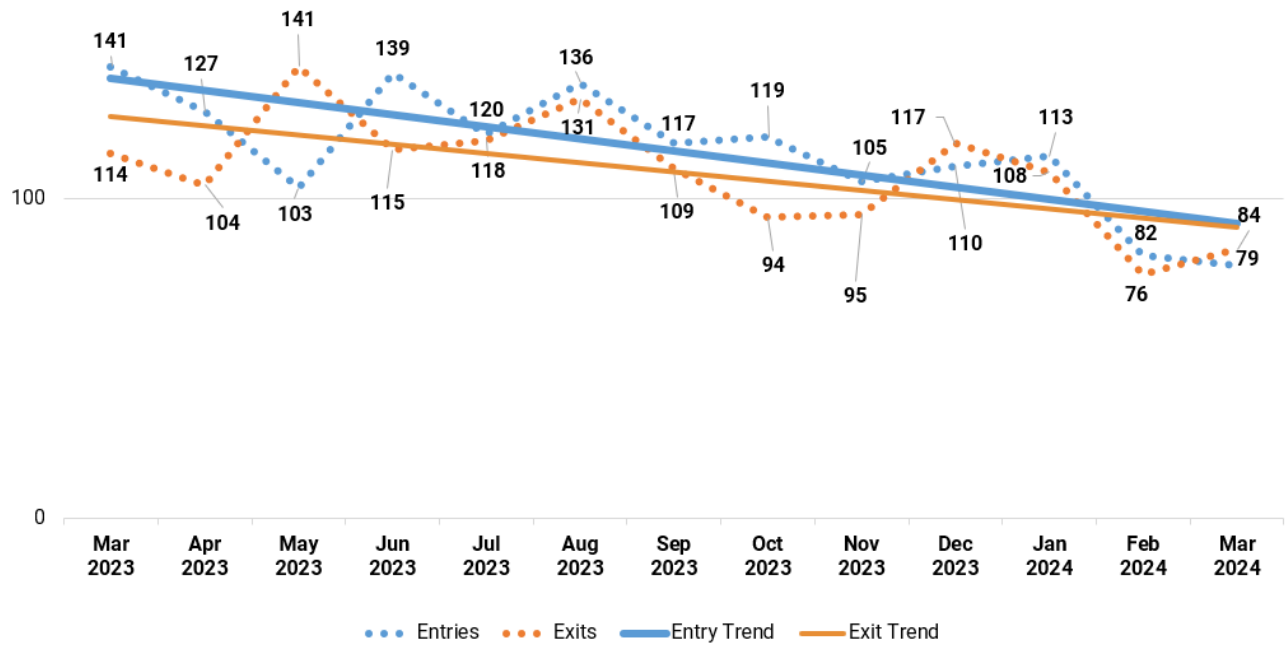
	Mar-23	Mar-24	% Change
District 1	18	24	33.3%%
District 2	38	37	-2.6%
District 3J	115	116	0.9%
District 4J	217	264	21.7%
District 5	38	42	10.5%
District 6	36	37	2.8%
District 7	45	51	13.3%
District 8	13	13	0.0%
District 9	49	49	0.0%
District 10	27	34	25.9%
District 11	32	49	53.1%
District 12	32	22	-31.3%
State	660	737	11.7%

⁴⁰ 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 in 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 6: Monthly Entries and Exits of Probation Supervised Youth, March 2023-March 2024



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	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23	9/30/23	12/31/23	3/31/24
Statewide	3,606	3,633	3,596	3,584	3,530	3,480	3,398	3,388
CSA	421	408	385	409	407	404	378	393
ESA	1,655	1,666	1,652	1,643	1,612	1,581	1,536	1,503
NSA	499	477	487	500	508	495	489	503
SESA	604	629	609	590	549	554	570	585
WSA	427	453	463	442	454	446	425	404

- For children and youth involved only with DHHS/CFS, the most recent point-in-time data shows a 0.3% statewide decrease over the previous quarter.
- Two of the five service areas had a decrease with the largest decrease occurring in the WSA at 4.9%; whereas the CSA had the largest increase at 4.0%.

Dually Involved	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23	9/30/23	12/31/23	3/31/24
Statewide	107	117	127	127	129	127	138	138
CSA	18	21	20	17	19	15	18	17
ESA	46	46	54	60	56	57	62	63
NSA	10	13	17	15	18	15	14	20
SESA	28	23	21	21	20	25	28	24
WSA	5	14	15	14	16	15	16	14

- For youth who were dually involved with DHHS/CFS and Probation, the most recent point-in-time data shows no change over the previous quarter.
- Two of the five service areas had an increase while three service areas (CSA, SESA, and WSA) had decreases over the previous quarter.

Out-of-Home Trends

Probation	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23	9/30/23	12/31/23	3/31/24
Statewide	372	399	414	419	435	473	483	480
District 1	9	12	11	13	16	20	18	18
District 2	25	29	32	27	31	30	35	34
District 3J	67	64	71	66	75	79	82	72
District 4J	118	116	113	121	125	139	151	155
District 5	20	16	23	28	32	37	32	35
District 6	29	35	28	26	37	32	28	25
District 7	19	22	33	32	20	28	28	30
District 8	5	8	7	6	8	7	6	4
District 9	35	43	39	41	32	30	29	38
District 10	8	13	17	16	15	22	24	25
District 11	19	20	17	22	30	29	34	30
District 12	18	21	23	21	14	20	16	14

- For youth who were only involved with Probation, the most recent point-in-time data shows a 0.6% statewide decrease over the previous quarter.
- Five of the 12 probation districts had an increase, with the largest increase occurring in District 9 at 31.0%, followed by District 5 at 9.4%, District 7 at 7.1%, District 10 at 4.2%, and District 4J at 2.6%.
- Six probation districts had a decrease over the previous quarter, with the largest decrease occurring in District 8 at 33.3%, followed by District 12 at 12.5%, District 3J at 12.2%, District 11 at 11.8%, District 6 at 10.7%, and lastly District 2 at 2.9%.
- District 1 had no change from the previous quarter.

YRTC	6/30/22	9/30/22	12/31/22	3/31/23	6/30/23	9/30/23	12/31/23	3/31/24
Statewide	68	68	62	82	84	78	74	96
Females	15	15	15	22	22	12	14	25
Males	53	53	47	60	62	66	60	71

- For youth who were placed at a YRTC, the most recent point-in-time data shows a 29.7% total population increase over the previous quarter.
- The population of males at a YRTC increased by 18.3% over the previous quarter while the female population increased by 78.6%.

SYSTEM-WIDE TRENDS

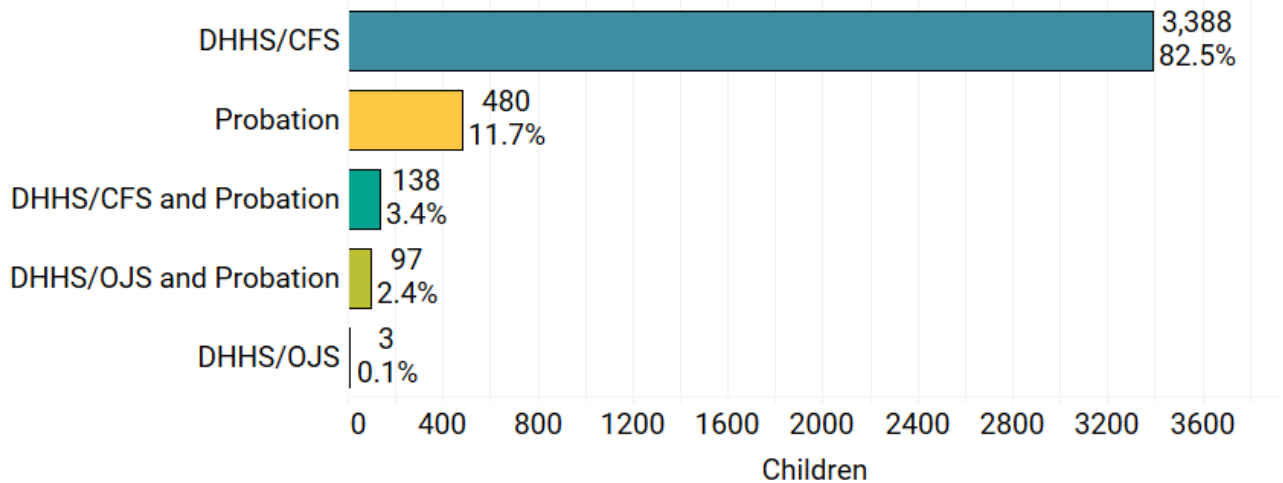
This section includes point-in-time data for court-involved children and youth under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juveniles Services Division (hereafter referred to as Probation) in out-of-home care or trial home visit. The sections of the report after this will summarize the sub-populations of all children in out-of-home care based on the agency or agencies involved.

On 3/31/2024, 4,106 Nebraska children were in out-of-home or trial home visit placements⁴¹ under DHHS/CFS, DHHS/OJS, and/or 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 7 provides a snapshot of the agency involvement of non-duplicated children in out-of-home care on 3/31/2024.

Figure 7: All Court-Involved Children in Out-of-Home Care or Trial Home Visit by Agency Involved on 3/31/2024, n⁴²=4,106



⁴¹ 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.

⁴² See Appendix B for a glossary of terms and a description of acronyms.

