



March 2023 Quarterly Report

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NEBRASKA
FOSTER CARE REVIEW OFFICE

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Executive Summary

The Foster Care Review Office (FCRO) issues this Quarterly Report to inform the Nebraska Legislature, child welfare system stakeholders, juvenile justice system stakeholders, other policymakers, the press, and the public on identified conditions and outcomes for Nebraska's children in out-of-home care [aka foster care] as defined by statute, as well as to share recommendations for needed changes made per our mandate.^{1,2}

This report starts with a special section and then shares the most recent data available on conditions and outcomes for minor children in out-of-home care through the child welfare and juvenile justice systems.

In the special section, we expand upon the Bridge to Independence Program (b2i) special study presented in our June 2022 Quarterly Report by analyzing whether b2i participants reviewed during calendar year 2022 had experienced juvenile probation out-of-home care while minors.

In summary, the FCRO completed 194 case reviews of b2i participants in 2022. Of those reviews, 134 young adults (69.1%) experienced child welfare with no record of Probation out-of-home care involvement as a minor; whereas 60 participants (30.9%) also had experienced Probation supervised out-of-home care. The update also describes various demographic measures and childhood experiences to illustrate similarities and differences between these two distinct groups of young adults in the b2i program. Readers are encouraged to read the special section to get further details.

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

- 4,200 Nebraska children were in out-of-home or trial home visit placements under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division (hereafter referred to as Probation) on 12/31/22, representing a 0.9% increase from 12/31/21. (page 8)

The FCRO is the independent state agency responsible for overseeing the safety, permanency, and well-being of children in out-of-home care in Nebraska.

Through a process that includes case reviews, data collection and analysis, and accountability, we are the authoritative voice for all children and youth in out-of-home care.

The FCRO celebrated 40 years of service on July 1, 2022.

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

² Some of the most requested data is also available through the FCRO's data dashboards (accessed via https://fcro.nebraska.gov/data_dashboards.html#). Data presented includes numbers of children impacted, the agencies and courts responsible, demographics, and key indicators, all of which can be sorted in the most useful ways.

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- Of the 4,200 total children, 3,596 (85.6%) children were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation, a 0.7% decrease compared to children on 12/31/21. (page 9)
- Most DHHS/CFS wards in out-of-home placements or trial home visits (97.2%) were placed in a family-like, least restrictive setting. (page 15)
- Over half of the children in a least-restrictive foster home, excluding those in trial home visits, were placed with relatives or kin (58.4%). (page 16)
- Of the 74 DHHS/CFS wards in congregate care, most were in Nebraska (85.1%); that is consistent with the 86.1% in congregate care placed in Nebraska on 12/31/21. (page 18)
- Depending on the geographic area, between 5.6% and 51.7% of the children have had five or more workers since most recently entering the child welfare system. Furthermore, 294 children statewide had 10 or more workers in that timeframe, most of whom (275) were from the Eastern Service Area (ESA). (page 19-20)
- There were 414 (9.9%) youths that were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTC, a 17.9% increase compared to youth on 12/31/21. (page 27)
- Probation most often utilizes in-state placements; 84.5% of the 310 youth with a known placement location in congregate care were placed in Nebraska. (page 30)
- 127 (3.0%) youths in out-of-home care were involved with DHHS/CFS and Probation simultaneously, representing a 3.1% decrease compared to youths on 12/31/21. (page 31)
- 62 youths, 47 boys and 15 girls, from various counties across Nebraska were at a YRTC on 12/31/22 which is a 14.8% increase compared to the 54 such youths at the YRTCs at the same time last year. (page 23)
- Disproportionate rates for children of color in out-of-home care remains a critical issue to be examined and addressed, regardless of which agency or agencies are involved. (pages 14, 25, 28, 33)
- Missing from Care continues to be an issue. The following 52 children and youth were missing from care as of 12/31/22: 21 DHHS/CFS wards, 20 Probation only youth, and 11 Dually-adjudicated youths.
- Covid-19 has undoubtedly had a significant impact on youth and families, programs, and providers. It is expected to take years, if not decades, to truly understand the full impact it has had on the children and youth involved in the child welfare and juvenile justice systems. It will continue to be an important factor to consider when reviewing outcome trends over time.

Prior FCRO Recommendations –

Children’s experiences in out-of-home care have life-long impacts. In its September 2022 Annual Report, the FCRO made several major recommendations intended to improve conditions for children in Nebraska’s child welfare and juvenile justice systems. In summary:

- Form a task force to address racial and ethnic disparities.
- Invest in capacity-building infrastructure for services, including mental health services, needed by children and their families.
- Explore ways that the needs of LGBTQ+ youth can be met, and such youth be supported.
- Continue efforts to address missingness among children in out-of-home care.
- Continue to address case manager turnover.
- Intensify efforts to recruit, train, support, and retain foster homes.
- Improve delivery and documentation of independent living skills training and development for youth ages 14 and older.
- Explore collaborative options for youth workforce skill building for older youth (age 16-18).
- Develop and utilize methods to address learning delays or educational deficits for children in out-of-home care, regardless of which agencies are involved with that child.
- Require that guardians ad litem provide the FCRO a copy of their GAL report or allow the FCRO reasonable access to the GAL report in the court’s file.
- Maximize technology to facilitate the FCRO electronic submission of FCRO reports to all courts with juvenile court jurisdiction across the state.

In a follow-up to the annual report recommendations, DHHS/CFS provided an update regarding their progress or plans.³ Highlights from that include:

- Regarding caseworker turnover and caseload sizes,
 - “As part of LB1173 (2022), DHHS has contracted with the Stephen Group to help develop a practice and finance model for child welfare. One area of focus will be to assess current caseloads and caseload standards.”
- Regarding recruiting, training, and supporting foster families,
 - “Beginning in June of 2022, CFS implemented a licensure, recruitment, and placement stability incentive plan. It is based on performance-based outcomes that increase the number of licensed relative, kinship, and traditional agency-supported foster homes....”
 - “CFS implemented additional tiers of foster care in October of 2022. These tiers are designed to more accurately capture the needs of youth with complex needs and provide compensation for caregivers providing support.”

³ See Appendix C for the full content of the letter.

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- “CFS is collaborating with Medicaid as they plan to implement treatment foster care in 2023. The implementation of additional foster care tiers and treatment family care will strengthen the Department’s ability to meet the unique needs of youth.”
- Regarding documentation deficits,
 - “The DHHS Continuous Quality Control (CQI) team reviews case file documentation regularly. Findings from the reviews are shared with case managers and supervisors to provide feedback for improved documentation.”
- Regarding providing skills needed by youth approaching legal adulthood,
 - “DHHS Central Office reviewed a sample of reports through the Preparation, Transition and Independent Living Services (PALS) and has shared feedback with PALS providers. DHHS Central Office also reviewed agency-supported foster care reports and plans to offer a training to agencies focused on independent living skills and reporting.”
 - “DHHS has invested in the Quality Improvement Center-Youth Engagement (QIC-EY) project to help strengthen youth engagement, focused on permanency. This is a four-year project involving training, research, evaluation, and additional model program implementation. DHHS anticipates that as a result of this project additional tools and a framework for engaging youth will be integrated into our current case management systems.”
- Regarding creating a task force of those with lived experience to propose solutions to racial disparities,
 - “In June of 2022, DHHS created the Family Advocacy Unit with the goal of elevating the voice of lived experience. This team is focused on connecting youth and parents with lived experience opportunities where they can advocate and educate other stakeholders about the family-centered practices.”
- Regarding investing in capacity building,
 - “CFS has recently pursued and facilitated a Strategic Transformation initiative with input from key stakeholders including those with lived experience.”
- Regarding supporting the needs of LGBTQ+ youth,
 - “DHHS is committed to serving the needs of youth in care.”
- Regarding children missing from care,
 - “CFS leadership is working with partners like the courts, Child Advocacy Centers, schools, and other providers to develop strategies to both prevent missingness and locate missing youth.”

The FCRO thanks DHHS for the update and for their efforts to improve the child welfare system. The FCRO will continue to work with all system stakeholders to pursue the recommended changes.

