The FCRO Annual Report, originally published on 9/1/2020, was updated on 9/25/2020.

While utilizing the FCRO Annual Report in a collaborative meeting, a stakeholder recognized an inconsistency between the FCRO data on Independent Living and other available data. The FCRO immediately reassessed the data and discovered a problem with an age related variable utilized in the independent living section of the report, which led to an overestimation of the amount of data that was categorized as "Unable to Determine."

The FCRO reevaluated all data points published in the Annual Report to ensure that 1) any analysis by age group was correct and 2) missing data was not categorized as "Unable to Determine." The FCRO identified 14 data points that required changes, outlined below. These errors were specific to Child Welfare Reviews and Dually-Involved Youth. No errors were identified for Probation-supervised or YRTC youth.

The FCRO is grateful to our collaborative partners who worked with us to identify this error. With the exception of independent living assessments and transitional living plans, the overall patterns did not change with the data corrections, and all FCRO recommendations remain the same.

## Corrections to FCRO Annual Report on 9/25/2020

| **Variable Affected** | **Correction** | **Original Incorrect Data Point Published 9/1/2020** | **Page and or Figure Reference** |
|---|---|---|---|
| Medical Records | 83.6% of foster care placements received medical records | 80.2% | Page 48 |
| Medical Health Needs | 87.2% of children's medical needs were met | 86.6% | Page 48 |
| Dental Health Needs | 85.5% of children's dental health needs were met | 85.0% | Page 48 |
| Mental Health Diagnosis for Older Youth | 76.7% of children age 13-18 had a mental health diagnosis | 71.2% | Page 49 |
| Substance Use Issues for Older Youth | 13.3% of children age 13-18 had substance use issues | 12.9% | Page 49 |
| Psychotropic Medication Prescriptions for Older Youth | 48.8% of children age 13-18 diagnosed with a mental health condition were prescribed at least one psychotropic medication | 54.0% | Page 49 |
| Number of Psychotropic Medications for Older Youth | 33.5% of children age 13-18 prescribed psychotropic medications were prescribed 3 or more such medications. | 32.1% | Page 49 |
| Education Records Shared with Caregiver | 83.6% of foster placements received education information, 4.5% did not, and 11.0% were unable to determine. | 70.% - received<br>3.3% - not received<br>26.7% - unable to determine | Page 51<br>Figure 28 |

| | | | |
|---|---|---|---|
| Independent Living Assessments, Youth 14-18 | 28.7% of eligible youth had a completed independent living assessment, 37.8% did not, and 33.4% were unable to determine | 19.9% - completed<br>26.2% - not completed<br>53.9% - unable to determine | Page 10<br>Page 54<br>Figure 31 |
| Transitional Living Plan, Youth 14-18 | 67.8% of youth 14-18 had a created and current transitional living plan, 9.4% had transitional living plan that was not current, 20.8% did not have a transitional living plan, and 2.0% were unable to determine. | 47.8% - Created<br>6.7% - Created, but not current<br>14.7% - Not created<br>30.8% - Unable to determine | Page 9<br>Page 55<br>Figure 32 |
| Children Age 13-18 Attending Court Hearings | The percent of children age 13-18 attending court hearings was 18.8% in Q3 2019, 24.5% in Q4 2019, 13.1% in Q1 2020, and 18.5% in Q2 2020.<br>The percent of children not attending quart hearings was 71.8% in Q3 2019, 73.6% in Q4 2019, 85.0% in Q3 2020, and 77.2% in Q4 2020.<br>The percent of unable to determines was 9.4% in Q3 2019, 1.9% in Q4 2019, 1.8% in Q1 2020, and 4.3% in Q2 2020. | 2019 Q3:<br>Yes – 13.2%; No – 79.2%; UTD – 7.7%<br><br>2019 Q4:<br>Yes – 18.0%; No – 80.1%; UTD – 1.9%<br><br>2020 Q1:<br>Yes – 10.1%; No – 86.8%; UTD – 3.1%<br><br>2020 Q2:<br>Yes – 14.0%; No – 82.0%; UTD – 4.9% | Page 10<br>Page 70<br>Figure 47 |
| Prescribed Psychotropic Medications for Dually-Involved Youth Compared to Child Welfare Only Youth | The percent of child welfare only youth prescribed psychotropic medication is 47.3% | 42.0% | Page 80<br>Figure 60 |
| Independent Living Plan Created for Dually-Involved Youth Compared to Child Welfare Only Youth | The percent of child welfare only youth with an independent living plan created is 68.7% | 48.6% | Page 82<br>Figure 63 |

# State of Nebraska
# Foster Care Review Office

# ANNUAL REPORT
# 2019-2020

Issued September 1, 2020 Pursuant to Neb. Rev. Stat. §43-1303(4)

This Annual Report is dedicated to the 300+ Foster Care Review Office local board members that meet each month to review children's cases; the 28 FCRO staff members that facilitate the citizen review boards, enable the collection of the data described in this report, and promote children's best interests; and everyone in the child welfare system who works each day to improve conditions for children in out-of-home care.

## ADVISORY COMMITTEE MEMBERS

(All Volunteers)

| Member | Represents |
|---|---|
| Peggy Snurr, Beatrice (chair) | Local Board |
| Noelle Petersen, Lincoln (vice-chair) | Local Board |
| Michael Aerni, Fremont | Local Board |
| Michele Marsh, MD, Omaha | At Large |
| Timothy Robinson, PhD, JD, Omaha | Data Analysis |

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## Glossary of Terms and Acronyms

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

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

**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.

**Dually-involved youth** are youth who have involvement with NDHHS/CFS and Probation simultaneously.

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

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

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

**Kinship home.** Per Neb. Rev. Stat. §71-1901(7) "kinship home" means a home where a child or children receive out-of-home care and at least one of the primary caretakers has previously lived with or is a trusted adult that has a preexisting, significant relationship with the child or children or a sibling of such child or children as described in Neb. Rev. Stat. §43-1311.02(8).

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

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

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

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

**Out-of-home care** is 24-hour substitute care for children placed away from their parents or guardians and for whom a State agency has placement and care responsibility. This

includes, but is not limited to, foster family homes, foster homes of relatives or kin, group homes, emergency shelters, residential treatment facilities, child-care institutions, pre-adoptive homes, detention facilities, youth rehabilitation facilities, and children missing from care. It includes court ordered placements only unless noted.

> The FCRO uses the term "out-of-home care" to avoid confusion because some researchers and groups define "**foster care**" narrowly to be only care 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.[1,2]

**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 **ICWA**.

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

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

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

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

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

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

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[1] 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

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

# EXECUTIVE SUMMARY

Pursuant to Neb. Rev. Stat. §43-1303(4) the Foster Care Review Office (FCRO) is required to submit to the Nebraska Legislature an annual report that provides data about children and youth in out-of-home care and trial home visits in Nebraska. In fiscal year 2019-20 (July 1, 2019-June 30, 2020), the FCRO tracked information about the experiences of 7,096 children who were removed from their homes and placed in state custody or care through the child welfare or juvenile probation systems.

In fiscal year 2019-20, 53 local boards met monthly across Nebraska to:

- Conduct 4,162 reviews of cases involving 3,216 NDHHS wards[3] in out-of-home care [4], or trial home visit placement;[5]
    - Including 26 reviews of 26 youth placed at a YRTC at the time of review.
- Conduct 277 reviews of 274 youth in out-of-home care supervised by the Office of Probation Administration that had no simultaneous child welfare system involvement;
    - Including 50 reviews of 50 youth placed at a YRTC at the time of review.

From the required annual data analysis and over 4,000 reviews of children's cases, the FCRO finds that some progress has been made in both the child welfare and juvenile justice systems. However, many problems in child welfare and juvenile justice remain to be addressed and some new issues have been identified. In summary,

- The majority of children reviewed during FY2019-20 entered out of home care due to neglect. Families in the child welfare system continue to struggle with access to mental health treatment, substance use, and domestic violence. For a significant percentage of children in out of home care, no progress is being made toward permanency.
- Racial and ethnic disparities are pervasive throughout the child welfare and juvenile justice systems, and the disparities are greatest among the youth at the YRTCs.

[3] Children are typically reviewed once every six months for as long as they remain in out-of-home care or trial home visit; therefore, some children will have two reviews during a 12-month period.

[4] Out-of-home care is 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes but is not limited to foster family homes, foster homes of relatives, group homes, emergency shelters, residential treatment facilities, child-care institutions, pre-adoptive homes, detention facilities, youth rehabilitation facilities, and runaways from any of those facility types. These are court ordered placements.

[5] Neb. Rev. Stat. §43-1301(11) defines a trial home visit as "Trial home visit means a placement of a court-involved juvenile who goes from a foster care placement back to his or her legal parent or parents or guardian but remains as a ward of the state." This applies only to NDHHS wards, not to youth who are only under Probation supervision.

- For the first time, this Annual Report includes comparative review data for youth who are simultaneously involved with NDHHS/CFS through the child welfare system and with Probation through the juvenile justice system separately from the general child welfare or juvenile justice populations. It is apparent that this population has unique and significant needs which must be addressed, including trauma history, mental health, substance use, and educational needs.
- This report also includes an update to the March 2020 Quarterly Report special study on youth committed to the YRTCs, the most restrictive placement available for juvenile justice youth in the state of Nebraska. This population also has unique and significant needs that must be addressed.
- The number of state wards increased slightly during FY2019-20, notwithstanding the COVID-19 pandemic, whereas the overall number of out-of-home youth served by Probation has decreased. It is unclear whether the number of families being served via in-home, non-court services has also increased during the same period due to the implementation of the Family First Prevention Services Act. The FCRO does not have authority to provide oversight to the front-end of the child welfare system or to in-home voluntary cases, and there is no other independent oversight to that part of the system, so it is unclear how those families are faring.

This report contains commendations and the FCRO's systemic recommendations related to the data collected, analyzed and reported during FY2019-20. The FCRO repeats unaddressed recommendations as applicable until its vision of a Nebraska where every child involved in the child welfare or juvenile justice systems becomes resilient, safe, healthy, and economically secure is realized.

We look forward to continued opportunities to collaborate with system partners to improve the lives of Nebraska's most vulnerable residents.

# Child Welfare

## Stable number of state wards in out-of-home or trial home visit placement

The child welfare population in Nebraska remained relatively stable throughout the fiscal year, lodging only a 1.4% increase from July of 2019 to June of 2020, despite a global pandemic and school closings, among other things. The Northern Service Area is the only region that saw a decline in the number of state wards (-13.4%). All other service areas experienced increases in the number of state wards ranging from +1.9% in the Southeast Service Area to +10.5% in the Western Service Area.

NDHHS' most recent Point in Time Report indicated that the number of in-home children as of 8/10/2020 was 1,662.[6] The FCRO firmly believes that children and families are best served in their homes when it is safe to do so, and that only children whose safety cannot be assured in the home should be placed in temporary foster care. The FCRO does not, however, provide oversight to the in-home population of the child welfare system and does not track children who remain in their family homes, and therefore cannot fully assess if the needs of these children and their families are being met. The FCRO believes that systematic external oversight is essential to ensuring safety for Nebraska's most vulnerable children, whether they are placed in out-of-home care or remain in their family home.

The federal Family First Prevention Services Act (FFPSA) is changing the landscape of child welfare in Nebraska and the nation as a whole by allowing federal funds to be used to cover the cost of prevention programs to prevent children from entering foster care.

**Children and their experiences in care**

- For children who exited care in FY2019-20, the median number of days a child spent in foster care in Nebraska is 528, down from 546 in FY2018-19. (See page 28)
- Children continue to be placed in the least restrictive, most family-like settings at high rates (96.4%). Slightly less than half (48.4**%**) of all children placed in a family like setting are placed with relatives or kin. (See pages 41-42)
    - While the FCRO is encouraged that children are often placed with persons known to them, thus reducing the trauma of removal, we recommend licensing for relative and kin placements. This will provide standardized training for these caregivers, increase knowledge of available supports, reduce placement changes, and increase the amount of federal Title IV-E funds accessed by the State.
- Many children experience multiple placements during their time in out-of-home care. 10.5% of children ages 0-5, 27.8% of children ages 6-12, and 57.2% of teenagers have experienced 4 or more placements in their lifetimes. (See pages 44-45)
    - A concern is that the placement reports made to the FCRO by NDHHS/CFS and other parties were incomplete or inaccurate in 34.7% of the children's cases reviewed in FY2019-20. (See page 45)
- 57.6% of children with siblings were placed with their siblings. Of the siblings placed together, 61.0% were placed with a relative or kin. (See page 47)
- Almost half (48.0%) of children reviewed had a mental health diagnosis at the time of review. Additionally, many children reviewed in out-of-home care had one or more chronic cognitive or physical health impairments. (See page 49)

[6] DHHS Division of Children and Family Services, CFS Point in Time Dashboard Summary Report, 8/10/2020, http://dhhs.ne.gov/Reports/CFS%20Point%20in%20Time%20Dashboard%20Report%20-%202020.pdf

- Of the 92 children reviewed who were eligible for Developmental Disabilities services, only 33 (35.9%) were receiving those specialized services funded through the NDHHS Division of Developmental Disabilities. (See page 49)
- Both school performance and negative behaviors at school vary by gender. For children reviewed, 73.4% of girls and 68.7% of boys were on target for most or all of their core classes in school. Boys were more likely than girls to need occasional or constant redirection for behaviors at school. (See pages 52-53)
- For older youth (ages 14-18) in out-of-home care, the FCRO determined that 2/3 had a current completed transitional living plan, but it was not completed for 1 out of 5 older youth reviewed. (See page 55)

## Parents of Children in Care

- The three most commonly identified safety concerns for mothers and fathers of children in out-of-home care with a goal of reunification or family preservation were mental health, substance use, and domestic violence. The majority of mothers were making at least some progress on these issues at the time of review. Fathers were less likely than mothers to be making at least some progress, but a majority of fathers were making progress on domestic violence issues. (See pages 34-36)
- For nearly half of children, their mothers had completed all or some of the services deemed necessary for their children to safely reunify at the time of review, and the same was true for nearly a quarter of children's fathers. For 35.7% of children, their fathers were unable or unwilling to complete necessary services, and the same was true for 28.3% of children's mothers. (See page 38)
- While the system's response to assisting parents with visitation of their children was good to excellent, parental attendance at visitation was only fair to good. This includes the time period prior to COVID-19. (See page 41)

## The Child Welfare System

- The vast majority of children (93.1%) were receiving all or most of the services they needed to address the trauma and behavioral concerns related to abuse and neglect experiences. (See page 57)
- For children in out-of-home care, a father was identified 93.3% of the time, an increase of 3.8% over last year. However, a documented search for paternal relatives was conducted only 67.6% of the time, down slightly from last year. Children have two parents and it is important that caseworkers apply due diligence to locating maternal and paternal relatives in order to facilitate lifelong connections. (See page 61)
- For over half of the children in out-of-home care reviewed, cases were stagnating and permanency was elusive. For 24.1% of children out-of-home, there was no progress toward the primary permanency goal, and for an additional 27.7% progress was minimal. (See pages 70-71)

- Racial and ethnic disparities permeate the child welfare system in Nebraska. (See page 31)
- Indian children as defined by the Indian Child Welfare Act (ICWA) had a written cultural plan to preserve the child's cultural bonds only 48.6% of the time. (See page 69)
- In FY 2019-20, 130 youth left the child welfare system on their 19th birthday having never reached permanency. (See page 28) Improvement is needed in preparing older children for adulthood, given that 37.8% of those required to have a completed independent living assessment did not. However, for a significant number of older children the FCRO was not able to determine whether the assessment was completed, indicating that documentation was lacking. (See pages 54-55)

## Informal Living Arrangements

Informal living arrangements (ILA) occur when a family that has come to the attention of NDHHS/CFS is involved in a non-court, voluntary case, and as part of the safety plan the parent places their child with a relative or friend for a certain period of time based on the facts of the case. NDHHS/CFS reported 386 children living in an ILA through June 30, 2020, with a disproportionate number of ILAs being in the Central Service Area (22%). (See page 72-73)

## Court and Legal System

- For children reviewed in FY2019-20 the median number of days from filing of a juvenile petition to adjudication was 74 days. (See page 63)
- The Strengthening Families Act requires courts to make certain findings at each dispositional, review, or permanency hearing. At the beginning of FY2019-20 courts were making the required findings in less than 1/3 of all cases. By the end of FY2019-20 over one-half of these cases had the required findings. (See pages 63-64)
- The FCRO is adamant that children's voices need to be heard throughout the life of a case, especially older children. Yet, during FY 2019-20 only a small fraction (18.5% in the second quarter of 2020) of children aged 13-18 attended court hearings. (See pages 69-70)
- The FCRO was unable to determine whether guardians ad litem were visiting the children they represented in 43.3% of the cases. One reason for this may be that the FCRO generally does not receive a copy of the guardian ad litem report which is submitted to the court and is kept in the confidential portion of the court's file, where it is inaccessible to the FCRO. The FCRO recommends that guardians ad litem provide their reports directly to the FCRO. (See page 65)

# Dually-Involved Youth

**Decrease in the population of dually-involved youth in out-of-home care**

Dually involved youth are those youth in out-of-home care who are involved with the child welfare system and the juvenile justice systems simultaneously. The average number of youth who are dually involved has decreased by 18.6% from June 2019 to June 2020. The number of dually involved youth remained fairly stable until March 2020, when it began to decrease rapidly through June 2020. This coincides with the COVID-19 pandemic. (See page 76)

- Racial and ethnic disparities impact the dually-involved population as well as the child welfare population. White youth are underrepresented among the dually-involved youth, while every racial and ethnic minority group is overrepresented. For example, Black or African American, non-Hispanic youth represent only 5.8% of the population in Nebraska, but represent 26% of the dually involved youth population. (See page 78)
- Dually-involved youth were more likely to have a mental health diagnosis and less likely to be making significant progress on their mental health. (See page 81)
- Dually-involved youth were almost 5 times more likely to be diagnosed with a substance use issue than their child welfare only peers (39.9% and 8.2%, respectively). (See page 81)
- Dually-involved youth were more likely to be struggling in school, especially the girls. (See page 82)

# Youth in Out-of-Home Care Supervised by the Administrative Office of the Courts and Probation – Juvenile Services Division

**Decrease in the population of Probation supervised youth in out-of-home care**

The average daily population of Probation supervised youth in out-of-home care declined substantially during the last quarter of FY2019-20, resulting in 24.1% fewer Probation supervised youth in out-of-home care in June 2020 compared with June 2019. The decline began in April 2020, coinciding with the COVID-19 pandemic. Half of the Probation districts in the state have reduced their number of youth out-of-home by more than 25%, including Districts 3J and 4J (Lancaster and Douglas Counties, respectively), the state's most populous. (See pages 84-85)

## Probation Supervised Youth in Out-of-Home Care

- Just as with child welfare and dually-involved youth, the juvenile justice population is impacted by racial disproportionality. Youth who are Black or African American, Non-Hispanic make up 5.8% of Nebraska's population, but 20.3% of the Probation supervised youth in out-of-home care. American Indian, Non-Hispanic youth are 1.1% of Nebraska's youth population, but 5.9% of the Probation out-of-home population. By contrast, White, Non-Hispanic youth make up 69.9% of Nebraska's youth population, but represent only 46.8% of Probation supervised youth in out-of-home care. (See page 87)
- 36.7% of the Probation supervised youth reviewed had previously been placed out-of-home through the Nebraska child welfare system. This indicates that a large percentage of youth involved in the juvenile justice system have a trauma history which needs to be addressed. (See page 96)
- The majority (52.1%) of Probation supervised youth in out-of-home care are in a non-treatment congregate (group) care facility. This is a reduction from last year's 59.8%. Considering 92.0**%** of reviewed Probation supervised youth were diagnosed with a mental health condition, 55.8% were prescribed a psychotropic medication, and 50.4**%** have a substance use issue, treatment-centered facilities are vital to meeting the needs of this youth population. (See pages 88-89)
- The vast majority of Probation supervised out-of-home youth are getting their educational needs met. 89.8% were enrolled in school, 74.9% were on track to graduate, and 84.7% had no negative behaviors in school. (See page 98) Additional attention should be given to youth with below average IQ scores to better understand if their educational needs are being met. (See page 99-100)
- Barriers to completing probation include those which are youth-related, those which are parent-related, and those which are system-related. The most common youth-related barrier for completing probation is needing time to complete a treatment or service (65.0%), while the most common parent-related barrier is a lack of skills needed to manage the youth's behaviors (25.2%). Lack of a written transition plan was the most common system-related barrier (32.7%). Parents of 6.2**%** of the youth were unwilling to take them home. While this decreased from last year (when it was 7.3%), it remains a concern as it is beyond the control of the individual youth, and it is important that the juvenile justice system identify concrete action steps when parents' issues prevent youth from returning home. (See pages 95-96)

## The Juvenile Probation System

- Youth in the 4J and 3J Probation Districts (Douglas and Lancaster counties, respectively) were more likely to have a written transition plan available for review than all other Probation Districts, but significant progress has been made in the

last year. This year for youth outside of Districts 4J and 3J, plans were provided for 74.1% of cases reviewed, compared with only 60.8% last year. (See page 91)

- The Youth Level of Service (YLS) is an evidence-based tool used by probation officers to assess a youth's risk to reoffend and to help gauge progress during a youth's case. For 51.2% of probation youth reviewed, their risk to re-offend as measured by the evidence-based YLS tool, did not change while out-of-home. For the remainder, more youth saw an increase in their YLS score from adjudication to FCRO review indicating an increased risk to reoffend and a need for more intensive services. (See pages 94-95)

**Courts**

- Only 3 probation youth reviewed by the FCRO in FY2019-20 were placed in out-of-home care with no legal representation, a significant improvement from last year when 12 youth were not represented. (See page 99)

# YRTC Youth

**Youth Committed to the Youth Rehabilitation and Treatment Centers**

The FCRO published a special report related to the YRTCs as part of its March 2020 Quarterly Report.[7] Much of the data in this report replicates that study for all youth at the YRTCs during FY2019-20. Since the last FCRO annual report, the average daily population of youth placed at a YRTC has decreased by 27.8% overall. The girls' population has declined by 43.6% and the boys' population by 19.9%. (See page 102)

- Racial and ethnic minorities are overrepresented at the YRTCs and white youth are significantly underrepresented. American Indian, Non-Hispanic girls are represented at a rate nearly 16 times their rate in the general population. Black or African-American boys are represented at over 5 times their representation in the general population. This is simply unacceptable and must be addressed. (See page 103-104)
- Over 60% of the girls and over 40% of the boys at the YRTCs experienced previous or current abuse/neglect-related out-of-home care. Girls at the YRTCs with a history of abuse/neglect-related removal from their homes averaged 19.1 lifetime placements, and boys averaged 13.3 lifetime placements. (See pages 105-106)

[7] FCRO. March 2020 Quarterly Report. Available at: https://fcro.nebraska.gov/pdf/FCRO-Reports/2020-q1-quarterly-report.pdf

- For over 90% of the girls committed to a YRTC and over 55% of the boys, their most serious offenses were misdemeanors. (See page 109)
- Nearly all youth committed to a YRTC were diagnosed with a mental health condition. However, girls were nearly twice as likely as boys to be prescribed a psychotropic medication (85.7% and 44.4%, respectively). (See pages 109-110)
- Girls at the YRTCs were nearly twice as likely as boys to exhibit behaviors that disrupted learning (70.0% and 35.4%, respectively). It is unclear whether this is related to mental health diagnoses, past trauma as a result of abuse or neglect, or the crisis experienced by the system during the last fiscal year. (See page 111)

# COMMENDATIONS

The FCRO carefully analyzes data and makes recommendations each year as required by statute based on factors described throughout each annual report. Annual recommendations describe important changes that must occur in order to effectuate positive outcomes for children and their families. The FCRO would like to recognize and commend the Nebraska Legislature, the Nebraska Department of Health and Human Services, the Administrative Office of the Courts and Probation, and other system partners for responding to the recommendations made by the FCRO last year as follows:

1. The FCRO commends the Nebraska Legislature for passing LB 1061 this past session to address aspects of non-court-involved cases, including a) address aspects of the rights of parents and relative/kin caregivers, b) to create an advisory committee under the Nebraska Children's Commission to examine NDHHS/CFS' alternative response to reports of child abuse and neglect, and c) to require that committee to make recommendations to the Legislature related to NDHHS/CFS' screening and response to reports of child abuse and neglect and services and to report on services provided in alternative response and non-court-involved cases. The FCRO appreciates the opportunity to continue collaborating with system partners by providing data and sharing information in order to improve outcomes for children and families in Nebraska.
2. The FCRO commends the Legislative Performance Audit Committee for introducing LR 382 to study the oversight of non-court-involved child welfare cases.
3. The FCRO commends the Nebraska Legislature for passing LB 1140 requiring NDHHS/OJS to develop a five-year operations plan for the YRTCs to be submitted to the Legislature's Health and Human Services Committee on or before March 15, 2020.
4. The FCRO commends the Nebraska Legislature for passing LB 1144 to establish the YRTC Special Oversight Committee of the Legislature to study the quality of care and related matters at the YRTCs, and to provide oversight of the administration, operations and planning at the YRTCs.
5. The FCRO commends the Nebraska Legislature for passing LB 1148 to require notice to the committing court and to authorize the committing court to review a youth's commitment to and placement at a YRTC at least annually.
6. The FCRO commends Senator Sara Howard and Senator Steve Lathrop for introducing LR 420 and LR 421, respectively, to examine the racial and ethnic disproportionality that exists in Nebraska's foster care and juvenile justice systems, including specifically those youth committed to the YRTCs.
7. The FCRO commends the child welfare and juvenile justice systems at large, including the Judicial Branch and NDHHS and other system partners, for their flexible response to the COVID-19 pandemic. Children's safety and well-being is of paramount concern every day in the child welfare system, and at no time is that more important than during a global pandemic.

# RECOMMENDATIONS

As an independent oversight entity, the FCRO is able to make recommendations that reflect a comprehensive, statewide perspective based on the following:

- Annual completion of over 4,000 individual case file reviews on children in out-of-home care by multi-disciplinary local boards located statewide and staffed by FCRO System Oversight Specialists; and
- The FCRO's research, collection, and analysis of critical data on children in the child welfare and juvenile justice systems.

The FCRO takes its statutorily mandated responsibility to make recommendations about systemic improvements seriously. Recommendations, like all other work of the FCRO, are focused on the best interests of children and youth. Many of our recommendations have not changed since the publication of the FCRO's 2019 Annual Report because the issues have not yet been adequately addressed.

## Legislative:

1. Conduct a legislative study examining changes needed to the juvenile court jurisdiction statute found at Neb. Rev. Stat. §43-247 and ways to improve the prosecutorial model used in Nebraska to effectively address the needs of children and families. This study must include the following: a) the scope of the legal ability of the court in delinquency actions to require parents to participate in services; b) the legal definitions regarding a no-fault abuse/neglect filing and a status offender filing; c) the legal definitions regarding a juvenile mental health commitment filing; and d) ways to achieve consistency across the state in the filing of juvenile court actions. (Reissued from 2019 Annual Report)
2. Enact legislation requiring that all children/youth involved in the child welfare and juvenile justice system must attend every court hearing after adjudication unless the court waives their presence. By keeping the child/youth at the forefront, all parties must be trauma-informed and sensitive to their needs. (Reissued from 2019 Annual Report)
3. Enact legislation ensuring that all youth involved in the juvenile justice system have access to court-appointed legal counsel unless waived by the youth. (Reissued from 2019 Annual Report)
4. Enact legislation amending the Nebraska statutes regarding the legal basis for the termination of parental rights and the parties responsible for filing the legal action. (Reissued from 2019 Annual Report)

## NDHHS:

1. Establish an effective, evidence-supported, goal driven, out-come based service array throughout the State to meet the needs of children and families involved in the child welfare system to include the following:
    a. Preventive services for neglect and substance use in collaboration with NDHHS Behavioral Health;
    b. Out-of-home services such as family support and parenting time services that have the least traumatic impact on children;
    c. Stabilization of placements and recruitment of foster parents based upon the needs of the child/youth in collaboration with foster care providers;
    d. Creation of treatment foster care services which actively engage families and would meet the needs of older youth;
    e. In-home supports for foster parents especially relative/kin placements;
    f. Mental and behavioral services for children/youth in collaboration with NDHHS Division of Behavioral Health;
    g. Developmental disability services for children/youth in collaboration with NDHHS Division of Developmental Disabilities; and
    h. Enhanced services and case management for older youth.

    (Reissued from 2019 Annual Report)

2. Establish clear and concise policy and procedures with regard to effective safety planning to include clear expectations for the families and mechanisms to ensure compliance with the safety plan. This is true whether the safety plan involves a court-involved case or non-court case, out-of-home placement or in-home services, or informal living arrangement (Reissued from 2019 Annual Report)

3. Explore strategies to improve/increase collaboration and cooperation with juvenile probation to enhance services and improve outcomes for dually-involved youth.

## Judicial System:

1. Ensure that the child/youth's voice is integrated into all legal proceedings including appearance at court hearings and involvement in all aspects of case planning and transition planning (for older youth, specifically). (Reissued from 2019 Annual Report)
2. Require that guardians ad litem provide the FCRO with a copy of the GAL report, or provide the FCRO with access to the GAL report in the court's file.

## Juvenile Probation:

1. Create concrete action steps when parents' issues prevent a youth from returning home in collaboration with all juvenile justice stakeholders. (Reissued from 2019 Annual Report)
2. Continue the creation and use of individual transition plans across the state as guides for readying youth to return to their communities. (Reissued from 2019 Annual Report)
3. Determine why the YLS 'risk to reoffend' scores of so many youth remain constant or even increase after six months or more of Probation out-of-home care, and whether the YLS tool is valid for youth with lower IQ scores or learning disabilities. (Reissued from 2019 Annual Report)
4. Explore strategies to improve/increase collaboration and cooperation with NDHHS/CFS to enhance services and improve outcomes for dually-involved youth.

## YRTC/OJS:

1. Ensure that the newly planned facility at the Hastings Regional Center can meet the needs of the female YRTC population based on historical utilization.
2. Ensure that programming includes effective trauma-informed and trauma-focused treatment for all youth, especially for the girls.
3. Ensure that educational programming and activities meet the needs of boys and girls with developmental disabilities, learning disabilities, and behavior challenges.

## Multi-System Stakeholders:

1. Utilize the Nebraska Children's Commission to complete a collaborative study regarding creation of a systemic response when a child or family is in crisis. This must be based on the needs of the child and not just on the fastest or easiest way to access services. Too often, the child welfare system is the quickest way to access services but not always the most appropriate and even sometimes can do the most harm to the child. This study should include ways to break down silos within NDHHS to ensure that the most appropriate NDHHS division is meeting the short-term and long-term needs of the child and family. This study should also include an evaluation of the various State and federal funding sources for each of these divisions and re-appropriation of funds among NDHHS divisions as needed. (Reissued from 2019 Annual Report)
2. Utilize the Nebraska Children's Commission to examine the effectiveness of treatments, services, and supports for children with complex needs to avoid the necessity of "failing up" in order to access the level of care or treatment that is needed, and prevent unnecessary placement changes as a result of failing

treatment or programming. This is especially important as youth approach adolescence.

3. Use the crisis resulting from the COVID-19 pandemic to identify opportunities to make system improvements based on lessons learned. Some examples include the use of technology, such as telehealth, to facilitate increased access to needed services, and the use of video-conferencing platforms to facilitate more frequent visits between parents and children or for children to be able to attend court hearings.

# THE FOSTER CARE REVIEW OFFICE

***Mission***. The Foster Care Review Office's (FCRO) statutory mission is to provide oversight of the child welfare and juvenile justice systems by tracking data and reviewing children in out-of-home care, reporting on aggregate outcomes, and advocating on individual and systemic levels to ensure that children's best interests and safety needs are met. By statute, the FCRO is an independent state agency, not affiliated with NDHHS/CFS, NDHHS/OJS, any NDHHS lead agency or contractor, the Administrative Office of the Courts and Probation, or any other entity.

***FY2019-20 data***. During fiscal year 2019-20 (July 1, 2019-June 30, 2020), the FCRO tracked relevant data on 7,096 Nebraska children that were in the out-of-home care or a trial home visit for one or more days, and through the review process the FCRO gathered and tracked additional information regarding the experiences of 3,490 children who were removed from their home and put into state custody or care through the child welfare or juvenile probation systems.[8]

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

Once a child is selected for review, FCRO System Oversight Specialists track children's outcomes and facilitate citizen reviews. Local board members, who are community volunteers that have successfully completed required initial and ongoing instruction, conduct case file reviews and make required findings. In FY2019-20, local board members:

- Conducted 4,162 reviews of cases involving 3,216 NDHHS/CFS wards in out-of-home care, or trial home visit placement[9], and
- Conducted 277 reviews of 274 youth in out-of-home care supervised by Probation that had no simultaneous child welfare system involvement.

***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

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

[9] Children and youth are typically reviewed at least once every six months as long as in care.

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 that follows. 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 is strongly encouraged to utilize best practices and has access to a broad range of proven, effective services in all areas of the state.

# Understanding and Interpreting the Data

As mentioned above, the FCRO collects, analyzes, and interprets a substantial amount of data on children in out-of-home care or trial home visit from multiple sources over time. The following information is important to understanding how and why data is presented in different formats and covers different populations throughout this report.

***Tracking Data.*** Tracking data from the FCRO includes which state agencies (NDHHS/CFS, Probation, NDHHS/OJS, or any combination thereof) are involved in a child's case, their case managers and/or probation officers, their placements, their total time in out-of-home care, and, when they leave care, the reason why.

This data may be presented as an aggregate for the fiscal year or snapshot data on the last day of the fiscal year (6/30/2020) as appropriate. Annual aggregated data (such as average daily population) will contain duplicated children across agencies if a child is involved with NDHHS/CFS, Probation, or NDHHS/OJS simultaneously. Snapshot data counts each child only one time, regardless of their agency involvement.

***Review Data.*** Review data from the FCRO includes information on the current status of the case and the child's overall well-being at the point of review. The data collected for reviews is different for children who are involved with NDHHS/CFS (child welfare system) than for youth who are involved with Probation and/or NDHHS/OJS (juvenile justice).

Child welfare reviews focus on safety of the child, progress towards permanency for the child, rehabilitation of the family (if applicable), and overall child well-being. Juvenile justice reviews focus on safety of the youth and community, rehabilitation of the youth, and overall youth well-being. Youth who are involved in both the child welfare and juvenile justice systems at the time of their review receive a child welfare review. Some, but not all, data points are present in both review types.

Review data is extensive, and not all questions are applicable to all children. Questions about educational status are asked only for children enrolled in school. Questions about independent living are only asked of youth 14-18 years old, and questions about Early Development Network (EDN) are only asked for children 3 and under. The report describes the pertinent population for each data point as clearly as possible.

***Child Welfare Review Updates.*** The FCRO undertook a large scale evaluation and update of the data collected during child welfare reviews. The new data collection format was scheduled to begin at the start of FY2019-20, however programming changes were not completed until November 2019. As a result, some new data points are reported here

for a truncated time period (November 2019 through June 2020). Data points that were unchanged are reported for the entire fiscal year.