Figure 10: Service Areas for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 3/31/2024, n=3,388

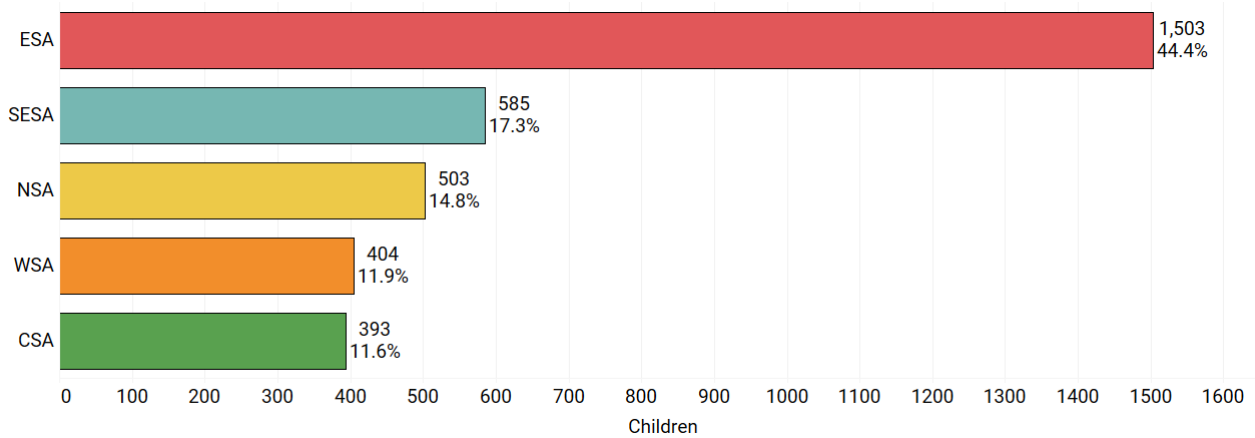


Figure 11 represents the top 10 counties by rate of DHHS/CFS wards in care per 1,000 children in the population, ages 0 to 19, on 3/31/2024. While the three most populous counties in Nebraska (Douglas, Lancaster, and Sarpy) make up approximately 58% of DHHS/CFS wards, these counties are not within the top 10 counties with the highest rates. Some rural counties, like Lincoln County (North Platte), which had the fourth highest count of children who are DHHS/CFS wards, have higher rates of children in out-of-home care. Statewide, the rate of DHHS/CFS wards in care per 1,000 children was 6.4.

Figure 11: Top 10 Counties by Rate of DHHS/CFS Wards in Care per 1,000 Children in the Population on 3/31/2024⁴⁴

County	Children in Care	Total Children Ages 0 - 19	Rate per 1,000 children	Family Count
Boyd	7	358	19.6	2
Lincoln	137	8,416	16.3	83
Garden	6	388	15.5	4
York	52	3,713	14.0	29
Keith	23	1,820	12.6	12
Sherman	8	715	11.2	6
Dodge	108	10,068	10.7	73
Sheridan	12	1,184	10.1	6
Harlan	7	697	10.0	5
Pawnee	6	614	9.8	3

⁴⁴ U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2022.

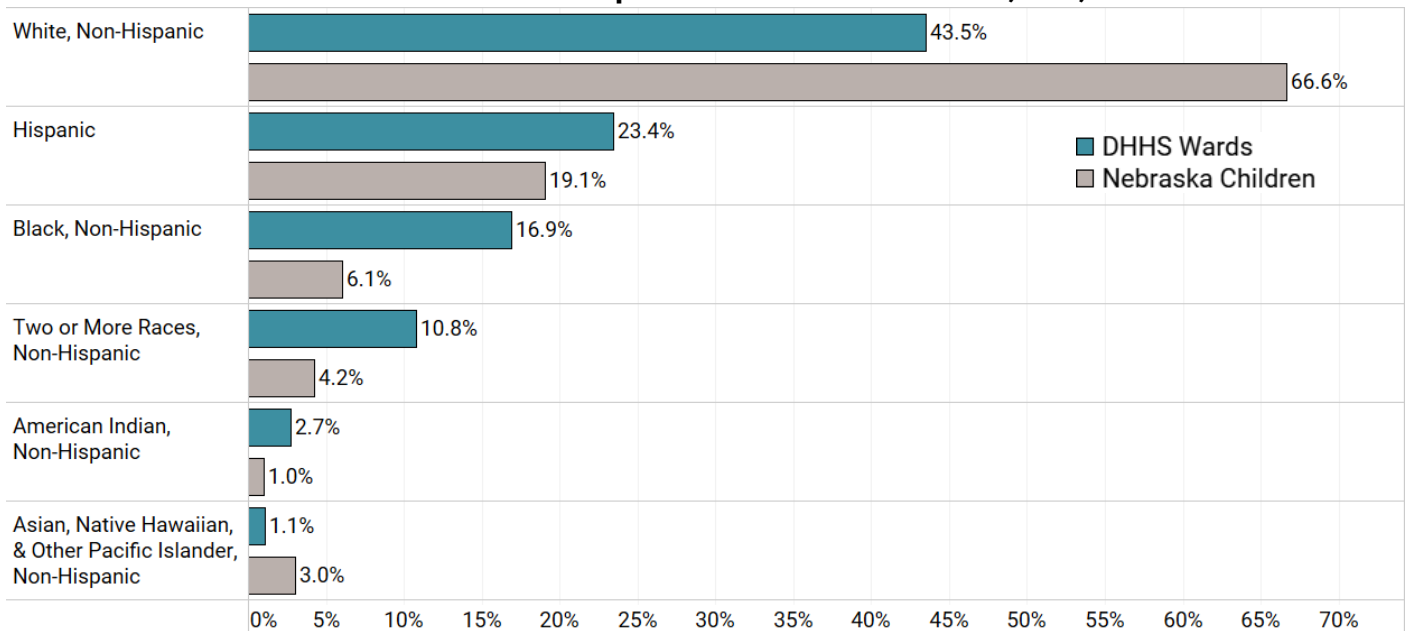
Age. The median age was 8 years old for both males and females who were DHHS/CFS wards in care on 3/31/2024.

- 37.1% of the children in out-of-home care or trial home visit on 3/31/2024 were age 5 and under.
- 34.2% of the children were age 6-12.
- 28.7% of the children were age 13-18.

Gender. Males (49.5%) and females (50.5%) were nearly equally represented in the number of DHHS/CFS 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/CFS Wards in Out-of-Home Care and Trial Home Visit on 3/31/2024 Compared to Nebraska Children, n=3,388



Times in Care Over Lifetime. The average number of times in care over their lifetime for current DHHS/CFS wards as of 3/31/2024 was 1.3.

Median Length of Stay. For those in care on 3/31/2024, the median number of days in care for DHHS/CFS wards was 482 days.

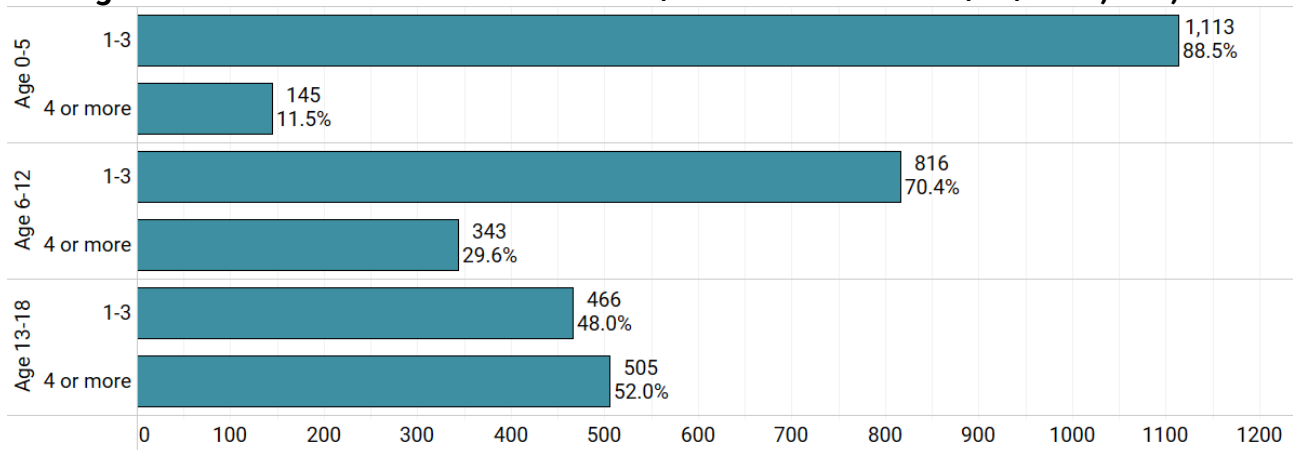
Number of Placements. National research indicates that children experiencing four or more placements over their lifetime are likely to be permanently damaged by the instability and trauma of broken attachments.⁴⁵ However, children who have experienced consistent, stable, and loving caregivers are more likely to develop resilience to the effects of prior abuse and neglect, and more likely to have better long-term outcomes.⁴⁶

On 3/31/2024, DHHS/CFS wards had an average of 3.4 placements in their lifetime.

Figure 13 shows the number of lifetime placements for DHHS/CFS wards by age group. It is unacceptable that 11.5% of children ages 0-5, and 29.6% of children ages 6-12 have been moved between caregivers four or more times. This has implications for children’s health and safety throughout their lifetime.

By the time children reach their teen years, over half (52.0%) have had four or more lifetime placements.