Current Priority Recommendations –

The priority recommendations offered in this quarterly report are based on an analysis of the data tracked by the FCRO, as well as data collected during case reviews, and findings by local review boards. The FCRO recommends:

1. Create a Racial Disparities task force that goes beyond the description of the Family Advocacy Unit that DHHS has created. This task force should exist to:
 - Recognize that racial and ethnic disparities in the child welfare and juvenile justice systems have become intractable and are causing harm to children, families, and communities of color, and,
 - Identify the root causes and propose solutions to address the disparities which exist from the time an abuse or neglect report is received to the time permanency (reunification, adoption, guardianship) is achieved.
2. Enhance efforts by CFS, child placing agencies, and system partners to recruit, train, support, and retain foster family homes able to meet the needs of children and youth with high needs, especially those with complex mental and/or behavioral health needs. That would enable such youth to remain in their communities in the least restrictive environments and be safe. Such resources need to be available throughout the state to ensure that children's outcomes are not dependent on the county of origin.
3. Increase efforts to identify, train, equip, and license relative and kinship foster homes with support for newly licensed relative and kinship foster homes.
4. Create and implement a long-term plan to recruit persons that might consider pursuing a career in social work, psychiatry, mental health, and related occupations. Part of this should be activities such as speaking to children in high school or older middle school, participating in career fairs, partnering with post-secondary education institutions, and other activities designed to elevate those career choices.
5. Expand child abuse prevention efforts. Over time this likely would positively impact current caseworker turnover, caseloads, and placement stability, may reduce repeat multiple removals, and may reduce the numbers of children that experience abuse or neglect.



Update on Bridge to Independence Extended Foster Care (b2i) FCRO Case Review Findings

The Bridge to Independence Program (often referred to as b2i) exists to assist eligible young adults who had been in foster care under DHHS until the day they reached legal adulthood (19th birthday), and who opted to enroll. While in the program, participants are provided specific state supports such as stipends. Eligibility ends on the 21st birthday.⁴

The FCRO is required to track b2i program participants, review their cases, collect data, assess young adults' progress on goals, submit required reports to courts, and analyze and report data collected during the process. We included a Special Study on the b2i program in our June 2022 Quarterly Report.⁵ Since then, we have expanded the data available for analysis to include childhood involvement with Juvenile Probation.

The FCRO completed 194 case reviews of b2i participants during calendar year 2022. Of those reviews, 134 young adults (69.1%) experienced child welfare with no record of Probation out-of-home care involvement as a minor; whereas 60 participants (30.9%) also had experienced Probation supervised out-of-home care. The following describes various demographic measures and childhood experiences to illustrate similarities and differences between these two distinct groups of young adults in the b2i program.

B2i participant group with FCRO Case Review in CY2022 (n=194)

	<i>Child Welfare OOH Only as Minors (n=134)</i>		<i>Probation and Child Welfare OOH as Minors (n=60)</i>	
<i>OOH* Childhood Experiences (Averages by Group)</i>	<i>Males n=47 (35.1%)</i>	<i>Females n=87 (64.9%)</i>	<i>Males n=31 (51.7%)</i>	<i>Females n=29 (48.3%)</i>
Age at first OOH care placement	11.1	11.3	10.0	10.9
Number of times removed from their home	2.0	1.7	2.2	2.5
Number of OOH placements during childhood	6.1	6.9	11.3	13.9
Number of times missing from care (aka runaway) during OOH care	0.3	0.8	1.6	2.9

*Out-of-home care as a minor

<i>Race Demographic</i>	<i>Males n=47</i>	<i>Females n=87</i>	<i>Males n=31</i>	<i>Females n=29</i>
American Indian, Non-Hispanic	4.3%	3.4%	6.5%	0.0%
Black, Non-Hispanic	21.3%	19.5%	3.2%	17.2%
Hispanic	17.0%	19.5%	22.6%	27.6%
Two or More Races, Non-Hispanic	10.6%	6.9%	9.7%	20.7%
White, Non-Hispanic	42.6%	48.3%	58.1%	34.5%

⁴ DHHS administers the b2i program. DHHS has application forms, a description of eligibility requirements, and more available at <https://dhhs.ne.gov/pages/Bridge-to-independence.aspx>.

⁵ FCRO b2i program data and analyses and the June 2022 Special Report on b2i can be found at <https://fcro.nebraska.gov> under the Publications, June 2022 tab.

LB14 was introduced by Senator Dungan in the 2023 Legislative Session to expand eligibility for the b2i program to include certain young adults that were in a Probation supervised out-of-home care placement on their 19th birthday and were found by the court to be at risk for homelessness.⁶

In many ways, such youth are comparable to those currently eligible for the b2i program and as such should be allowed to benefit from the supports and services offered to help improve their wellness and opportunities for success into adulthood.

FCRO Executive Director Monika Gross was among those testifying in support at its legislative hearing. The measure is pending as of the time this report is being written.



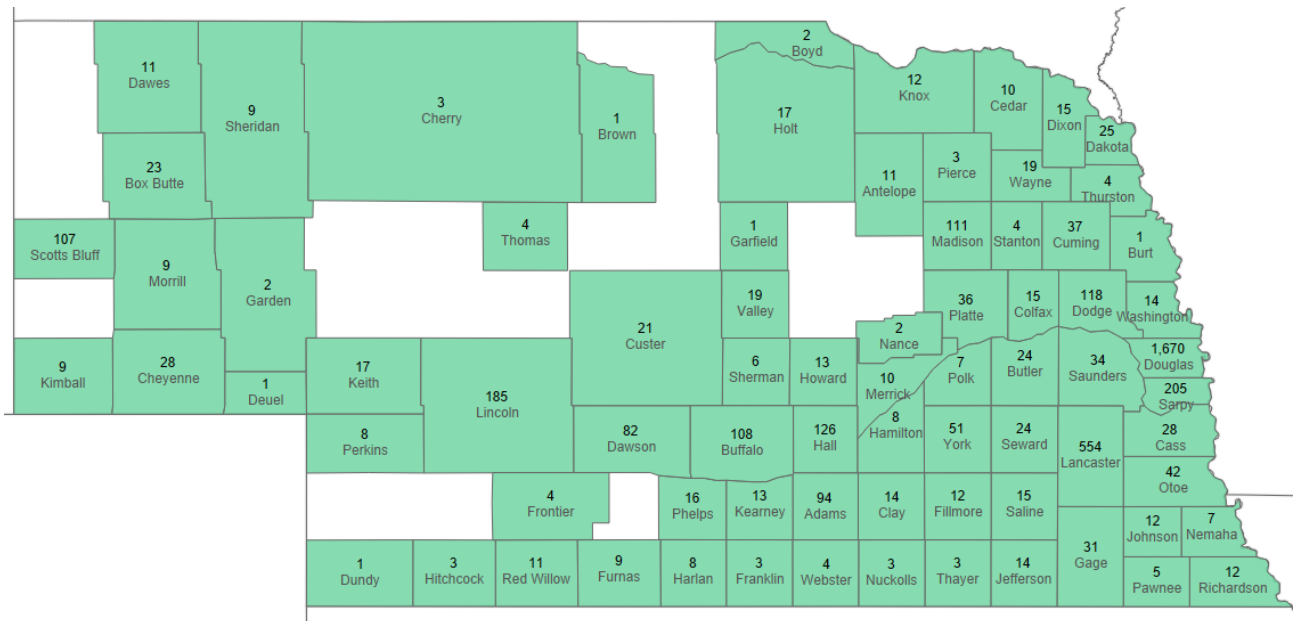
⁶ Text available at <https://nebraskalegislature.gov/bills>.

Total Children in Out-of-Home or Trial Home Placement

On 12/31/22, 4,200 Nebraska children were in out-of-home or trial home visit placements⁷ under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division hereafter referred to as Probation.⁸ This is a 0.9% increase from the 4,161 children in such placements on 12/31/21.⁹

As shown in Figure 1, children in need of out-of-home care are found throughout the State.

Figure 1: Total Nebraska Children in Out-of-Home or Trial Home Visit Placements by County of Court Involvement on 12/31/22, n=4,200*



*Counties with no description or shading did not have any children in out-of-home care on that date; those are predominately counties with sparse populations of children. Those counties may have had children who received services in the parental home without ever experiencing a removal. That population is not included here as it is not within the FCRO’s authority to track or review.

⁷ This section does not include children in non-court Informal Living Arrangements, tribal wards, or children that have never had a removal from the home.

⁸ See Appendix A for definitions and explanations of acronyms and key terms.

⁹ Data quoted in this report are from the FCRO’s independent data tracking system or FCRO completed case file reviews unless otherwise noted.