The process for selecting children for review did not change during the fiscal year, and there is no indication that the population reviewed from July 2019 to October 2019 is statistically different from the population reviewed November 2019 to June 2020. Therefore, the findings are valid regardless of the time frame of the data collection. The FCRO encourages all stakeholders to focus on rates and percentages, as opposed to raw numbers, to best understand the impact of the information and how it applies to children in foster care overall.

***Missing data.*** As the FCRO updated data collection in fall 2019 there were some problems with a small amount of data in certain fields not saving. The missing data levels (between 0.5 and 1.5%) do not affect the overall patterns reported, but may result in different base population numbers ("n" values) between some charts.

# SYSTEM-WIDE TRENDS

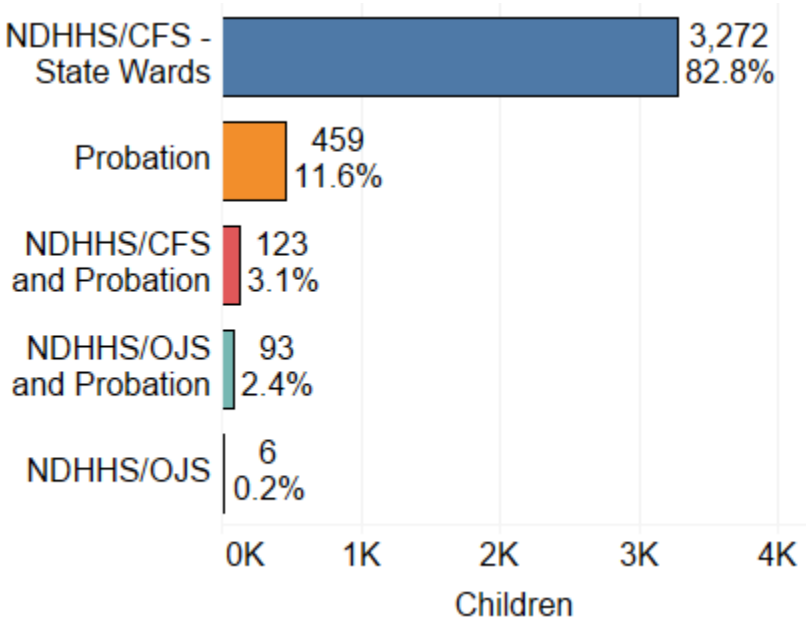
During FY2019-20, 7,096 Nebraska children were in out-of-home care or trial home visit for at least one day and tracked by the FCRO. The population includes:

- NDHHS/CFS child welfare wards in out-of-home care or trial home visit, in court-ordered placements,
- Juvenile Probation supervised youth in out-of-home care,
- NDHHS/OJS state wards in out-of-home care (primarily at the Youth Rehabilitation and Treatment Centers),
- NDHHS/CFS involved children who are voluntarily placed by parents in Informal Living Arrangements (ILA) and not involved with the court system.

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 1 provides a snapshot of the agency involvement of non-duplicated court-involved children in out-of-home care on 6/30/2020.

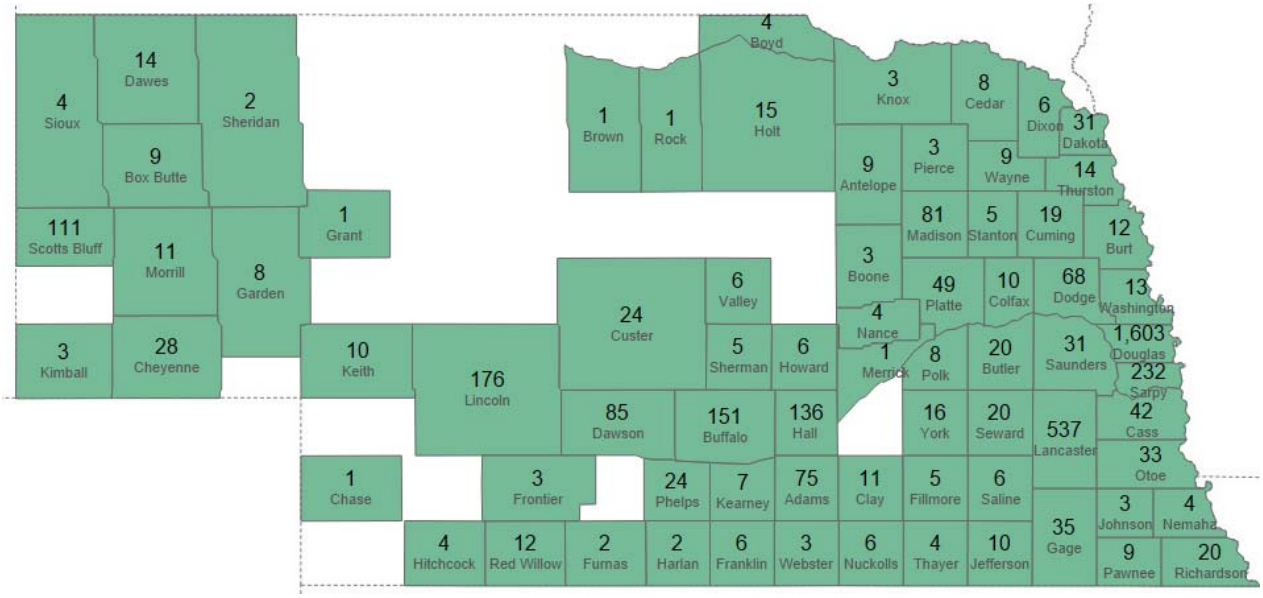
**Figure 1: All Court-Involved Children in Out-of-Home Care or Trial Home Visit by Agency Involved on 6/30/2020, n=3,953[10]**




[10] Informal living arrangements are excluded from the data on 6/30/2020 and discussed further on page 72. The FCRO is working with NDHHS to improve data collection on informal living arrangements.

Children in out-of-home care come from all areas of Nebraska. Figure 2 below shows the county of court jurisdiction for the 3,953 children who were court-involved on 6/30/2020.

**Figure 2: County of Court Jurisdiction for all Nebraska Court-Involved Children in Out-of-Home Care or Trial Home Visit on 6/30/2020, n=3,953**




This is a 3.5% decrease compared to 6/30/2019 when 4,098 court-involved children were in out-of-home care. The change is due to the decrease in the number of Probation supervised youth in out-of-home care (see page 84 for more information).

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.

# NDHHS/CFS WARDS

# COURT-INVOLVED CHILDREN IN CARE THROUGH THE CHILD WELFARE SYSTEM

This section includes tracking and review data for court-involved children in out-of-home care or trial home visit in the child welfare system (abuse and neglect).

Data describe population trends, snapshot distributions, and includes data only available on children the FCRO has reviewed.

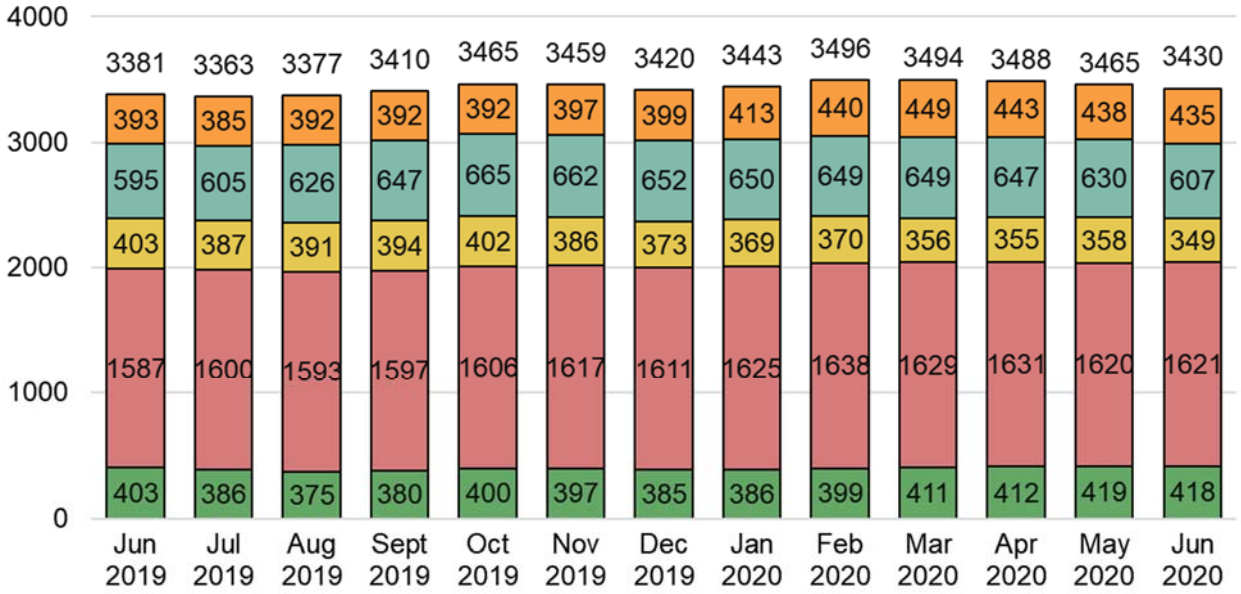
# Entries into and Exits from the Child Welfare System

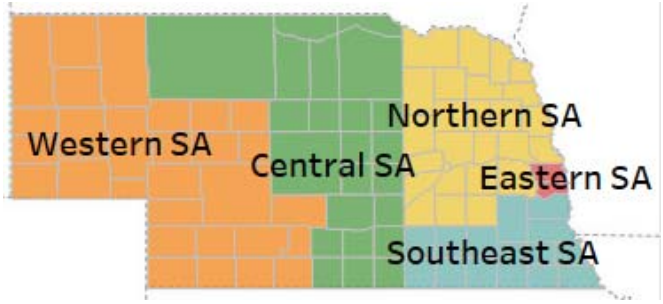
## CHILD WELFARE TRENDS

***Average Daily Population.*** Figure 3 below shows the average daily population (ADP) per month of all NDHHS involved children in out-of-home care or trial home visit (including those simultaneously served by Probation, which is approximately 4% of the NDHHS population) from June 2019 to June 2020.

The population has remained relatively stable throughout the entire fiscal year, with a 1.4% increase from June 2019 to June 2020. The highest month of the fiscal year, February 2020, averaged only 133 more children in care than the lowest month of the fiscal year, July 2019. During the previous fiscal year, there was a decrease of 10.1% in state wards between June 2018 and June 2019.[11]

**Figure 3: Average Daily Population of NDHHS Wards, June 2019-June 2020**




[11] Foster Care Review Office. September 2019. *Foster Care Review Office 2019 Annual Report*. Available at: https://fcro.nebraska.gov/pdf/FCRO-Reports/2019-annual-report.pdf

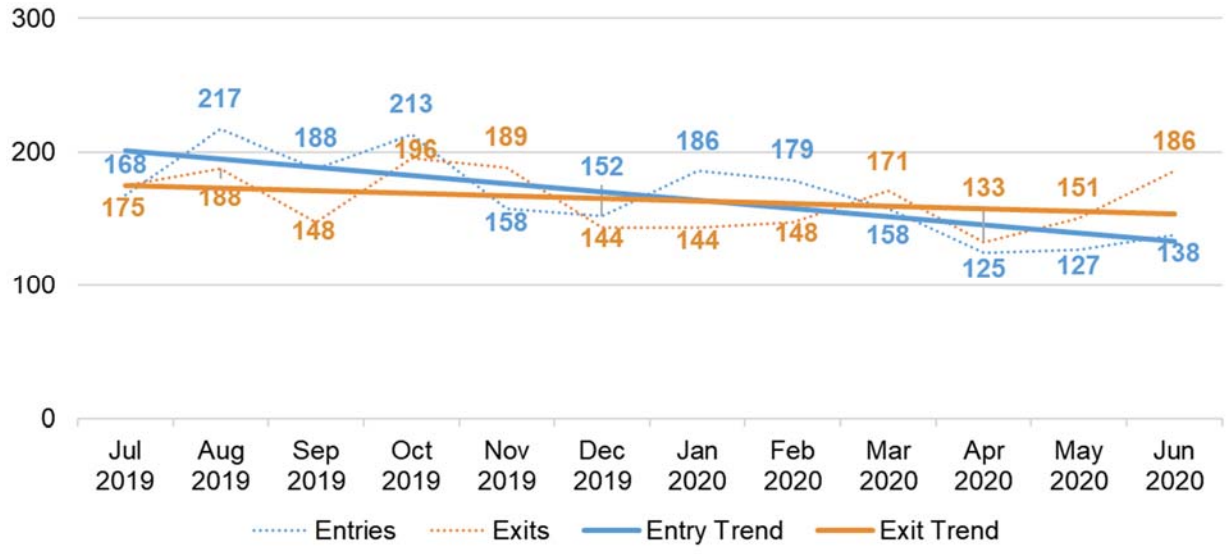
Figure 4 shows that the percent change in average daily population varied throughout the state. The Northern Service Area was the only area that saw a reduction in the number of State wards in care. This reduction of 13.1% follows an even larger reduction of 20.3% in the previous fiscal year.

**Figure 4: Percent Change in Average Daily Population of NDHHS Wards by Service Area, June 2019 to June 2020**

| | Jun-19 | Jun-20 | % Change |
|---|---|---|---|
| Central SA | 403 | 418 | 3.8% |
| Eastern SA | 1,587 | 1,621 | 2.1% |
| Northern SA | 403 | 349 | -13.4% |
| Southeast SA | 595 | 607 | 1.9% |
| Western SA | 383 | 435 | 10.5% |
| **State** | **3,381** | **3,430** | **1.4%** |

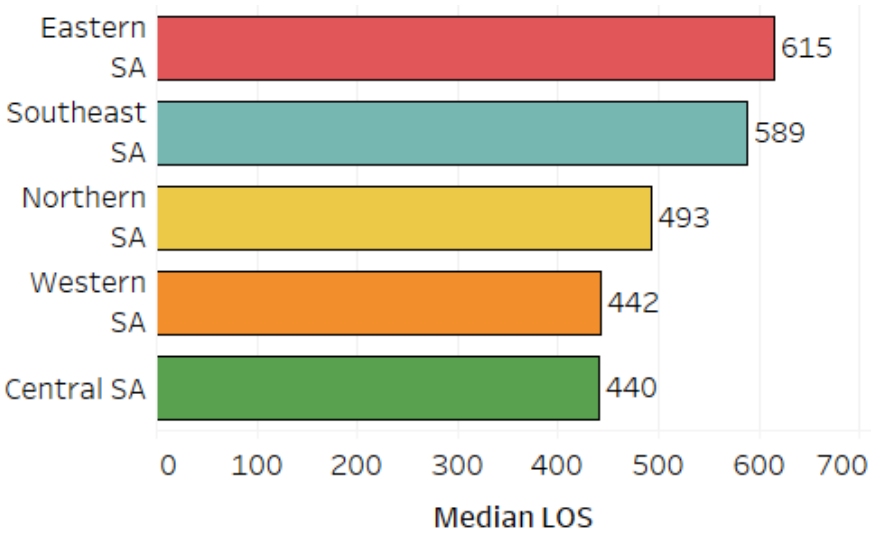
***Entries and Exits*.** Changes in the population of children in out-of-home care and trial home visit can be influenced by many factors, including changes in the number of children entering the system, changes in the number of children exiting the system, and changes in the amount of time children spend in the system. The trend for exits has remained relatively stable, and the trends for entries has decreased during FY2019-20. 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 entrances after school starts (when reports of abuse or neglect tend to go up).

**Figure 5: Monthly Entries and Exits of NDHHS Wards, FY2019-20**



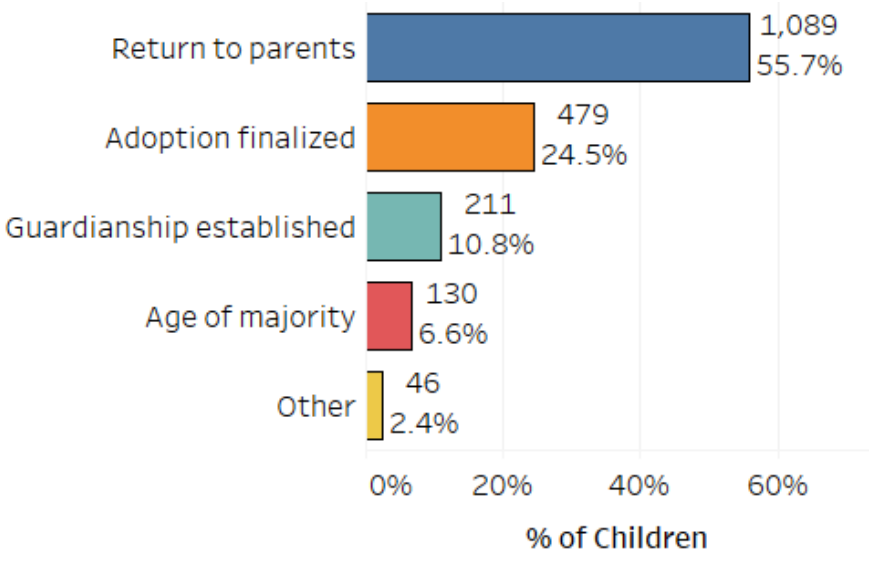
***Length of Stay.*** The amount of time children spend in care also affects the overall population of children in care. An analysis of all children who left care during FY2019-20 shows that the median number of days a child spent in foster care in Nebraska is 528, down from 546 in FY2018-19. This varies by region, from a low of 440 days in the Central Service Area, to a high of 615 days in the Eastern Service Area.[12]

**Figure 6: Median Consecutive Days in Care by Service Area for NDHHS/CFS Wards Exiting Care in FY2019-20**




***Exit Reason.*** Most (55.7%) of the wards leaving care return to one or both parents. The next most common reason (24.5%) is adoption. Figure 7 provides additional details.

**Figure 7: Exit reason for NDHHS/CFS Wards Exiting Care in FY2019-20**




[12] There is a map of service areas on page 26.

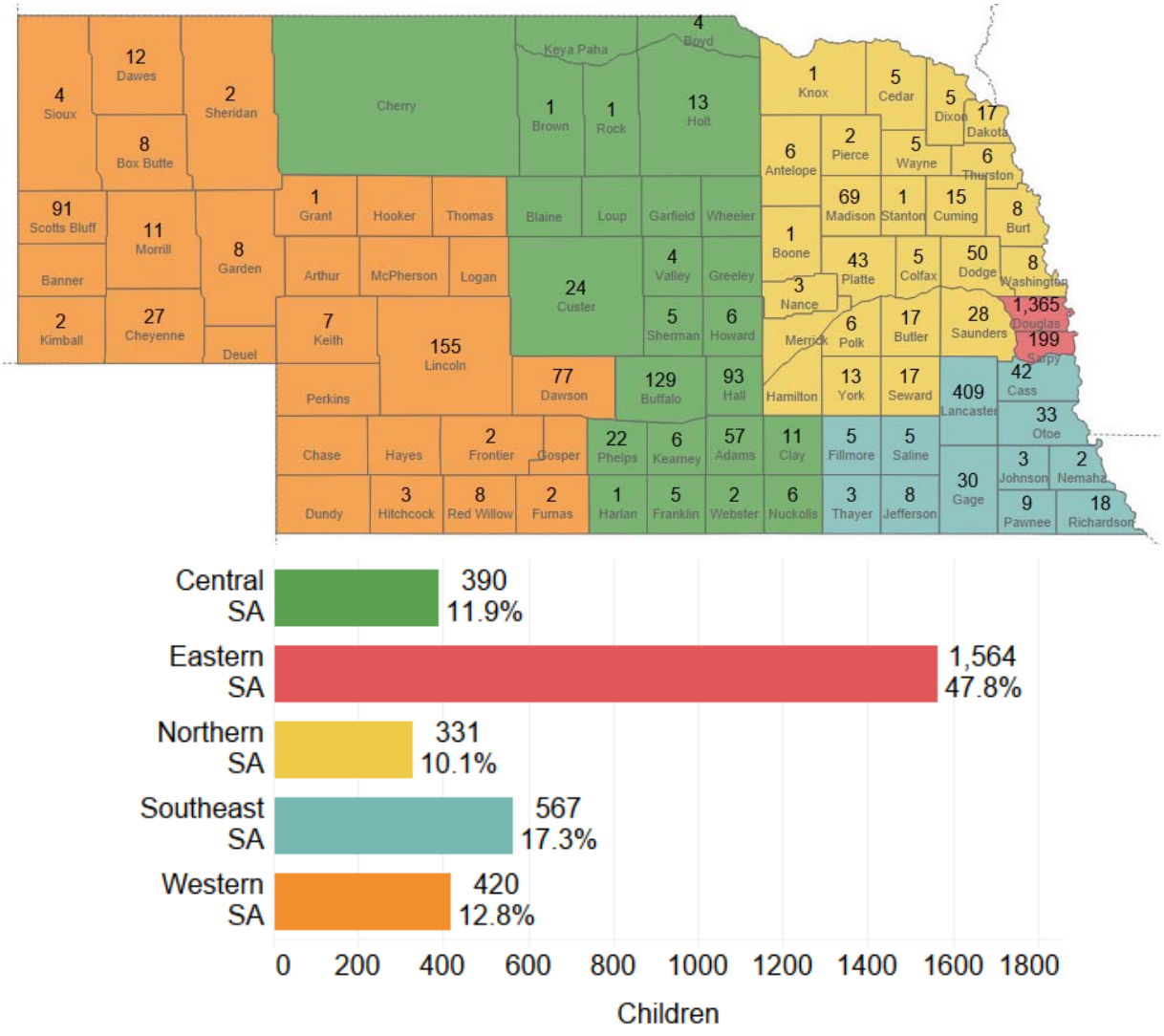
The amount of time a child spends in foster care is strongly correlated to their exit type. The median consecutive days in care based on exit reason are:

- 924 days for children who reach the age of majority while in foster care,
- 886 days for children who are adopted,
- 568 days for children who exit to a guardianship, and
- 348 days for children who return to their parents' care.

## DEMOGRAPHICS

***County.*** Figure 8 shows the county of court jurisdiction for the 3,272 children in out-of-home care or trial home visit on June 30, 2020.

**Figure 8: County of Court Jurisdiction for NDHHS Wards in Out-of-Home Care or Trial Home visit on 6/30/2020, n=3,272**



Approximately 60% of NDHHS wards are from the three most populous counties in Nebraska: Douglas, Lancaster, and Sarpy. However, rural counties have higher rates of children in out-of-home care per 1,000 children in the population, as shown in Figure 9.

**Figure 9: Top 10 Counties by Rate of NDHHS Wards in Care per 1,000 Children in the Population on 6/30/2020**

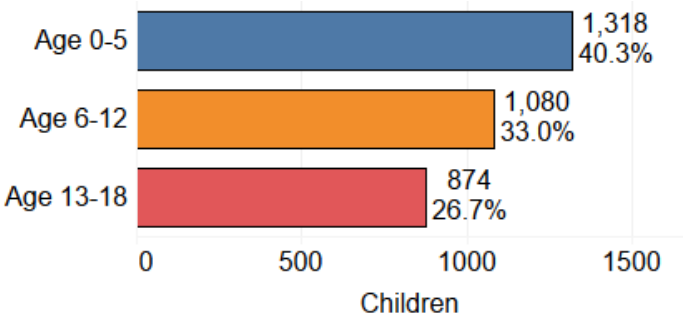
| County | Children in Care | Total Age 0-19[13] | Rate per 1,000 children |
|---|---|---|---|
| **Garden County** | 8 | 386 | **20.7** |
| **Sioux County** | 4 | 228 | **17.5** |
| **Lincoln County** | 155 | 8,986 | **17.2** |
| **Pawnee County** | 9 | 612 | **14.7** |
| **Cheyenne County** | 27 | 2,241 | **12.0** |
| **Dawson County** | 77 | 6,994 | **11.0** |
| **Boyd County** | 4 | 394 | **10.2** |
| **Richardson County** | 18 | 1,831 | **9.8** |
| **Morrill County** | 11 | 1,150 | **9.6** |
| **Buffalo County** | 129 | 13,492 | **9.6** |

Douglas County, the most populous county in Nebraska, had the 14th highest rate of children in out-of-home care (8.5 per 1,000 children). Lancaster County, the second most populous county, had 4.9 children in out-of-home care per 1,000 children in the population, the 32nd highest. Finally, Sarpy County, the third most populous county, has 3.6 children in out-of-home care per 1,000 children in the population, ranking 44th in the state.

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

***Age.*** Consistent with past years, approximately 40% of the children in out-of-home care or trial home visit on June 30, 2020, are under age 5.

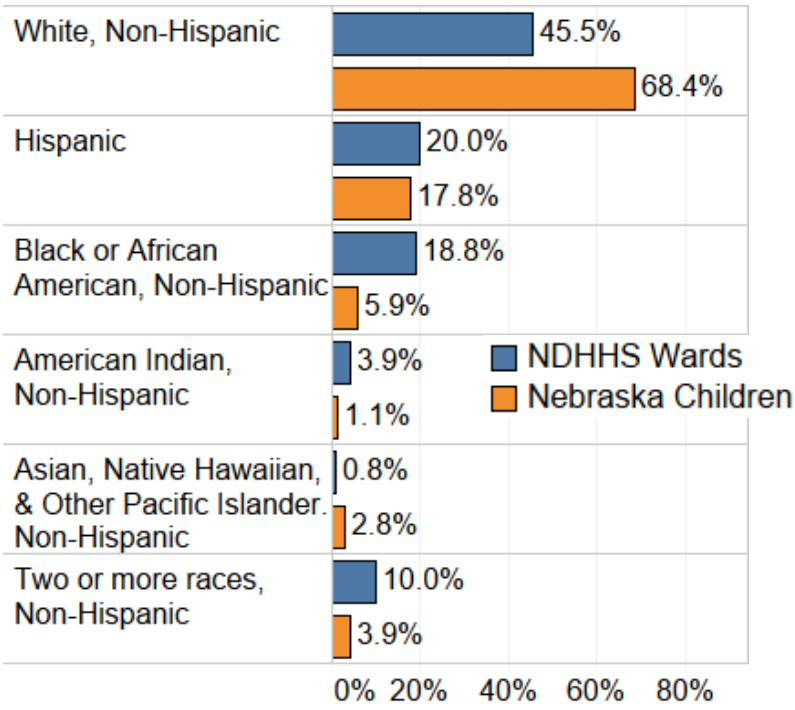
**Figure 10: Age of NDHHS Wards in Out-of-Home Care or Trial Home Visit on 6/30/2020, n=3,272**




***Gender.*** Boys (49.9%) and girls (50.1%) are nearly equally represented in the number of NDHHS wards in care.

***Race***. Figure 11 compares the racial and ethnic categories of children in out-of-home care or trial home visit to the number of children in the state of Nebraska.[14] Minority children continue to be overrepresented in the out-of-home population. This overrepresentation is nearly identical to the data presented last year.

**Figure 11: Race and Ethnicity of NDHHS Wards in Out-of-Home Care and Trial Home Visit on 6/30/2020 Compared to Census, n=3,272**




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

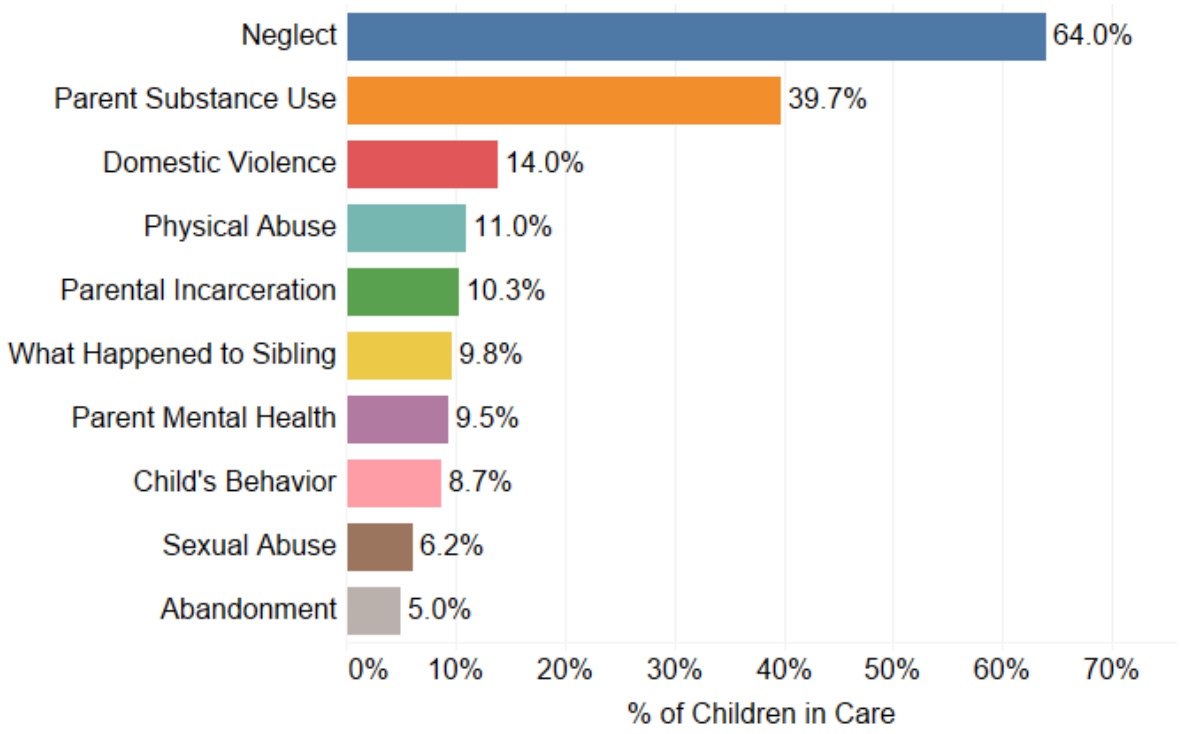
# REASONS FOR REMOVAL

***Adjudicated Reasons for Removal*.** Knowing why children enter out-of-home care is essential to case planning, rehabilitation of parents, and providing services to address children's trauma. This data can also assist in the development of appropriate prevention programs.

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.

Figure 12 shows the adjudicated reasons for removal for 3,216 reviewed children and youth under NDHHS/CFS custody in FY2019-20. Data is from the most recent review for the year.

**Figure 12: Adjudicated Reasons Children Entered Care, Reviewed 11/19-06/20, n=3,216**




***Non-Adjudicated Reasons for Removal*.** There may be reasons to remove a child from the home that are not adjudicated in court, but that greatly impact a successful parental reunification plan.[15] FCRO reviews of children's cases identify which, if any, additional issues contributed to the decision to remove a child from their home.

[15] Plea bargains, insufficient evidence, or other legal considerations may result in an issue not being adjudicated.

The most frequently identified non-adjudicated reasons are:

- parental substance use (29.9%),
- neglect (26.4%),
- domestic violence (21.8%),
- parent mental health (16.5%),
- child behaviors (13.8%),
- parental incarceration (12.2%), and
- sexual abuse (10.4%).

## NON-COURT SERVICES PRIOR TO CURRENT REMOVAL

For some children and families, non-court interventions by NDHHS/CFS occurred prior to the current court action. The FCRO does not have the statutory authority to track or review cases while children are receiving in-home, non-court services, so the data presented below is only for children with a subsequent removal with court involvement.

- 16.3% of the children reviewed in FY2019-20 had non-court services provided in the 12 months prior to their current episode of court-ordered out-of-home care. Of those:
    - 93.5% had the same safety issue present when entering court-involved care,
    - 69.0% had a written safety plan while accessing non-court services, even though one should be available for every case,
    - 88.7% had sufficient information available to determine the reason for and nature of non-court services, and
    - 52.4% left the non-court services due to the filing of an involuntary case, 29.3% left because the family was unwilling to engage in services, 14.3% left because an assessment showed it safe, and the rest left due to other or unclear reasons.

A lack of a written safety plan and the lack of information on services for families served in non-court cases is problematic for a variety of reasons. While information should be available for oversight entities, it is more concerning that information would not be available for supervisors or caseworkers should case management change hands during the course of a non-court case.

# PARENT ISSUES CURRENTLY IMPACTING PERMANENCY

The FCRO focuses on the individual children reviewed and tracked; thus, information presented in this section is based on how many children are impacted rather than simply the number of mothers or fathers.

***Parental progress on safety concerns.*** Identifying safety concerns that put children at risk of harm and helping parents address those safety concerns is a primary goal of the child welfare system. Identifying and arranging appropriate services for parents is part of that equation (discussed on page 37), and parents are responsible for making progress to address those safety concerns.

In order to assess parent progress, from November 2019 to June 2020, the FCRO collected data on the number of children impacted by certain safety concerns, and progress on those concerns by their mothers and fathers if those parents have intact parental rights and a goal of reunification or family preservation with their children.

The status of parental rights, impact of a safety concern, and progress can all differ by parent. As a result, the data is separated by children with a goal of reunification or family preservation and mother with intact rights (n=1,572, Figures 13 and 14) and children with a goal of reunification or family preservation and father with intact rights (n=1,271, Figures 15 and 16).

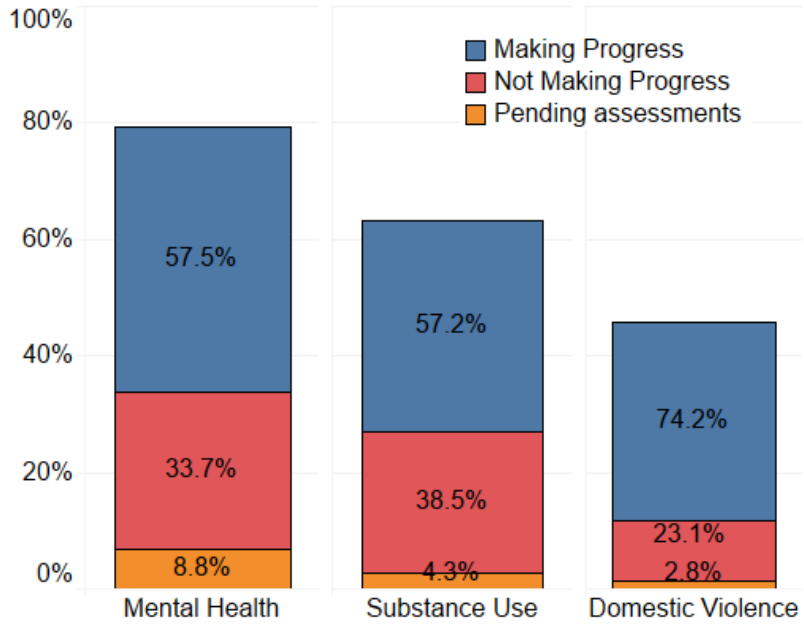
For children with a goal of reunification or family preservation, the three most common identified safety concerns related to mothers with intact rights are mental health (79.2%), substance use (63.1%), and domestic violence concerns (45.8%).