Figure 13: Lifetime Placements for DHHS/CFS Wards in Care 3/31/2024, n=3,388



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

Age Group	CSA	ESA	NSA	SESA	WSA
0-5	4.4%	13.7%	10.5%	12.2%	10.3%
6-12	27.4%	34.8%	23.3%	28.8%	20.8%
13-18	47.4%	60.8%	37.1%	48.2%	50.0%

⁴⁵ Examples include Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

⁴⁶ Ibid.

Placement Restrictiveness. It is without question that “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 (97.4%) of DHHS/CFS state wards in care on 3/31/2024 were placed in the least restrictive placement, well above the 2021 national average of 90%.⁴⁷ This is a continuing trend.
 - Of the children placed in family-like settings (not including trial home visits), 56.8% were in a relative or kinship placement.⁴⁸

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.

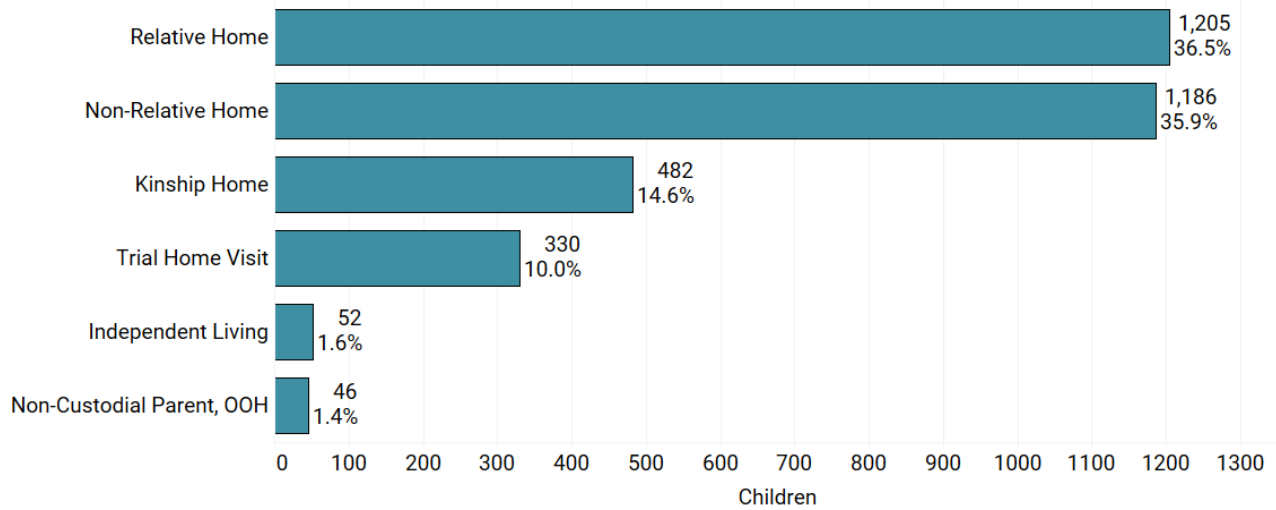
When a maternal or paternal relative or family friend is an appropriate placement, children suffer less disruption by being placed with persons they already know, who make them feel safe and secure. However, it is not required that relatives have a pre-existing relationship with the child to be placed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

⁴⁷ Children in foster care by placement type: Kids Count Data Center. Children in foster care by placement type | KIDS COUNT Data Center. (n.d.). <https://datacenter.aecf.org/data/line/6247-children-in-foster-care-by-placement-type?loc=1&loct=1#1/any/true/2048/asc/2622,2621,2623,2620,2625,2624,2626/12995>.

⁴⁸ 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.

Figure 14: Additional Details on Least Restrictive Placement Type for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 3/31/2024, n=3,301



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 law⁴⁹ 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 pre-existing, 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.

⁴⁹ Neb. Rev. Stat. §71-1901.

Licensing of Relative and Kinship Foster Homes. Under current Nebraska law, DHHS/CFS 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:

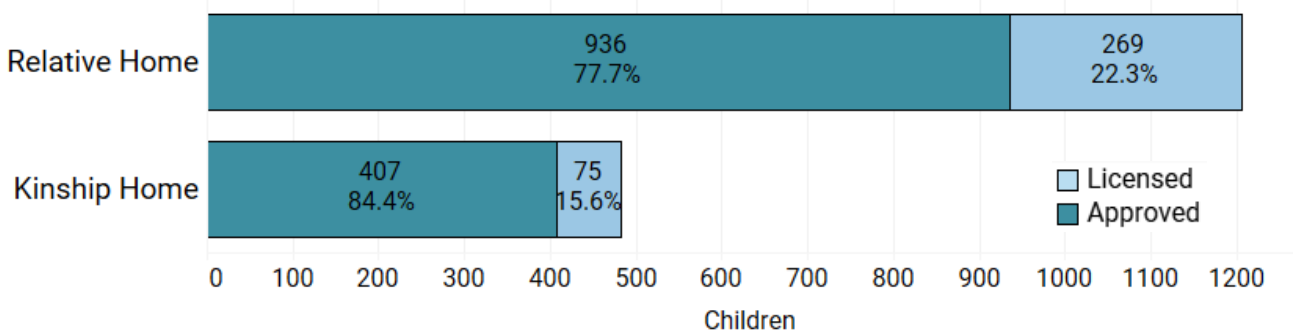
- 1) Approved caregivers do not receive the valuable training provided to licensed caregivers on helping children who have experienced abuse, neglect, and removal from their parents, and
- 2) Previously to receive federal Title IV-E funds, otherwise eligible children must reside in a licensed placement; meaning Nebraska failed to recoup a significant amount of federal funds.⁵⁰

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.

Current License Status. Due to the prior 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 12/31/2023, children in licensed relative placements have decreased from 24.7% to 22.3% and children in licensed kinship placements have decreased from 18.7% to 15.6%. Slow progress was being made but it is now trending in the wrong direction.

Figure 15: Licensing for DHHS/CFS Wards in Relative or Kinship Foster Homes on 3/31/2024, Statewide, n=1,205 (relatives) and n=482 (kinship)



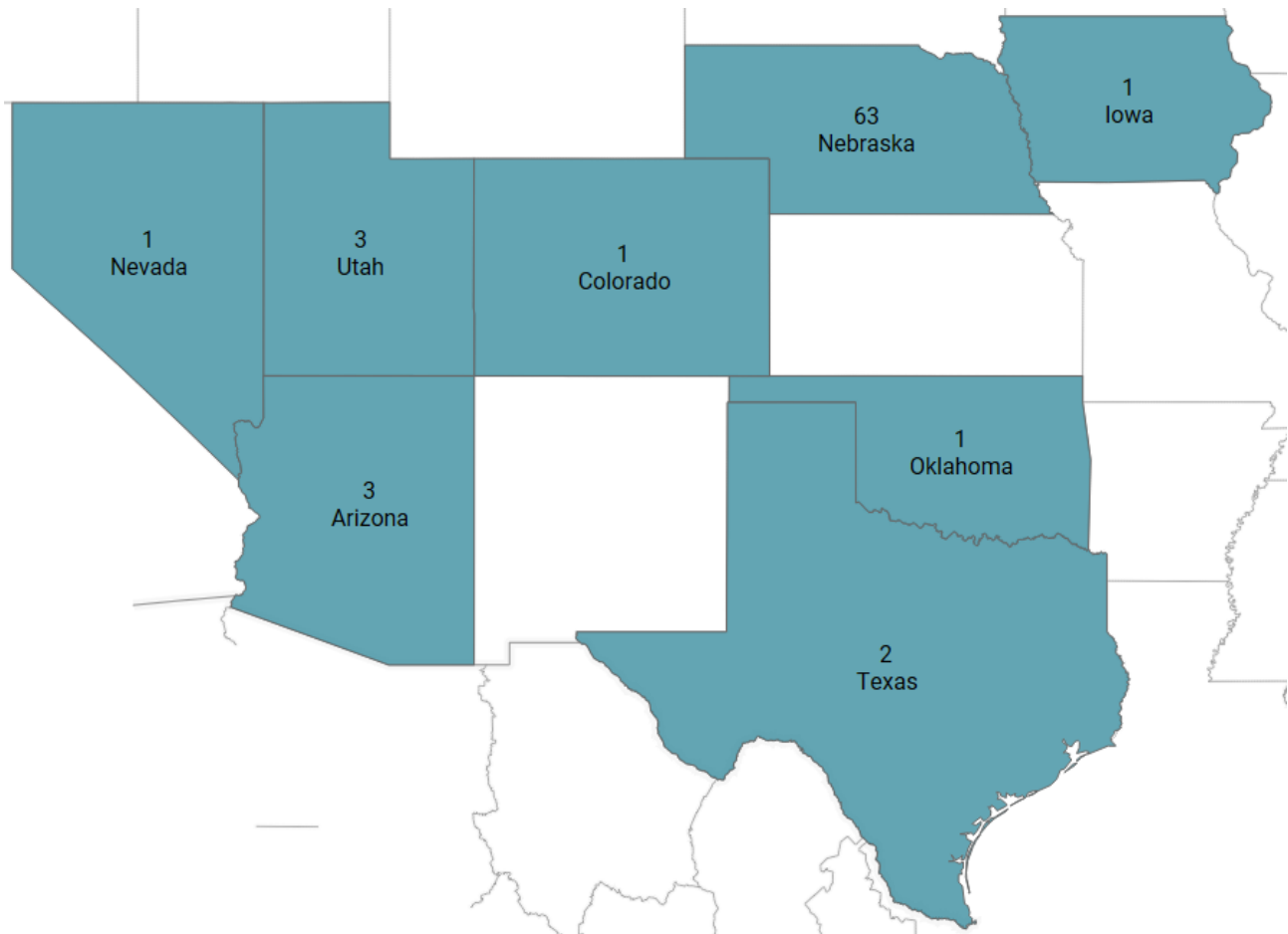
⁵⁰ Per a DHHS news release from May 8, 2024: On April 17, 2024, the Administration for Children and Families (ACF) approved Nebraska’s plan to utilize a separate relative and kinship approval process. The new process will allow Nebraska to draw additional federal dollars for child welfare services.