The 4,200 children in out-of-home or trial home visit care on 12/31/22 included the following groups:

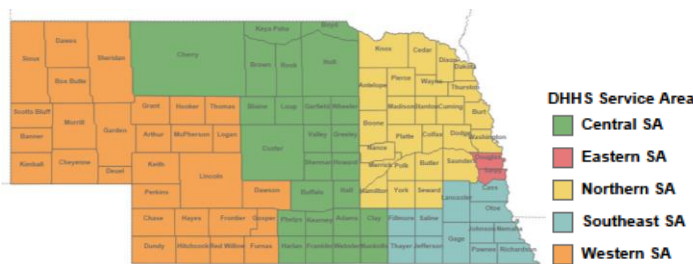
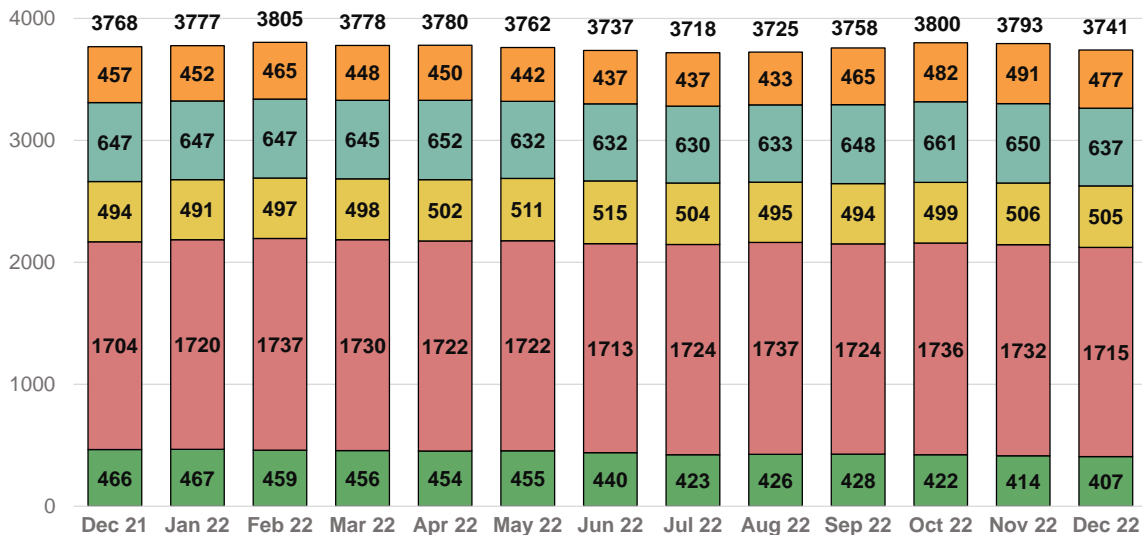
- 3,596 (85.6%) children were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation.
 - This is a 0.7% decrease compared to the 3,620 children on 12/31/21
- 414 (9.9%) youth were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTC's.
 - This is a 17.9% increase compared to the 351 such youth on 12/31/21.
- 127 (3.0%) youth were in out-of-home care and simultaneously involved with DHHS/CFS and Probation.
 - That is a 3.1% decrease compared to the 131 such youth on 12/31/21.
- 62 (1.5%) youth were in out-of-home care and simultaneously involved with DHHS/OJS and Probation.
 - That is an 8.8% increase compared to the 57 such youth on 12/31/21.
- 1 (<0.1%) child in out-of-home care was served only by DHHS/OJS.
 - There were 2 such children on 12/31/21.

Average Daily Population of Children with any DHHS/CFS Involvement

Daily Population

Figure 2 shows the monthly fluctuation in the average daily population (ADP) of DHHS/CFS-involved children in out-of-home or trial home visit placements (including those simultaneously supervised by Probation) over the course of the 13 months from Dec. 2021 through Dec. 2022. It includes both service area and statewide numbers.

Figure 2: Average Daily Population of All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements¹⁰
(Includes children with simultaneous involvement with Probation)¹¹



¹⁰ Averages for each column may not be exactly equal to the sum of the service areas due to rounding.

¹¹ The FCRO's FCTS data system is a dynamic computer system that occasionally receives reports on children's entries, changes, or exits long after the event took place. The FCRO also has a robust internal CQI (continuous quality improvement) process that catches and reverses many errors in children's records, regardless of the cause, to reflect the most accurate data available for review. Therefore, due to delayed reports and internal CQI, some of the numbers on this rolling year chart will not exactly match that of previous reports. The same is true for additional data components described throughout the report.

Figure 3 compares the average daily populations from Dec. 2021 to Dec. 2022 by service area (SA). In Dec. 2022, there were 0.7% fewer DHHS/CFS wards in out-of-home care or trial home visit than at the same time last year. The Central and Southeast Service Areas experienced a decrease, while the remaining areas experienced a slight increase.

Figure 3: Percent Change in All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements¹²

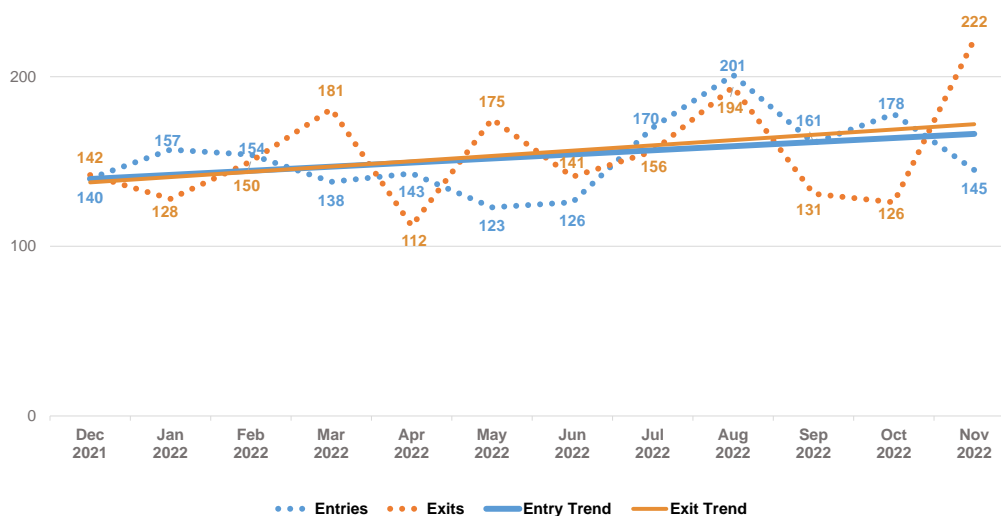
(Includes children with simultaneous involvement with Probation)

	Dec. 21	Dec. 22	% Change
Central Service Area	466	407	-12.6%
Eastern Service Area	1,704	1,715	0.7%
Northern Service Area	494	505	2.3%
Southeast Service Area	647	637	-1.7%
Western Service Area	457	477	4.4%
Statewide	3,768	3,741	-0.7%

Entries and Exits

Figure 4 shows that exits over the last year slightly outpaced entries into out-of-home care. As expected, there was a spike in exits in November, which coincides with Adoption Day.¹³

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



¹² Averages for each column may not be exactly equal to the sum of the service areas due to rounding.

¹³ See Appendix A for an explanation of Adoption Day and other terms.

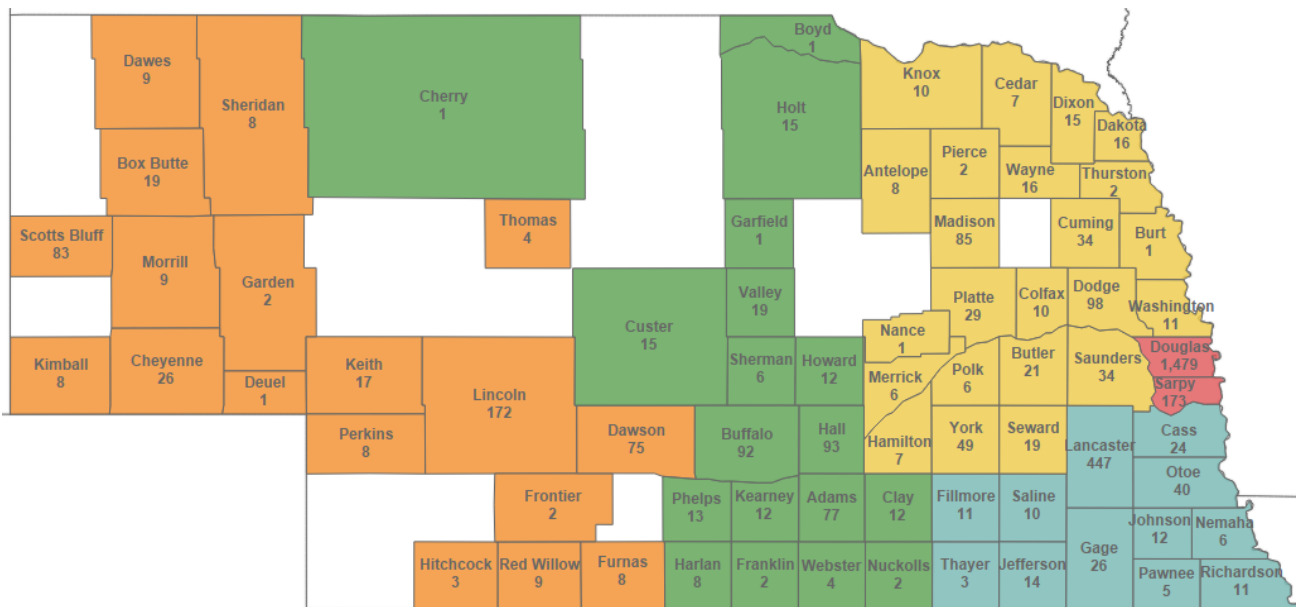
Children Solely Involved with DHHS/CFS - Point-in-Time (Single Day) View

Single-day data on DHHS/CFS wards in this section include only children that meet the following criteria: 1) involved with DHHS/CFS and no other state agency and 2) reported being in either an out-of-home or trial home visit placement. On 12/31/22 there were 3,596 children who met the criteria.¹⁴ That compares to 3,620 on 12/31/21, a 0.7% decrease.