**Figure 13: Safety Concerns for Children with a Reunification or Family Preservation Goal and Mothers' Rights Intact Reviewed 11/19-6/20, n=1,572**

| | Mother's Mental Health | Mother's Substance Use | Mother's Domestic Violence |
|---|---|---|---|
| **Identified Safety Concern** | 1,245 (79.2%) | 992 (63.1%) | 720 (45.8%) |
| **Not a Safety Concern** | 223 (14.2%) | 515 (32.8%) | 767 (48.8%) |
| **Unable to Determine** | 104 (6.6%) | 65 (4.1%) | 85 (5.4%) |

As shown in Figure 14, for more than half of the children, their mothers were making at least some progress on issues related to mental health (57.5%) and substance use (57.2%). For almost 3 out of 4 children, their mothers were making at least some progress on domestic violence concerns (74.2%).

**Figure 14: Safety Concerns for Children with a Reunification or Family Preservation Goal and Mother's Rights Intact by Progress Reviewed 11/19-6/20, n=1,572**




The bars represent the percent of children with a goal of reunification and whose mothers' parental rights remain intact who are affected by a safety concern (See Figure 13 on the previous page). The data within the bars represents the progress status for those with the identified safety issue.

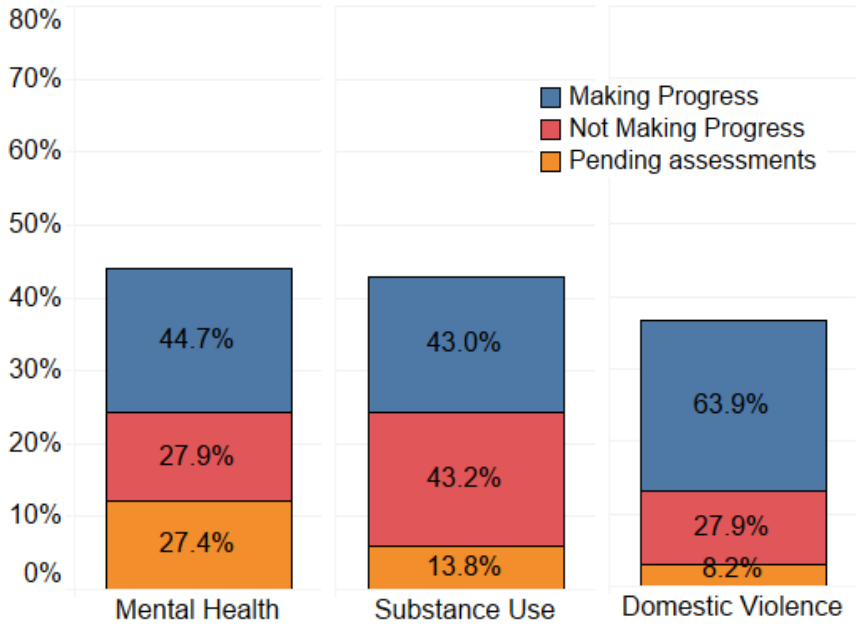
For children with a goal of reunification or family preservation, the three most common identified safety concerns related to fathers with intact rights are mental health (44.0%), substance use (42.8%), and domestic violence concerns (36.7%). It's important to note that for all three safety concerns, there is a much higher rate of "unable to determine" for fathers than for mothers. This occurs because fathers are less likely than mothers to be an active part of the court action, despite having intact parental rights. As a result, there may be no or very limited documentation available for fathers.

**Figure 15: Safety Concerns for Children with a Reunification or Family Preservation Goal and Fathers' Rights Intact Reviewed 11/19-6/20, n=1,271**

| | Father's Mental Health | Father's Substance Use | Father's Domestic Violence |
|---|---|---|---|
| **Identified Safety Concern** | 559 (44.0%) | 544 (42.8%) | 466 (36.7%) |
| **Not a Safety Concern** | 406 (31.9%) | 482 (37.9%) | 601 (47.3%) |
| **Unable to Determine** | 306 (24.1%) | 245 (19.3%) | 204 (16.1%) |

For the group of children whose father's had identified mental health, substance use, and domestic violence safety concerns, overall the fathers were less likely to be making progress than the mothers. That being said, a majority were making at least some progress on domestic violence (63.9%), and more than 40% were making some progress on mental health (44.7%) and substance use (43.0%).

**Figure 16: Safety Concerns for Children with a Reunification or Family Preservation Goal and Fathers' Rights Intact by Progress Reviewed 11/19-6/20, n=1,271**




The bars represent the percent of children with a goal of reunification whose fathers' parental rights remain intact who are affected by a safety concern (See Figure 15 on the previous page). The data within the bars represents the progress status for those with the identified safety issue.

***Parental Incarceration.*** At the time of FY2019-20 review, 17.6% of children's fathers and 3.9% of children's mothers who still had parental rights were incarcerated. This is about the same as last year. Further, 18.8% of children's fathers and 11.9% of children's mothers had pending criminal charges that could result in an incarceration. This is an increase from last year when it was 11.3% for fathers and 10.2% for mothers.

# SERVICE PROVISION AND USE BY PARENTS

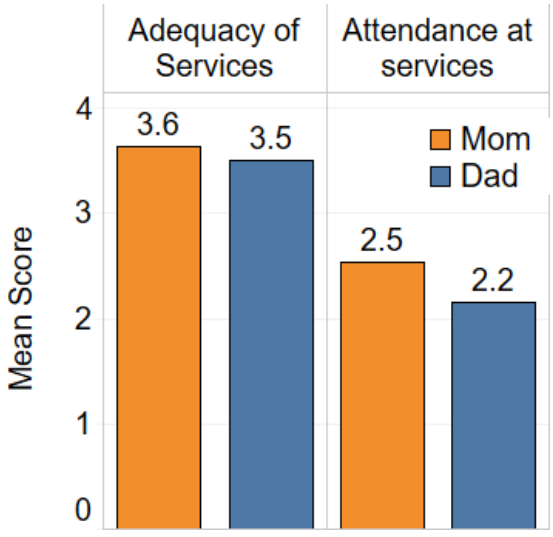
***Providing Services to Parents***. Without assistance many parents are unable to obtain the services they need to mitigate the reasons that their children were removed from the home. To provide oversight of the system's response, the FCRO collects data on whether services were received.

The FCRO changed how it is measuring service provision and engagement this year so that additional details can be provided. Therefore, the statistics in this section serve both as important indicators and as baselines by which to measure improvements in the future. FCRO reviews of children whose parents had intact parental rights 11/19-06/20, show that on average children's mothers and fathers were experiencing good to excellent service provision (Figure 17).

***Attendance***. Parents in abuse/neglect cases normally need to regularly attend required classes, therapy sessions, etc. Engaging with services is often difficult as it can mean discussing dysfunctional family situations, evaluating poor personal decisions, and dealing with their own and their children's emotional pain. It is, therefore, anticipated that some parents will struggle with attendance.

In addition, scheduling can be problematic, as many system-involved parents lack flexible work hours or have transportation issues. New challenges have been created by the COVID-19 pandemic.

**Figure 17: Service Adequacy and Attendance, Parents with Parental Rights, 11/16-6/20 Review, n=1,461 children's mothers and n=880 children's fathers**

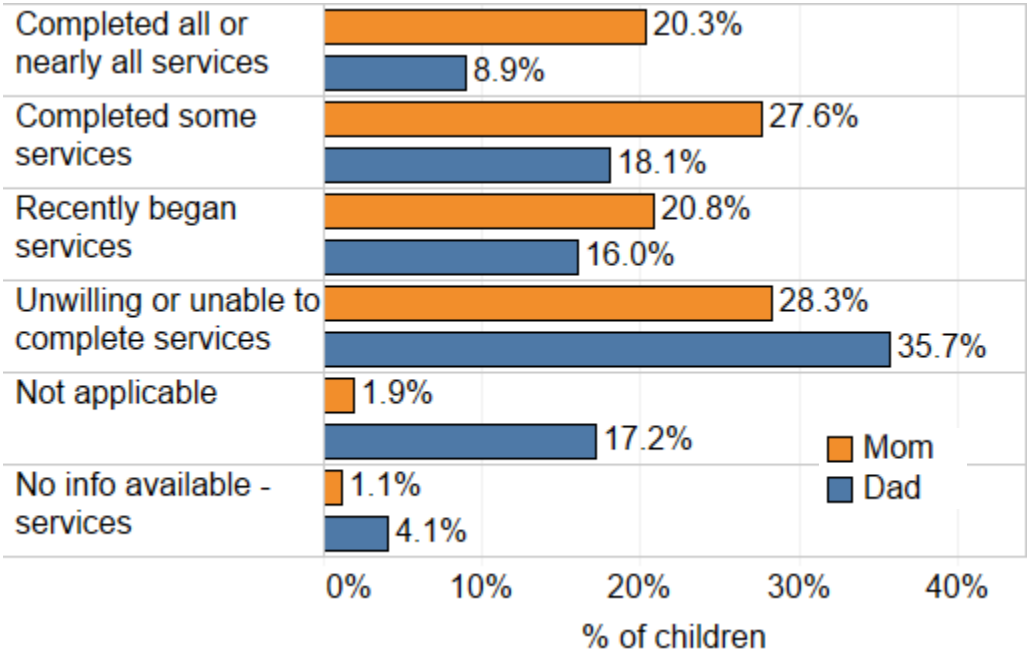



Scoring: 1=Poor, 2=Fair, 3=Good, 4= Excellent

***Completion***. Since FCRO reviews typically take place every six months throughout the span of children's cases, it was expected that data collected on whether parents have completed their services would show that many services are still in progress. FCRO reviews of children whose parents had parental rights 11/19-06/20 found that 20.3% of children's mothers and 8.9% of children's fathers had completed services at time of review, and 48.6% of children's mothers and 34.5% of children's fathers were working on their services. Not applicable means the parent was not ordered to any service or that the parent was absent, both of which are more common for fathers.

An area needing improvement is the 28.3% of children's mothers and 35.7% of children's fathers that are unwilling or unable to complete the services deemed necessary if the children are to safely reunify. Improving parental engagement in services in these cases can be especially challenging for caseworkers and others involved in the individual cases.

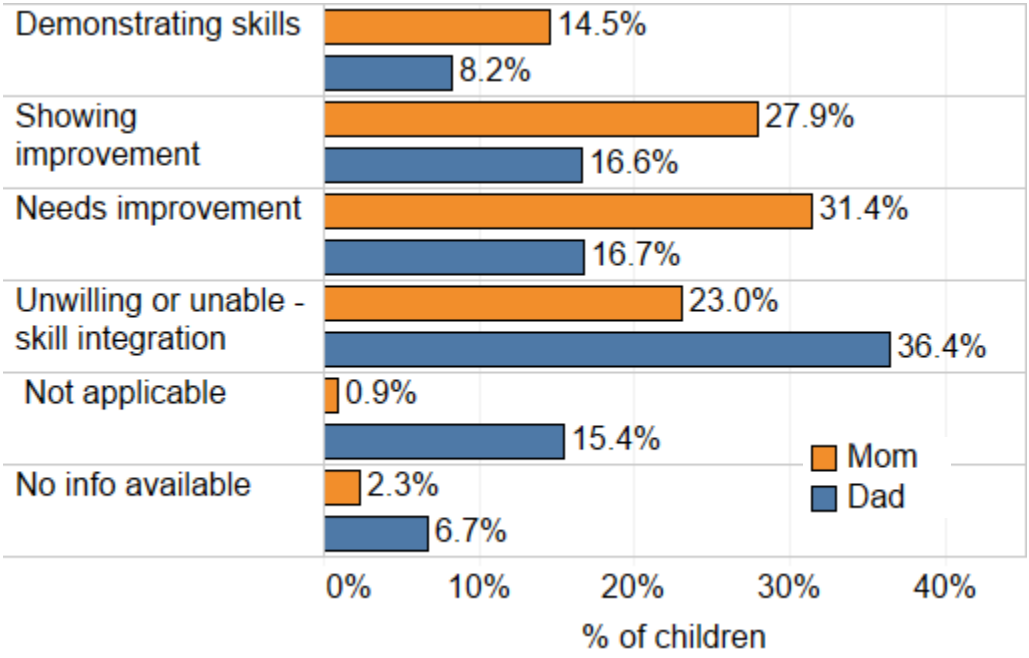
**Figure 18: Completion of Services for Children's Mothers (n=1,494) and Fathers (n=911) when Adjudicated with a Goal of Reunification Reviewed 11/19-6/20**




***Skill Integration***. Attendance and completion of services by themselves are not the only measures of progress. Services are provided so that parents gain coping skills and demonstrate marked improvement in parenting abilities. The time and effort parents expend toward learning from the services provided and the quality of those services impact whether and how quickly they progress.

While 42.4% of children's mothers and 21.8% of children's fathers were demonstrating or showing improvement on the skills needed to safely parent, it is concerning that many parents (23.1% mothers, 35.3% fathers) are unwilling or unable to gain needed insights (Figure 19).

**Figure 19: Services Skill Integration for Children's Mothers (n=1,494) and Fathers (n=911) when Adjudicated with a Goal of Reunification Reviewed 11/19-6/20**




***Parental Contact with Caseworkers***. As discussed earlier, services can be tough for parents to complete. Parents can easily become discouraged especially when progress seems slow. Caseworkers, whether employed by the State or by the State's contractor in the area with a lead agency, can and should play a primary role in building parental engagement.

Caseworkers are required to have monthly contact with parents. In order to do this it is important for the parents to keep the caseworker apprised of their contact information, living situation/address, and to coordinate with the caseworker to arrange parent-child visitation, etc., as many parents move and change phone numbers frequently.

When parents had intact rights, were adjudicated, and the plan was reunification, during FY2019-20 the FCRO found that in the majority of cases parents were consistently or nearly consistently keeping workers informed of changes to their contact information. However, for 16.7% of the children's mothers and 37.6% of the children's fathers, there was little to no compliance. This needs to be documented and addressed as it indicates a reduced chance at successful reunification in a timely manner and the possible need for a change in case planning.

# PARENTING TIME (VISITATION)

***Importance of Parenting Time (Visitation).*** National research shows that children who have regular, frequent contact with their family while in foster care experience a greater likelihood of reunification, shorter stays in out-of-home care, increased chances that reunification will be long-term, and overall improved emotional well-being and positive adjustment to placement.[16] Additionally parenting time helps to identify and assess potentially stressful situations between parents and their children and monitor parental progress in integrating skills needed to safely parent.[17]

In order to best facilitate parenting time, there needs to be a well-trained workforce that is knowledgeable regarding parenting practices and child development. Additionally, all referrals to service providers by caseworkers need to contain specific parenting time goals that can be measured. This ensures both parents and their visitation supervisors know what is expected of them and enables the determination of progress levels.

***Parenting Time Level***. Reviews in FY2019-20 indicate that when parents are not restricted from interacting with their children, most parenting time is fully-supervised (74.4% for children whose mothers' parental rights remain intact and 68.8% for children whose fathers' parental rights remain intact).

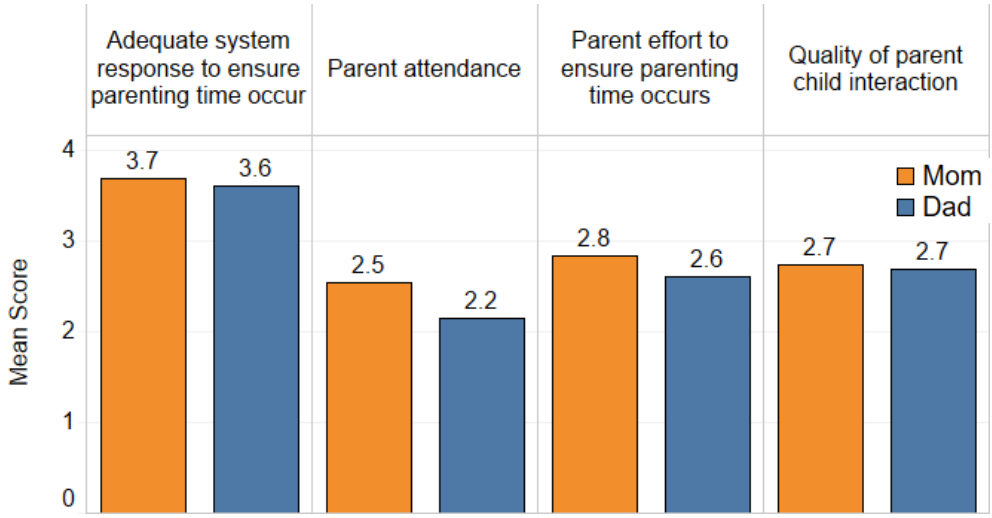
***Visits***. Many parents need help making arrangements for supervised visitation and it is the system's responsibility to help ensure arrangements are appropriately made.

In the FCRO's role as oversight to the child-welfare system, we measure the adequacy of the system response to meeting parenting time requirements. Figure 20 indicates the findings from FCRO reviews conducted 11/19-06/20 in which parents retained their parental rights. The chart includes whether the system adequately assisted parents, whether parents were attending parenting time, whether the parents were making efforts to ensure parenting time occurred, and the quality of the parent/child interactions. Since at least half of the reviews took place prior to the COVID-19 pandemic, COVID-19 is not the only reason for a lack of attendance.

[16] *U.S. Department of Health and Human Services, Administration on Children, Youth and Families,* "Family Time and Visitation for children and youth in out-of-home care". ACYF-CB-IM-20-02, February 5, 2020. Available on 8/24/2020 at: https://familyfirstact.org/sites/default/files/ACYF-CB-IM-20-02.pdf

[17] Ohio Caseload Analysis Initiative, Visitation/Family Access Guide 2005. Adapted from Olmsted County Minnesota CFS Division.

**Figure 20: Parenting Time Measures, FCRO reviews 11/16-6/20, Intact Parental Rights and Allowed Visitation, n=1,320 children's mothers and n=656 children's fathers**




Scoring: 1=Poor, 2=Fair, 3=Good, 4= Excellent

Unable to determine excluded from mean score computation

# Children's Experiences in the Child Welfare System

## PLACEMENTS

***Placement Restrictiveness.*** It is without question that "children grow best in families." So while temporarily in foster care, children need to live in the least restrictive, most home-like placement possible in order for them to grow and thrive. Thus, placement type (also called level) matters. The least restrictive placements are home-like settings, the moderate restrictiveness level includes 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.

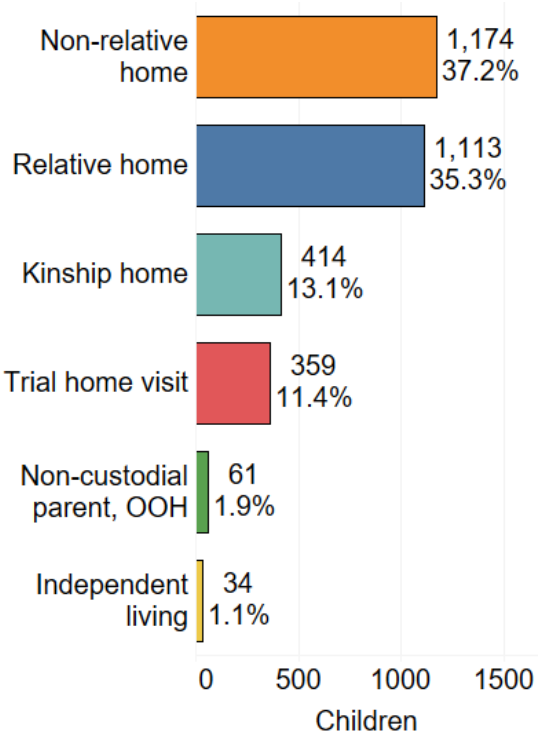
The vast majority of NDHHS/CFS state wards in care on 6/39/2020 (96.4%) were placed in the least restrictive placement (the same as the previous fiscal year), well above the national average of 87%.[18] Only 1.2% were in moderately restrictive placements, and 1.8% in the most restrictive settings.

On June 30, 2020, there were 18 children missing from care, which is always a serious safety issue deserving of special attention even if the number impacted seems small; 4 of those 18 children had been abducted by parents.

[18] Child Welfare Information Gateway. March 2019. Foster Care Statistics 2017. Available at: https://www.childwelfare.gov/pubPDFs/foster.pdf

On June 30, 2020**,** of the 3,155 children placed in family-like settings, 48.4% were in a relative or kinship placement.[19] 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 and are able to remain placed with persons they already know that make them feel safe and secure; however it is not required that relatives have a pre-existing relationship with the child. Figure 21 provides additional detail on the different types of least restrictive placements.

**Figure 21: Least Restrictive Placement Type for NDHHS Wards in Out-of-Home Care or Trial Home Visit on 6/30/2020, n=3,155**



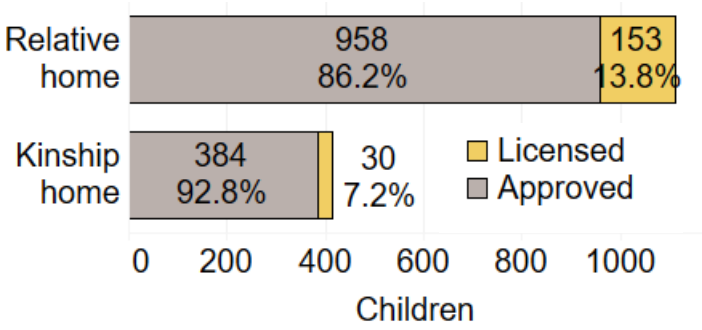

***Licensing of Relative or Kinship Homes.*** As shown in Figure 22, nearly all relative or kin homes are approved, rather than licensed.[20] No standardized training is required in an approved home, so most relative caregivers do not receive specific and needed information on the workings of the foster care system, coping with the types of behaviors that children with a history of abuse or neglect can exhibit, or the intra-familial issues present in relative care that are not present in non-family situations.

[19] 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.

[20] LB1078 (2018), required NDHHS to report the license status of relative and kinship placements to the FCRO effective July 2018.

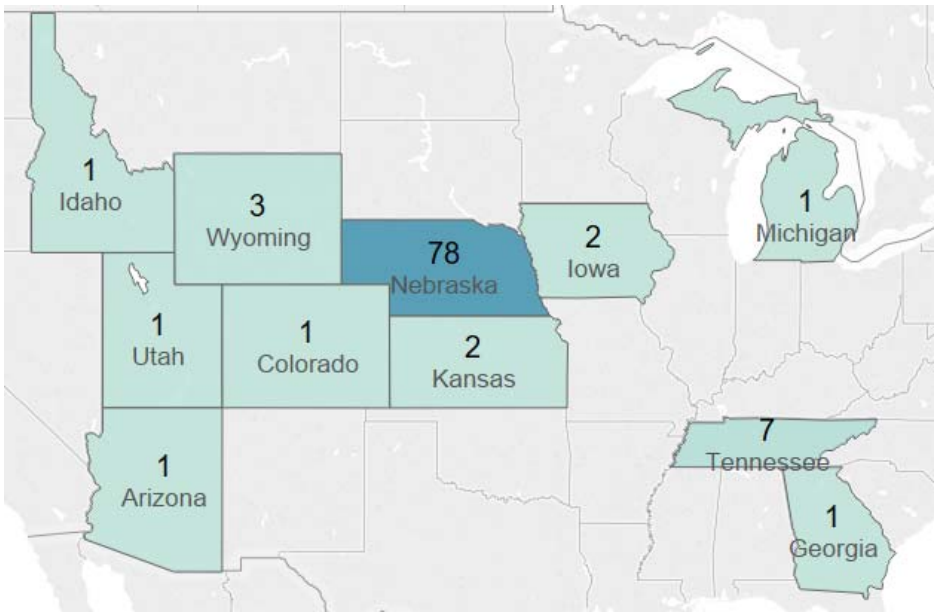
A smaller ratio of the relative placements was licensed on 6/30/2019 than 6/30/2018 (13.8% compared to 20.9%). The ratio of licensed Kinship placements on 6/30/2019 increased slightly compared to the previous year (7.2% compared to 6.9%).

**Figure 22: Licensing Status of Relative and Kinship Placements of Children in Care, 6/30/2019, n=1,525**




***Congregate Care.*** Overall, less than 4% of children in out-of-home care through NDHHS/CFS are in congregate care settings.[21] The majority (79.5%) of Nebraska wards in congregate care facilities are placed in Nebraska (Figure 23). While NDHHS/CFS reduced the number in congregate care (78 compared to 85 last year), more children are placed outside Nebraska (20 compared to 16 last year), both an increase in number and in percentage.

**Figure 23: NDHHS Wards in Congregate Care on 6/30/2020 by State of Placement, n=98**




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

***Placement Safety and Appropriateness.*** The State's primary responsibility is to ensure every child in custody is safe. Under both federal regulations and state law, the FCRO is required to make findings on the safety and appropriateness of the placement of each child in foster care during each case file review.

Documentation of safety must be readily available to other workers, supervisors, and oversight entities. In order to assess safety, the FCRO's System Oversight Specialists research whether any abuse allegations have been made against the child's placement and the system's response to those allegations. This information, along with a summary of the results from the home study, where applicable,[22] is utilized by the local review boards to make the finding regarding safety. In order to determine appropriateness, consideration is given to the restrictiveness level and the match between caregiver or facility strengths coupled with the needs of the child being reviewed.

The FCRO does not assume children to be safe in the absence of documentation. If documentation does not exist, the "unable to determine" category is utilized. For those placements determined to be unsafe, the FCRO immediately advocates for a change in placement. A child that is missing from care is automatically deemed unsafe, and the FCRO responds accordingly.

The FCRO found that:

- 93.9% of the children reviewed were in a safe placement at time of review. This is comparable to the prior year.
- Of the children determined to be safe, 93.1% were found to be in an appropriate placement, 4.2% were in an inappropriate placement and for 2.6% appropriateness was not able to be determined.

***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.[23] However, children that have experienced consistent, stable, and loving caregivers are more likely to develop resilience to the effects of prior abuse and neglect, and more likely to have better long-term outcomes.[24]

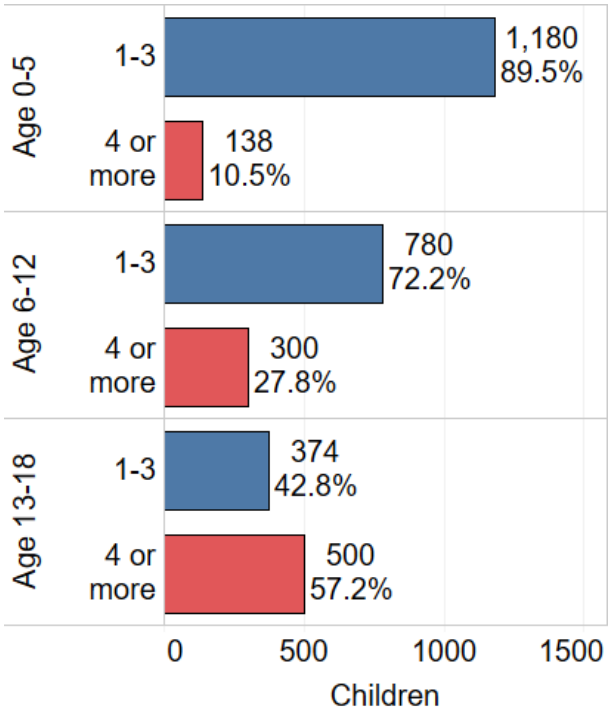
Figure 24 shows the number of lifetime placements for NDHHS wards by age group. It is unacceptable that 10.5% of children ages 0-5, and 27.8% of children ages 6-12 have been moved between caregivers so often. This has implications for children's health and safety at the time of review and throughout their lifetime. By the time children reach their teen years, over half (57.2%) have exceeded four lifetime placements.

[22] A home study measures the suitability of each foster family placement.

[23] Examples include: Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

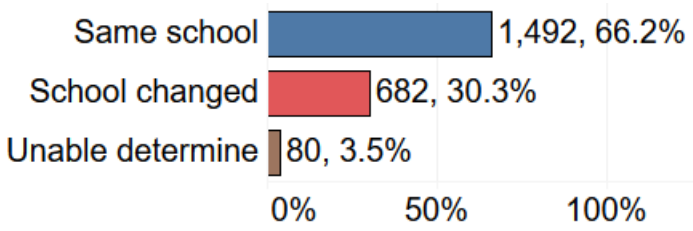
[24] Ibid.

**Figure 24: Lifetime Placements for NDHHS Wards in Care 6/30/2020, n=3,272**




***Placement Changes Resulting in School Changes***. As discussed previously, many children experience multiple changes in caregivers. This can result in children simultaneously coping with changes of caregiver, rules, and persons the children are living with and with new teachers, schools, and classmates. This happens for about 1/3 of the school-aged children (Figure 25).

**Figure 25: Placement Moves Resulting in School Changes, School-age Children Reviewed 11/19-06/20, n=2,254**




***Placements Reported to the FCRO as Required***. The placement reports made to the FCRO by NDHHS/CFS and other parties were incomplete or inaccurate in 34.7% of the children's cases reviewed during FY2019-20. The FCRO has found a variety of reasons for these inaccuracies including poor documentation of short-term placements, typographical errors in data entry, and incorrect coding of placement types. The FCRO has worked with NDHHS/CFS to improve data entry on the NDHHS N-FOCUS system and subsequent reports issued to the FCRO, as accurate placement information is critical

to ensuring children's safety, especially during crises like those experienced by Nebraskans in the past two years, including flooding and the COVID-19 pandemic.

***Reasons for Placement Moves.*** Reasons for moving children to a new caregiver can vary. From reviews conducted 11/19-06/20, we find that the top five reasons for the move to the current placement were:

1. Initial removal from home, 30.5%
2. Provider request, 15.0%
3. To be with a parent, 13.7%
4. Worker or agency initiated 7.6%
5. To be with relative or kin, 7.1%

***Missing from Care.*** At the time of FCRO reviews conducted 11/19-06/20, there were 27 children missing from care. This is a serious safety concern. While unaccounted for, these children have a higher likelihood of being victimized by sex traffickers.

The following statistics describe this population.

- 59.3% are girls, 40.7% are boys.
- In 48.1% of the cases the child was missing from the same placement more than once.
- In only 37.3% of the cases were monthly contacts with law enforcement documented.
- There were concerns with the placement from which the child is missing in 18.5% of the cases.
- The length of time missing varied, with 44.4% missing under a month, 18.5% missing 1-2 months, and 37.0% missing for more than 2 months.

## SIBLING CONTACTS

Placement together happened for 57.6% of children with siblings involved in an abuse/neglect case.

***Importance of Sibling Connections.*** Children that have experienced abuse or neglect may have formed their strongest bonds with siblings.[25] It is important to keep these bonds intact, or children can grow up without essential family and suffer from that loss. Ideally, when children with siblings are removed from their home, they will be placed with those siblings.[26]

[25] Children's Bureau/ACYF/ACF/HHS. June 2019. "Sibling Issues in Foster Care and Adoption." Child Welfare Information Gateway. Available at: https://www.childwelfare.gov/pubs/siblingissues/index.cfm

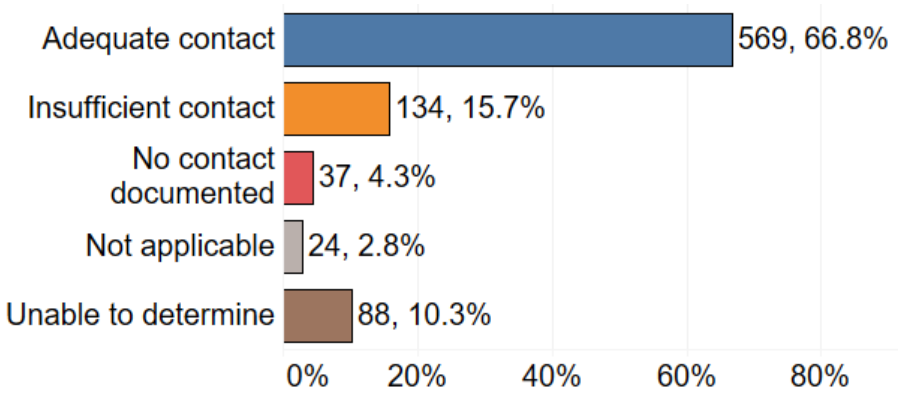
[26] Children who are in care for extended periods of time are more likely to have minimal or disrupted contact with their siblings. The Nebraska Foster Care Review Office Quarterly Report, June 2017. Available at: http://fcro.nebraska.gov/pdf/FCRO-Reports/2017-q2-quarterly-report-2.pdf.

***Sibling Separations.*** Placement together happened for 57.6% of children with siblings who were involved in an abuse or neglect case reviewed in FY2019-20. The type of placements for siblings placed together differs from the general foster care population – more are in a relative placement (44.9% compared to 35.3%) and kin placement (16.1% compared to 13.1%).

When children were not placed with a sibling the FCRO found that in 90.6% of the cases there was a valid reason. Some valid reasons can be safety issues between siblings, a sibling needs a treatment level placement, extended family members who are unwilling or unable to take the children not biologically related to them, and other case-specific reasons.

When children are unable to be placed with their siblings, the next best alternative is to make certain that they have adequate contact, with the exception of a small number of cases (2.8%) where contact is therapeutically contra-indicated. Figure 26 illustrates whether contact is adequate.

**Figure 26: Adequacy of Contact with Separated Siblings, Reviews 11/19-06/20, n=852**




## CHILDREN'S MEDICAL NEEDS AND RECORDS

The American Academy of Pediatrics (AAP) notes that many children in foster care have "received only fragmentary and sporadic health care" and may enter the system with undiagnosed or under-treated medical problems. Some health conditions may be exacerbated during times of distress, like being removed from the home or transitioned from one foster placement to another. According to the AAP, nationally approximately 50% of children entering foster care have chronic physical problems, 10% are medically fragile or complex, and many were exposed to substances prenatally.[27]

[27] American Academy of Pediatrics. 2020. "Healthy Foster Care America: Physical Health." Available at: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Physical-Health.aspx

***Medical Records.*** In order to ensure that the physical health of all children in out-of-home care is maintained, NDHHS/CFS must maintain a child's health record and ensure that the caregivers of the child receive a copy of those records.

- In 84.0% of the cases reviewed, most or some medical records were available on NDHHS/CFS system of record (NFOCUS).
- In the majority of cases during FY2019-20 (83.6%) foster care placements were found to have received the medical records for the children in their care.

The timely and accurate documentation of medical records for all children is necessary to ensure caseworkers and their supervisors have access to this critical information should emergencies arise or if a case must transfer to different personnel, like the case transfer that occurred when St. Francis Ministries replaced PromiseShip in the Eastern Service Area.

***Medical and Dental Health Needs.*** During reviews conducted FY2019-20, the majority of children's medical (87.2%) and dental (85.5%) needs appeared to have been met. When local review boards identify an unmet medical or dental health need, which occurred in less than 10% of cases, a recommendation to all legal parties to address that need is made.