Missing from Care. On 3/31/2024, there were 12 DHHS/CFS only involved children missing from care. Of the missing children, 6 were female and 6 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 (84.0%) of DHHS/CFS wards in congregate care facilities⁵¹ are placed in Nebraska (Figure 16).

- DHHS/CFS had 75 children in congregate care, resulting in a 7.4% decrease from 81 the previous year.

Figure 16: DHHS/CFS Wards in Congregate Care on 3/31/2024 by State of Placement, n=75



⁵¹ 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. A study still frequently quoted 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.⁵² Caseworker turnover has been associated with more placement disruptions, time in foster care, incidents of maltreatment, and re-entries into foster care.⁵³ Turnover is also significant to the child welfare system because resources are directed to recruiting, hiring, and training new workers instead of serving families. Every time a caseworker leaves the workforce, the cost to the agency is approximately 70% to 200% of the exiting employee's annual salary.⁵⁴

The FCRO receives information from DHHS/CFS about the number of caseworkers children have had while in out-of-home or trial home visit during their current episode.⁵⁵ 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.⁵⁶
- In the rest of the state, the data represents the number of DHHS/CFS Case Managers assigned to a case.

⁵² [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 \(uh.edu\)](#)

⁵³ "How Does Turnover Affect Outcomes - Casey Family Programs." 2017. Casey Family Programs. December 29, 2017. <https://www.casey.org/turnover-costs-and-retention-strategies/>.

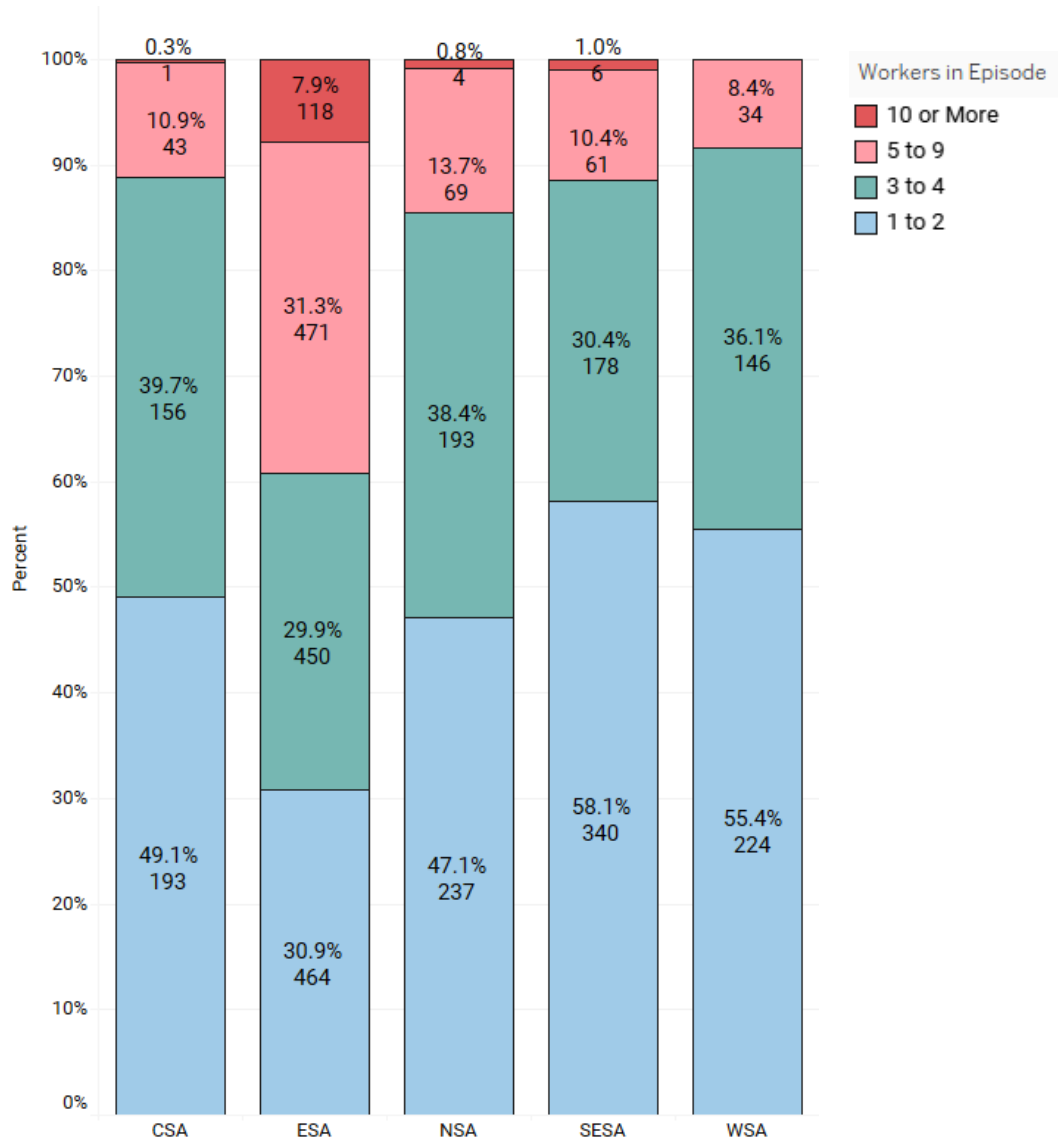
⁵⁴ Ibid.

⁵⁵ 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."

⁵⁶ 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/CFS Wards in Care on 3/31/2024, n=3,388



Nearly a quarter (23.8%) of the children served by DHHS/CFS have had five or more caseworkers during their current episode in care. Children in the Eastern Service Area, which had previously been served by a private contractor, were disproportionately impacted by caseworker changes, and had a much higher percentage of children with five or more caseworkers than any other service area in the state. In fact, many children (39.2%) in the Eastern Service Area had five or more workers, and of those, 118 children (7.9% of the total) had 10 or more workers in their current episode in care, a slight decrease from last year when it was 40.5% and 9.0% respectively. This 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 couple of years, 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.

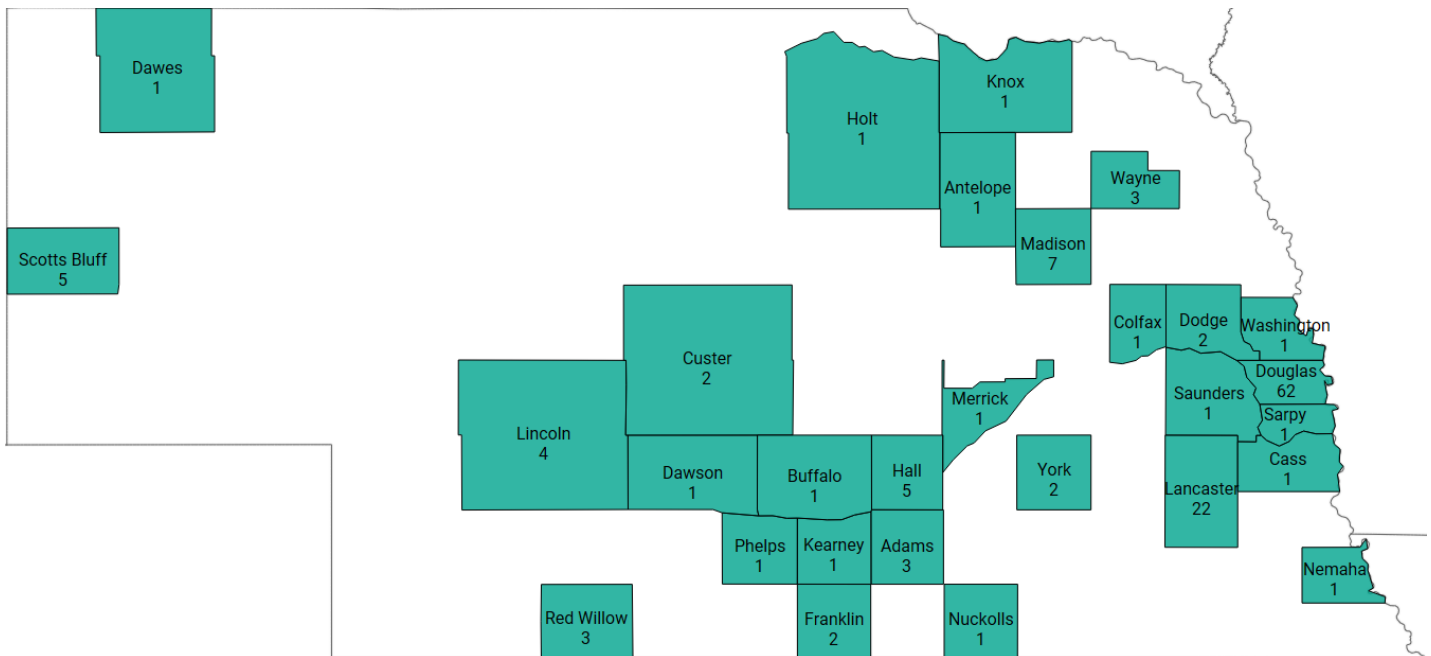
DUALY INVOLVED YOUTH

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 3/31/2024, there were 138 dually involved youth in out-of-home care, an 8.7% increase from the 127 dually involved youth on 3/31/2023. (See Appendix A for a list of counties and their respective judicial districts and service areas).