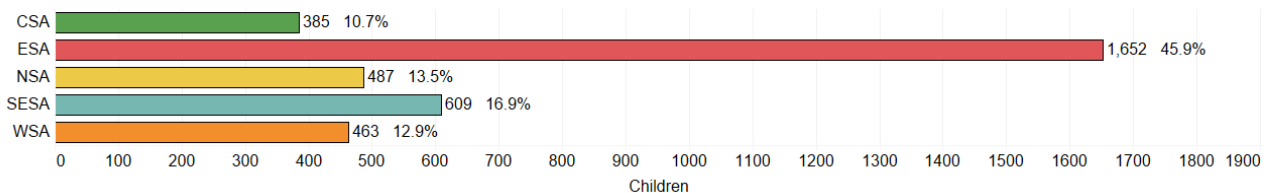
Demographics

County. The map below (Figure 5) shows the county for the 3,596 DHHS/CFS wards in out-of-home care on 12/31/22. Child abuse and neglect resulting in out-of-home placement affect a large portion of counties across the state.

Figure 5: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement on 12/31/22 by County of Court Involvement and DHHS/CFS Service Area, n=3,596



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



¹⁴ Other groups of children and youth are described elsewhere in this report

As expected, over half of the children in Figure 5 on the previous page are from the two largest urban areas (1,479 children from Douglas County and 447 children from Lancaster County, in the Eastern and Southeast service areas, respectively). The rates of state wards from counties with relatively few children are of equal importance.

Figure 6 compares the number of children in out-of-home care and trial home visit to the U.S. Census numbers of children in the population. Of particular interest is that Lincoln County is ranked 10th in estimated population for children 0 to 19, yet it is ranked 2nd in rate per 1,000. To put this in context, the statewide average is 6.68 children in care per 1,000 (as calculated by the number of DHHS wards in out-of-home care across the state divided by the statewide population ages 0 to 19).

Figure 6: Top 10 Counties by Rate of DHHS Wards in Care on 12/31/22

County	Children in Care	Total Age 0-19 Per Census ¹⁵	Rate per 1,000 children	Family Count
Thomas	4	172	23.26	2
Lincoln	172	8,770	19.61	93
Valley	19	1,037	18.32	9
Cuming	34	2,432	13.98	14
York	49	3,739	13.11	25
Johnson	12	1,068	11.24	5
Harlan	8	723	11.07	5
Perkins	8	741	10.80	4
Cheyenne	26	2,429	10.70	13
Dawson	75	7,136	10.51	40

Gender. Girls (51.8%) and boys (48.2%) were fairly equally represented in the population of children in care on 12/31/22, as has been true for several years.

Age. Populations by age group were consistent with past reports:

- 36.7% of children in care were 5 and under,
- 34.3% were between 6 and 12, and
- 28.9% were teenagers.

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

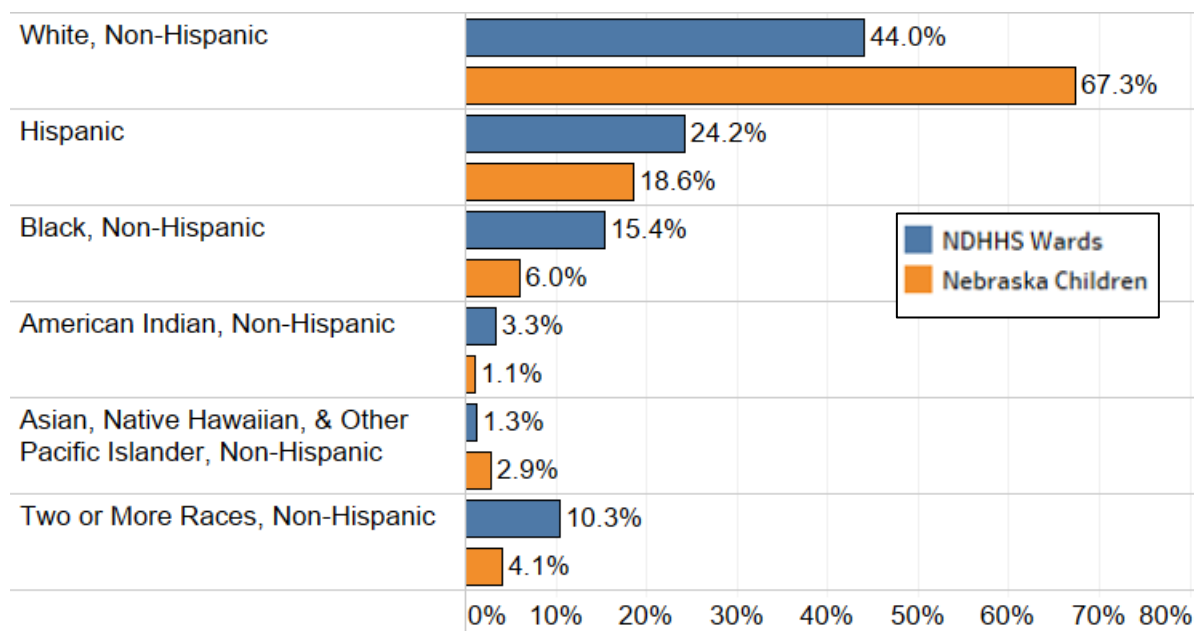
¹⁵ U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2022.

Race and Ethnicity. As the FCRO and others have consistently reported, minority children continue to be overrepresented in the out-of-home population (Figure 7). Further, American Indian children may be underrepresented in the DHHS/CFS population data below due to issues with when and how DHHS/CFS determines racial data, and thus they may have a higher rate of disproportionality than shown below.¹⁶

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

Figure 7: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement on 12/31/22 by Race or Ethnicity, n=3,596

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



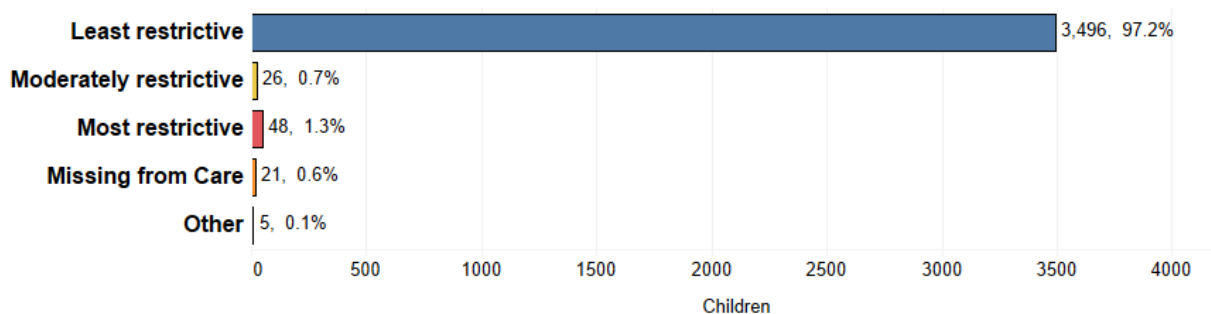
¹⁶ The University of Oklahoma has received a Robert Wood Johnson Foundation grant to study the impact of Nebraska's Indian Child Welfare Act (ICWA) in collaboration with DHHS-CFS. Nebraska Appleseed and NICWC are their partners with collaboration from DHHS/CFS and the Court Improvement Project. The FCRO is providing limited technical assistance to the primary research team. For instance, the FCRO has identified that some reviewed children have been labeled ICWA eligible in the DHHS database, but the child's racial designation does not indicate any Native heritage.