## CHILDREN'S MENTAL HEALTH NEEDS

***Mental Health and Substance Use Diagnosis and Progress.*** Mental health is the overall wellness of how you think, regulate your feelings, and behave. Mental health disorders in children are generally defined as delays or disruptions in developing age appropriate thinking, behaviors, social skills, or regulation of emotions. These problems are distressing to children and disrupt their ability to function well at home, in school, or in other social situations.[28]

Child maltreatment and instability in placement among children in foster care increases the likelihood of a child being diagnosed with a psychiatric disorder.[29]

Substance use and mental health disorders can make daily activities difficult and impair a person's ability to work, interact with family, and fulfill other major life functions. Mental health and substance use disorders are among the top conditions that cause disability in the United States. Preventing mental health and/or substance use disorders, co-occurring disorders, and related problems is critical to behavioral and physical health. Prevention and early intervention strategies can reduce the impact of substance use and mental

[28] Mayo Clinic. 2020. "Mental Illness in Children: Know the Signs." Available at: https://www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/mental-illness-in-children/art-20046577#:~:text=Mental%20health%20disorders%20in%20children%20%E2%80%94%20or%20developmental,Post-traumatic%20stress%20disorder%20%28PTSD%29.%20...%207%20Schizophrenia.%20

[29] Child Welfare League of America. March 2019. "The Nation's Children 2019." Available at: https://www.cwla.org/wp-content/uploads/2019/04/National-2019.pdf

disorders in America's communities.[30] During the 11/19-06/20 review process the FCRO found the following:

- 48.0% of all Nebraska children in foster care had a mental health diagnosis. When considering only children age 13-18, 76.7% had a mental health diagnosis.
  - 72.3% of children with a diagnosis were improving their mental health.
- 13.3% of teens in foster care have substance use issues.
  - 41.9% of those youth were making progress with their substance use at time of review.

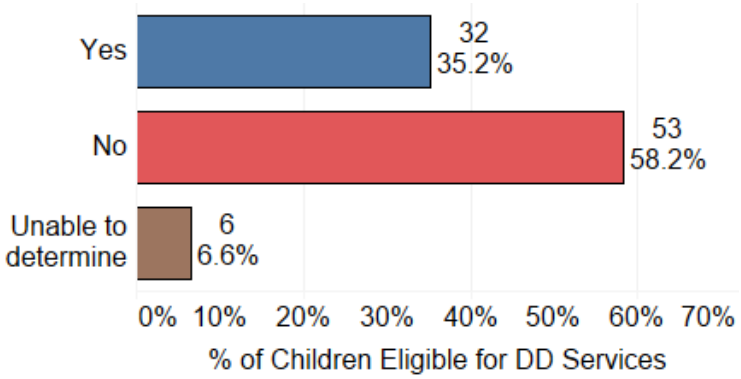
***Psychotropic Medications***. Psychotropic medications are a commonly prescribed treatment for certain types of mental health diagnoses. The FCRO found that:

- 1.7% of children age birth-5 that had a mental health diagnosis were prescribed at least one psychotropic medication at time of review.
- 24.9% of children age 6-12 that had a mental health diagnosis were prescribed at least one psychotropic medication at time of review.
- 48.8% of children age 13-18 that had a mental health diagnosis were prescribed at least one psychotropic medication, and 33.5% of those youth were prescribed 3 or more such medications at time of review.

## CHILDREN WITH DISABILITIES

***Diagnosed with Disabilities.*** During FY2019-20, the FCRO reviewed 92 children who were eligible for Developmental Disabilities Services; however, only 35.2% of those children were actually receiving those specialized services funded by Developmental Disabilities at time of review.

**Figure 27: Children Eligible for Developmental Disability Services by Whether Those Services Were Received, for Children Reviewed FY2019-20, n=91**




[30] SAMHSA. April 2020. "Prevention of Substance Use and Mental Disorders." U.S. Department of Health & Human Services. https://www.samhsa.gov/find-help/prevention

## SPECIAL CONSIDERATIONS FOR YOUNG CHILDREN

***Early Development Network.*** A young child is eligible for Early Development Network (EDN) services if he or she is not developing typically, has been diagnosed with or suspected of having a health condition that will impact his or her development, or was born testing positive for the presence of drugs. Parents must consent to an Early Development Network referral for children age birth through three years of age.

- During FY2019-20, the FCRO found that referrals were made for 83.0% of children in the birth through age three age group.
- EDN services were completed for 90.5% of those children.

## EDUCATION, INCLUDING IEP, IFSP

***Unique Educational Challenges***. Educational performance and opportunities have lifetime repercussions for all children. Children in foster care may begin their formal education at a particularly significant disadvantage. For example:

- Many children in out-of-home care lived in a chaotic, stressful environment prior to their removal from the home.
- Some had pre-natal and/or post-natal exposure to alcohol and/or drugs.
- Some moved often and unpredictably, even during the school year.
- Some did not get the early childhood stimulation needed to grow and thrive – such as parents reading to children or teaching concepts like colors, letters, and numbers.
- Regardless of whether the child's residence stayed the same, some, even in early elementary school, had parents that did not ensure their regular school attendance.
- Some have been impacted by multiple removals from the parental home or multiple moves between placements including moves that resulted in school disruptions.[31]

Further, children experiencing separation from their parents (and possibly also from brothers and sisters), adjusting to a new living environment, and adjusting to a new school, can be coping with too much stress to properly concentrate on their education. Grief effects are compounded each time a child is moved. So not only do children often have serious educational deficits, they may be displaying trauma-related behaviors and reactions that negatively impact their education.

[31] See page 45 for data on whether placement moves resulted in school changes.

National research shows that frequent school changes are associated with an increased risk of failing a grade in school and of repeated behavior problems.[32] On a local level, in 2015 the Nebraska Department of Education issued a *State Ward Statistical Snapshot* that describes many of the educational deficits faced by Nebraska's state wards.[33]

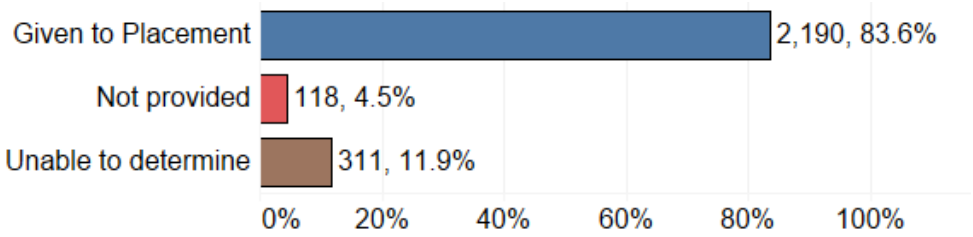
***Education Records Shared with Caregiver.*** Foster parents, group homes and other placements are charged with ensuring that children placed with them receive all necessary educational services. Having critical educational information about each child in their care is essential for this to occur.

During the FCRO's review of children's cases, attempts are made to contact the child's placement per federal requirement to determine whether the placement had received educational background information on the child at the time the child was placed.[34]

Even young children can receive Special Education or EDN services through the schools, so every foster caregiver must be given the education status of the children being placed in their homes. For children of mandatory age for school attendance this is especially relevant.

Figure 28 depicts whether education information was shared with the foster caregiver and does not include children in independent living or who were missing from care at the time of review. There was no documentation that important educational information was shared for 11.9% of children.

**Figure 28: Education Information Given Foster Placement, n=2,619**




***School Attendance***. During FY2019-20, the FCRO found that 88.5% of the children reviewed that were enrolled in school were attending regularly.

[32] Wood, D., Halfon, N. Scarlata, D., Newacheck, P., & Nessim, S. 1993. "Impact of family relocation on children's growth, development, school function, and behavior." Journal of the American Medical Association, as quoted in the Legal Center for Foster Care and Education Fact Sheet on Educational Stability, www.abanet.org.

[33] Baumfalk, Benjamin and Shepherd, Eva. 2015. "State Ward Statistical Snapshot Project." Nebraska Department of Education and Nebraska Department of Education.

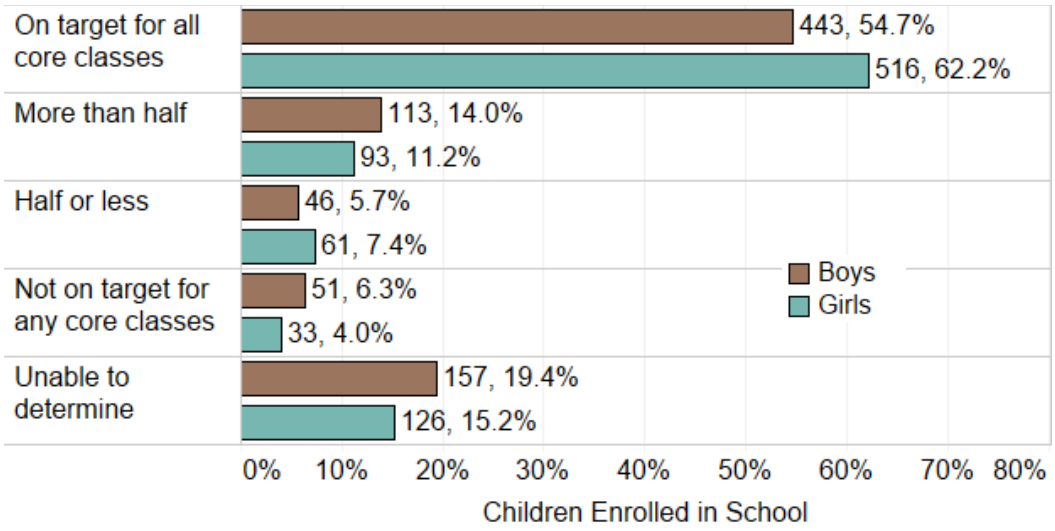
[34] Foster parents are provided the phone number and email address for the System Oversight Specialists. They are also provided a questionnaire which can be completed online at any time prior to the review. Prior to COVID-19 foster parents were given the opportunity to personally attend reviews at the meeting site, since COVID-19 the FCRO has deployed technology to allow them to join internet-based meetings. System Oversight Specialists also attempt to contact the placement via phone or email.

***Academic Performance***. During the review process the FCRO determines the level of academic performance for children enrolled in school. For many children that experienced a transient lifestyle and trauma, being on target can be difficult to achieve. There are also gender differences in the rates of achievement.

In 19.4% of the boys and 15.2% of the girls cases the NDHHS/CFS record contained insufficient information to determine how the children were doing in school.

Figure 29 shows that the majority of the students are on target in core classes.[35] The FCRO thanks the educators and foster parents that helped the children keep up with their peers educationally. For 19.4% of the boys and 15.2% of the girls cases there was insufficient information to determine how the children were doing in school, and about 12% of the students were meeting less than half or none of the targets for their core classes.

**Figure 29: Academic Performance for Children Enrolled in School, Reviewed 11/19-6/20, n=1,639**

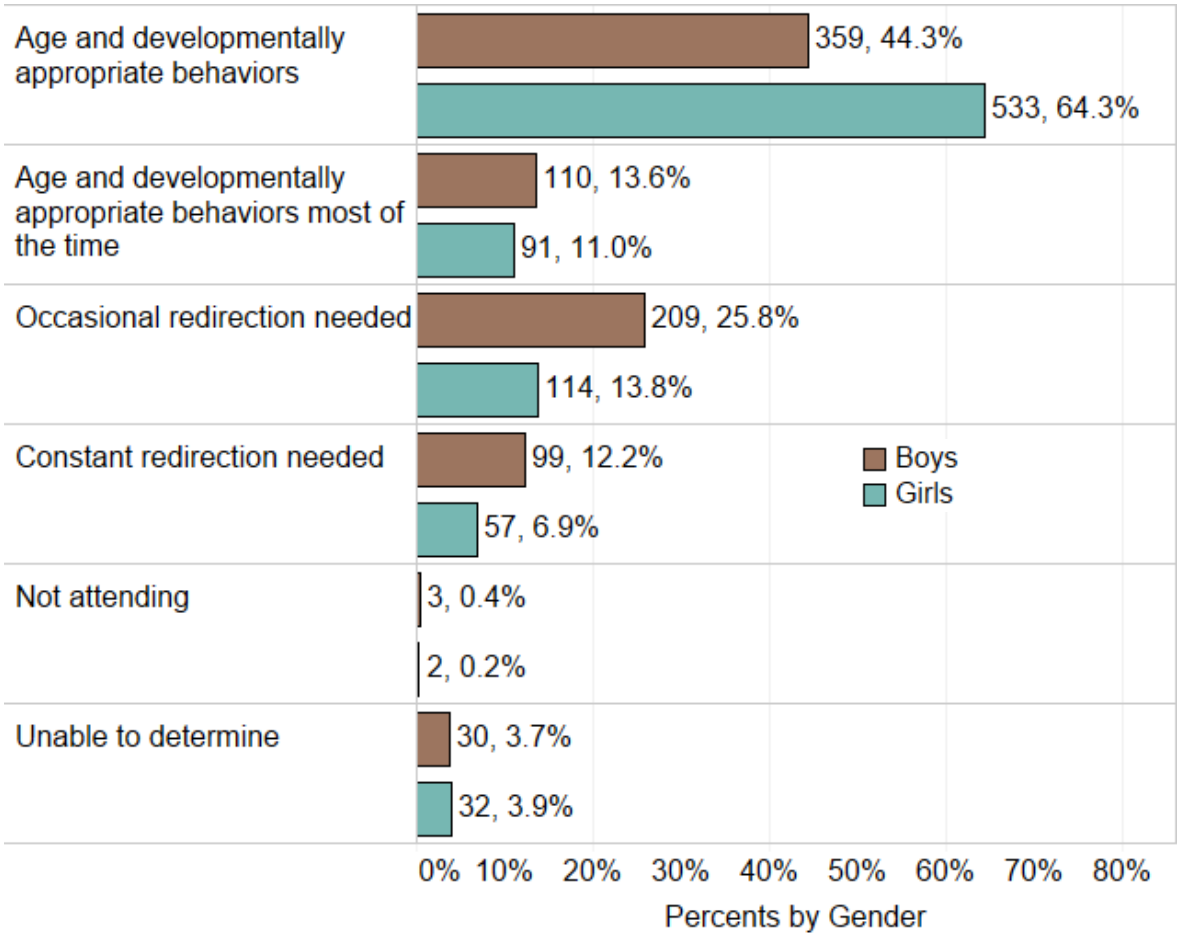



***Behaviors at School.*** Children in out-of-home care can display some very challenging behaviors as a result of the cumulative traumas they have experienced. These behaviors may be displayed in the child's placement, during visitation, and during the school day. And for children lagging behind their peers academically, there can be more stressors that manifest themselves as poor behaviors.

But, many children in foster care respond well to the structure and discipline that occurs in school. Figure 30 shows that 57.9% of the boys and 75.3% of the girls were displaying age and developmentally appropriate behaviors at school all or most of the time. Others struggled, especially the 12.2% of boys and 6.9% of girls who needed constant redirection. The percent struggling is consistent with the prior year.

[35] Core classes are typically math, English, science, and social studies.

**Figure 30: Behaviors at School for Children Enrolled in School, Reviewed 11/19-6/20, n=1,639**




Suspensions and expulsions also differed by gender:

- 9.4% of the boys and 4.9% of the girls were suspended in the 6 months prior to the most recent FCRO review.
- 1.5% of the boys and 0.8% of the girls were expelled in the 6 months prior to FCRO review.

***Additional Education-Related Data***. During the review process, the FCRO also considers some other indications of children's educational needs:

- 34.9% of the students had an IEP (Individualized Education Program),
- 26.7% of the boys and 18.8% of the girls are enrolled in Special Education,
- 6.4% of boys and 5.1% of the girls had a 504 Plan, and
- 19.3% of the students did not have minimal educational information in the NDHHS/CFS file of record.

# OLDER YOUTH – PREPARATION FOR ADULT LIFE

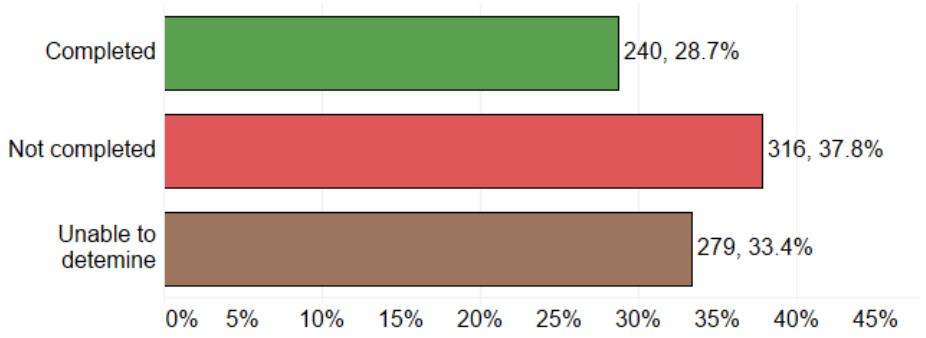
Nationally there is concern for the number of young adults who age out of the foster care system without achieving permanency and find themselves ill-prepared for adult life. Research shows that these youth are "more likely than their peers to drop out of school, be unemployed or homeless, experience health and mental health problems and not have health insurance, become teen parents, use illegal drugs, and have encounters with the criminal justice system."[36]

In FY2019-20, 130 young adults left the child welfare system on the day they reached legal adulthood having never reached permanency. Whether able to return to their families or not, older youth need to begin the process of gaining skills needed as a young adult.

***Independent Living Assessment (also known as Ansell Casey)***. All youth age 14-18 are to take an assessment to determine the youth's strengths and needs, and which skills for adulthood are still in need of work.[37]

The assessment was not complete for 37.8% of the youth. The assessment was complete for 28.7% of the youth (Figure 31), a significant decrease from 38.2% in FY2018-19. The FCRO was unable to determine if the assessment had been completed for 33.4% of the youth, similar to last year's 32.1%.

**Figure 31: Independent Living Assessment Completed, Youth Age 14-18, n= 835**




***Transitional Living Plan***. The completed Independent Living Assessment (Ansell Casey) is to drive the creation of the Transitional Living Plan (Independent Living Plan). This plan must be developed for a state ward 14 years of age or older and be designed to empower youth in achieving successful adulthood, and provide guidance for adult

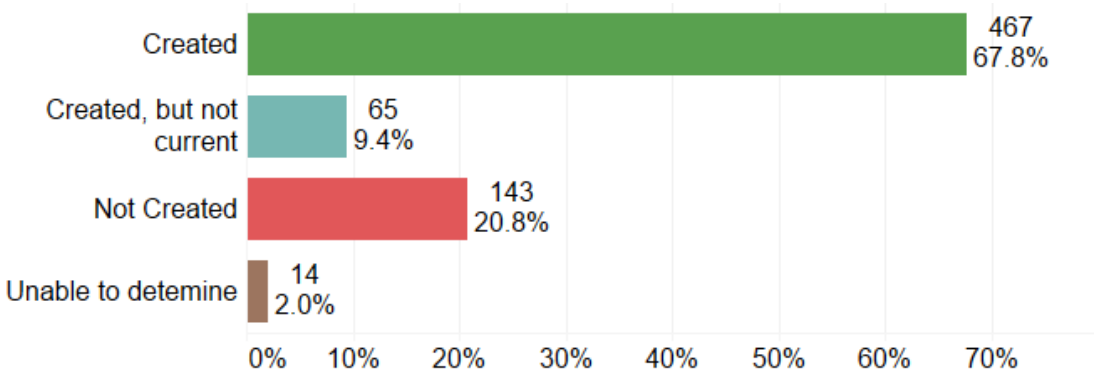
[36] Child Welfare Information Gateway. April 2013. "Helping Youth Transition to Adulthood." Children's Bureau/ACYF/ACF/HHS. https://www.childwelfare.gov/pubPDFs/youth_transition.pdf.

[37] Transitional Living Planning Procedure 30-2015-NDHHS. Transitional Living Planning Policy Memo 30-2015, Nebraska Department of Health and Human Services. Available at: http://dhhs.ne.gov/Chapter%20Policy%20Memos/5.4%20Transitional%20Living%20Planning.pdf

caretakers and youth identified support systems as they work with the youth to prepare them for adult living.[38,39] It needs to be periodically updated as situations dictate.

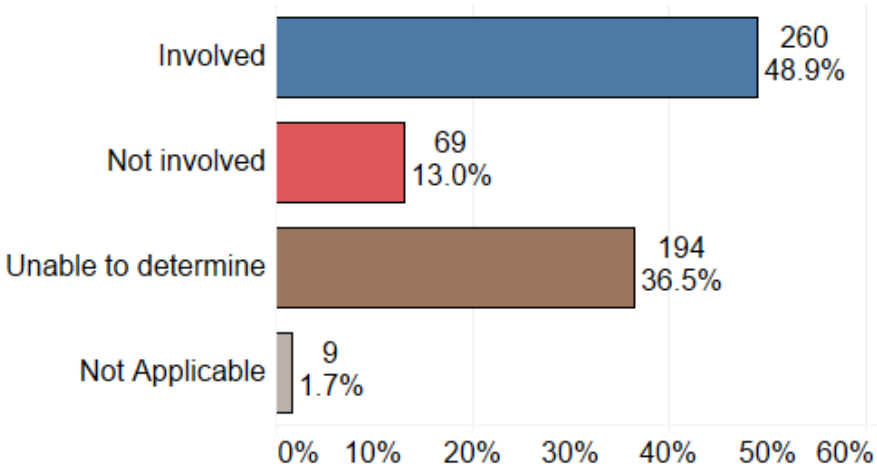
As shown in Figure 32, the plan had been created in only 75.8% of the cases reviewed, a slight increase from last year's 73.8% rate of completion.

**Figure 32: Transitional Living Plan Completed, Youth Age 14-18, Reviewed 11/19-06/20, n= 689**




***Youth Involved in Developing their Own Transitional Living Plan*.** Youth who take an active role in development of their own plan may be more invested in the process and outcome.[40] The youth in foster care have a motto "Nothing done for us, without us." For reviews completed 11/19-06/20, 48.9% of youth were involved in developing their own plan. It was unable to be determined for more 38.2% of the cases.

**Figure 33: Youth Involved in Developing Their Own Transitional Living Plan, Youth Age 14-18, Reviewed 11/19-06/20, n= 532**




[38] Ibid

[39] Child Welfare Information Gateway, 2018 "Working with Youth to Develop a Transition Plan" https://www.childwelfare.gov/pubPDFs/transitional_plan.pdf

[40] Ibid

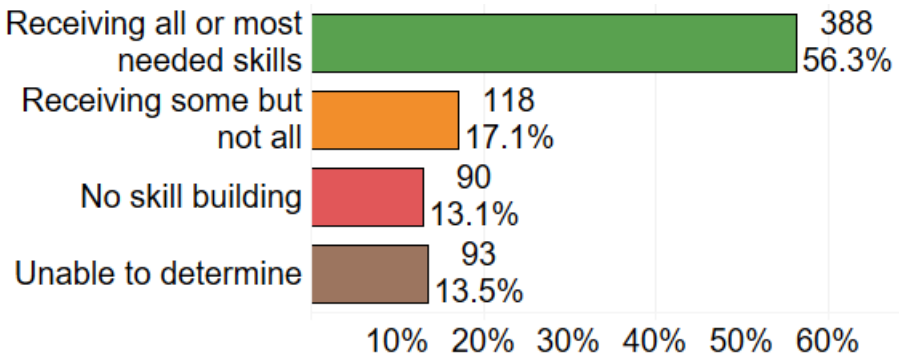
***Relationships with Positive Adults***. All youth need to have at least one positive adult, whether family or friend, that can assist them not only as minors but also as they transition into adulthood. "Helping youth develop lifelong connections should also be a part of the transition-planning process. Having caring adults in youths' lives work with them on these planning tasks can lay the foundation for relationships that will last beyond emancipation."[41]

Nebraska has incorporated this principle into practice by having youth include the important adults in their lives in their transition-planning meetings.

- 85.9% of the older youth are connected to at least one positive adult mentor.

***Receiving Skills in Preparation for Adulthood*.** As part of the file review process, FCRO staff assess if the youth is being provided with the skills needed for adulthood

**Figure 34: Obtaining Skills for Adulthood, Youth 14-18, Reviewed 11/19-06/20, n=689**




## NORMALCY

Normalcy is the ability for children to easily participate in age-appropriate social, scholastic and enrichment activities**.** These activities allow children in foster care to experience childhood activities children not in foster care experience and are important because they prepare children for life as an adult.

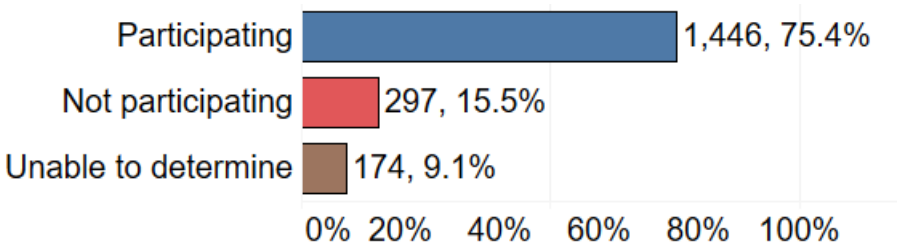
Foster parents are asked to apply a "reasonable and prudent parent standard" when making decisions about allowing the children/youth in their care to spend a night at a friend's house, play sports, etc. This is the "standard characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth," according to federal and state law.[42]

[41] Ibid
[42] Administration for Children and Families. October 2014. "ACYF-CB-IM-14-03." U.S. Department of Health and Human Services. Available at: https://www.acf.hhs.gov/sites/default/files/cb/im1403.pdf.; Neb. Rev. Stat. §43-4706. Available at: https://nebraskalegislature.gov/laws/statutes.php?statute=43-4706

Many normalcy activities, such as spending the night at a friend's house, having a birthday party, etc., are difficult if not impossible to measure. There is more information available on school extra-curricular activities.

For cases reviewed by the FCRO 11/19-06/20, 75.4% of children and youth ages 5-18 years, participated in extra-curricular normalcy activities. There were various reasons why a child or youth was not participating, including the COVID-19 pandemic, out of season for preferred sport, scheduling issues, availability, distance, or a child's lack of interest.

**Figure 35: Ability to Participate in Extra-Curricular Activities. Reviewed 11/19-06/20, Enrolled in School, n=1,917**




## SYSTEM LEVEL ISSUES

***Adequacy of Services for Children***. Throughout this Report we have discussed the major issues in many children's cases. With that knowledge, it is expected that most children will need some services to address early traumas and foster care related needs. During the review process the FCRO assesses if children are receiving the services they need.

- For all children reviewed, 93.1% are receiving all or a majority of the services they need.

***Caseworker Contact with Children***. According to NDHHS/CFS policy, caseworkers, whether NDHHS or lead agency employees are required to, at a minimum, have personal face-to-face contact with each child every month. This is an important safeguard for children, particularly children under age six that may not be visible in the community.

This has been especially important in 2020 due to COVID-19 when children have been out of school, may have been isolated at home or not seen in person by both formal and informal supports. Both NDHHS and the federal Children's Bureau allowed for face-to-face caseworker contact with children to be done through videoconferencing when health and safety could not be safely ensured during in person contact.

During the FCRO case review process, staff document whether or not the child's caseworker had contact with the child within 60 days prior to the most recent review. The FCRO purposely elected to use a 60-day window in order to allow time for contact documentation to be completed. By doing so it is the fairest representation of what was

actually happening for children and not merely a reflection of the documentation at a point in time.

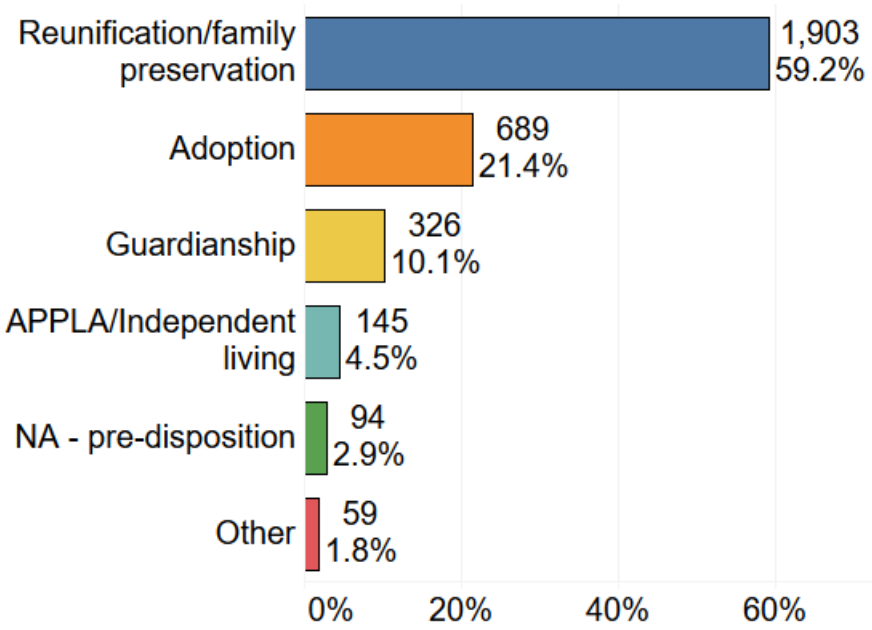
The FCRO found that for reviews conducted in FY2019-2020:

- Worker-child contact was documented as occurring within 60 days of the review for 98.6% of children reviewed across the state, compared to 98.3% last year.
- Worker-child contact within the last 60 days improved in the Northern Service Area from 91.2% last year to 94.9% this year. All other service areas maintained between 98.7% and 99.7% documented worker-child contact within the last 60 days of the review.

***Court-Ordered Primary Permanency Objective***. The court-ordered permanency plan contains one of several possible primary objectives and the means to achieve it. Typical objectives include reunification, adoption, guardianship, or APPLA (another planned permanent living arrangement). Courts have the authority to order two different permanency objectives – a primary permanency objective and an optional concurrent objective.

Figure 36 shows the primary objective ordered by the court for children at the time of review. The primary permanency objective remained virtually unchanged in FY2019-20 compared to last year. The majority of children reviewed had a plan of reunification with one or both parents (59.2%, compared to 59.3% in FY2018-19), followed by adoption (21.4%, compared to 22.7% in FY2018-19) and guardianship (10.1% compared to 10.4% in FY2018-19).

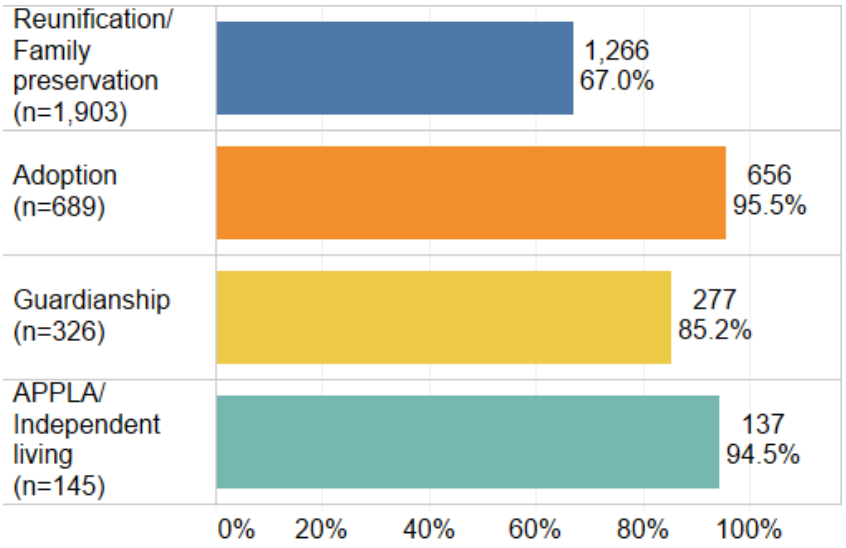
**Figure 36: Primary Permanency Plan at Last Review Conducted FY2019-20, n=3,216**



***Continued Appropriateness of Primary Permanency Objective***. Courts are to determine the appropriate permanency objective at each and every review hearing. After a thorough analysis of available information about the child's case, local boards determine whether or not the primary permanency objective (reunification, adoption, guardianship, etc.) is the most fitting for the individual child being reviewed and should be continued as shown in Figure 37.

If the objective in effect at the time of review does not match the circumstances of the case then the board would find that objective inappropriate to continue. Since reviews are timed to occur before court hearings, this finding is made to assist the legal parties in determining future case direction.

**Figure 37: Primary Plan was Found Appropriate to Continue at Last Review Conducted FY2019-20**




***Adoption as Primary Permanency Plan.*** For children reviewed 11/19-6/20, where the primary plan was adoption:

- 73.9% the potential adoptive family appeared able to meet the child's specific needs,
- 65.4% parental rights had been acted upon by the courts rendering the children free for adoption,
- 5.6% of the cases, the child had been adopted previously, and
- Completion of the specialized adoptive home study had yet to occur for 43.4%, and an adoption subsidy was not agreed upon for 38.4%.

***Guardianship as Primary Permanency Plan.*** For children reviewed 11/19-6/20, where the primary plan was guardianship:

- 83.0% of those with plans of guardianship were teenagers 54.5% of the cases the current placement was willing to become a legal guardian,
- Relatives or kin were more likely than non-relatives to be willing to become guardianship (62.7% and 37.3% respectively), and
- 6.0% of the cases, the child had been in a prior guardianship.

***Family Team Meetings***. NDHHS/CFS defines a family team meeting as a meeting with the family and others who develop and monitor a plan for child safety, permanency and well-being. [43] They also work toward sustainable change and support for the family and children. The team meeting is be held every 90 days:

- NDHHS/CFS held a timely family meeting 93.6% of the time.

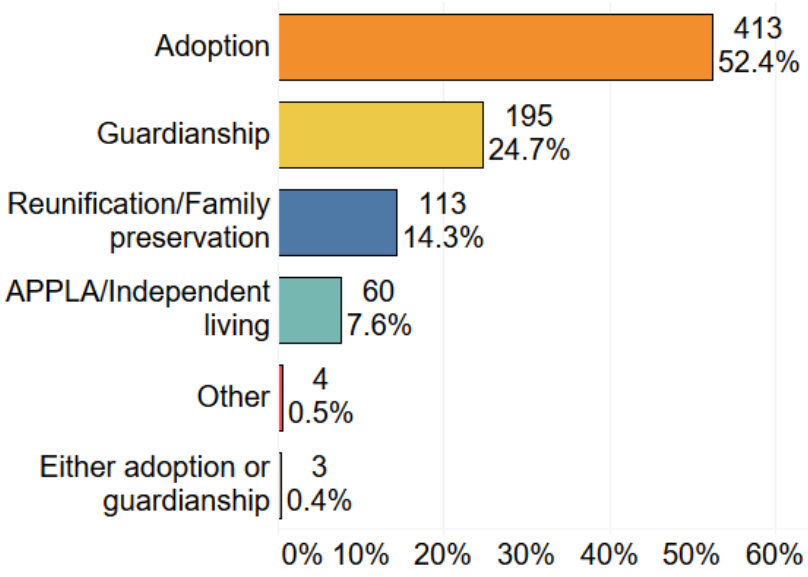
***Court-Ordered Concurrent Permanency Objective***. The purpose of concurrent planning is to shorten children's stay in care by allowing the system to work on two permanent solutions simultaneously. To be successful there needs to be a focus on clear goals and timeframes related to the concurrent objective as well as the primary objective. Ideally, it should begin with initial contacts and continue throughout the case. Throughout the case there needs to be continued reassessments of whether the primary objective is still in the best interests of the child.