Figure 18: County of Court Jurisdiction for Dually Involved Youth on 3/31/2024, n=138



*Counties with no description or shading did not have any children in out-of-home care simultaneously involved with DHHS/CFS and Probation. These are predominately counties with sparse populations of children. Children who received services in the parental home without experiencing a removal and children placed directly with a non-custodial parent are not included as they are not within the FCRO’s authority to track or review.

Dually Involved

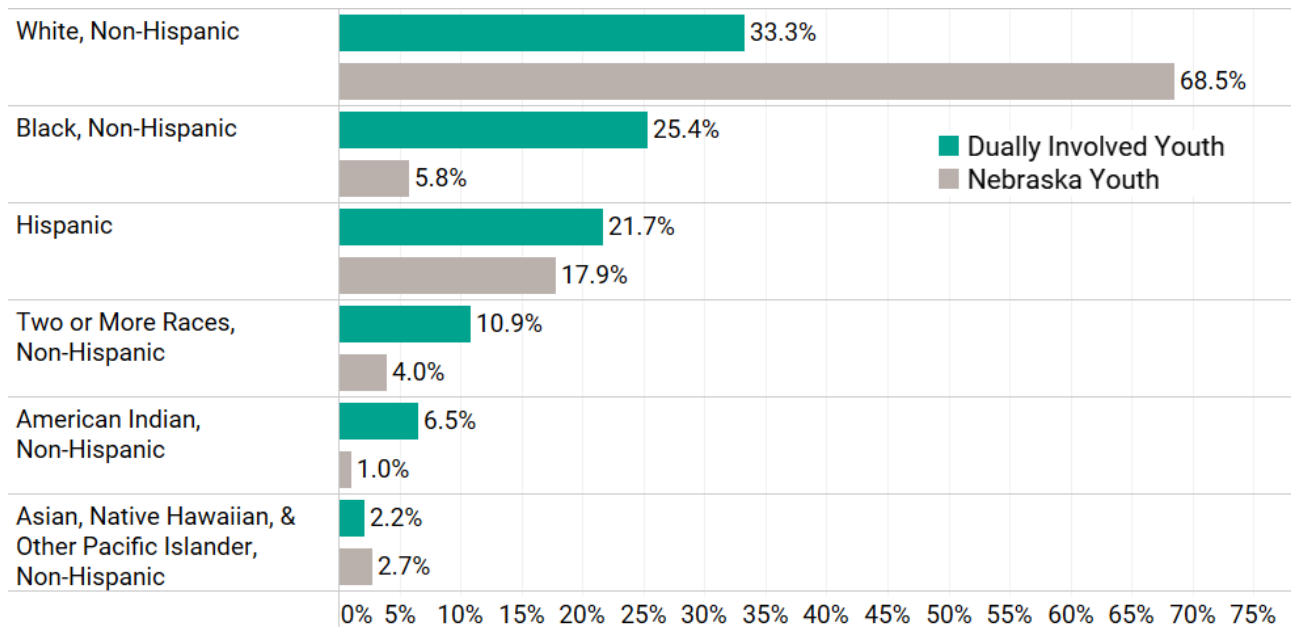
Age. The median age for dually involved youth was 16 years old for both males and females.

- 1 (0.7%) was age 11-12
- 27 (19.6%) were age 13-14.
- 56 (40.6%) were age 15-16.
- 54 (39.1%) were age 17-18.

Gender. Males outnumbered females among dually involved youth (58.0% to 42.0%, 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 and the disproportionality rate for Black, Non-Hispanic and American Indian, Non-Hispanic youth increased from the previous year (22.0% and 1.6% on 3/31/2023, respectively).

Figure 19: Race and Ethnicity of Dually Involved Youth in Out-of-Home Placement Compared to Nebraska Youth on 3/31/2024, n=138



Times in Care Over Lifetime. The average number of times in care over their lifetime for current dually involved youth as of 3/31/2024 was 1.8.

Median Length of Stay. For those in care on 3/31/2024, the median number of days in care for dually involved youth was 638 days.

Dually Involved

Number of Placements. The average number of placements over their lifetime for dually involved youth on 3/31/2024 was 10.5.

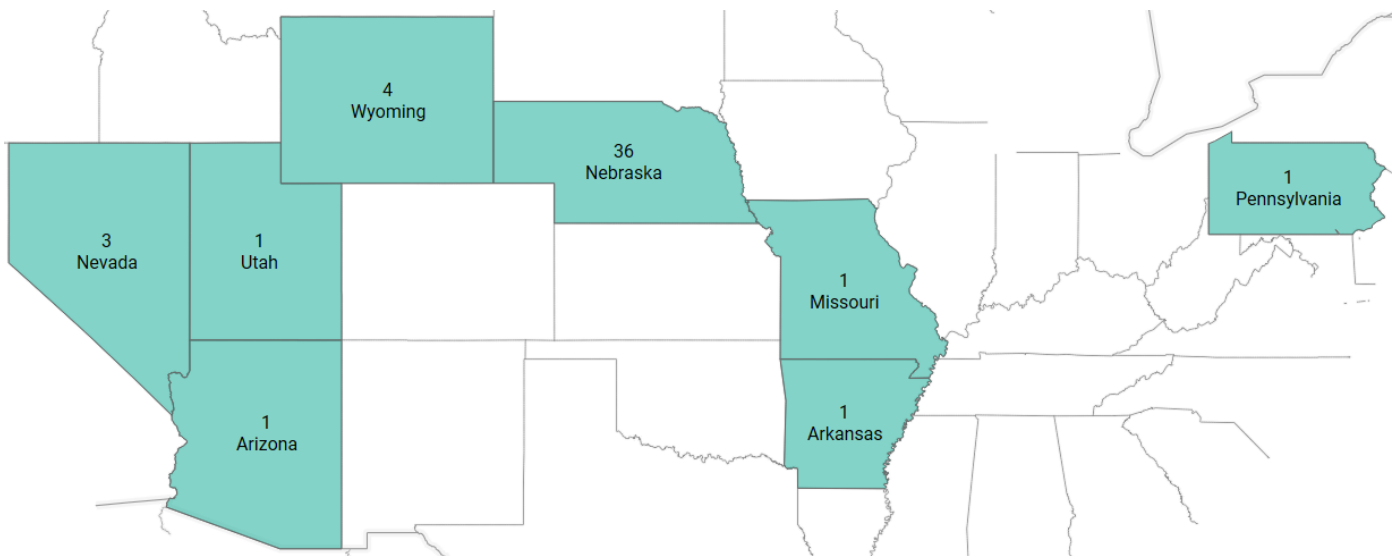
Placement Types. On 3/31/2024:

- 52.9% were in family-like settings (relative, kin, or non-relative foster care).
- 13.0% were in non-treatment congregate care, excluding detention or other juvenile justice settings such as jail (see above).
- 10.9% were in detention or other juvenile justice settings such as jail.
- 10.9% were in treatment congregate care.
- 8.0% were missing from care.
- 3.6% were in independent living.
- 0.7% were in a trial home visit.

Missing from Care. On 3/31/2024, there were 11 dually involved youth missing from care. Of the missing youth, 7 were female and 4 were male.

Congregate Care. Three-quarters (75.0%) of dually involved youth in congregate care⁵⁷ were placed in Nebraska.

Figure 20: Placement State for Dually Involved Youth in Congregate Care on 3/31/2024, n=48