Placements

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

Figure 8 shows that most (3,496 or 97.2%) DHHS/CFS wards in out-of-home placements or trial home visits were placed in a family-like, least restrictive setting. The proportion of children in the least restrictive setting has continuously remained above 95% for the past several years.

Figure 8: Placement Restrictiveness for DHHS/CFS Wards in Out-of-home or Trial Home Placements on 12/31/22, n=3,596



Children missing from care, the second to the bottom category in Figure 8, must always be a top priority as their safety cannot be assured. Children missing from care may be subjected to maltreatment, exploitation, and sex or labor trafficking. History shows that some may be in unsafe situations.

It is notable that the number missing from care decreased by 36.4%, with 21 missing on 12/31/22 compared to 33 missing on 12/31/21 which may be due in part to the increased emphasis given to the issue during the Missingness Project (see the FCRO's March 2022 Quarterly Report).

Types of Least Restrictive Placements. There are several different types of placements in the least restrictive category that provide care to children in home-like settings. Nebraska law¹⁷ defines some of these placements differently than many other states; the following are the Nebraska definitions:

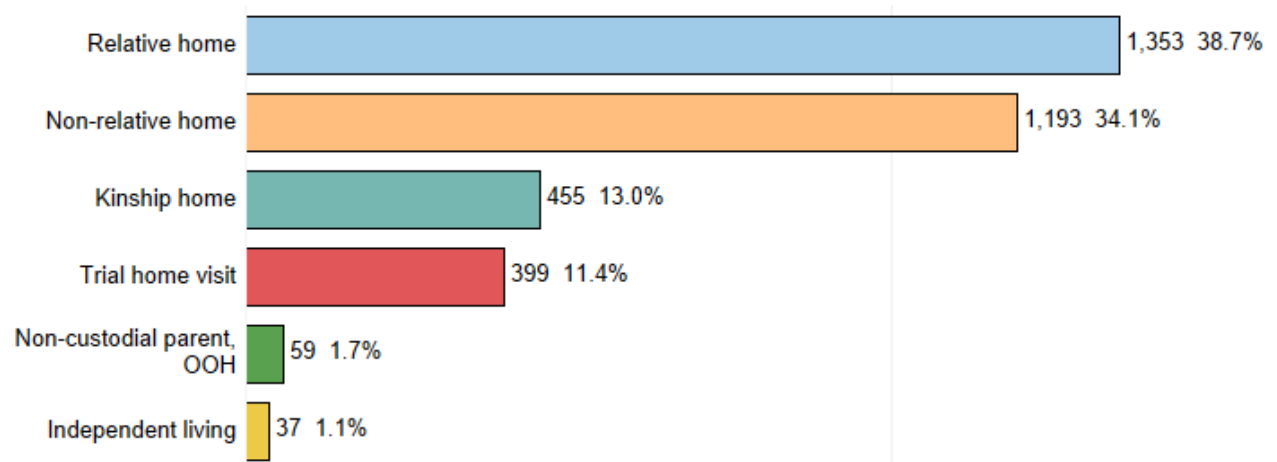
1. "Relative home" is a home where one of the primary caregivers is related to the child or a sibling by blood, marriage, or adoption.

¹⁷ Neb. Rev. Stat. §71-1901.

2. "Kinship home" is a home where one of the primary caregivers has previously lived with the child or is a trusted adult who has a preexisting, significant relationship with the child or a sibling.
3. "Independent living" is for teens nearing adulthood, such as those in a college dorm or apartment.
4. "Trial home visit" (THV) by statute is a temporary placement with the parent from which the child was removed with both the Court and DHHS/CFS remaining involved.
5. "Non-custodial parent out-of-home" refers to instances where children were removed from one parent and placed with the other but legal issues around custody have yet to be resolved.
6. "Non-relative home" refers to a licensed foster home where the primary caretakers have no significant prior relationship with the child.

As can be derived by Figure 9, excluding the 399 children in a trial home visit with a parent, more than half (1,808 or 58.4%) of the remaining children are placed with relatives or kin.

Figure 9: Specific Placement Type for DHHS/CFS Wards in the Least Restrictive Placement Category on 12/31/22, n=3,496 (see Figure 8)



Licensing of Relative and Kinship Foster Homes. Under current Nebraska law, DHHS can waive some of the licensing standards and requirements for relative (not kin) placements. DHHS approves rather than licenses most of these homes for a variety of reasons. That practice creates a two-fold problem:

- 1) Approved caregivers do not receive the valuable training provided to licensed caregivers on helping children who have experienced abuse, neglect, and removal from their parents, and

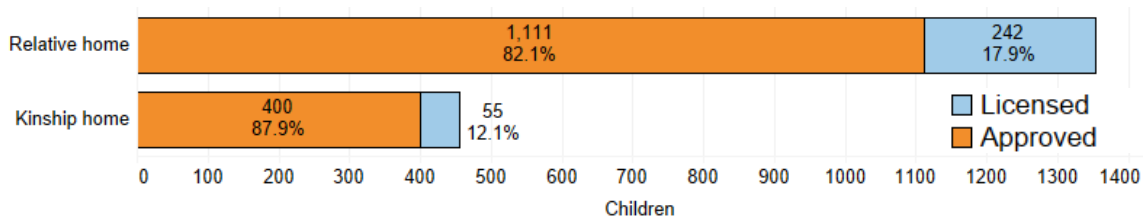
2) In order to receive federal Title IV-E funds, otherwise eligible children must reside in a licensed placement, so Nebraska fails to recoup a significant amount of federal funds.

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

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

Current License Status. Due to the fiscal impact and caregiver training issues, the FCRO looked at the licensing status for relative and kin placement types. As shown in Figure 10, in keeping with the FCRO’s focus on individual children, we see that relatively few are in a licensed placement.

Figure 10: Licensing for DHHS/CFS Wards in Relative or Kinship Foster Homes on 12/31/22, Statewide, n=1,353 (relatives) and n=455 (kinship)



The following shows variances by DHHS Service Area (see map below).



Service Area	CSA	ESA	NSA	SESA	WSA
Children in a Licensed Relative home	27	106	28	39	42
Total children in a Relative home	140	631	176	224	182
	19.3%	16.8%	15.9%	17.4%	23.1%

Service Area	CSA	ESA	NSA	SESA	WSA
Children in a Licensed Kinship home	1	37	5	4	8
Total children in a Kinship home	41	248	58	58	50
	2.4%	14.9%	8.6%	6.9%	16.0%

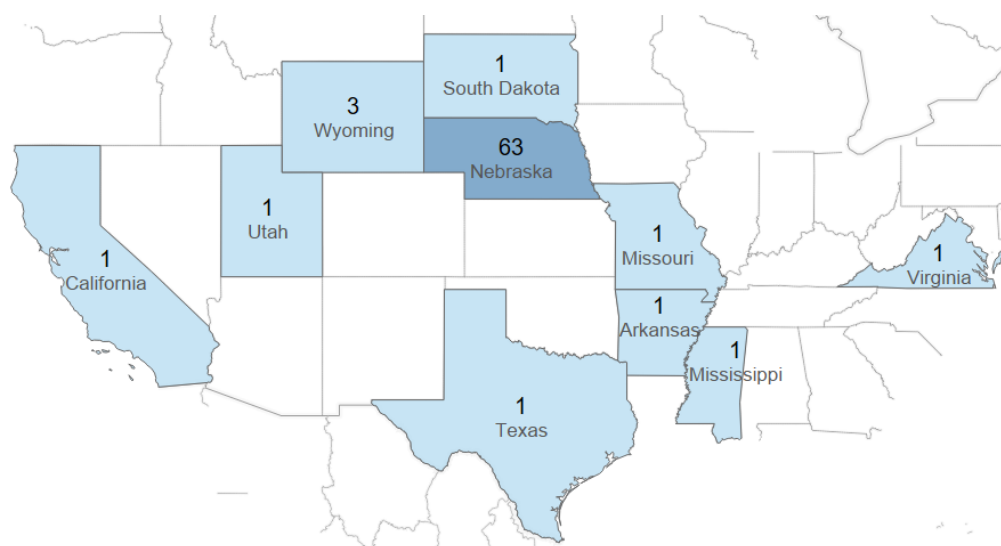
The FCRO continues to advocate for licensure of relative and kinship foster homes, both for accessing federal funding and for the important training needed for caregivers.

Congregate Care. Congregate care facilities should be utilized only for children with significant mental or behavioral health needs, and it is best when those needs can be met by in-state facilities to keep children connected to their families or communities.

On 12/31/22, 74 DHHS/CFS wards were placed in moderately or most restrictive congregate care facilities. This is consistent with the 72 such children and youth on 12/31/21.