Nebraska statute permits but does not require courts to include a concurrent permanency objective in its court-ordered plan.

When there is a concurrent objective in the court order, NDHHS/CFS must make reasonable efforts towards this objective as well as the primary objective. For example, if there is a concurrent objective of adoption then NDHHS/CFS needs to begin or complete the process of determining if there is a potential adoptive home identified, ensuring that paternity issues have been addressed, and possibly discuss a relinquishment of parental rights with parents.

By doing so, if reunification is no longer a viable objective, then no time is wasted in shifting to a plan of adoption.

**Figure 38: Concurrent Permanency Plan at Last Review Conducted FY2019-20, n=788**




[43] Nebraska Health and Human Services/CFS Protection and Safety Procedure Update 16-2015.

Adoption was the concurrent objective in 52.4% of the cases, down from 57.4% in FY2018-19. Guardianship was 24.7% of the cases, up from 18.7% last year. Reunification/Family Preservation was the concurrent objective in 14.3% of the cases, about the same as last year. APPLA/Independent Living was the concurrent objective in 7.6%, a small decrease from 8.9% last year.

***Relative Identification.*** The Federal Fostering Connections to Success and Increasing Adoptions Act (PL 110-351, 2008) requires that NDHHS/CFS apply "due diligence" in identifying relatives within the first 30 days after a child is removed from the home.

Of the 2,758 children in out-of-home care[44] reviewed in FY 2019-2020, a father was identified 93.3% of the time, an increase of 3.8% from last year. Yet, in cases where a father was identified, a documented search for paternal relatives was conducted 67.6% of the time, a decrease of 0.5% from last year. So while there has been an increase in the identification of fathers, there has been virtually no change in documentation identifying relatives for the potential placement of children.

Of the children reviewed in FY 2019-2020, a documented search for maternal relatives was conducted 88.3% of the time, an increase of 0.5% from last year.

***SDM Assessments***. NDHHS/CFS uses Structured Decision Making (SDM), an evidenced based model, as their assessment and decision tools for families involved in the child welfare system.[45] This includes the SDM Reunification Assessment, the SDM Family Strengths and Needs Tool (FSNA), and SDM Risk Assessment.

SDM Reunification Assessment, which guides whether it is safe to return children to their parent(s), per NDHHS/CFS policy is to be conducted within 90 days of removal and every 90 days thereafter as long as the plan remains reunification.

For reviews conducted 11/19-06/20, the FCRO found that:

- 88.2% of cases had an SDM reunification assessment within the appropriate time frame.

When an SDM reunification assessment was conducted:

- 48.7% were rated as very high risk to returned home,
- 35.7% were rated as high risk,
- 13.5% were rated as moderate risk, and
- 2% were rated as low risk.

SDM Family Strengths and Needs Assessment Tool (FSNA) is used to guide case planning. It is to be completed within 60 days of case opening and updated at least once every six months. This tool grades needs of parents and children and those needs

[44] Excludes children in a trial home visit at the time of review.
[45] Structured Decision Making is a proprietary set of evidence-based assessments. There are specialized SDM assessments appropriate for use under different case circumstances.

identified as increased or extreme needs should be addressed within the case plan that guides services.

For reviews conducted 11/19-06/20, the FCRO found that:

- 86.4% of the cases had a finalized FSNA within the appropriate time period.

Of the cases that had a timely FSNA,

- 97.0% utilized all or some of the findings to drive case planning and reunification planning.

NDHHS/CFS must conduct an SDM risk reassessment to determine level of risk to the child before recommending a child is returned home through a trial home visit or a reunification case is closed,. If the SDM safety finding is safe, and the risk level is either low or moderate, then the case should be recommended for case closure.

- For reviews conducted 11/19-06/20, the FCRO found that an SDM Risk Reassessment was completed prior to a trial home visit or plan of reunification only 43.8% of the time.
    - Of those Risk Reassessments, 73.4% were rated as moderate or low risk, indicating a plan of reunification or trial home visit was safe, while 26.5% indicated there was still very high or high risk in the home.

***Reasonable efforts.*** NDHHS/CFS is obligated to make reasonable efforts to preserve and reunify families if this is consistent with the health and safety of the child.[46] If the court finds that reunification of the child is not in his or her best interests, NDHHS/CFS is then required to make reasonable efforts to ensure that necessary steps are in place to achieve an alternative permanency for that child.

Juvenile courts make determinations of reasonable efforts on a case-by-case basis. A finding that the State failed to provide reasonable efforts has significant consequences to NDHHS/CFS, such as disqualification from eligibility of receipt of federal foster care maintenance payments for the duration of the juvenile's placement in foster care.

The FCRO makes an independent finding at each review on whether "reasonable efforts" are being made towards achieving permanency. During FY2019-20, the FCRO found:

- NDHHS/CFS had made reasonable efforts in 96.4% of the cases, and
- NDHHS/CFS case planning document was complete for 92.6% of the children's cases.

[46]Required unless a statutory exception of "aggravated circumstances" is found by the juvenile court, or the juvenile court has adopted another permanency objective.

# COURT AND LEGAL SYSTEM

***Timeliness of Adjudication.*** The court hearing at which the judge determines if the allegations in the petition filed by the county attorney are true is known as the adjudication hearing. If found true, the case then proceeds to the disposition hearing. Under Neb. Rev. Stat. §43-278, the adjudication hearing must occur within 90 days of the child entering out-of-home care, unless there is a showing of good cause. Best practice for adjudication hearings is 60 days[47] and Nebraska Supreme Court Rule §6-104 was amended to reflect this best practice as a case progression standard for adjudication hearings in juvenile court.

For children reviewed in FY2019-20, the median days from petition to adjudication was 74.[48]

***Court review hearings.*** Court review hearings were held every six months in the vast majority of cases reviewed (95.4%).

***Required SFA Findings Made by the Court.*** The federal Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) requires courts to make certain findings. Under the Nebraska Strengthening Families Act (SFA) at every dispositional, review, or permanency planning hearing courts are required:

1. To make a determination regarding steps NDHHS is taking to ensure the reasonable and prudent parenting standard;
2. To make a determination regarding whether the child has regular opportunities to engage in developmentally appropriate activities;
3. To consult with the child in an age/developmentally appropriate manner about such activities;
4. To make a finding whether youth age 14 and older were involved in the development of the case plan, and make a finding as to the appropriateness of programs and services designed to help the youth successfully transition to adulthood;
5. For youth 16 and older (regardless of permanency plan) to make a finding as to whether the youth has received documents as required in Neb. Rev. Stat. §43-1311.03(9), and if not whether the NDHHS plan for the provision of such documents is adequate; and

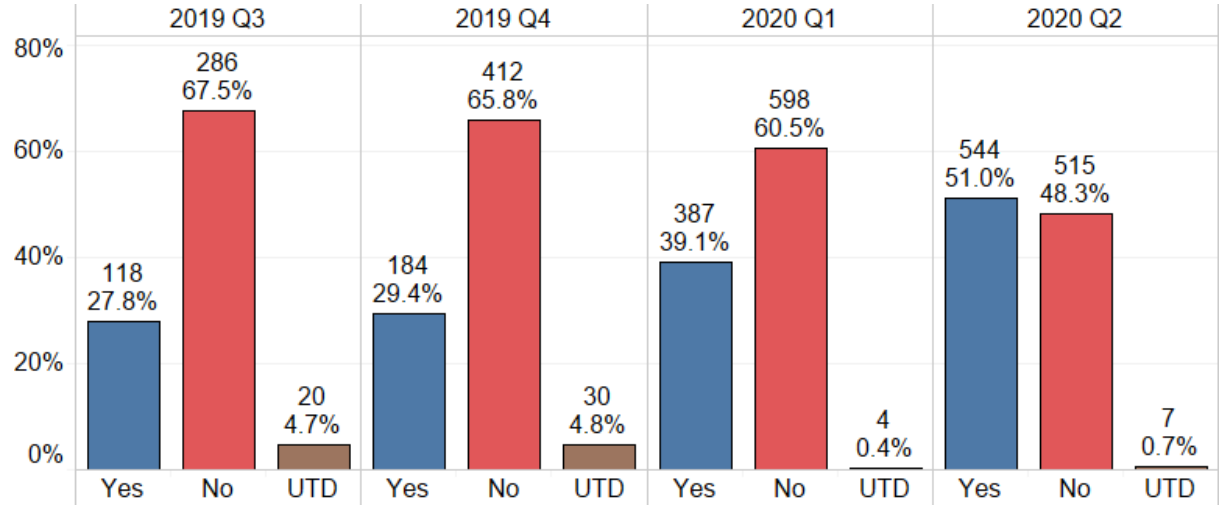
[47] Gatowski, S., Miller, N., Rubin, S., Escher, P. & Maze, C. (2016) Enhanced resource guidelines: Improving court practice in child abuse and neglect cases. Reno, NV: National Council of Juvenile and Family Court Judges.

[48] The Nebraska Court Improvement Project has an extensive online dashboard measuring case progression across several hearings that can be filtered by specific region. The dashboard can be accessed at: https://supremecourt.nebraska.gov/programs-services/court-improvement-project/court-improvement-project-data-dashboard

6. For youth 16 and older with a plan of APPLA determine whether such plan is in the best interests of the youth and list the compelling reasons that other permanency objectives are not possible for that youth.

During FY2019-20 there has been significant improvement in this area, however, there is still work to be done. At the beginning of FY2019-20 courts were making the required findings in less than one-third of all cases of children in out-of-home care who have reached disposition. By the end of FY2019-20 over half of these cases had the required findings.

**Figure 39: SFA Findings Made by Court, Based When FCRO Review Occurred during FY2019-20, Children That Had Reached Disposition, n=3105**




UTD is unable to determine

***Permanency Hearings.*** Under Neb. Rev. Stat. §43-1312(3), courts shall have a permanency hearing no later than 12 months after the date the child enters foster care and annually thereafter. The permanency hearing is a pivotal point in each child's case during which the court should determine whether the pursuit of reunification remains a viable option, or whether alternative permanency for the child should be pursued. To make this determination, adequate evidence is needed, as well as a clear focus on the purpose of these special hearings.

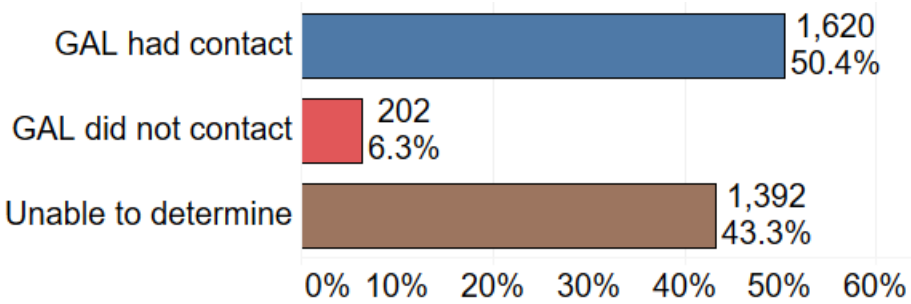
- In the majority (90.8%) of cases reviewed of children in care at least 12 months, a permanency hearing had occurred. This is a slight decrease from last fiscal year, when permanency hearings occurred in 94.9% of cases.

***Guardian Ad Litem (GAL) Practice.*** According to Neb. Rev. Stat. §43-272.01 the guardian ad litem is to "stand in lieu of a parent of a protected juvenile who is the subject of a juvenile court petition…" and "shall make every reasonable effort to become familiar with the needs of the protected juvenile which shall include…consultation with the

juvenile." Per Nebraska statutes, GALs are to visit children they represent in their placement at least once every six months.

FCRO staff review court documents and reach out directly to every GAL, however, GAL-child contact was unable to be determined or did not occur for about half of children reviewed, as shown in Figure 40.

**Figure 40: Guardian Ad Litem Contact with Child, Excluding Children Missing from Care Entire Period, FCRO Reviews 11/19/06/20, n=3,214**

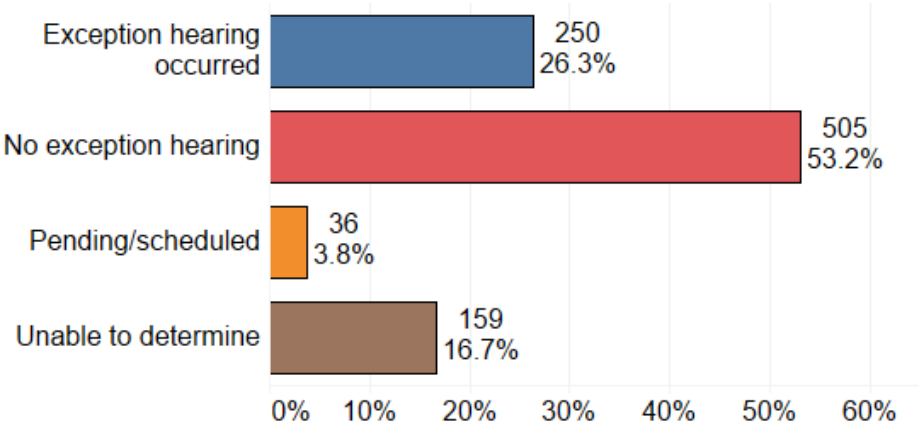



***CASA Volunteers***. In some areas of the State, courts have CASA (Court Appointed Special Advocate) programs. These are non-attorney volunteers that work with a Guardian Ad Litem and the court by developing a one-on-one relationship with the child and advocate for that child. Not all children are appointed a CASA volunteer. Courts assign CASA volunteers to the more intensive cases or cases where children may be extremely vulnerable – such as a child with an incapacitating medical condition—depending on the availability of volunteers. At the time of FCRO review during FY2019-20, 32.7% of children reviewed had a CASA appointed.

***Exception Hearings.*** Exception hearings are to occur if the child has been in care for 15 of the past 22 months. This hearing is called "exception" because the court is to determine at that point if there is a verified, legally allowable exception toward the required motion for termination of parental rights by either the prosecutor or the guardian ad litem.

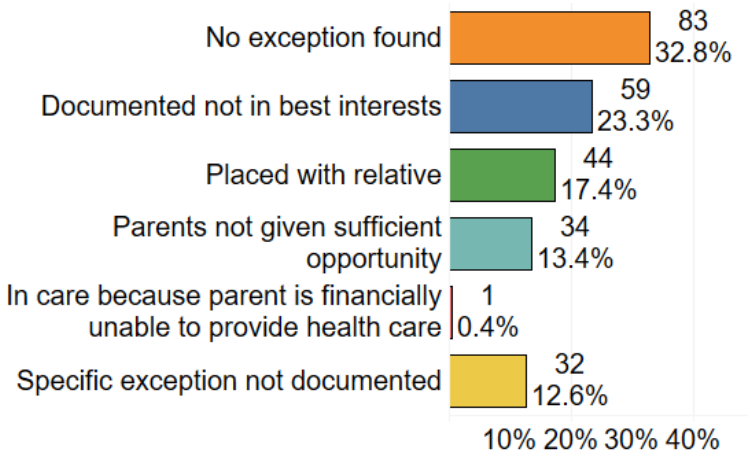
For cases reviewed of children in out-of-home care 15 months or longer where parental rights were still intact, the required exception hearing did not occur or the FCRO was unable to determine that it had occurred in 69.9% of the cases (Figure 41). This is significantly worse than last year, when exception hearings did not occur or could not be determined for 45.3% of applicable cases.

**Figure 41: Exception Hearing Held, FCRO Reviews 11/19-6/20 of Children in Care at Least 15 months, n= 950**




For those cases where an exception hearing was held, no exception was found in 32.8% of the cases. When an exception was found to exist, the most common exception was that termination of parental rights was documented to not be in the best interests of the child (23.3%), followed by child placed with a relative (17.4%). Rarely, (1% of the cases), the court may make more than one finding.

**Figure 42: Exception Hearing Finding(s) if Hearing Held. FCRO Reviews 11/19-6/20 of Children in Care at Least 15 months, n=250**



# TERMINATION OF PARENTAL RIGHTS

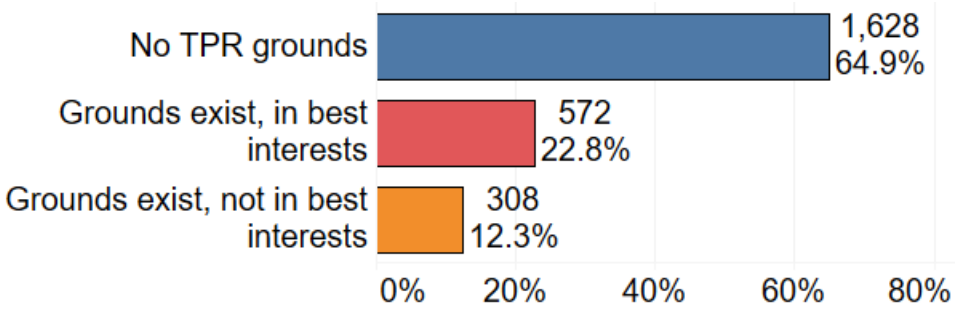
Parents have a fundamental right to the care, custody, and control of their children – but that right must be balanced with children's critical need for safety, stability, and permanency.

Termination of parental rights (TPR) is the most extreme remedy for parental deficiencies. With a TPR, parents lose all rights, privileges, and duties regarding their children and children's legal ties to the parent are permanently severed. Severing parental ties can be extremely hard on children, who in effect become legal orphans; therefore, in addition to proving parental unfitness, Neb. Rev. Stat. §43-292 requires proof that the action is in children's best interests.

***Grounds for TPR and Best Interest of the Child.*** The FCRO is required by Neb. Rev. Stat. §43-1308 to make the following findings regarding termination of parental rights for each child reviewed: 1) if grounds appear to exist; 2) if a return to parents is likely; and 3) if a return to parents is unlikely what should be the permanency goal.

Figure 43 illustrates the findings, starting with the status of apparent grounds for termination of parental rights. In about 22.8% of children's cases reviewed, grounds for a termination of parental rights, including best interests, appears to exist.

**Figure 43: Grounds for Termination of Parental Rights Where Rights Remain Intact, FCRO Reviews FY2019-20, n=2,508**

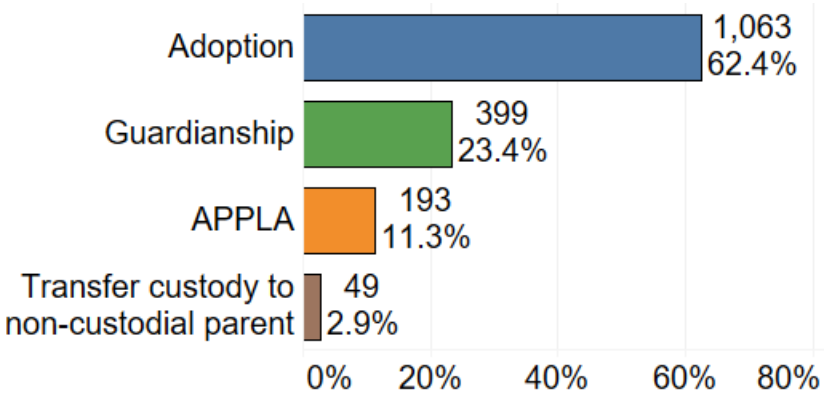



***Alternative Permanency if Return to Parent Unlikely.*** For 804 children, at the time of their review, it was either likely they would return home to their parents or they had already returned home, under court and NDHHS/CFS supervision, through a trial home visit. For the remaining 1,704 children, the board found that returning to the home from which they were removed was unlikely. As shown in Figure 44 when children are unlikely to return home, local review boards most frequently recommend a permanent family through adoption (62.4%).

In some cases, such as where children do not want to completely sever ties to the parents, guardianship may be the best option (23.4%). The APPLA category could include preparing for adult living for youth age 16 or older that are near adulthood and will exit the system without a permanent family in place (either via reunification, adoption, or guardianship) (11.3%).

Whether or not return to the parents is likely, the FCRO works to ensure that children do not linger unnecessarily in out-of-home care.

**Figure 44: Alternative Permanency Objective Recommended Where Child is Unlikely to Return to Parent. FCRO Reviews FY2019-20, n=1,704**

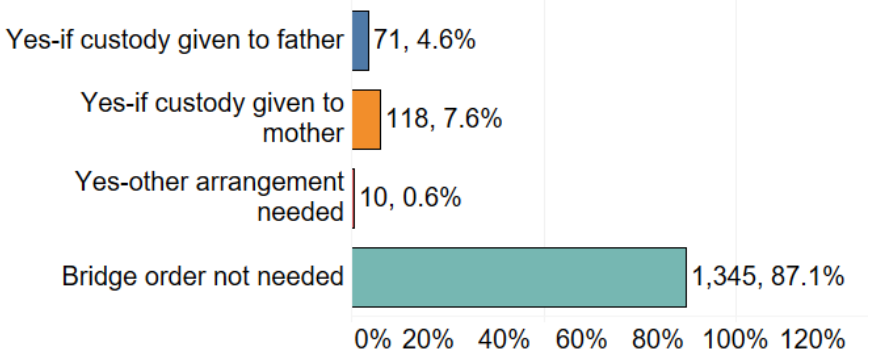



In 88% of relevant cases reviewed the lack of a TPR filing had either no impact or minimal impact on permanency for the children at the time of review. Of the 6.6% of cases where lack of filing TPR was causing a substantial delay, a disproportionate amount (77.2% or 132 of 171) were in Douglas County.

***Need for Bridge Orders.*** A bridge order transfers juvenile court jurisdiction to a district court for custody matters when the safety of a child is not at stake. It allows NDHHS/CFS to withdraw as legal guardian of the child and the juvenile court to close jurisdiction while ensuring that the child is in a safe placement with a parent who has legal authority to enroll in school, seek medical care, etc. Bridge orders reduce the waiting period to get custody orders modified in district court.

As shown in Figure 45, bridge orders are needed for a small group of the children in out-of-home care. However, for those children, a bridge order can significantly decrease time in care.

**Figure 45: Need for a Bridge Order, FCRO Reviews FY2019-20, n=1,544**



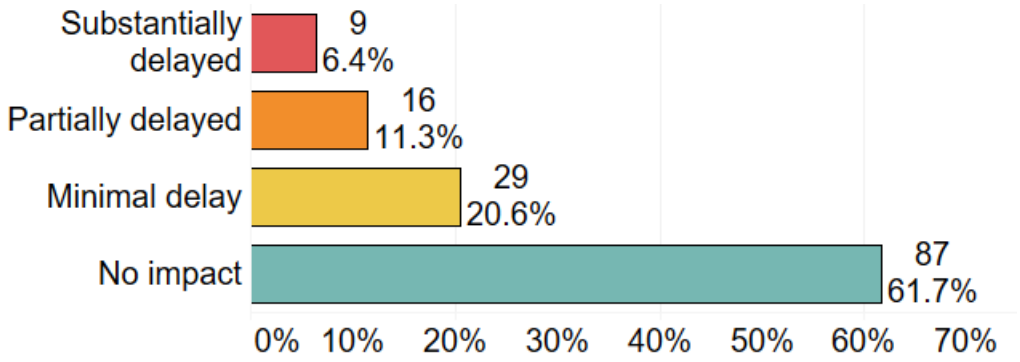
***ICWA.*** ICWA refers to the federal and state Indian Child Welfare Acts, enacted to ensure that children of American Indian heritage are not unnecessarily removed from their extended family and tribal connections. By law, children under tribal court jurisdiction are not tracked or reviewed by the Foster Care Review Office. Thus, the numbers quoted here are only for State Wards with ICWA qualification not under a tribal court.

During FY2019-20, the FCRO found that ICWA applied to 5.5% of the children reviewed (141 children). In those cases:

- NDHHS/CFS had a written cultural plan to preserve the child's cultural bonds as required under ICWA for 48.2% of those children,
- There was no cultural plan for 41.8%,
- The plan was being drafted for 0.7%, and
- For 9.2% it was unable to be determined.

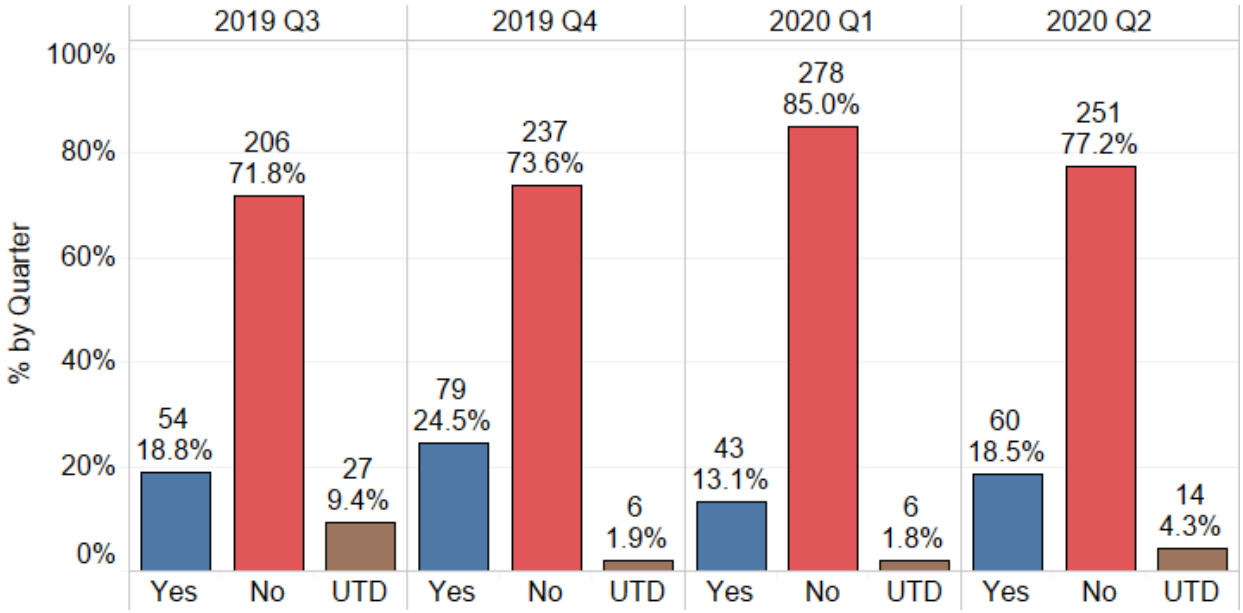
The FCRO also determined the degree to which adherence with ICWA's requirements was impacting permanency. For most ICWA qualified children, compliance had no or minimal impact on time to permanency, as shown in Figure 46.

**Figure 46: Degree of Impact of ICWA Compliance on Permanency for ICWA Qualified Children, FCRO Reviews FY2019-20, n=141**




***Children Attending Court Hearings.*** It can be very important for older children and youth to feel heard by the court that is making decisions about their future. Figure 47 shows that even pre-COVID-19 few youth attended court hearings involving their case. The calendar quarters indicated are the quarters during which the case was reviewed.

**Figure 47: Children age 13-18 Attending Court Hearings, FCRO Reviews FY2019-20, n=1,261**




UTD is unable to determine

## CASE PROGRESS

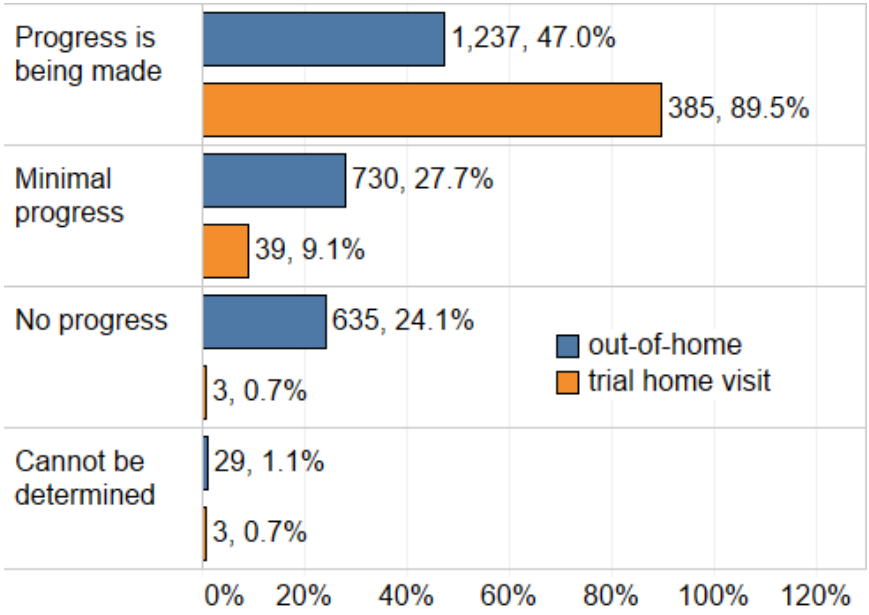
***Continued Need for Care***. Foster care is meant to act as a safety net for children so that they can be safe and have all their basic needs met while adults in the family address the issues that led to children's removal. At the same time, it is imperative that children not remain in temporary care (foster care) longer than necessary.

Statute requires the FCRO to determine if there is a continued need for state oversight at every review conducted.

- In 84.8% of reviews of children placed out-of-home at time of review during FY2019-20, such care was still needed. This is the same as during the last fiscal year.
- In 72.3% of reviews of children on a trial home visit, continued court oversight was needed. This compares to 70.9% in the prior fiscal year.

***Progress to Primary Permanency Objective.*** Another finding (Figure 48) made by local boards during case file reviews is whether or not progress is being made towards achieving the permanency objective. This finding is made after considering all the available documentation and stakeholder information.

**Figure 48: Progress to Permanency for Each Child at Each Review during FY2019-20 that Had a Court-Ordered Primary Permanency Objective, n=3,061**




It is unacceptable that for 24.1% of children in out-of-home care clearly no progress was being made, and for another 27.7% only the most minimal progress is being achieved. There has been little change since the previous fiscal year.

In other words, for over half of the children in out-of-home care reviewed, cases are stagnating and permanency is still far away. This could be due to a lack of parental engagement or necessary services not being provided. Thus, it is no surprise that many children have long stays in out-of-home care. Better progress is seen by the time the children are in a trial home visit, as would be expected.

All parts of the child welfare system should be working towards the same goal – safe and timely permanency.

# CHILDREN INVOLVED IN INFORMAL LIVING ARRANGEMENTS

***Informal Living Arrangements (ILAs)*** occur when a family that has come to the attention of NDHHS/CFS is involved in a non-court voluntary case, and as part of the safety plan the parent places their child(ren) with a relative or friend for various lengths of time based on case specifics. Placement with a relative or family friend should be less difficult for the children and enable the parent(s) to concentrate on correcting or addressing whatever issue brought the family to the attention of NDHHS/CFS.

The FCRO and NDHHS/CFS have been meeting throughout FY2019-20 to discuss problems with the newly developed reports on ILA cases issued by the NDHHS N-FOCUS system, to ensure that the FCRO is correctly interpreting those reports, and to jointly develop procedures for FCRO reviews of ILA cases. The reviews will start in FY2020-21. Findings will be shared with NDHHS/CFS in order to assist them to monitor and improve that program. [49]

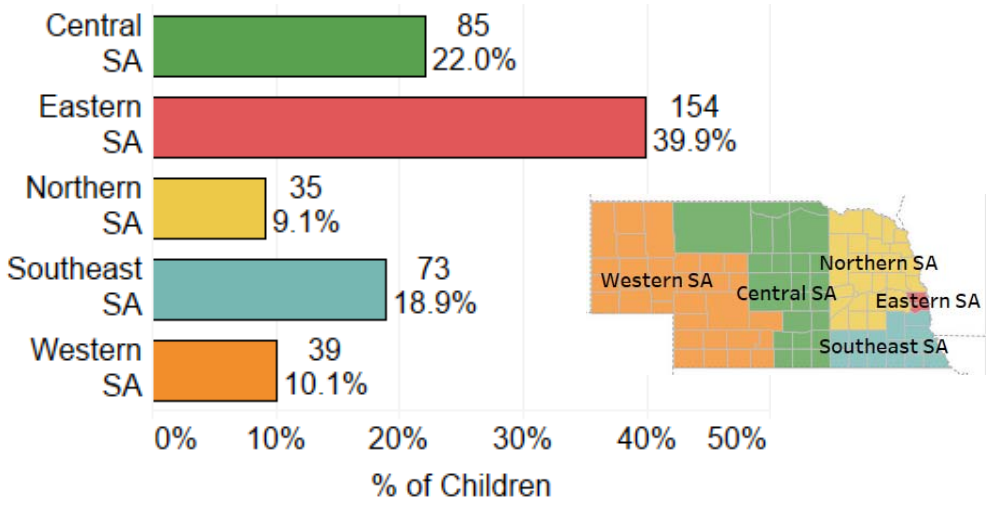
The FCRO received reports on informal living arrangements beginning in April 2019. This is the first FCRO Annual Report to include data on children in informal living arrangements, and as such the data in this section is demographic information on all 386 children in informal living arrangements that NDHHS/CFS reported to the FCRO through 6/30/2020.

## DEMOGRAPHICS

***Service Area.*** Figure 49 shows the 386 children in an ILA by service area. When compared to court-involved children in child welfare (see page 29), children in informal living arrangements are disproportionately from the Central Service Area (22.0%, compared to 11.9%). Informal living arrangements are less common in the Eastern Service Area (39.9% of ILAs, compared to 47.8% of court-involved children in out-of-home care).

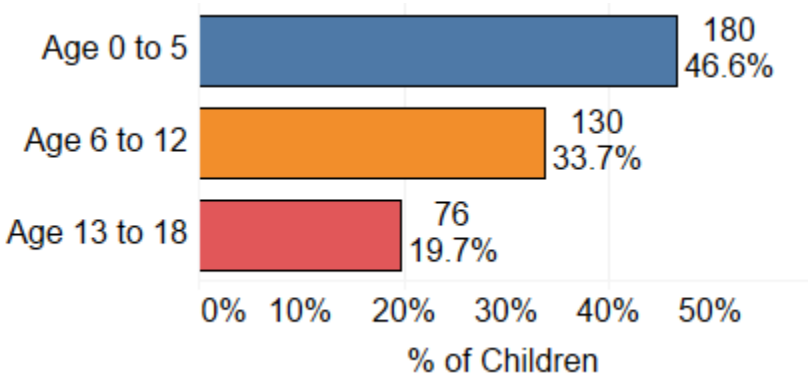
[49] Under Nebraska statutes, the FCRO has legal authority to receive data and to review all children/youth in the child welfare system that are placed outside of the parental home whether due to a court order or voluntarily by a parent (Neb. Rev. Stat. §43-1301(4)).