⁵⁷ 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

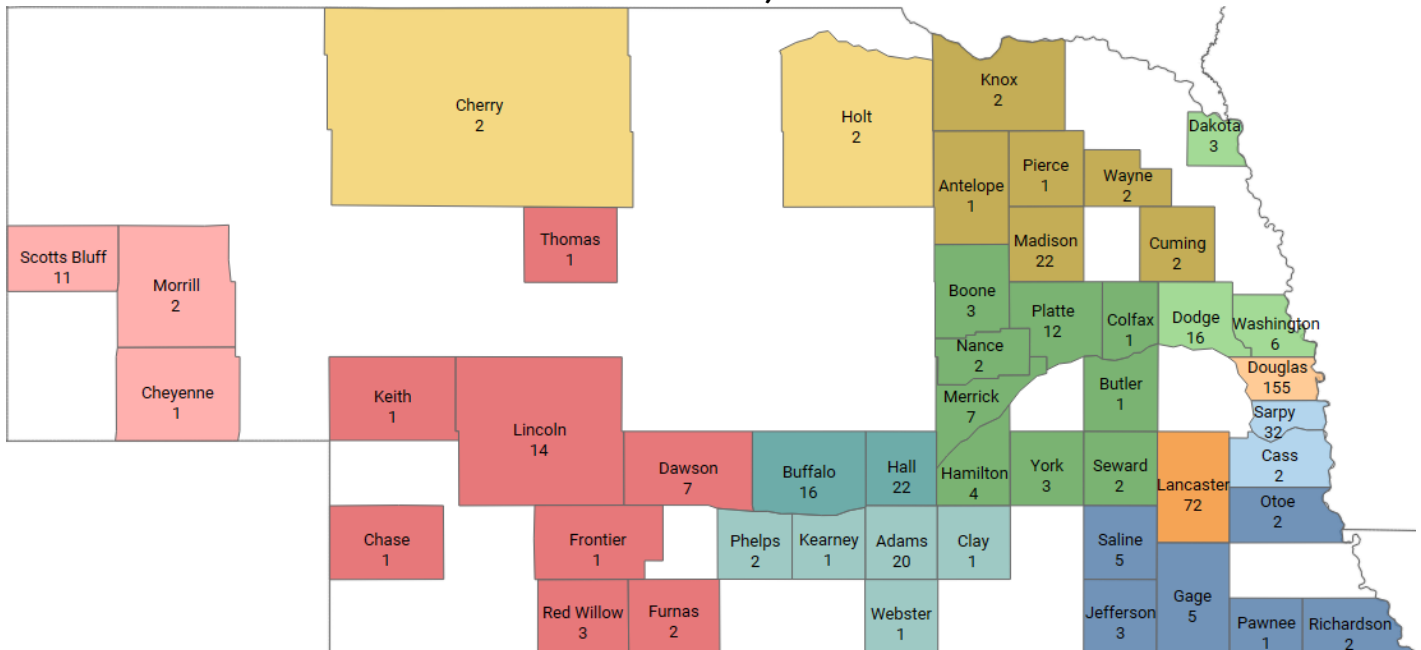
YOUTH IN OUT-OF-HOME CARE SUPERVISED BY THE ADMINISTRATIVE OFFICE OF THE COURTS AND PROBATION-JUVENILE SERVICES DIVISION

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

POINT-IN-TIME DEMOGRAPHICS AND PLACEMENTS

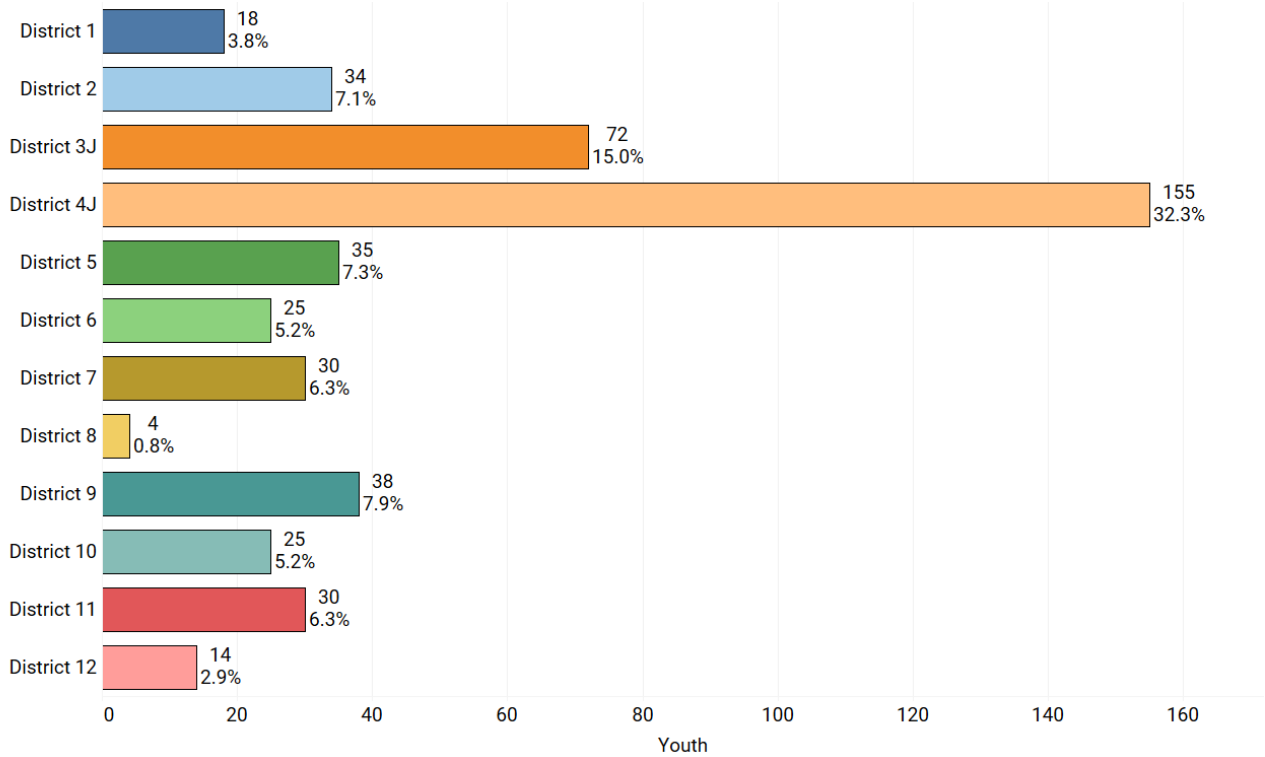
County. Figure 21 shows the county of court jurisdiction for Probation supervised youth in out-of-home care on 3/31/2024, based on the judicial district. On 3/31/2024, there were 480 youth in out-of-home care supervised by Probation compared to 419 on 3/31/2023, a 14.6% increase. (See Appendix A for a list of counties and their respective district).

Figure 21: County of Court Jurisdiction for Probation Supervised Youth in Out-of-Home Care on 3/31/2024, n=480*



*Counties with no description or shading did not have any children in out-of-home care under Probation supervision. These are predominately counties with sparse populations of children. Children who received services in the parental home without experiencing a removal and children placed directly with a non-custodial parent are not included as they are not within the FCRO's authority to track or review.

Figure 22: Probation Districts for Probation Supervised Youth in Out-of-Home Care on 3/31/2024, n=480



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

- 7 (1.5%) were age 11-12.
- 78 (16.3%) were age 13-14.
- 233 (48.5%) were age 15-16.
- 162 (33.8%) were age 17-18.

Gender. Males were 74.4% of the population of Probation supervised youth in out-of-home care, females were 25.6%.

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.

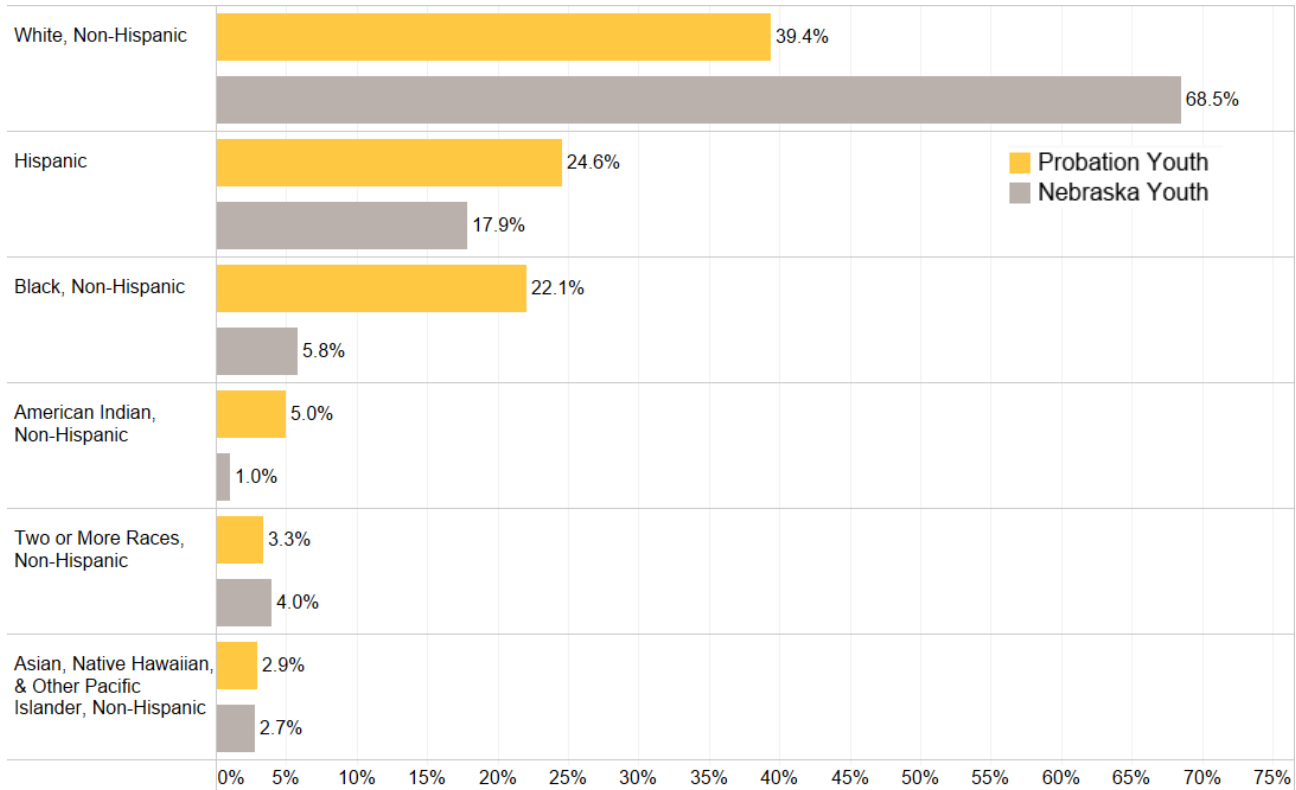
- As shown in Figure 23, Black, Non-Hispanic youth make up 5.8% of Nebraska’s youth population, but 22.1% of the Probation supervised youth in out-of-home care.
- American Indian, Non-Hispanic youth are just 1.0% of Nebraska’s youth population, but 5.0% of the Probation supervised youth in out-of-home care.⁵⁸

⁵⁸ The number of American Indian youth in out-of-home care while on probation does not include those involved in Tribal Court.