Figure 11 shows that most of the 74 DHHS/CFS wards in congregate care, (63 or 85.1%) are in Nebraska. That is consistent with the 86.1% in Nebraska on 12/31/21.

Figure 11: State of Placement for DHHS/CFS Wards in Congregate Care on 12/31/22, n=74



Multiple Placements

Nationally, child development research tells us that children need consistency, predictability, and attachment to a caring adult to thrive. This is especially true for children in foster care who have experienced trauma leading up to and including removal from their home and community.¹⁸ 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.¹⁹

Simultaneously, national research indicates that children experiencing four or more placements over their lifetime are likely to be permanently damaged by the instability and

¹⁸ [What impacts placement stability](#), Casey Family Programs, updated August 2018.

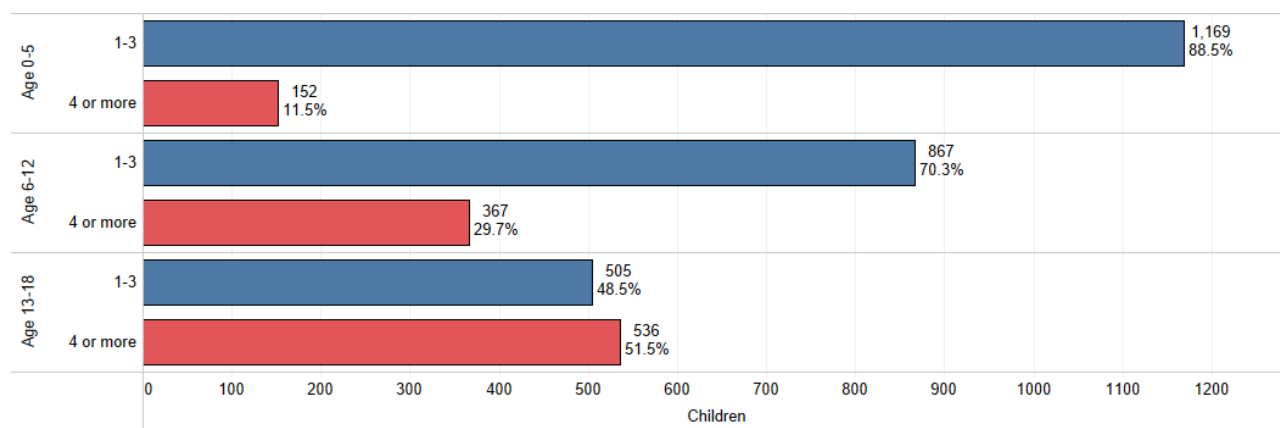
¹⁹ Examples include Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

trauma of broken attachments.²⁰ And, the cumulative effects of such moves may increase the risk of instability in the next placement.²¹

Close to one-third of Nebraska’s children in out-of-home care have experienced that level of placement instability. Of the 3,596 children in care on 12/31/22, 1,055 children (29.3%) had experienced four or more placements over their lifetime (Figure 12).²² This compares to the 28.6% of the children in care on 12/31/21.

Further, it is concerning that 11.5% of young children have experienced a high level of placement change while simultaneously coping with removal from their parent(s) – all during a developmentally critical period.

Figure 12: Lifetime Placements for DHHS/CFS wards in Out-of-Home or Trial Home Visit on 12/31/22, n=3,596



Number of Caseworkers during Current Episode of Care

Figure 13 on the next page shows the number of workers during the current episode of care for 3,596 children in out-of-home or trial home visit placement on 12/31/22 as reported by DHHS. In the Eastern Service Area, depending on how long the child has been in out-of-home care, the worker count could include both lead agency workers (DHHS/CFS contracted for such services through 2021) and DHHS/CFS case managers (cases transferred to DHHS/CFS case managers in 2022). If a worker transferred employment from the lead agency to DHHS/CFS so that the child’s family had no change in the case manager, the worker count was not duplicated.²³

²⁰ Examples include Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

²¹ Newton, Litrownik and Landsverk, 2000 as found in Kinship Care First? Factors associated with placement moves in out-of-home care, May 2020, Elsevier Ltd.

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

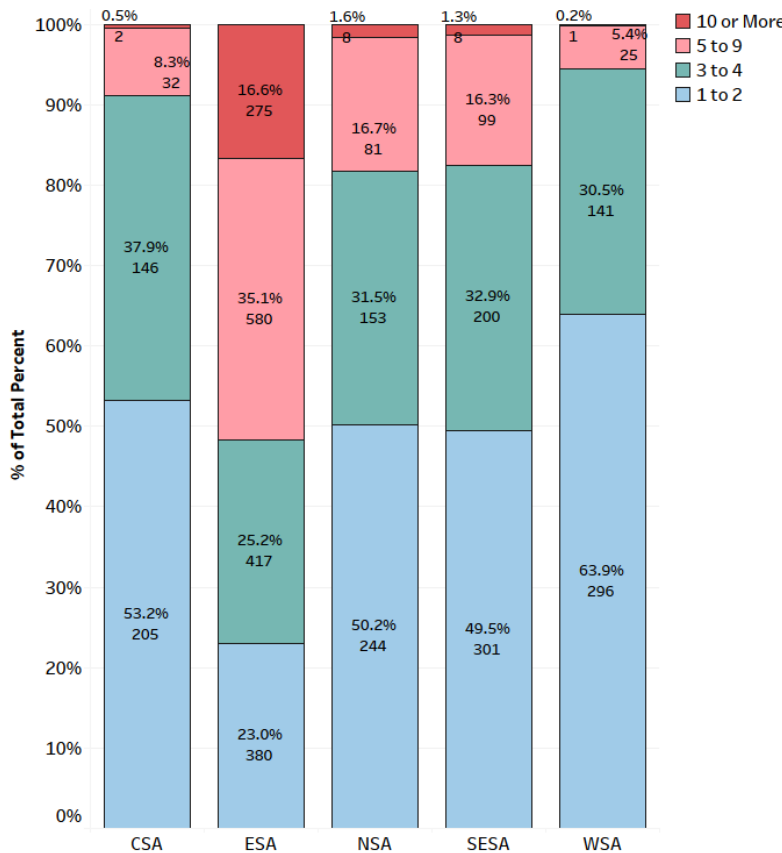
²³ In the Eastern Service Area, PromiseShip held the lead agency contract with DHHS until 2019, when DHHS rebid it. Cases transferred to Saint Francis Ministries in the fall of 2019, when many former PromiseShip

Child Welfare

Five or more workers is considered an unacceptable number of worker transfers that likely significantly delay permanency. It can also impact the number of placement changes that children experience, as discussed previously. Depending on the geographic area, between 5.6% and 51.7% of the children have had five or more workers since most recently entering the child welfare system. 294 children statewide had 10 or more workers in that timeframe, most of whom (275) are from the Eastern Service Area (ESA).

Notably, the number of children with 10 or more workers has increased compared to last year (294 this year compared to 169 last year), as did the 5-9 workers group (817 this year compared to 696 last year). There is much work to be done to ensure the number and the impacts of worker transfers are minimized.

Figure 13: Number of Workers for DHHS/CFS Wards 12/31/22 in Current Episode, n=3,596



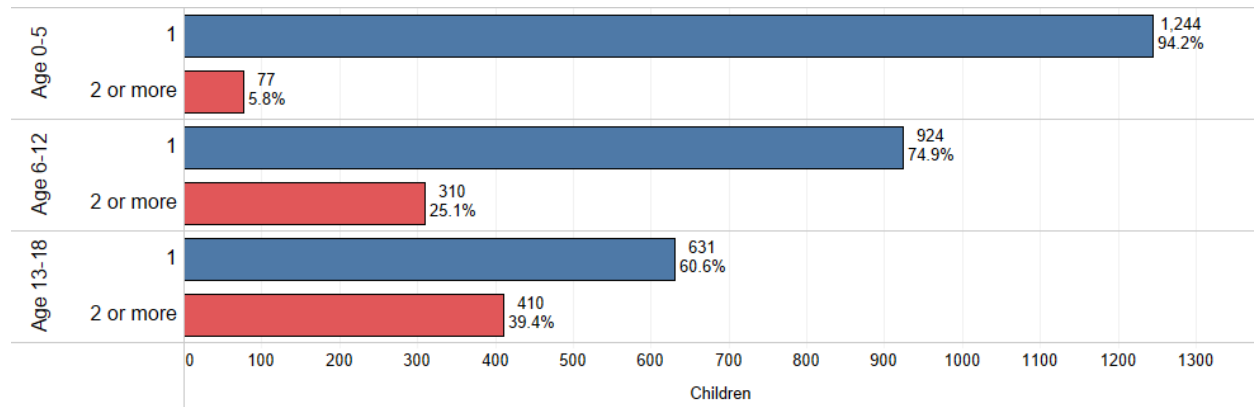
workers become employed by Saint Francis. The FCRO ensured that the worker count was not increased if the same person remained with the child’s case without a break of service. Similarly, in Jan-April 2022 cases transferred from Saint Francis to DHHS when the contract was ended, with DHHS hiring many former lead agency workers. Again, the count was not increased if the children’s case remained with the same worker. Counts only increased if a new worker became involved with the child and family.