**Figure 49: All Children in an ILA Reported to the FCRO by Service Area, n=386**




***Age.*** Figure 50 shows the age of children in informal living arrangements on the day the first ILA began.

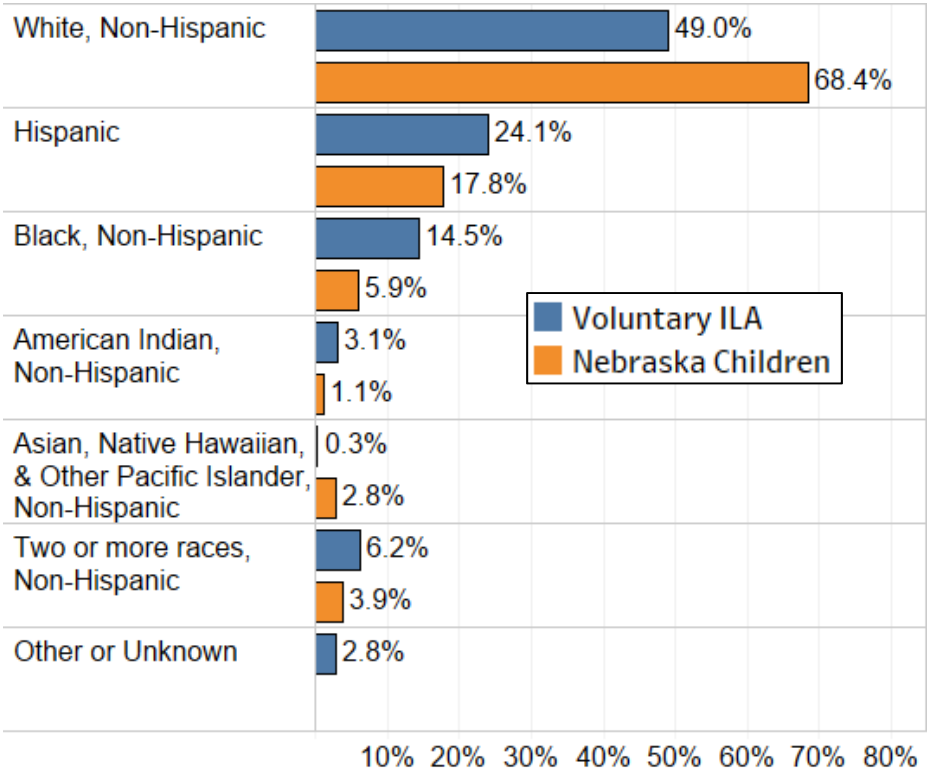
**Figure 50: All Children in an ILA Reported to the FCRO by Age at the Start of Episode, n=386**




***Gender.*** There have been slightly more girls than boys in ILAs, 199 girls (51.6%) and 187 boys (48.5%).

***Race and Ethnicity.*** Children in ILAs are demographically similar to children court ordered into out-of-home care through NDHHS/CFS in terms of age and gender distributions. Their racial and ethnic make-up is different, however, as more children in ILAs are White Non-Hispanic than their court-system involved peers, (see Figure 11 page 31).

**Figure 51: All Children in an ILA Reported to the FCRO by Race Compared to Nebraska Census Data, n=386**




## EXITS

***Exits from an ILA.*** The FCRO and NDHHS/CFS are currently working to ensure the accurate and timely reporting of children exiting informal living arrangements when the children return to parents or enter into guardianships. Currently, the only information accurately reported is the number of children who exit informal living arrangements because they have entered into state custody. As of 6/30/2020, 65 children entered the court-involved foster care system after an informal living arrangement.

# DUALLY-INVOLVED YOUTH

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

This section includes tracking and review data for court-involved youth in out-of-home care with cases in the child welfare system and juvenile justice system simultaneously.

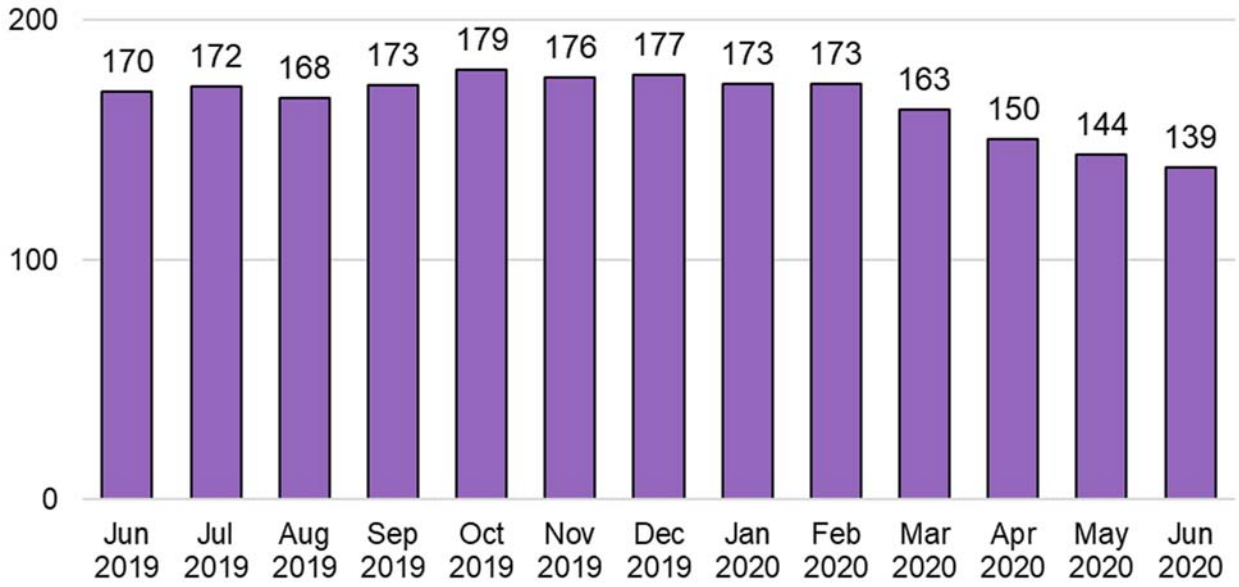
Data describe population trends, snapshot distributions, and data only available on children the FCRO has reviewed. Review data collected for dually-involved youth is the same as all youth involved in the child welfare system. Much of the data in this section compares dually-involved youth to older youth in the child welfare system who are not currently involved in the juvenile justice system.

# Dually-Involved Youth

## TRENDS

***Average Daily Population*.** Figure 52 shows the average daily population of youth in out-of-home care who are dually-involved.[50] The average number of youth who are dually-involved has decreased by 18.6% from June 2019 to June 2020, and the timing of the decrease coincides with the COVID-19 pandemic.

**Figure 52: Average Daily Population of Dually-Involved Youth, June 2019 to June 2020**

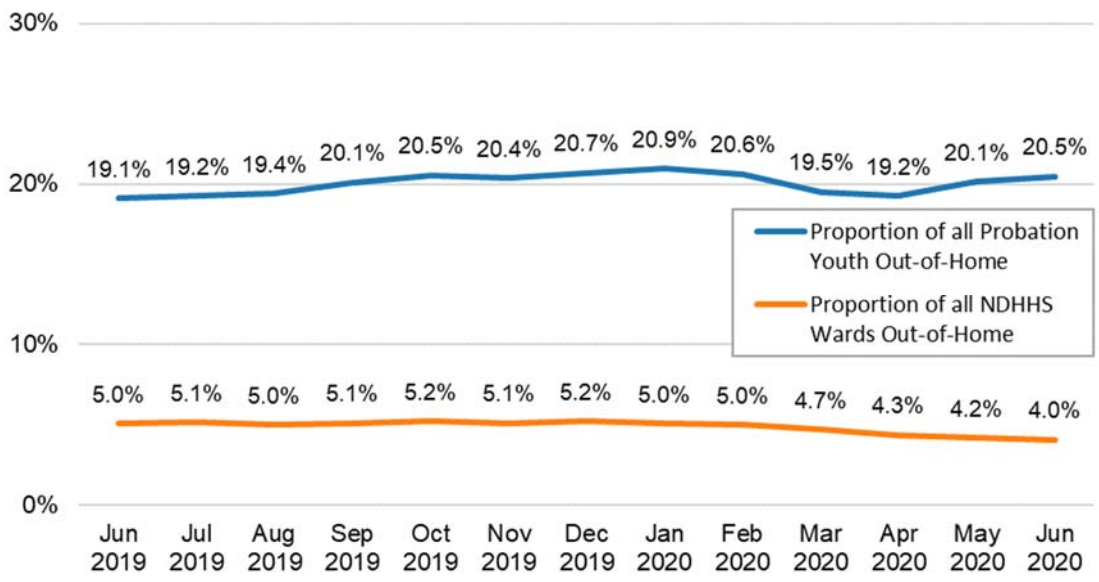



The average daily population of dually-involved youth in out-of-home care is a product of both the average daily population of NDHHS state wards in out-of-home care (see page 26) and probation youth in out-of-home care (see page 84).

As shown in Figure 53, in any given month, the proportion of probation supervised youth in out-of-home care who are also involved in the child welfare system is 19 to 21%. The proportion of youth in out-of-home care in the child welfare system who are also involved with the Juvenile Probation is 4 to 5%.

[50] Average daily population for dually-involved youth includes youth who are involved in both the child welfare and juvenile justice systems, including those youth who are currently placed at YRTCs. Single-day snapshot data does not include youth placed at the YRTC. They are included in the YRTC section of the report, starting on page 101.

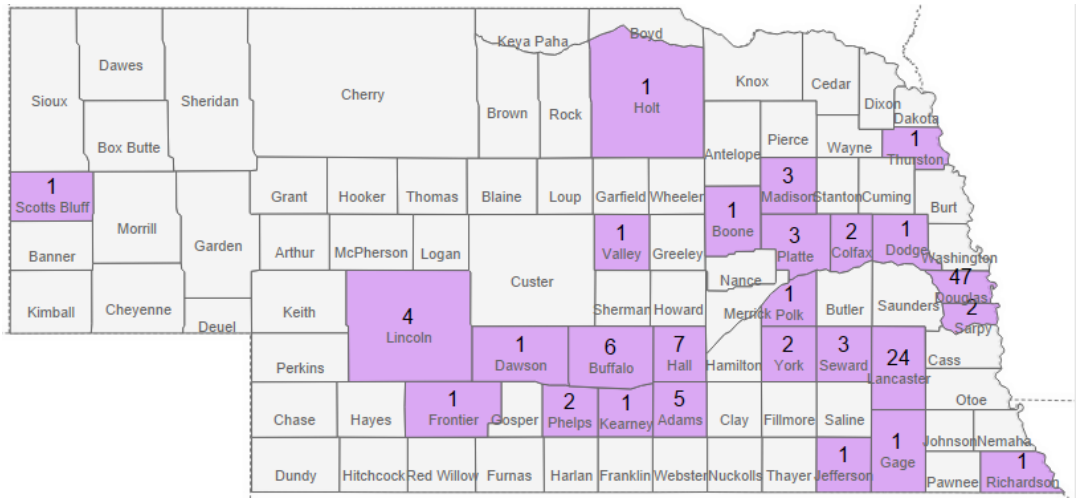
**Figure 53: Dually-Involved Youth as Proportion of NDHHS Wards and Probation Supervised Youth, June 2019-2020**




## DEMOGRAPHICS

***Location.*** On June 30, 2020, there were 123 dually-involved youth in out-of-home care.[51] (See Appendix A for a list of counties and their respective Judicial Districts and Service Areas).

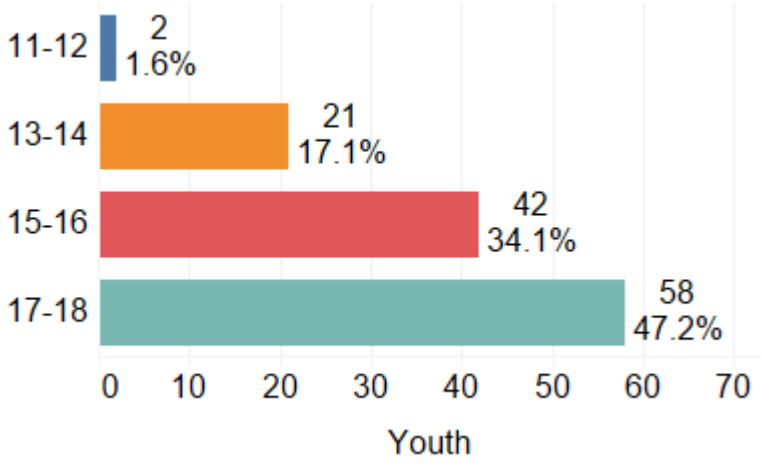
**Figure 54: County of Origin for Dually-Involved Youth on 6/30/2020, n=123**




[51] On June 30, 2020, an additional 13 youth were dually-involved with child welfare and probation and placed at a Youth Rehabilitation and Treatment Center. To avoid counting the 6/30/2020 population twice, they are included in YRTC data starting on page 101.

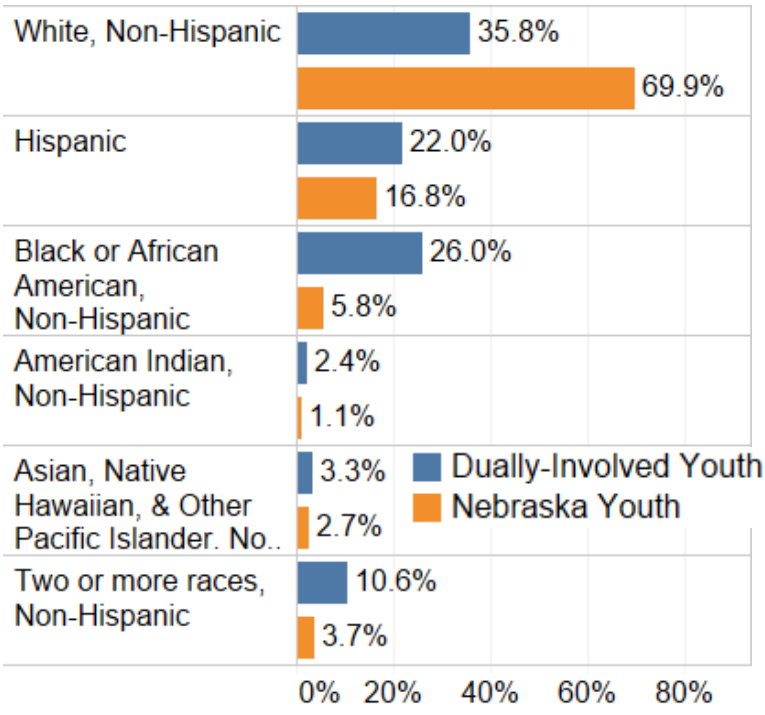
***Age.*** The median age for dually-involved youth is 16.

**Figure 55: Age of Dually-Involved Youth on 6/30/2020, n=123**



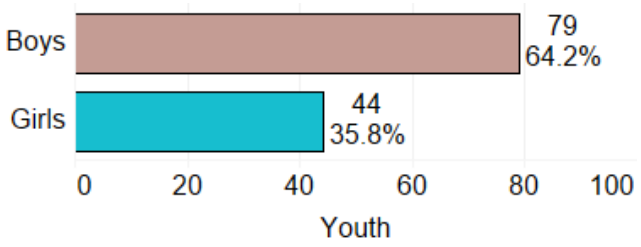

***Race and Ethnicity***. As discussed throughout this report, there is racial disproportionality in this group also. Every racial and ethnic minority group is overrepresented. Black youth are 5.8% of the Nebraska youth population but 26.0% of the dually-involved youth in out-of-home care.

**Figure 56: Race and Ethnicity of Dually-Involved Youth in Out-of-Home Placement Compared to Nebraska Census Data on 6/30/2020, n=123**



***Gender***. Boys outnumber girls nearly 2 to 1 among dually-involved youth (64.2% to 35.8%, respectively). This more closely matches the gender distribution of Probation supervised youth than NDHHS/CFS youth in out-of-home care.

**Figure 57: Gender of Dually-Involved Youth on 6/30/2020, n=123**

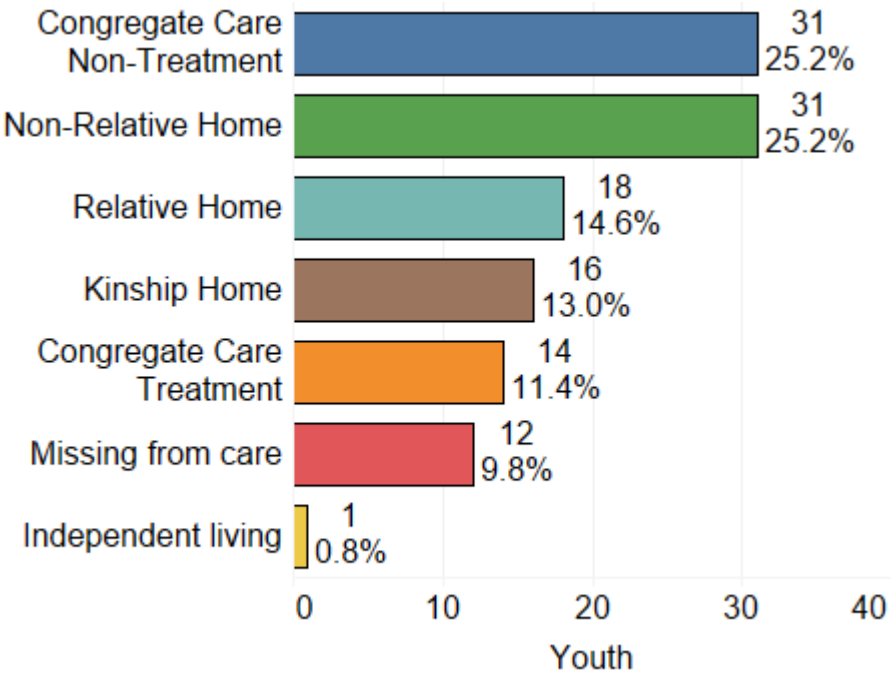



# Youth Experiences

## PLACEMENTS

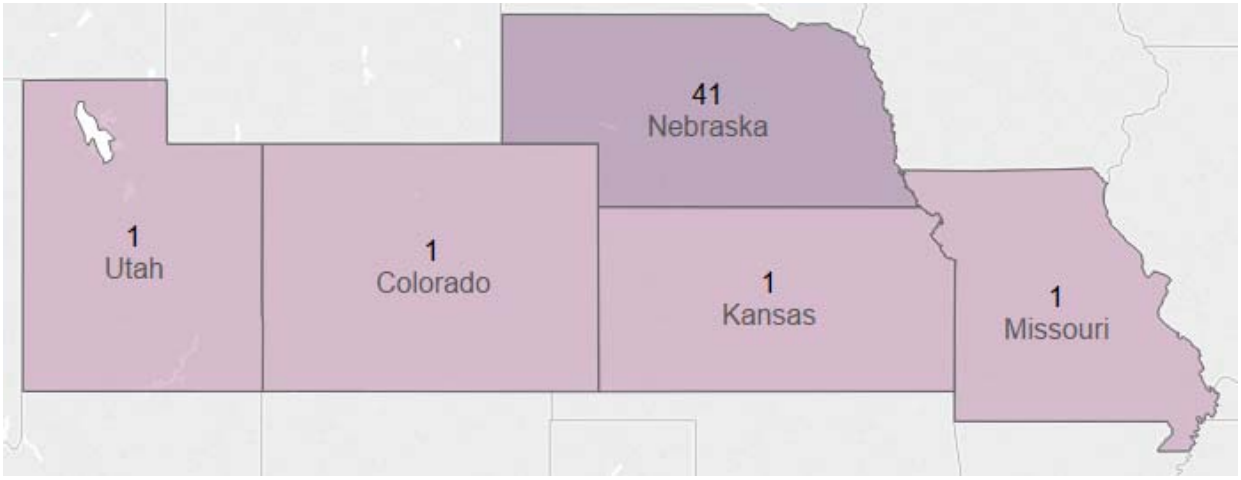
***Placement Types***. On June 30, 2020, 25.2% of dually-involved youth were placed in non-treatment congregate care settings, down from 42.0% a year ago. While the use of congregate care has decreased, a greater proportion of dually-involved youth are placed in non-relative foster homes – 25.2% in 2020, compared to 18.8% in 2019. Similarly, the proportion of dually-involved youth in relative and kinship homes has increased this year – a positive indicator that youth are being placed in more family like, less restrictive settings.

**Figure 58: Placement Type for Dually-Involved Youth in Out-of-Home Care (excludes YRTCs), n=123**



***Congregate Care.*** Most (91.1%) of dually-involved youth in congregate care are placed in Nebraska – an increase from 81.1% on 6/30/2019.

**Figure 59: Placement State for Dually-Involved Youth in Congregate Care on 6/30/2020, n=45**



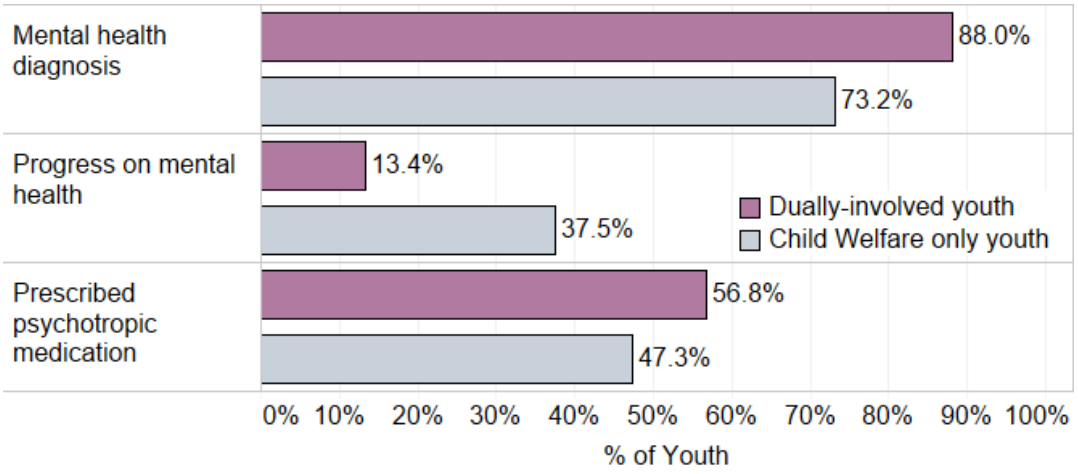

## KEY DIFFERENCES BETWEEN DUALLY-INVOLVED YOUTH AND CHILD WELFARE ONLY YOUTH (AGE 13-18)

Youth who are dually-involved in the child welfare and juvenile justice systems receive the same review as all children involved only in the child welfare system.[52] The following section contains key comparisons between youth who were dually-involved at the time of their review[53] (n=162) and older youth (age 13-18) who are in the child welfare system without simultaneous involvement with the juvenile justice system in order to identify issues that are specific to those dually-involved.

***Mental Health.*** Dually-involved youth were more likely than their child welfare only peers to have a mental health diagnosis and less likely to be making significant progress on their mental health. They were also more likely to be prescribed psychotropic medications.

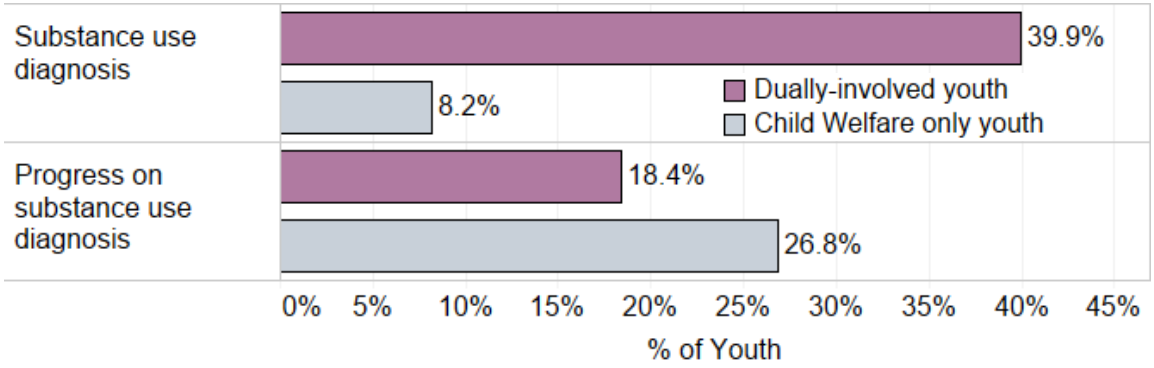
[52] Juvenile justice reviews are distinct. Juvenile justice reviews focus on rehabilitation of and risk to re-offend for the youth. Child welfare reviews focus on permanency for the child and rehabilitation of the parents. Both types of reviews focus on safety and well-being indicators for children out-of-home.
[53] For youth reviewed twice in a year, the data represents their status at the final review of the year.

**Figure 60: Mental Health by System Involvement, Reviewed FY2019-20**



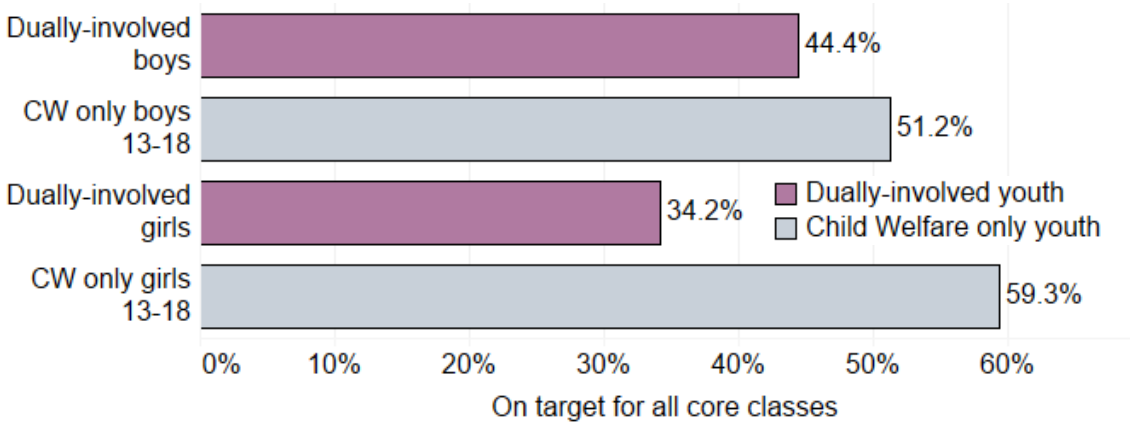

***Substance Use.*** Dually-involved youth were almost 5 times more likely to be diagnosed with a substance use issue than their child welfare only peers (39.9% and 8.2%, respectively). Similar to the above data on mental health issues, they were also less likely to be making significant progress on those issues.

**Figure 61: Substance Use by System Involvement, Reviewed FY2019-20**




***Education***. Dually-involved youth were more likely to be struggling with school compared to child welfare only youth. This is especially true for girls. Only 34.2% of dually-involved girls were on target in core classes, compared to 59.3% of the girls involved only in the child welfare system.

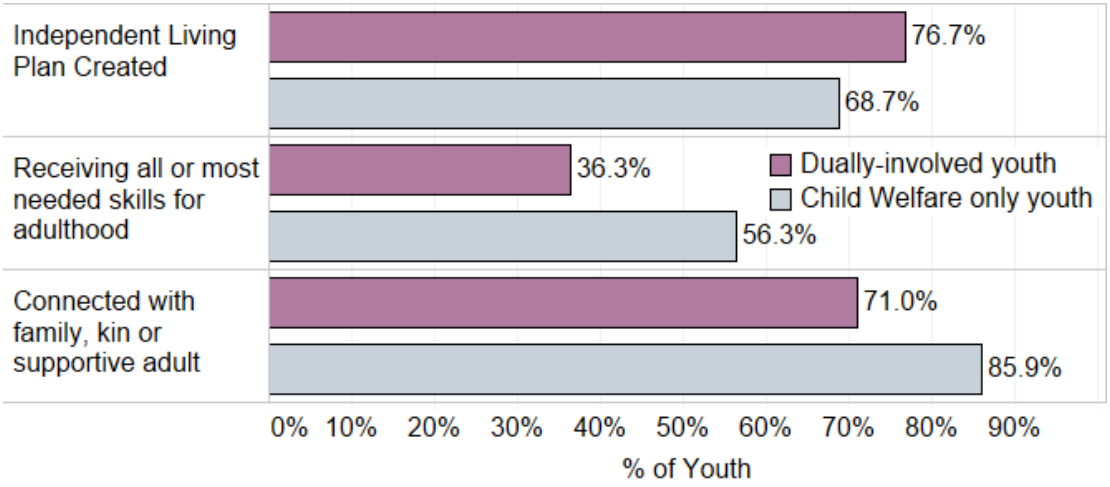
**Figure 62: On Target in Core Classes by System Involvement and Gender Reviewed FY2019-20**




Changing schools can have a negative impact on overall school performance, and for dually-involved youth 71.2% changed schools as a result of their most recent placement change, compared to only 40.1% of the 13-18 year olds involved in child welfare only.

***Independent Living and Preparation for Adulthood***. As shown in Figure 63, dually-involved youth were more likely than their child welfare only peers to have an independent living plan. However, they were less likely to be receiving skills for adulthood or to be connected to family, kin, or other supportive adults.

**Figure 63: Independent Living and Preparation for Adulthood by System Involvement, Reviewed FY2019-20**



# PROBATION YOUTH

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

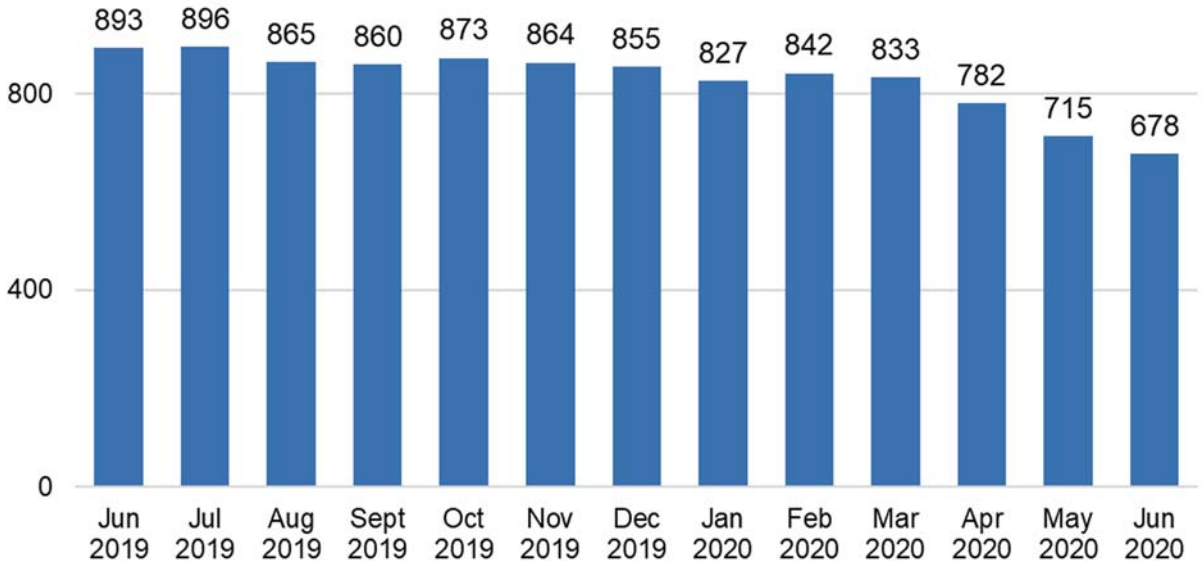
This section includes tracking and review data for Probation supervised youth in out-of-home care in the juvenile justice system.

Data describe population trends, snapshot distributions, and data only available on youth the FCRO has reviewed.

# Trends for Probation Supervised Youth in Out-of-Home Care

***Average Daily Population***. The average daily population of Probation supervised youth in out-of-home care declined substantially during the last quarter of FY2019-20. As a result, there were 24.1% fewer Probation supervised youth in out-of-home care in June of 2020 compared to June of 2019. This change coincides with the beginning of the COVID-19 pandemic.

**Figure 64: Average Daily Population of Probation Supervised Youth in Out-of-Home Care, June 2019-June 2020**

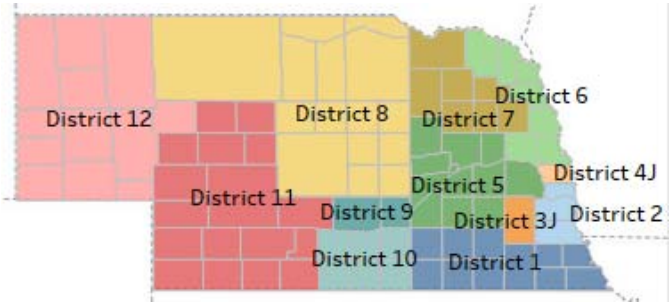



This change was driven largely by a reduction in the number of youth entering out-of-home care. For example, in June 2020, 82 youth entered the juvenile justice out-of-home care system, compared to 128 youth in June 2019, a reduction of 36.0%.

Nearly all areas of the State have experienced a decline in the population of Probation supervised youth in out-of-home care, as demonstrated in Figure 65. In fact, half of the Probation Districts in the state have reduced their numbers by more than 25%, including Districts 3J and 4J (Lancaster and Douglas Counties, respectively), the State's most populous regions.