Juvenile Justice-Probation

The disproportionality rate for Black, Non-Hispanic youth has increased while American Indian, Non-Hispanic youth have seen a slight decrease from the previous year (19.3% and 7.6% on 3/31/2023, respectively).

Figure 23: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Placement Compared to Nebraska Youth on 3/31/2024, n=480



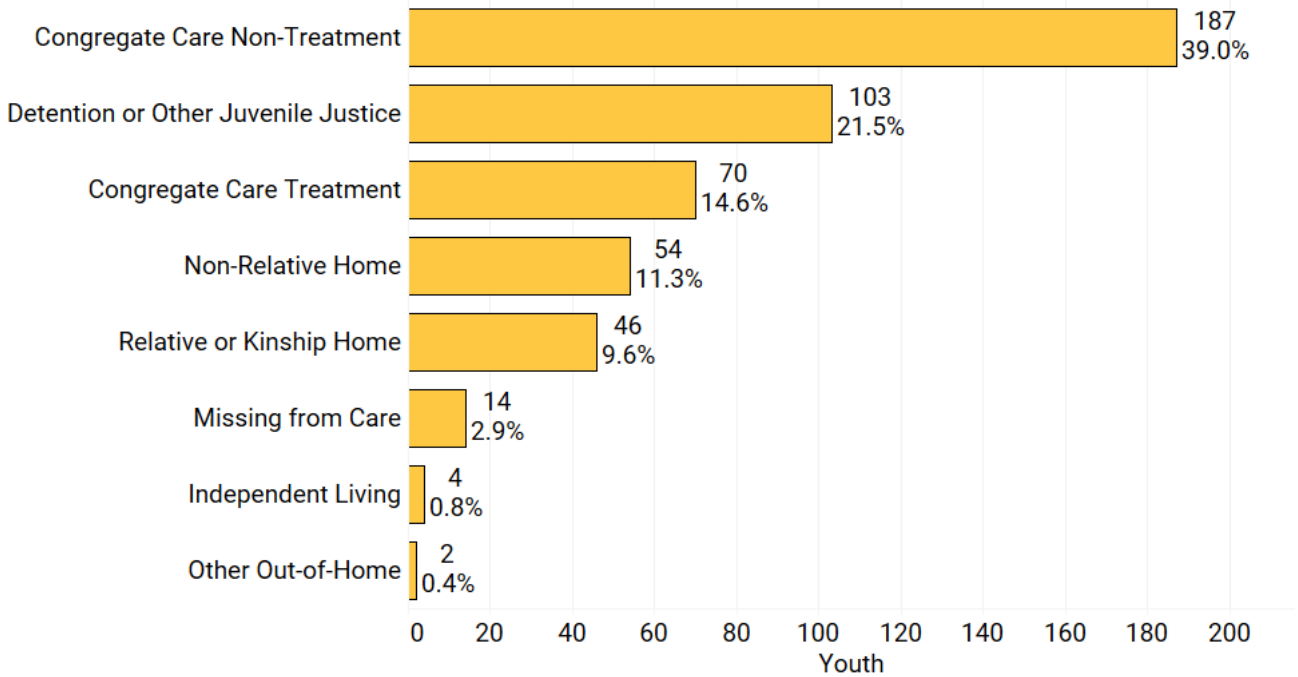
Times in Care Over Lifetime. The average number of times in care over their lifetime for Probation supervised youth as of 3/31/2024 was 2.1.

Median Length of Stay. For those in care on 3/31/2024, the median number of days in care for Probation supervised youth was 188 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 24). Only 14.6% were in a treatment facility. Of note, 21.5% were in a detention-type setting or other juvenile justice placement such as jail.

Figure 24: Probation Supervised Youth in Out-of-Home Care on 3/31/2024 by Placement Type, n=480

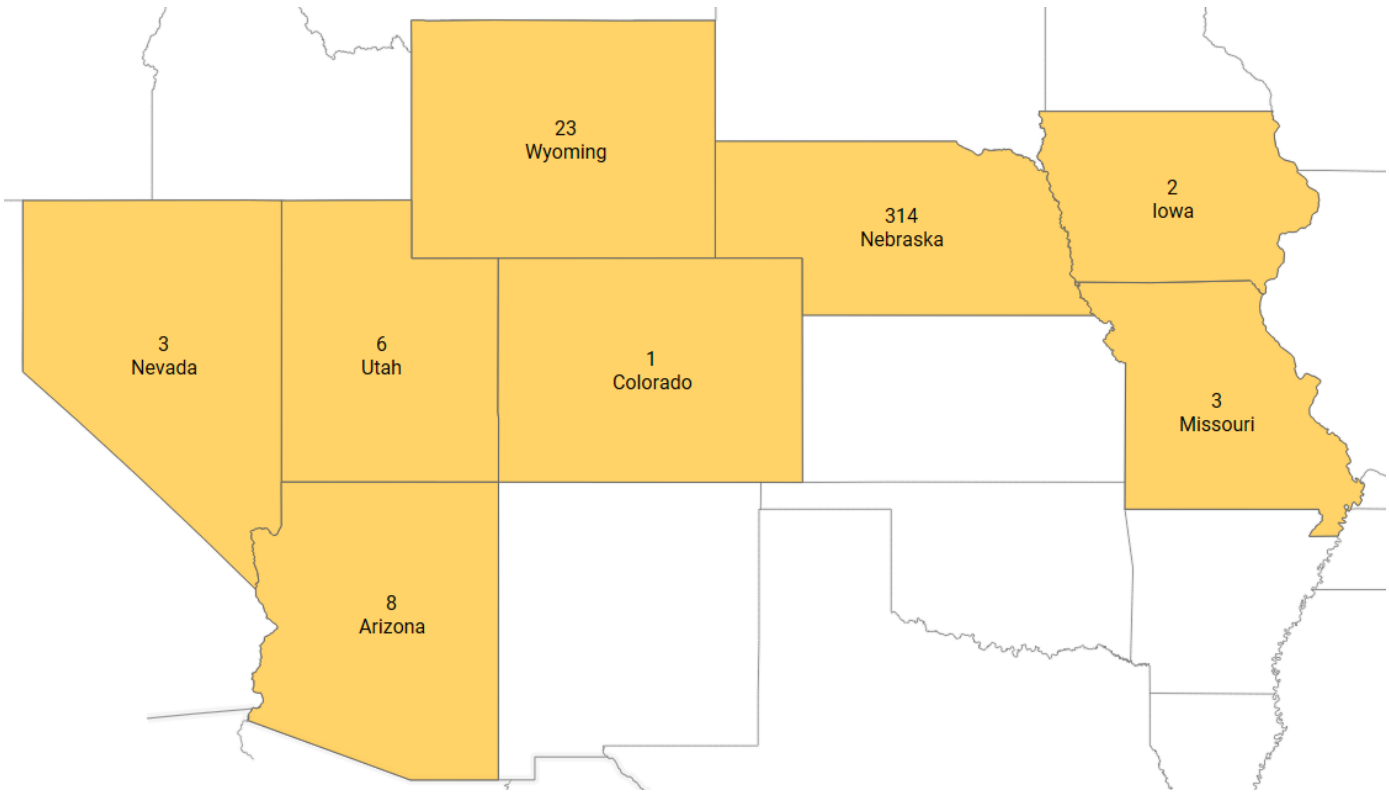


Number of Placements. The average number of lifetime placements as of 3/31/2024 for Probation supervised youth was 4.7 placements.

Missing from Care. On 3/31/2024, there were 14 Probation supervised youth missing from care. Of the missing youth, 12 were male and 2 were female.

Congregate Care. Comparing 3/31/2024 to 3/31/2023, there was an 8.8% increase in the number of Probation supervised youth placed in congregate care facilities⁵⁹ (360 and 331, respectively). In March 2024, 87.2% were in Nebraska.