Lifetime Episodes involving a Removal from the Home

Each removal from home can be traumatic and increases the likelihood of experiencing multiple placements. Child abuse prevention efforts need to include reducing or eliminating premature or ill-planned returns home that result in further abuse or neglect. There are impacts on children, families, and the state when a large percentage of children experience multiple removals. Finding ways to accessibly support families after reunification could benefit children, families, and communities. Collaborative efforts are needed to address this.

Figure 14 shows that 797 (22.2%) of the DHHS wards in care on 12/31/22 had experienced more than one court-involved removal from the parental home. The percentage has remained consistent over the past year.

Figure 14: Lifetime Removals for DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placements on 12/31/22, n=3,596



Average Daily Population of DHHS/OJS Youth Placed at a Youth Rehabilitation and Treatment Center (YRTC)

The Youth Rehabilitation and Treatment Centers (YRTCs) are the most restrictive type of placement in Nebraska and are limited to the rehabilitation and treatment of juvenile offenders. Per statute, a judge can only order a youth to be placed at a YRTC if that youth has not been successful in a less restrictive setting. The DHHS Office of Juvenile Services (DHHS/OJS) is responsible for the care and treatment of youth at the state’s three YRTC facilities (currently Kearney, Hastings, and Lincoln).

Figure 15 shows the average daily number of DHHS/OJS wards by gender. Throughout the rolling year in the figure below, the population counts for girls trended down slightly over 2022, while the counts for boys fluctuated throughout the year.

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

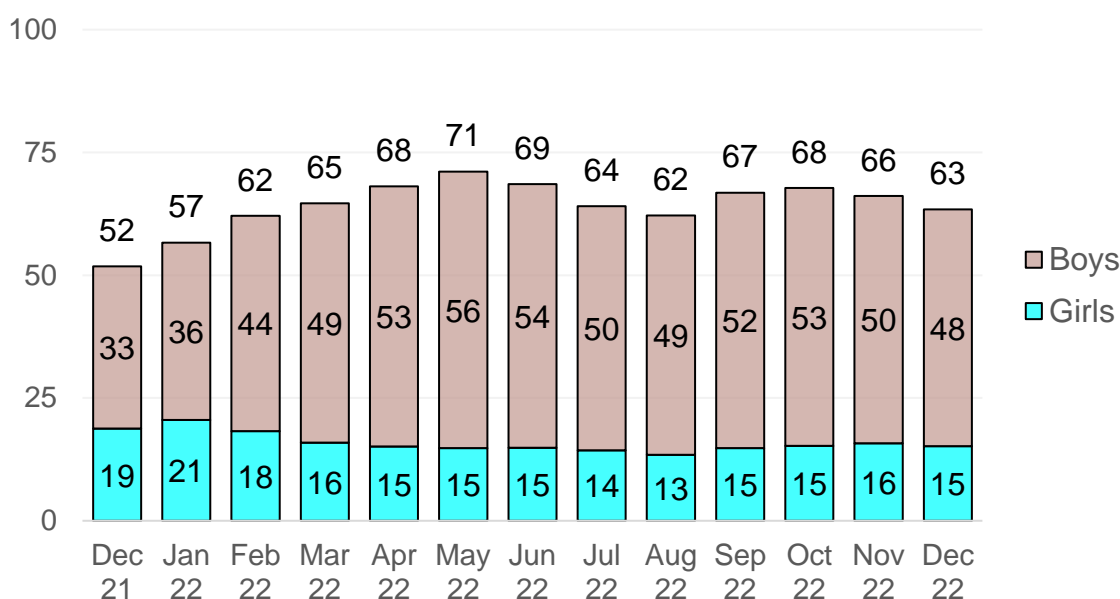


Figure 16 shows the percentage change between Dec. 2021 and Dec. 2022.

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

	Dec 21	Dec 22	% Change
Girls	19	15	-19.1%
Boys	33	48	46.1%
State	52	63	22.5%

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

Single-day data here, which is different from the averages on the previous page, is for the 62 boys and girls that met all the following criteria:

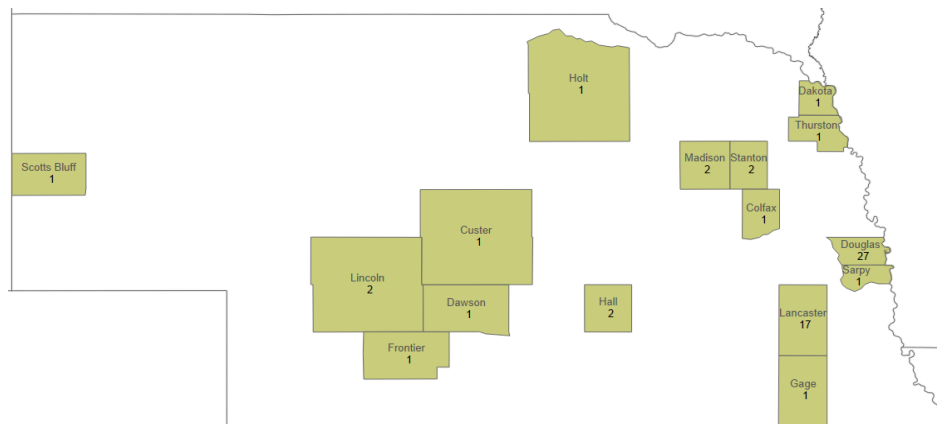
1. Youth is aged 14–18.²⁴
2. Committed by a judge to a Youth Rehabilitation and Treatment Center.²⁵
3. Placed in one of the DHHS Office of Juvenile Services (DHHS/OJS) YRTC facilities on 12/31/22.²⁶

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

Demographics

County. As illustrated in Figure 17, there were 62 youths from various counties across Nebraska at a YRTC on 12/31/22. That was a 14.8% increase from the 54 such youths at a YRTC on 12/31/21.

Figure 17: Boys and Girls Placed by a Juvenile Court at a Youth Rehabilitation and Treatment Center on 12/31/22 by County of Court, n=62*



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

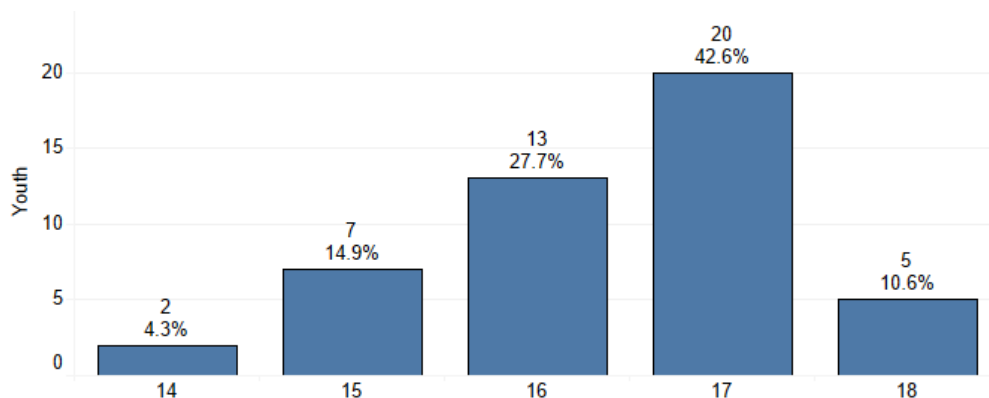
²⁴ See Neb. Rev. Stat. §43-251.01(4) for age requirements.

²⁵ See Nebr. Rev. Stat. §43-286 for more details on how a court can commit a youth to a YRTC and see §43-407(2) for details on the services available.

²⁶ On 12/31/22, there were YRTC facilities in Kearney, Hastings, and Lincoln. Data here does not include youth at the Whitehall psychiatric residential treatment program.