**Figure 65: Average Daily Population of Probation Supervised Youth in Out-of-Home Care by Probation District, June 2019-June 2020**

| | June 2019 | Youth Out-of-Home | June 2020 |
|---|---|---|---|
| District 1 | 22 | | 14, -37.1% |
| District 2 | 41 | | 33, -19.9% |
| District 3J | 177 | | 132, - 25.2% |
| District 4J | 329 | | 240, -27.2% |
| District 5 | 33 | | 31, -6.6% |
| District 6 | 46 | | 48, 3.8% |
| District 7 | 32 | | 29, -8.2% |
| District 8 | 12 | | 5, -61.1% |
| District 9 | 66 | | 61, - 7.6% |
| District 10 | 28 | | 24, -15.5% |
| District 11 | 62 | | 38, -38.7% |
| District 12 | 43 | | 24, -45.8% |
| **Nebraska** | **893** | | **678, -24.1%** |



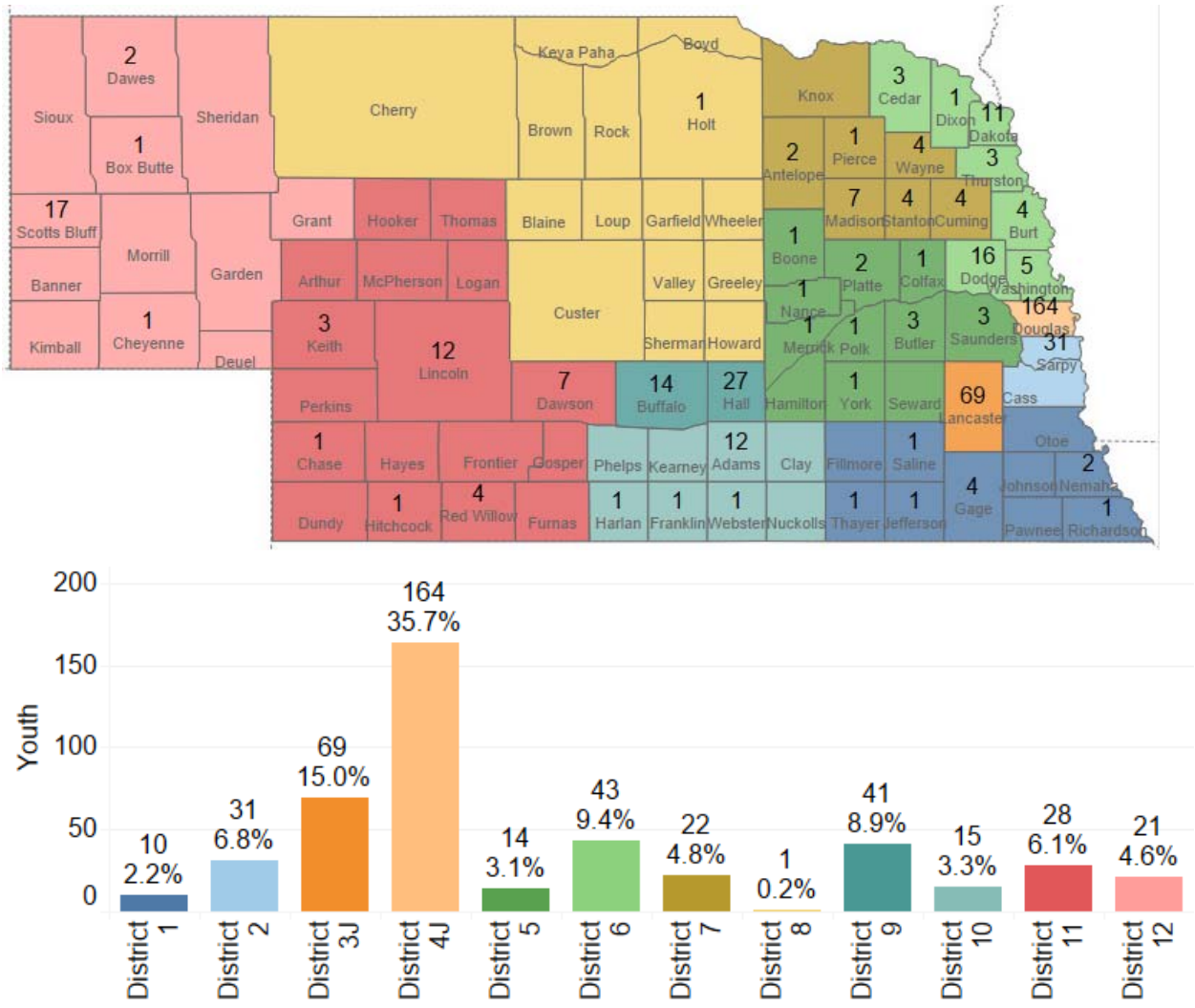

***Exits.*** Probation related placements are frequently short-term placements, focused on community safety and rehabilitation of the youth. Under statute, the FCRO can track and review Probation supervised youth as long as they are in an out-of-home placement. For Probation supervised youth, the end 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. The FCRO can report that in FY2019-20, 51 Probation supervised youth exited out-of-home care on their 19th birthday, and 5 of those youth were dually-involved with the child welfare system when they aged out.

## DEMOGRAPHICS

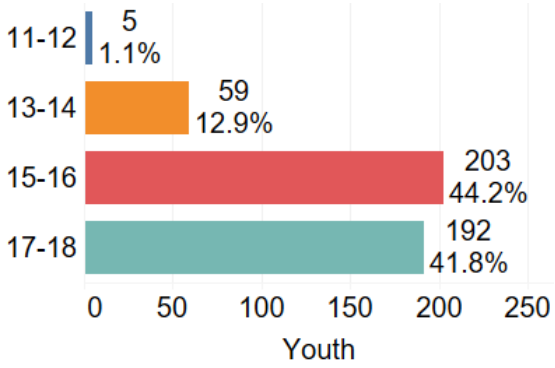
***County*.** Figure 66 shows the county of court jurisdiction for Probation supervised youth in out-of-home care on June 30, 2020, based on the Judicial District. (See Appendix A for a list of counties and their respective district).

**Figure 66: County of Court Jurisdiction for Probation Supervised Youth in Out-of-Home Care on 6/30/2020, n=459**



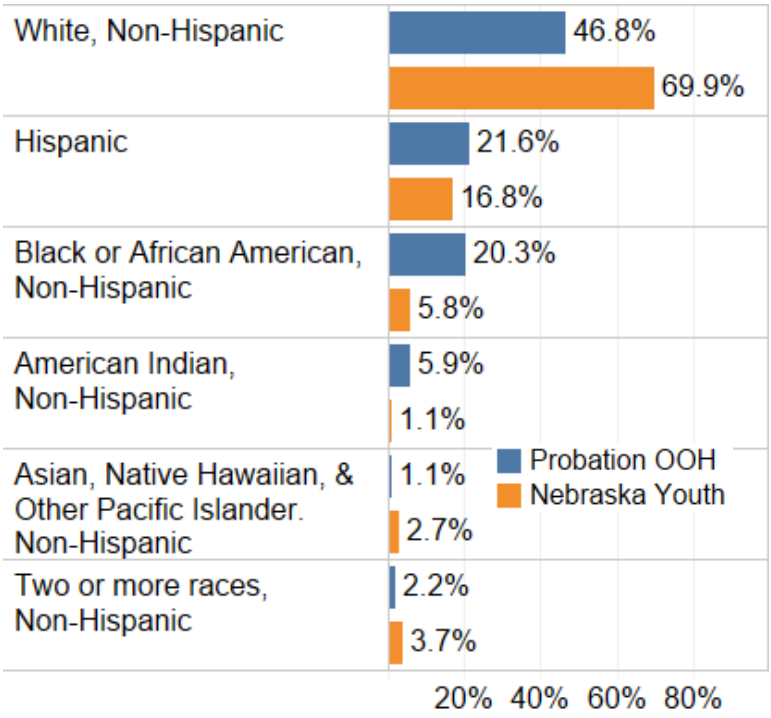
***Age.*** Figure 67 shows the ages of youth in out-of-home care supervised by Probation on June 30, 2020. The median age for the youth is 16.

**Figure 67: Age of Probation Supervised Youth in Out-of-Home Care on 6/30/2020, n=459**




***Race.*** Black, American Indian, and Hispanic youth are disproportionately represented in the population of Probation supervised youth in out-of-home care. As shown in Figure 68, Black youth make up 5.8% of Nebraska's population, but 20.3% of the Probation supervised youth in out-of-home care. American Indian youth are just 1.1% of Nebraska's youth population, but 5.9% of the Probation supervised youth in out-of-home care.[54]

**Figure 68: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Placement Compared to Nebraska Census Data on 6/30/2020, n=459**




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

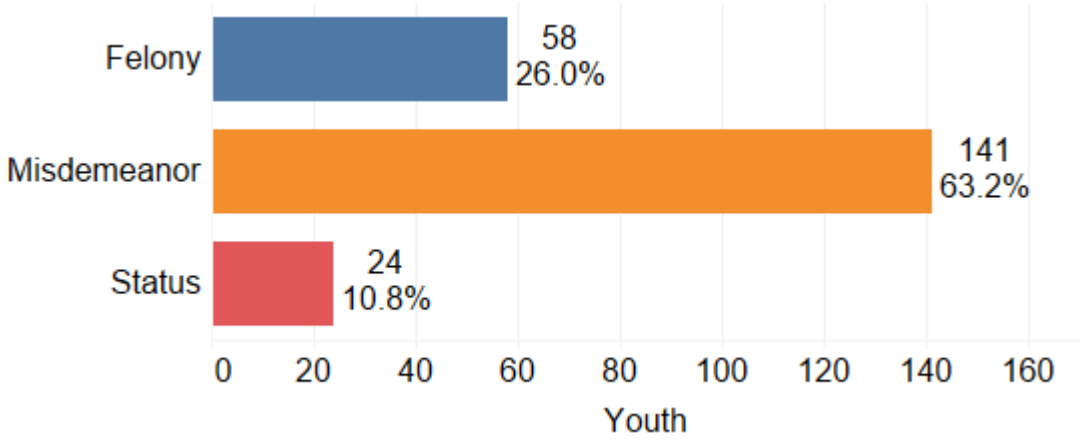
***Gender.*** Boys are 72.1% of the population of Probation supervised youth in out-of-home care, up from 66.9% on 6/30/2019.

## OFFENSE TYPE

***Most Serious Offense***. Youth in out-of-home care in the juvenile justice system can be adjudicated for delinquency or status offenses. Delinquency refers to offenses that constitute criminal behavior in adults – misdemeanors, felonies, or violations of a city ordinance. A status offense applies to conduct that would not be considered criminal if committed by an adult, such as truancy or running away from home.

The majority of Probation-supervised youth reviewed by the FCRO (58.9%) were adjudicated for multiple offenses. Figure 69 shows the most serious offense for the current court cases. Status offenses were the most serious charges for just over 10% of the youth reviewed, consistent with data from 2019.

**Figure 69: Most Serious Offense for Reviewed Probation-Supervised Youth at Most Recent Review, n=223**

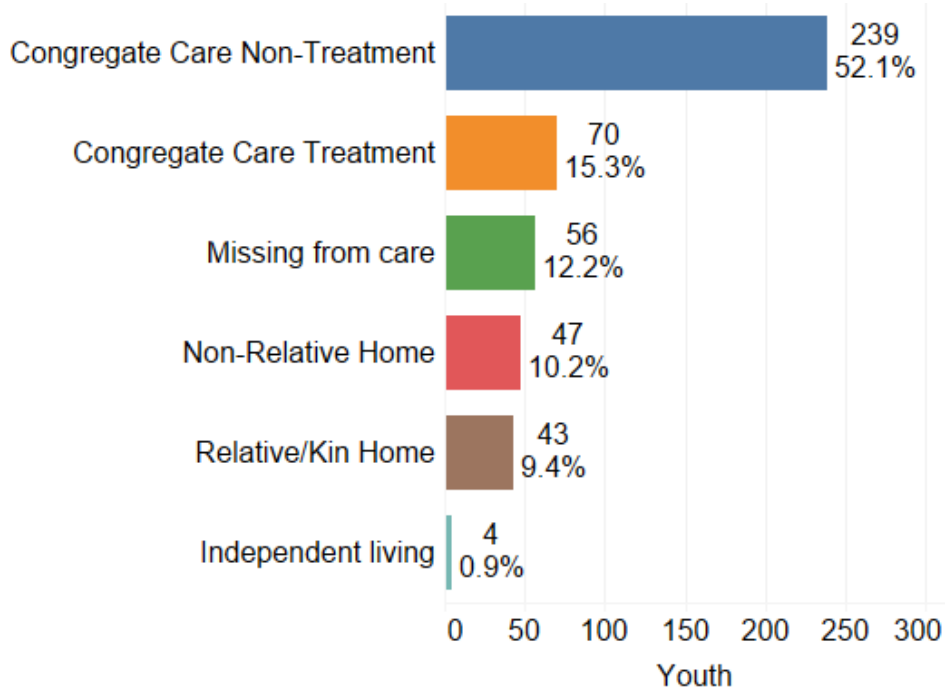



# Placements

## PLACEMENT TYPES

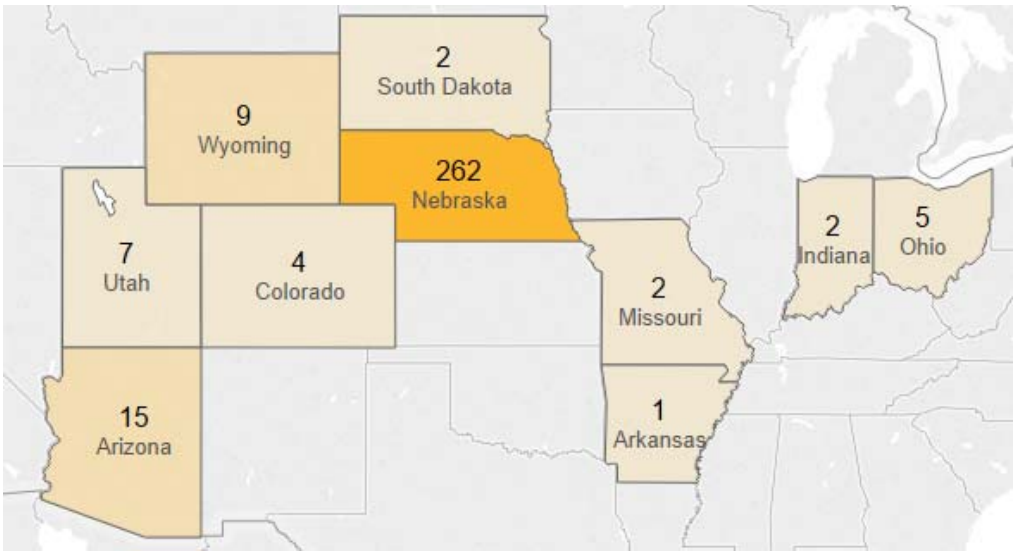
***Placement Type.*** The majority of Probation supervised youth in out-of-home care are in a non-treatment (group) care facility (Figure 70). Only 15.3% are in a treatment facility, down from 17.0% at the same time last year.

**Figure 70: Probation Supervised Youth in Out-of-Home Care on 6/30/2020 by Placement Type, n=459**



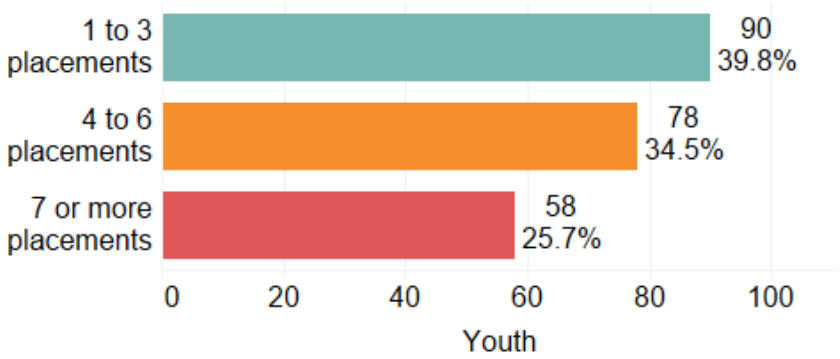

***Congregate Care***. Comparing June 30, 2019, to June 30, 2020, there is a 36.0% reduction in the number of Probation supervised youth placed in congregate care facilities (483 to 309, respectively). Similar to last year, the proportion of those youth placed in facilities outside the state of Nebraska remains around 15% (15.2% in 2020, 14.7% in 2019).

**Figure 71: Probation Supervised Youth in Congregate Care on 6/30/2020 by State of Placement, n=309**



***Placements.*** Out-of-home placement in the juvenile justice system is rooted in public safety and reducing the risk that juveniles will offend in the future. Given these goals, placements are often short-term, and youth may change placements as their treatment needs change. Even with changing needs driving placement changes, too many placements can indicate that a youth's needs are not being met properly by the current system. More than 1 in 4 of the youth reviewed had 7 or more juvenile justice related placements during the current episode in out-of-home care.

**Figure 72: Juvenile Justice Placements for Probation Reviewed Youth, n=226**




## PLACEMENT SAFETY AND APPROPRIATENESS

***Placement Safety***. Assessing the safety of placement is one of the primary functions of FCRO review boards. In 98.2% of reviews, the placement was evaluated as safe, up from 97.0% in the previous fiscal year.

For the last three fiscal years, the proportion of Probation reviewed youth whose placement was both safe and appropriate has increased. This increase can be attributed to:

- better matching of placements to meet youth needs,
- fewer youth missing/runaway on the day of review,
- and better documentation of placement information by probation officers.

***Placement Appropriateness***. In assessing the appropriateness of a placement, the local board evaluates whether or not the placement can meet the immediate needs of the youth and if the placement is the least restrictive placement possible to meet those needs. In 88.1% of reviews, the board found the placement to be appropriate. This is also an increase from the previous fiscal year, where the board found 85.3% of placements to be appropriate.

# Plans and Services

## REVIEWS OF PLANS

***Transition Plans***. Each reviewed youth in Probation supervised out-of-home care should have a plan for transition into the community with goals and steps toward achieving those goals.

- The FCRO was provided a written plan for review in 80.9% of the cases.

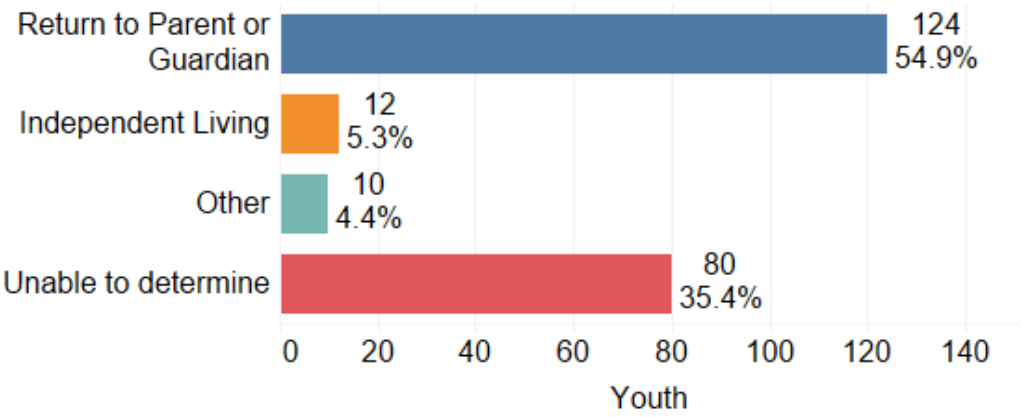
There were regional differences in providing a plan for review.

- Districts 4J and 3J (Douglas and Lancaster counties, respectively) provided plans for 87.2% of the youth.
- The remaining counties provided plans for 74.1% of the youth.

Providing a plan for review decreased slightly for Districts 4J and 3J when comparing the current fiscal year to FY2018-19 (91.8%), but increased substantially for all other counties when comparing the current fiscal year to FY2018-19 (60.8%).

***Plan Objectives*.** Even in situations where a written plan is provided, the plan's objective was not always clear. The plan objective could not be determined in over 1/3 of the reviews, a pattern that has not changed in the last two fiscal years. As shown in Figure 73, where the plan objective was clear, the largest single group of youth had a plan objective to return to the parent (124, 84.5% adjusted).

**Figure 73: Plan Objective at Time of Review for Probation Supervised Youth Reviewed FY2019-20, n=226**



***Services*.** Whether there is a written plan or not, most youth eventually return to the family and/or community. In order to prevent future acts of delinquency and increase community safety, juveniles in State care must be provided the appropriate services.

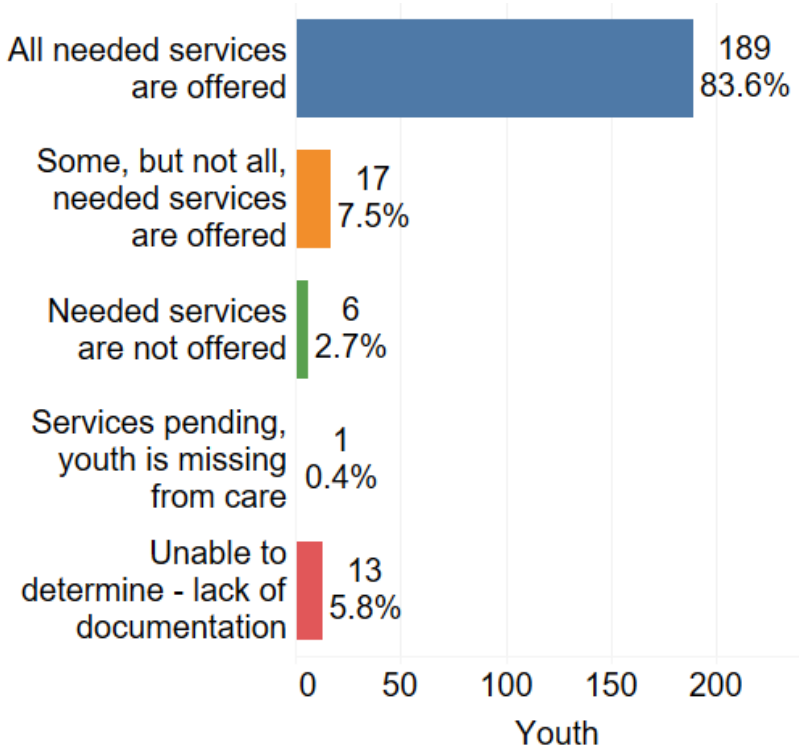
An assessment of the services offered to Probation supervised youth out-of-home extends beyond the scope of what is written into the plan and looks at the overall status of the case and the feedback provided by review participants. In the majority of cases (83.6%) all needed services are offered.

The proportion of youth who have all needed services has increased significantly for each of the past three fiscal years.

- 58.0% in FY2017-18
- 67.9% in FY2018-19
- 83.6% in FY2019-20

For three consecutive fiscal years, the proportion of youth offered all needed services has increased, and the proportion that could not be determined due to lack of documentation has decreased.

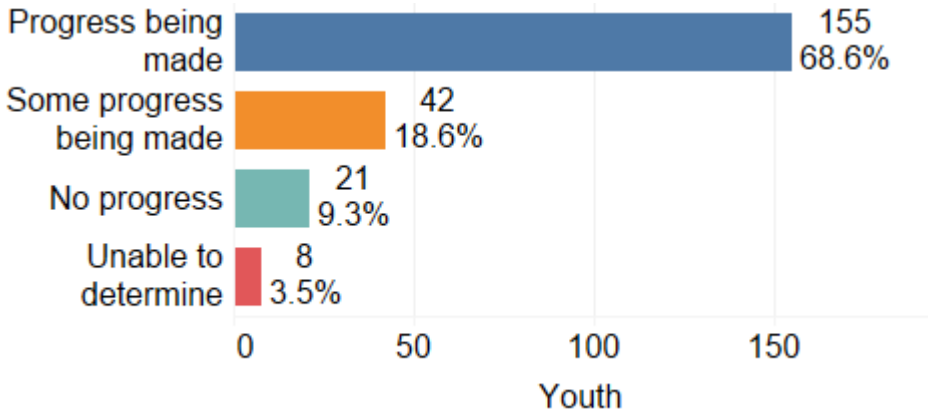
**Figure 74: Needed Services Provided at Time of Review for Probation Supervised Youth Reviewed FY 2019-20, n=226**



# Progress towards Completing Probation

***Progress toward Successful Completion of Probation***. As shown in Figure 75, the majority of the youth reviewed were making consistent progress towards the completion of the terms of their probation. Compared to last fiscal year, the proportion of those making progress increased from 56.4% to 68.6% while all other categories (some progress, no progress, and unable to determine) decreased.

**Figure 75: Progress toward Successful Completion of Probation at Time of Review for Probation Supervised Youth Reviewed FY2019-20, n=226**




***Need for Continued Out-of-Home Placement.*** Progress, however, is not the same as being currently ready to transition from out-of-home placement back to the community.

- In 77.4% of the cases reviewed, there was a recognized need to continue out-of-home placement.

***Need for Continued Probation Supervision***. Need for out-of-home placement and need for Probation supervision are distinct. Continued supervision can provide youth returning to their homes and communities the services needed to ease the transition and improve the chances for continued success.

- In 90.7% of reviewed cases, the board found that Probation supervision needed to continue.

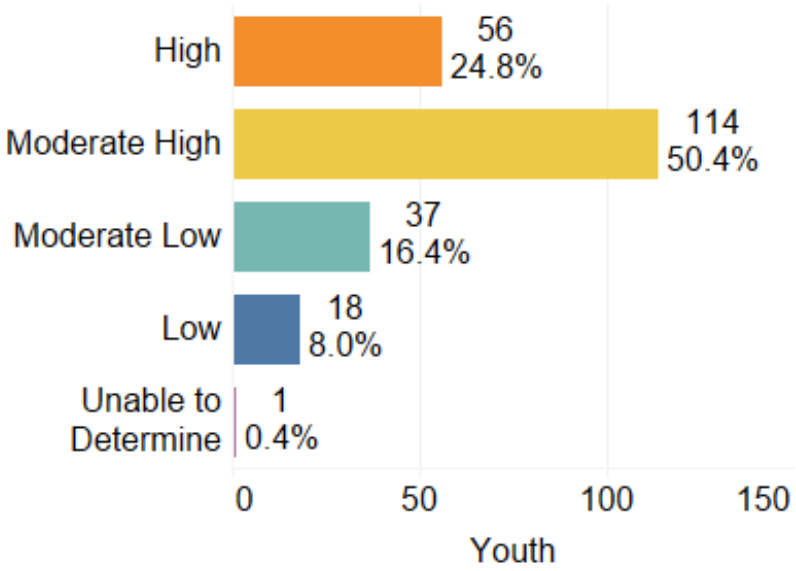
There are many factors that must be considered to determine if a youth should or should not continue in out-of-home placement or Probation supervision. One of the most important factors is the risk to reoffend.

# Risk to Reoffend: YLS Scores

***Most Recent YLS Score.*** The Youth Level of Service (YLS) is an evidence-based scoring tool that indicates the youth's likelihood to reoffend and is given at different stages of the youth's Probation case to help gauge progress. The higher the numerical score on the YLS, the higher the likelihood to reoffend. Ideally, the score would decrease as services are used and internalized by the youth.

Figure 76 shows that 3/4 of the Probation supervised youth reviewed have a high or moderate high risk to reoffend. In FY 2018-19, only 2/3 of the youth reviewed had a high or moderate high risk level.

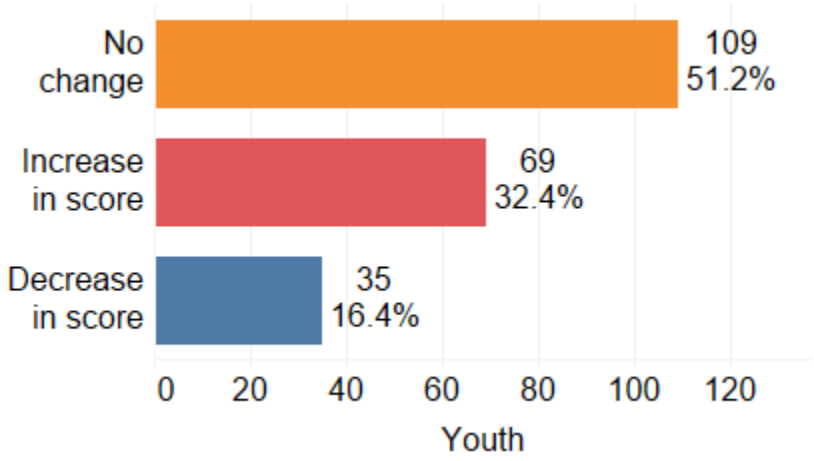
**Figure 76: Most Recent YLS Score Category for Probation Supervised Youth Reviewed FY2019-20, n=226**




***Change in YLS Score over Time.*** For 213 youth reviewed, the FCRO was able to document the YLS Score at the point of adjudication and compare it to the most recent YLS Score. For many (51.2%) of the youth, the YLS score did not change (Figure 77).

For the remainder, more youth increased their YLS score than decreased their YLS score. An increase in the YLS score is concerning. For some youth, an increased score may mean that during their time on Probation, more information was available to the Probation officer to correctly determine the YLS category. For others, the increased score could reflect that out-of-home services are not meeting the needs of youth and may be leading to increased risk to reoffend.

**Figure 77: Change in YLS Score from Adjudication to Review, n=213**




Risk of reoffending is one reason that a youth might remain out-of-home or on Probation. Other times, there are specific barriers – some the youth may have control over and some they cannot control – that will delay their successful completion of Probation.

# Barriers to Completing Probation

The 226 reviewed Probation supervised youth in out-of-home care experienced a variety of barriers preventing them from returning safely to their home and community. Barriers can be categorized as youth-related, parent-related, or system-related. Multiple barriers can be identified for each youth.

***Youth-related.*** Many of the barriers preventing the completion of Probation were related to the goals the youth needs to achieve to be successful.

- The most common barrier to completing Probation is needing time to complete a service or treatment (147 or 65.0%, proportionally similar to last year).
- Other common youth-related barriers to the completion of Probation include:
  - not wanting to return home (17, 7.5%), and
  - not benefitting from provided services (12, 5.3%).

***Parent-related***. The actions or inactions of parents may be a barrier to youth returning home.

- The most common parental issue is lacking the skills needed to manage the youth and to help the youth learn to self-regulate their behaviors (57, 25.2%).
- Related to that is parental unwillingness to accept or care for the youth in the home (14, 6.2%).
- For some youth, an abuse/neglect/abandonment petition is needed due to parental actions or inactions (12, 5.3%, nearly double the proportion from last year).

Parent unwillingness has decreased since the previous fiscal year (7.3% in FY2018-19), but both parental skill needs and need for a petition increased (18.7% and 2.7% in FY2018-19, respectively).

***System-related***. System barriers encompass factors that are beyond the control of the youth but still prevent the youth from returning home.

- As previously discussed, the most prevalent systemic barrier is the lack of a written transition plan with goals and the steps that must be completed to meet those goals (74, 32.7%, a decrease from last year).
    - At the same time, some youth had an inappropriate plan or goal (4, 1.8%).
- Others would benefit from in-home services if available in their area (40, 17.1%)
- Some youth needed services that were not available (6, 2.7%).

While system barriers are less common than youth- and parent-related barriers, they must be taken seriously and immediately remedied.

# Prior Involvement with NDDHS Child Welfare

Childhood abuse, neglect, or household instability can have an impact on youth's ability to regulate their current behaviors.

- Over one-third (36.7%) of the reviewed youth had previous out-of-home care involvement with NDHHS/CFS at some point before their current involvement with Probation.

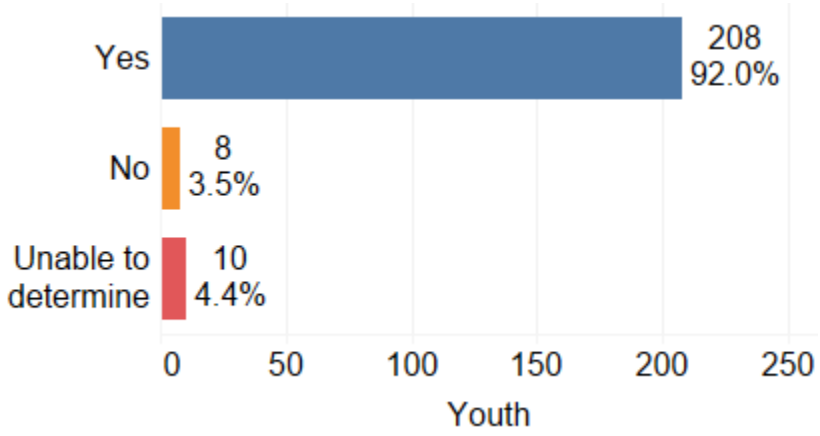
This number does not reflect the number of youth who were currently in out-of-home care and involved with both the child welfare and probation system simultaneously. The FCRO reviewed an additional 162 youth who were dually-involved at the time of the review (see page 75 for more information on dually-involved youth).

# Youth Mental Health Issues

***Mental Health Diagnosis***. There is a complex relationship between mental health conditions and involvement in the juvenile justice system.[55] Several mental health issues are associated with an increased risk for delinquency and involvement in the juvenile justice system can exacerbate mental health conditions. 92.0% of Probation supervised youth reviewed in FY2019-20 were diagnosed with at least one mental health condition.

[55] Development Services Group, Inc. 2017. "Intersection between Mental Health and the Juvenile Justice System." Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. Available at: https://www.ojjdp.gov/mpg/litreviews/Intersection-Mental-Health-Juvenile-Justice.pdf

**Figure 78: Professionally Identified Mental Health Conditions for Probation Supervised Youth Reviewed FY2019-20, n=226**

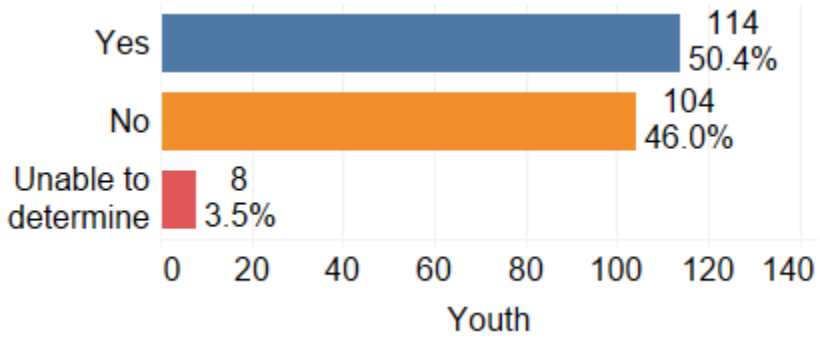



***Psychotropic medications***. Psychotropic medications are a commonly prescribed treatment for certain types of mental health conditions.[56] While not all conditions respond to or require medications:

- 126 (55.8%) of the youth were prescribed a psychotropic medication at the time of review while 96 (42.5%) were not. There were 4 youth that FCRO was unable to determine their medication status at the time of review.

***Substance Use.*** Substance use, while a mental health related issue, is described separately due to the prevalence. As shown in Figure 79, just over half of the youth reviewed had a substance use issue. This is a 5.3% increase from last year, when only 45.1% of the youth reviewed had a substance use issue.

**Figure 79: Substance Use Diagnoses for Probation Supervised Youth Reviewed FY2019-20, n=226**




[56] See definition on page 5.

***Other Mental Health Related Issues***. Other considerations when looking at a youth's mental health needs include:

- 15 (6.6%) youth had committed some form of self-injury (cutting, suicide attempts, burns, etc.) in the past six months,
- 13 (5.8%) youth were displaying sexualized behaviors, which may or may not be related to past victimization, and
- 2 (0.9%) youth had documentation of being sex trafficked in the past and for another 5 (2.2%), there was suspicion of having been sex trafficked.

# Education

***Enrolled in School.*** The vast majority (203, 89.8%) of Probation supervised youth were enrolled in school at the time of review. Whether involved with juvenile justice or not, all youth find education plays a major role in their lives and development. Many youth have significant educational deficits prior to involvement with Probation. Plus youth can find their education further disrupted by out-of-home placement. For juvenile justice involved youth, educational achievement can play a role in preventing re-entry into the system. It is with this in mind that the FCRO considers several educational outcome measures for this population.

***On Track to Graduate.*** Of those enrolled in school, the majority (152, 74.9%) were on track to graduate at the time of review; however, 40 (19.7%) youth were struggling and not on track to graduate.

For 11 (5.4%) youth, the FCRO was unable to determine if the youth was on track to graduate or not. This is an improvement from last year when there was not enough information for 12.6% of the reviewed youth, demonstrating an increased level of information sharing by Probation.

***Behaviors in School***. Behaviors in the school setting can have a negative impact on a young person's educational achievement.

- Of note, 172 (84.7%) of youth did not have any negative behaviors while in an education setting, an increase from 79.0% in the previous fiscal year.
- 15 (7.4%) youth had behavior issues regularly that impeded their learning, 1 (0.5%) was not in school due to behavior issues, and 1 (0.5%) was suspended from classes due to behavior issues.
- The FCRO found 6.9% of youth's files did not indicate whether behaviors in school were an issue or not.

# Youth Contact with Family

***Contact with Family.*** Contact with parents or siblings can be an indicator of future success reintegrating into families and communities.[57,58] The majority of reviewed youth maintained contact with their mother (79.6%), while fewer maintained contact with their father (38.5%).