Figure 25: Probation Supervised Youth in Congregate Care on 3/31/2024 by State of Placement, n=360



⁵⁹ 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 A YOUTH REHABILITATION AND TREATMENT CENTERS

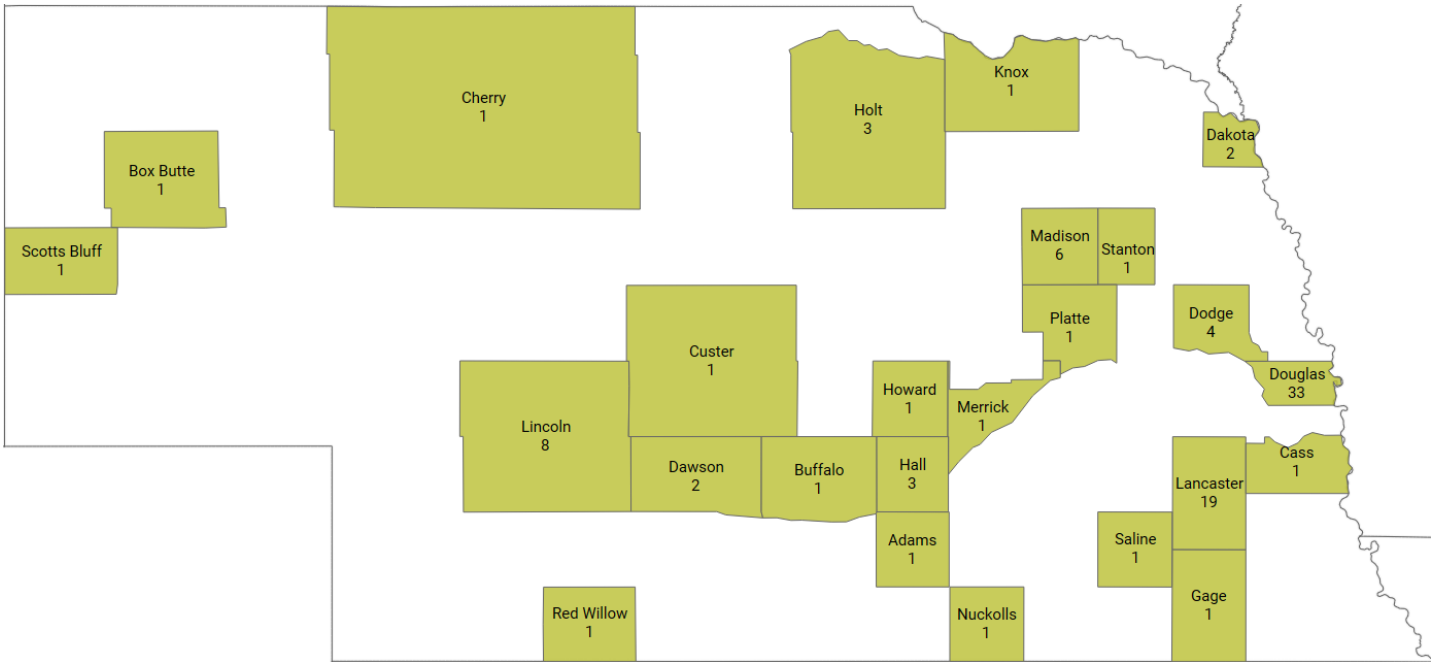
This section includes tracked data for youth placed at a Youth Rehabilitation and Treatment Center (YRTC). There are currently three YRTC facilities in the state; they are located in Lincoln, Hastings, and Kearney. Data describes population trends, snapshot distributions, and point-in-time data for youth at the YRTCs.

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.

POINT-IN-TIME DEMOGRAPHICS

County. On 3/31/2024, there were 100 youth involved with OJS or OJS and Probation; 96 of these youth were placed at a YRTC. Of the four remaining youth not at a YRTC, three were placed in a detention-type setting and one was in an approved DD family home. Figure 26 illustrates the county of court jurisdiction of each of the 96 youths placed at a YRTC.

Figure 26: County of Court Jurisdiction for Youth Placed by a Juvenile Court at a YRTC on 3/31/2024, n=96*



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

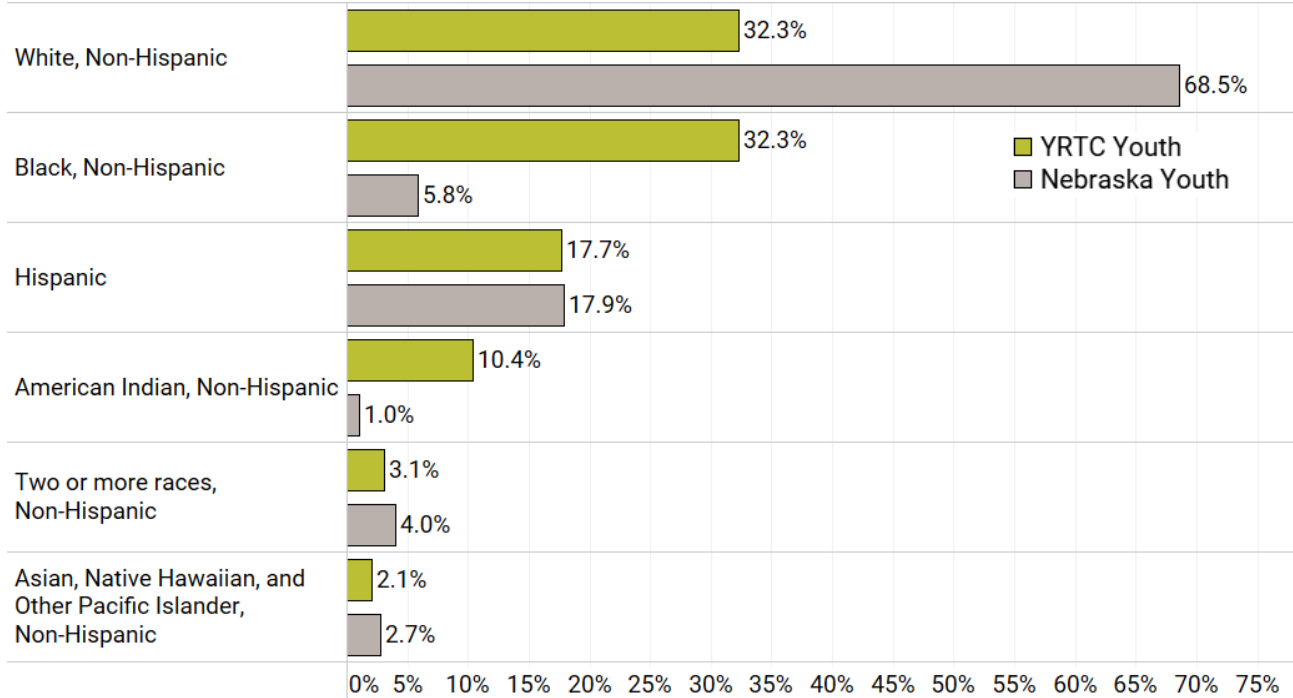
Gender. On 3/31/2024, there were 71 males and 25 females placed at a YRTC.

Age. By law, youth placed at a YRTC range in age from 14 to 18. On 3/31/2024, the median age was 16 years old for both males and females.

Race and Ethnicity. Minority youth were disproportionately represented at the YRTCs as shown in Figure 27.

- White, Non-Hispanic youth were underrepresented by over half of their census population while Black, Non-Hispanic youth were overrepresented at a rate over five times higher and American Indian, Non-Hispanic youth were overrepresented at a rate over 10 times higher than their census population indicates.

Figure 27: Race and Ethnicity Youth Placed at a YRTC Compared to Nebraska Youth on 3/31/2024, n=96



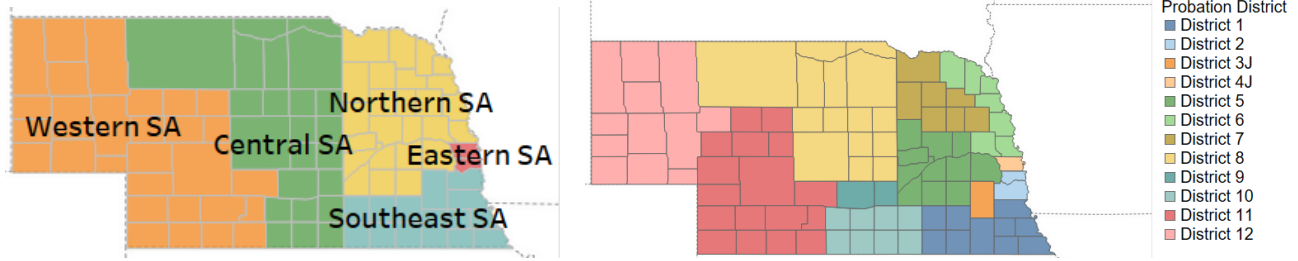
Times in Care Over Lifetime. The average number of times in care over their lifetime for youth at a YRTC on 3/31/2024 was 2.6.

Median Length of Stay. For those in care on 3/31/2024, the median number of days in care for youth at a YRTC was 329 days.

Number of Placements. Average number of placements over their lifetime for youth at a YRTC on 3/31/2024 was 9.9.

Appendix A

County to DHHS Service Area and Judicial (Probation) District⁶⁰



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
Cuming	Northern SA	District 7

County	DHHS Service Area	Probation District
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
Greeley	Central SA	District 8
Hall	Central SA	District 9

⁶⁰ 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
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 SA	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
Platte	Northern SA	District 5
Polk	Northern SA	District 5
Red Willow	Western SA	District 11

County	DHHS Service Area	Probation District
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 area, **SESA** is the Southeast area, and **WSA** is the Western area. Counties in each service area 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 children in Nebraska.

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 one or more trial home visit 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) defines “kinship home” as 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 used for analysis.

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 extracurricular, or other enrichment and 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 those in 4-H, choir, band, scouts, 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.^{61,62}

Relative placement per 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 has used to guide decision-making. Per the CFS Field Guidance on Assessments of Family, made effective December 1, 2023; SDM assessments are no longer required.

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.

⁶¹ 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

⁶² 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

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 in Nebraska.

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.⁶³

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 training, conduct case file reviews and make required findings as required by statutes.⁶⁴

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.

⁶³ Data quoted in this report are from the FCRO's independent data tracking system and FCRO completed case file reviews unless otherwise noted.

⁶⁴ 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 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:

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