# Youth Legal Representation

***Court-Appointed Attorneys.*** When involved in a court case it is critical to have adequate legal representation. All but three Probation supervised youth in out-of-home care were represented by an attorney. This is a significant improvement from last year when 12 youth were not represented.

***Guardians Ad Litem and CASAs.*** A guardian ad litem is an attorney appointed to represent the best interest of the youth, which is not the same as representing the youth's expressed wishes like court appointed attorneys do.

- Nearly 1/3 (31.4%) of youth reviewed had a guardian ad litem (GAL), including 2 of the 3 youth without court-appointed attorneys.

CASA representatives work in tandem with a youth's guardian ad litem.

- 3 youth reviewed had a CASA representative appointed to their case.

# Appropriate Interventions for Youth with Special Needs

IQ testing results are included here not to stigmatize youth, but because it has major implications regarding obtaining and utilizing the best tools to help this substantial segment of youth law violators to self-regulate their behaviors and keep communities safe.

- IQ test scores were available for 105 of the 226 reviewed youth.
    - Given that 5 of the 105 youth had a score of less than 70, and an additional 24 scored between 70-79, it appears that IQ tests are primarily targeted to youth who appeared to have a deficit or trouble with cognitive therapy/treatments.

[57] Burke, Jeffrey D., Edward Mulvey, Carol Schubert, and Sara Garbin. April 2014. "The Challenge and Opportunity of Parental Involvement in Juvenile Justice Services." *Child and Youth Serv Rev.,* p39-47. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3989100/pdf/nihms569441.pdf

[58] Garfinkel, Lili. November 2010. "Improving Family Involvement for Juvenile Offenders with Emotional/Behavioral Disorders and Related Disabilities." *Behavioral Disorders, 36(1)***,** p52-60. Available at: https://www.pacer.org/jj/pdf/bedi-36-01-52.pdf

Since lower scoring youth are particularly vulnerable to poor understanding of consequences for certain behaviors, the following must be researched in more detail:

- Appropriateness of interventions. Information about the disability often helps to explain behavior in a way that facilitates constructive intervention, and it is essential to arriving at a disposition that will meet the youth's rehabilitative needs at a level that can be internalized by the youth.
- Validity of YLS with lower IQ youth. The YLS is an assessment of the risk to re-offend that is used by Probation in making decisions regarding youth assigned to them. Further research needs to include whether YLS scores are valid for youth with below average IQs.
- IDEA and juvenile justice. The Individuals with Disabilities Education Act (IDEA) is the Federal Government's special education law. IDEA provides supplementary Federal funds to assist States and local communities in providing educational opportunities for approximately 6 million students with varying degrees of disability who participate in special education. As a requirement for receiving IDEA Federal funding, states must offer free, appropriate public education in the least restrictive environment. Youth with below average IQs may be covered under IDEA.[59]

[59] Segal, Adam. 2020. "IDEA and the Juvenile Justice System: A Factsheet." *The National Technical Assistance Center for the Education of Neglected or Delinquent Children and Youth*. Available at: https://neglected-delinquent.ed.gov/idea-and-juvenile-justice-system-factsheet

# 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 describe 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 during FY2019-20.

- From June 2019-July 2019, all boys were placed at the YRTC in Kearney and girls were placed at the YRTC in Geneva.
- In August 2019, the girls were moved to YRTC Kearney, and the facility served both boys and girls.[60]
- In October 2019, NDHHS announced a three-facility YRTC program that includes placing both boys and girls at YRTC in Kearney, placing some girls close to transitioning home at YRTC in Geneva, and the creation of a new location and program at YRTC Lincoln for "both male and female youth with high behavioral acuity."[61]

[60] NDHHS. 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

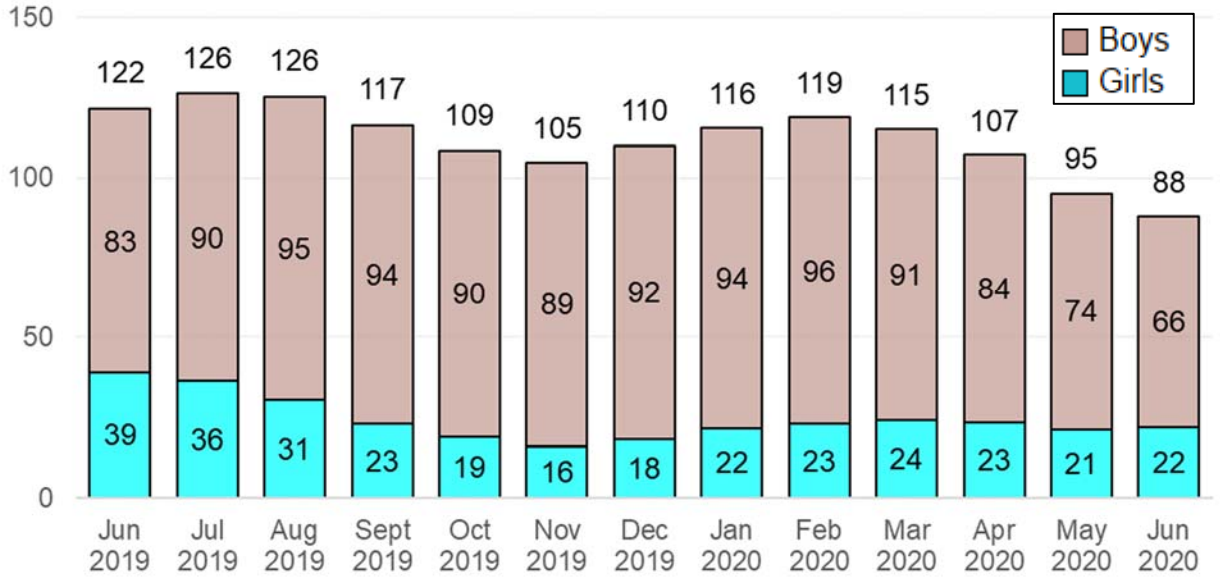
[61] NDHHS. October 2019. "DHHS Announces Development of Youth Rehabilitation and Treatment Center System." Available at: http://dhhs.ne.gov/Pages/DHHS-Announces-Development-of-Youth-Rehabilitation-and-Treatment-Center-System.aspx

# Entries into the YRTCs

## TRENDS

***Average Daily Population.*** As discussed in the FCRO March 2020 Quarterly report, the average daily population of girls placed at the YRTCs remained largely unchanged through the first 8 months of 2019, then declined dramatically after a series of incidents in August of 2019.[62]

**Figure 80: Average Daily Population of Youth Placed at a YRTC, FY2019-20**




While the girls' population declined in the last quarter of 2019 and remained steady thereafter, the population of boys placed at a YRTC was largely unchanged until the start of the COVID-19 global pandemic in March 2020. By June of 2020, the population of boys had declined by 19.9%, and girls by 43.6% compared to June of 2019 (Figure 81).

**Figure 81: Percent Change in Average Daily Population of Youth Placed at a YRTC, June 2019 to June 2020.**

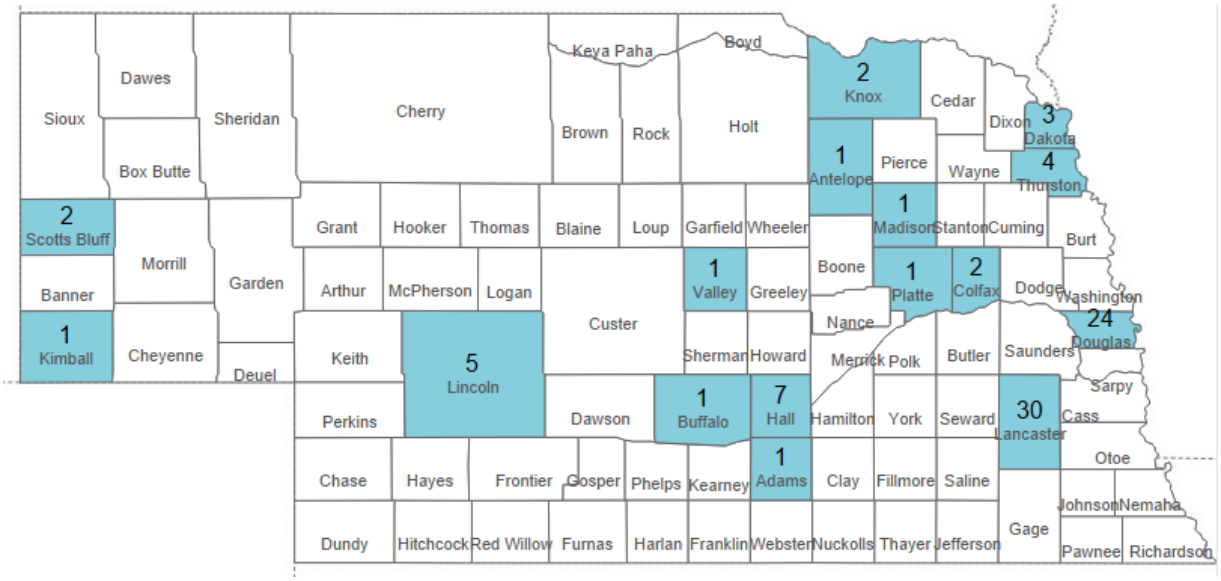
| | June 2019 | June 2020 | % Change |
|---|---|---|---|
| **Girls** | 39 | 22 | **-43.6%** |
| **Boys** | 83 | 66 | **-19.9%** |
| **State** | 122 | 88 | **-27.8%** |

[62] FCRO. March 2020 Quarterly Report. Available at: https://fcro.nebraska.gov/pdf/FCRO-Reports/2020-q1-quarterly-report.pdf

# DEMOGRAPHICS

***County***. By June 30, 2020, there were 86 youth placed at a YRTC. Figure 82 illustrates the county of court for each of the youth.

**Figure 82: County of Court Jurisdiction for Probation Supervised Youth in Out-of-Home Care on 6/30/2020, n=86**




***Gender.*** On June 30, 2020, there were 63 boys and 23 girls placed at a YRTC. During fiscal year 2019-20, the FCRO conducted 55 reviews of boys placed at a YRTC and 21 reviews of girls placed at a YRTC.[63] Due to significant differences in the past and current experiences for boys and girls who have been placed at a YRTC, most data in this section is presented by gender.

***Age.*** By law, youth placed at a YRTC range in age from 14 to 18. On 6/30/2020, the median age of the girls was 16 and the median age of the boys was 17.

***Race and Ethnicity***. Minority youth are disproportionately represented at the YRTCs. As shown in Figure 83 and Figure 84, this is true for both girls and boys. In particular:

- 1.1% of Nebraska girls are America Indian, non-Hispanic, but 17.4% of the girls placed at YRTC on 6/30/2020 are American Indian, non-Hispanic. Additionally, multi-racial girls are overrepresented (8.7% of the YRTC girls, compared to 3.8% of Nebraska girls).

[63] Of the 76 YRTC reviews, 50 were reviewed by FCRO Probation boards with a rehabilitation and community safety focus. The other 26 were dually-involved with the juvenile justice and child welfare system. Their reviews were conducted by FCRO child welfare boards, with a permanency, well-being, and parent rehabilitation focus. As a result, different questions were asked in the different types of reviews.

- Black, non-Hispanic boys are 5.9% of Nebraska boys, but 30.2% of the boys placed at YRTC on 6/30/2020.

**Figure 83: Racial and Ethnic Background of Girls Placed at a YRTC on 6/30/2020, n=23**

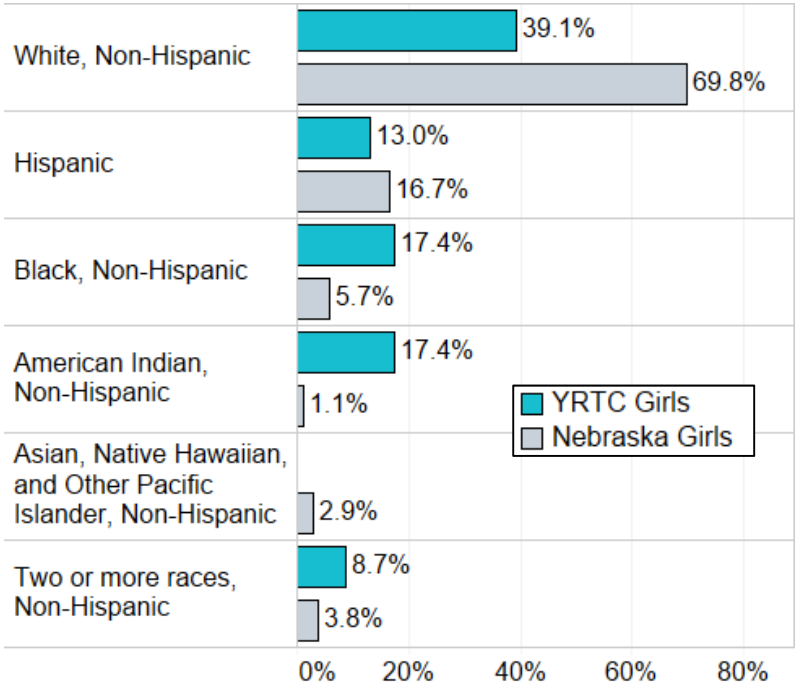
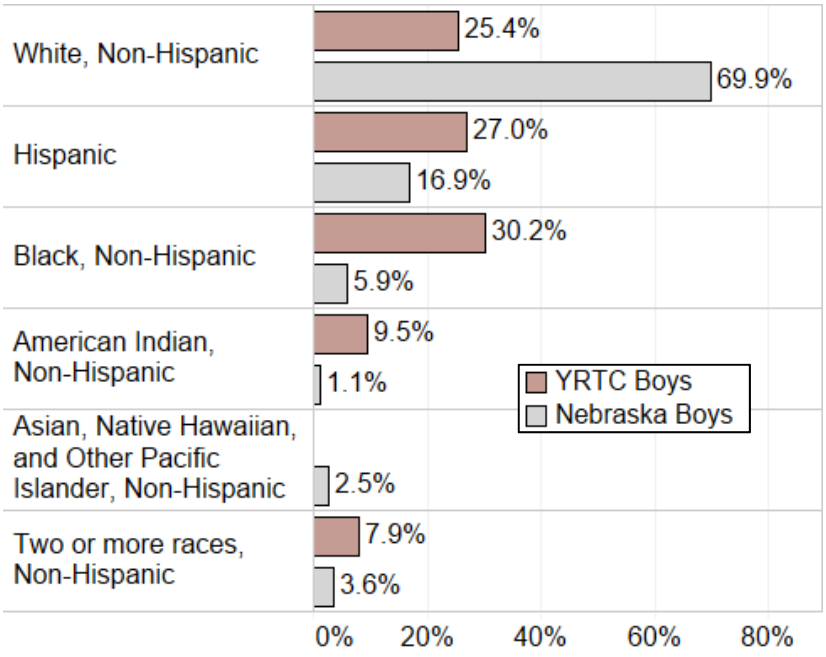



**Figure 84: Racial and Ethnic Background of Boys Placed at a YRTC on 6/30/2020, n=63**

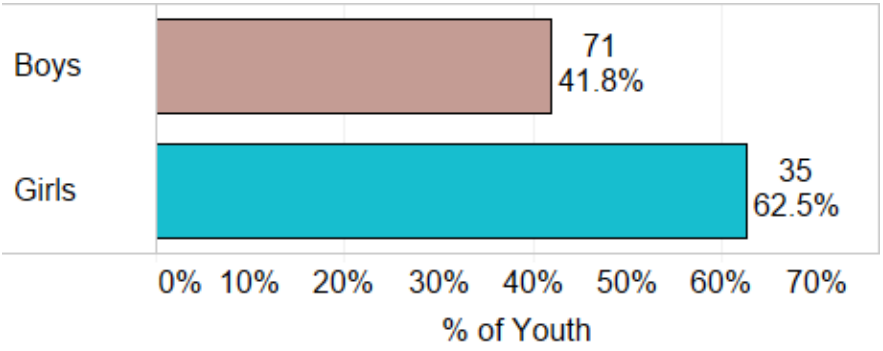


## SYSTEM INVOLVEMENT

In total, 238 youth were placed at a YRTC during FY2019-20, 176 boys and 62 girls. The majority were placed at the YRTC through a Nebraska Juvenile Court proceeding (226), and the other 12 (6 boys and 6 girls) were placed at the YRTC through Tribal Courts.

***Abuse/Neglect Removals.*** For more than 60% of the girls and 40% of the boys at YRTC during FY2019-20, entering the juvenile justice system was not their first encounter with the Nebraska foster care system. These youth had previous or current abuse/neglect related removals from the home.

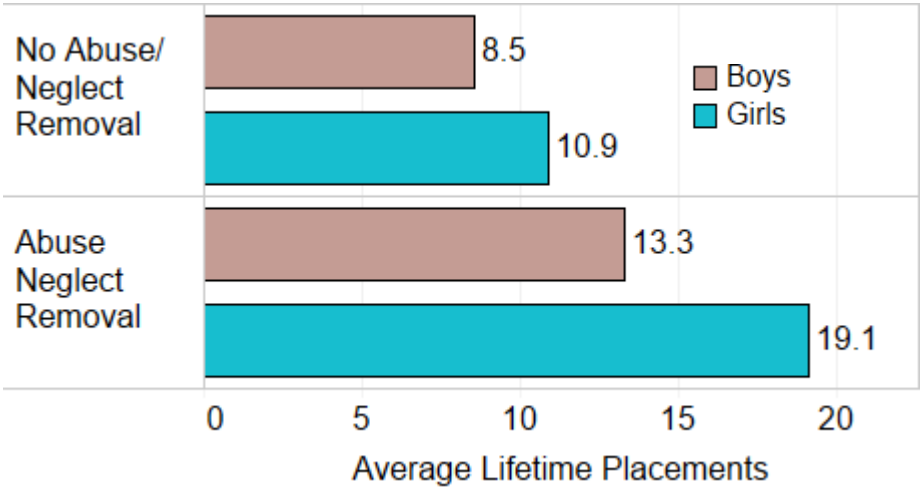
**Figure 85: Youth with Abuse/Neglect Removals by Gender, n=226***




*For the 12 youth placed at the YRTC through Tribal Courts, the FCRO would not be able to assess if they ever had an abuse/neglect removal. They are excluded from this analysis. The percentages are calculated out of 56 girls and 170 boys.

***Lifetime placements***. Over the course of their time in out-of-home care, girls averaged more foster placements than boys (Figure 86). These differences are even more striking when abuse/neglect removals are taken into consideration. Girls with a history of abuse/neglect removals averaged 19.1 different foster care placements during their lifetime.

**Figure 86: Average Lifetime Placements by Gender and Abuse/Neglect Removal(s), n=226***




*For the 12 youth placed at the YRTC through Tribal Courts, the FCRO would not be able to assess if they ever had an abuse/neglect removal. They are excluded from this analysis. The averages are calculated out of 56 girls and 170 boys.

There are a variety of reasons that a youth may change placements while in foster care. For children with abuse/neglect removals, a placement change may reflect a move to live with a relative or kin, or a move to a home that plans to provide permanency. For a youth in foster care through the juvenile justice system, a placement change could reflect a completion of a treatment program, or a reduction in the youth's risk levels, and therefore a reduction in placement restrictiveness.

While some placement changes are overall positive moves towards finding a permanent home or completion of treatment goals, others occur because of provider requests, needs not being met in the current placement, a higher level of restrictiveness needed, or even allegations of abuse or neglect in the placement.

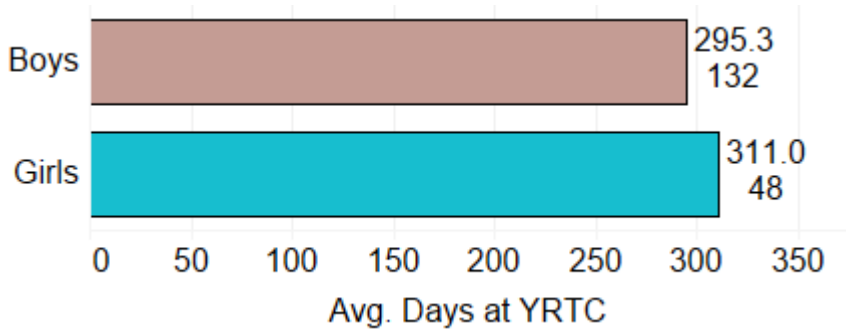
The number of placement moves experienced by the YRTC population – from a low of 8.5 for boys with no abuse/neglect removals to a high of 19.1 for girls with abuse/neglect removals – indicates that the population of youth at the YRTC have experienced several moves related to instability as opposed to permanency, treatment progress, or reduction of risk. Placement at a YRTC is contingent upon a lack of success in less restrictive placements.

A change in placement – even when it is necessary for the overall well-being of the youth – can be harmful and traumatic. Positive attachments to adults may be broken, and new relationships must be built. This process has the potential to lead to challenging behaviors from the youth, which may then become a threat to the current placement stability. Placement changes can result in educational disruptions, and research shows

that youth with juvenile justice system involvement typically have poorer educational outcomes than their peers.[64]

Of the 238 youth placed at a YRTC during FY2019-20, 180 have exited as of the writing of this report. These youth averaged 299.5 total days at a YRTC.[65] As Figure 87 shows, the girls average 15 more days at a YRTC than boys.

**Figure 87: Average Lifetime Days at YRTC by Gender for Youth who Exited in FY2019-20, n=180**




This is 36 fewer days on average than the FCRO reported in the March 2020 Quarterly Report that examined exits during the 2019 calendar year. While the COVID-19 pandemic contributed to this change, it is likely this is not the only factor related to the change. The YRTC system is in the midst of substantial changes, including to the program, the educational structure, and even the physical locations.

# Reviews of Youth at YRTCs

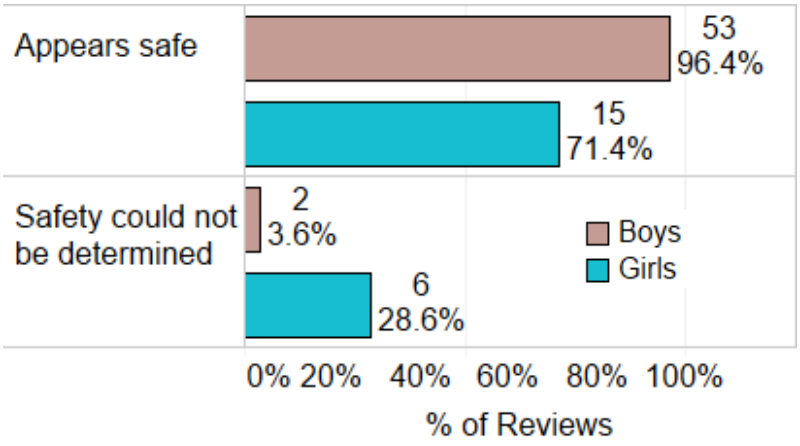
## PLACEMENT SAFETY AND APPROPRIATENESS

***Placement Safety.*** FCRO review boards were unable to determine safety for 8 of the youth who were placed at a YRTC during FY2019-20. This was due, in large part, to lack of information available, especially in the immediate aftermath of the transfer of girls from YRTC-Geneva to the Kearney campus.

[64] Development Services Group, Inc. 2019. "Education for Youth Under Formal Supervision of the Juvenile Justice System." Literature Review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. https://www.ojjdp.gov/mpg/litreviews/Education-for-Youth-in-the-Juvenile-Justice-System.pdf

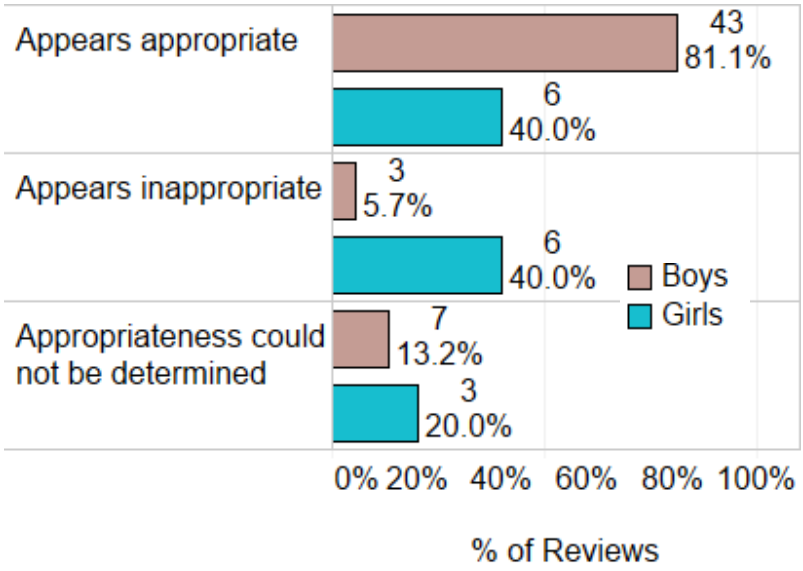
[65] This is based on total days at a YRTC during their lifetime. This may have been through multiple juvenile court commitments to the YRTC, or a single commitment. It also excludes days where a youth may have been missing from the YRTC or placed in a short-term treatment center for acute needs.

**Figure 88: Safety of YRTC Placement for Youth Reviewed FY2019-20, n=76[66]**




***Placement Appropriateness***. A placement cannot be determined appropriate if it cannot be evaluated as safe. Of the 68 YRTC placements evaluated as safe, 81.1% of the boys, but only 40.0% of the girls were assessed as appropriate by FCRO review boards. A determination of inappropriate indicates that YRTC may not be the preferred setting for meeting the needs of the youth at the time of review.

**Figure 89: Appropriateness of YRTC Placement for Youth Reviewed FY2019-20, n=68**

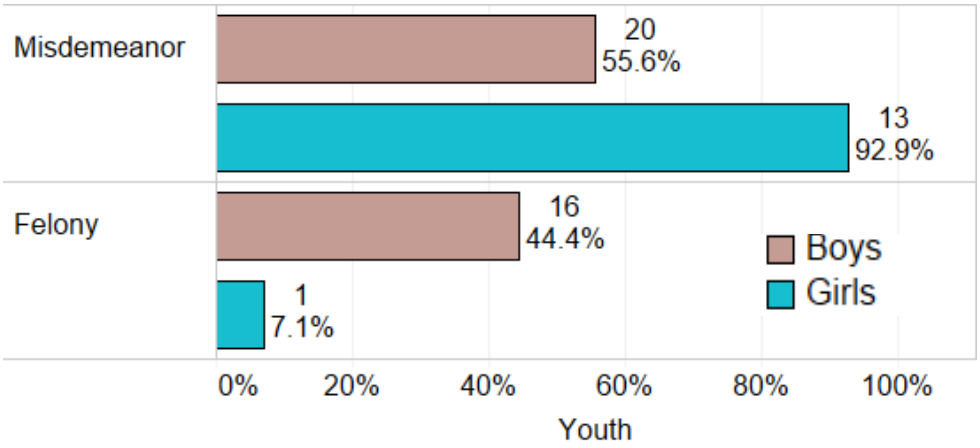



[66] One youth was reviewed twice during his time at YRTC. Findings of safety and appropriateness are by review. All other data is by child.

## OFFENSES

***Offenses***. Many people are surprised to learn that youth can be committed to the YRTC for other than felony charges. Figure 90 represents the most serious offense for youth placed at the YRTC (data is only available for the youth who received juvenile justice reviews). For over 90% of girls and more than half of the boys, the most serious offense is a misdemeanor.

**Figure 90: Most Serious Offense of Juvenile Justice Reviewed Youth Placed at a YRTC Reviewed FY2019-20 by Gender, n=50**




## MENTAL AND BEHAVIORAL HEALTH

***Mental Health.*** According to the federal Office of Juvenile Justice and Delinquency Prevention, nationally 70% of youth in the juvenile justice system have a diagnosable mental health condition.[67] There is a complex relationship between mental health and juvenile justice involvement. Certain mental health conditions may increase a youth's risk for juvenile justice involvement, and involvement in the juvenile justice system can intensify existing mental health issues. As shown in Figure 91, nearly all youth placed at a YRTC are diagnosed with a mental health condition.

[67] Development Services Group, Inc. 2017. "Intersection between Mental Health and the Juvenile Justice System." Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. https://www.ojjdp.gov/mpg/litreviews/Intersection-Mental-Health-Juvenile-Justice.pdf

**Figure 91: Mental Health Diagnosis for YRTC Youth Reviewed FY2019-20 by Gender, n=75**

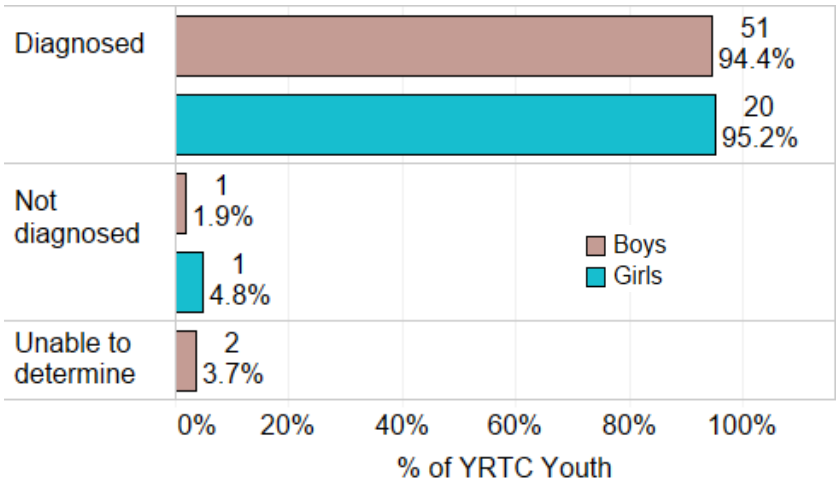
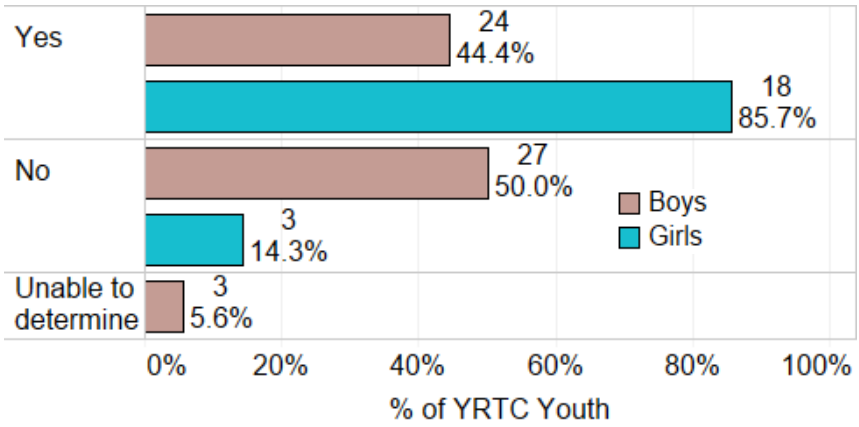



Figure 92 shows that boys and girls are prescribed psychotropic medications at very different frequencies.[68] One hypothesis is that there may be differences in the mental health conditions between the boys and girls. Further research is needed to determine if this is true and, if so, how it impacts the youth's service needs.

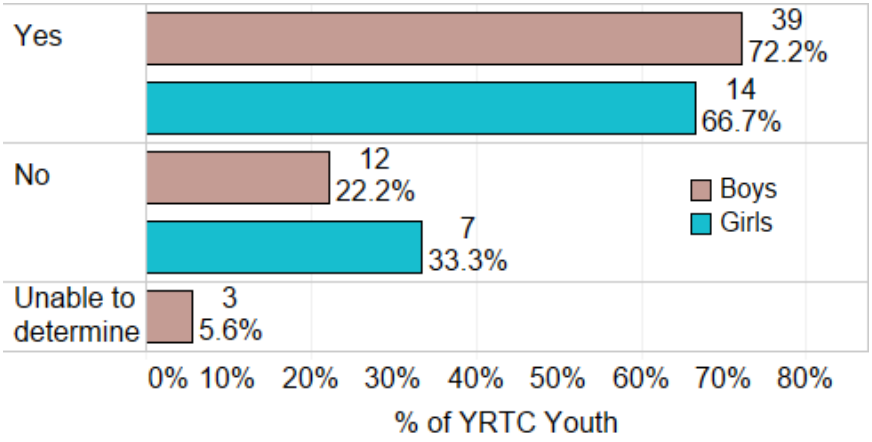
**Figure 92: Current Psychotropic Prescription for YRTC Youth Reviewed FY2019-20 by Gender, n=75**




[68] See page 5 for definition of psychotropic medication.

***Substance Use***. The majority of reviewed boys (72.2%) and girls (66.7%) placed at a YRTC were diagnosed with substance use issues, as shown in Figure 93.

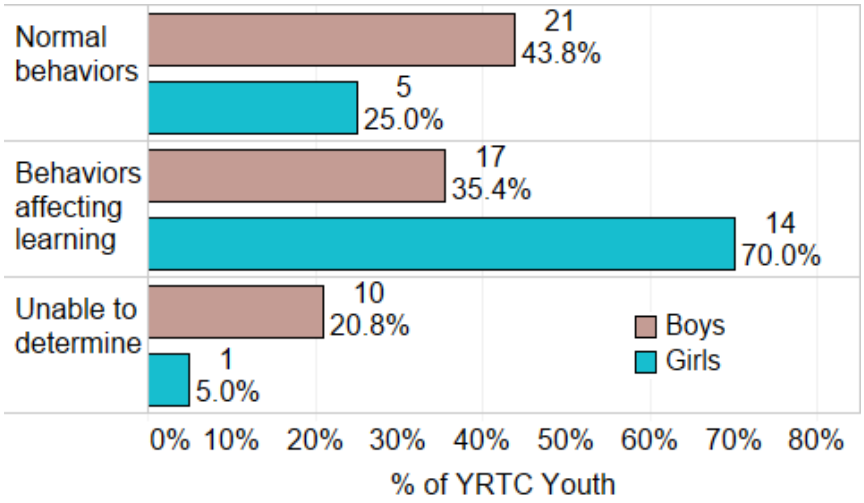
**Figure 93: Substance Use Issues for YRTC Youth Reviewed FY2019-20 by Gender, n=75**




## EDUCATION

***Behaviors at School.*** As shown in Figure 94, the girls were more likely than the boys to have behavioral concerns that regularly impacted learning.[69] These behaviors cannot be untangled from mental health diagnosis and trauma resulting from abuse/neglect removals and multiple placement changes.

**Figure 94: Whether Youth was Exhibiting Behaviors Disruptive to Learning for YRTC Youth Reviewed FY2019-20, n=68**




[69] This is a significantly different compared to the 84.7% of Probation supervised youth who displayed normal behaviors in school, see page 98.

# Appendix A

## County to NDHHS Service Area and Judicial (Probation) District[70]

| County | NDHHS 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 |
| 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 |
| 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 |

[70] District boundaries in statute effective July 20, 2018, Neb. Rev. Stat. §24-301.02. NDHHS service areas per Neb. Rev. §Stat. 81-3116.

| County | NDHHS Service Area | Probation District |
|---|---|---|
| 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 |
| 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 |

# INDEX

NDHHS/CFS

# ADDITIONAL INFORMATION IS AVAILABLE

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

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**

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