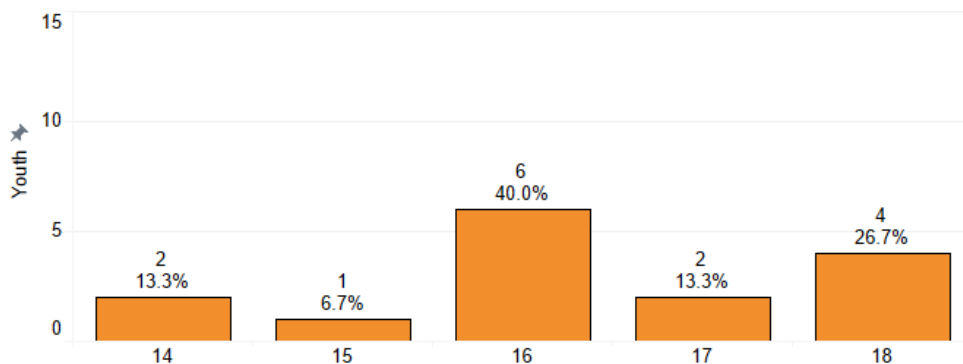
Age and Gender. On 12/31/22, 47 of the youth placed at a YRTC were boys (Figure 18).

Figure 18: Ages of Boys Placed at a YRTC under DHHS/OJS on 12/31/22, n=47



On 12/31/22, 15 of the youth placed at a YRTC were girls. National research indicates that girls are less likely to be a part of the juvenile justice population; the number of girls in Figure 19 reflects this pattern when compared to the figure for boys above.²⁷

Figure 19: Ages of Girls at a YRTC under DHHS/OJS on 12/31/22, n=15



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

²⁷ National Center for Juvenile Justice, Juvenile Court Statistics 2018, April 2020, Sarah Hockenberry and Charles Puzanchera.

Race and Ethnicity. Although DHHS/OJS and the YRTC facilities have no control over which youth are committed to the facilities, there is significant racial and ethnic disproportionality in the YRTC populations (Figures 20 and 21). Nebraska general population estimates are based on data from the US Census for Nebraska youth who are ages 10 to 19, by gender. Disproportionality is greatest for boys that are Black or American Indian, and girls who are Hispanic or Black. This is a system-wide issue and will require system-wide effort to resolve.

Figure 20: Race and Ethnicity of Boys placed at a YRTC under DHHS/OJS on 12/31/22, n=47

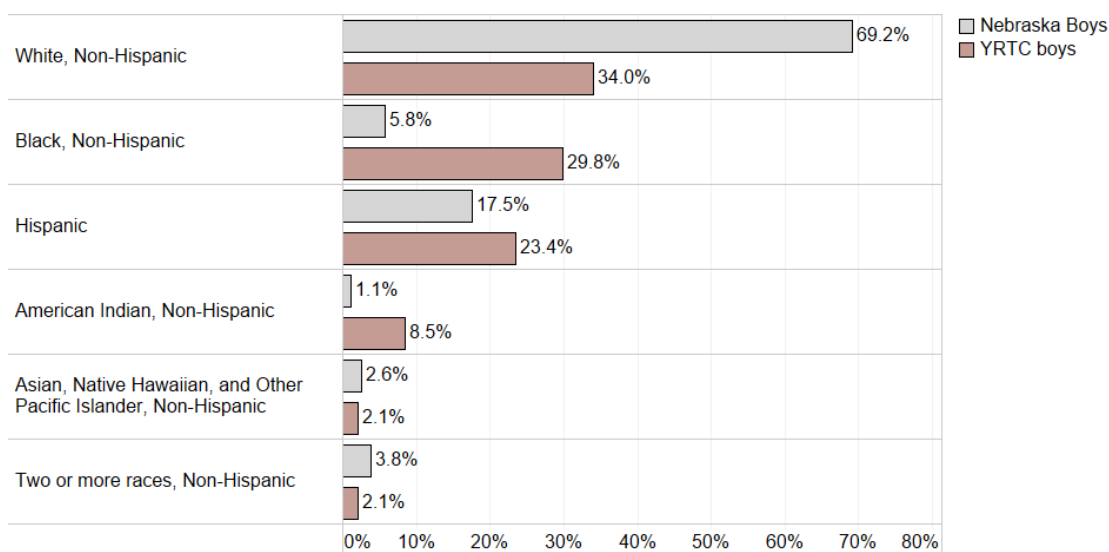
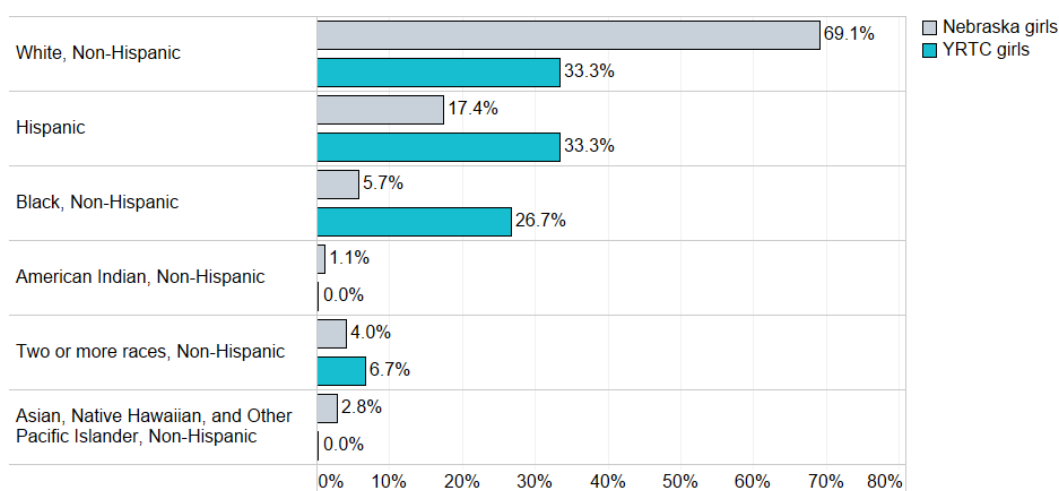


Figure 21: Race and Ethnicity of Girls placed at a YRTC under DHHS/OJS on 12/31/22, n=15



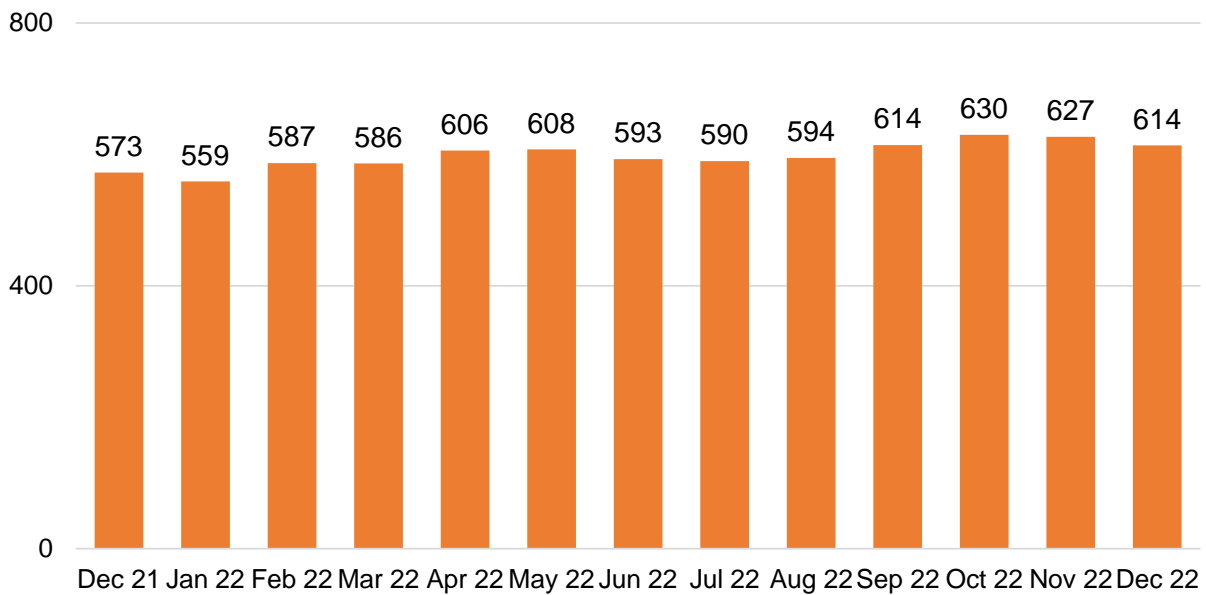
Average Daily Population for Youth Out-of-Home With Any Probation Involvement

Average Daily Population

Figure 22 shows the average daily population (ADP) per month of all Probation-involved youth in out-of-home placements for the last 13 months (including those with simultaneous involvement with DHHS/CFS and DHHS/OJS). Comparing Dec. 2021 to Dec. 2022 there has been a 7.2% increase based on raw data.

Figure 22: Average Daily Population of Youth in Out-of-Home Care Supervised by Probation

(includes youth with simultaneous involvement with DHHS/CFS and DHHS/OJS)



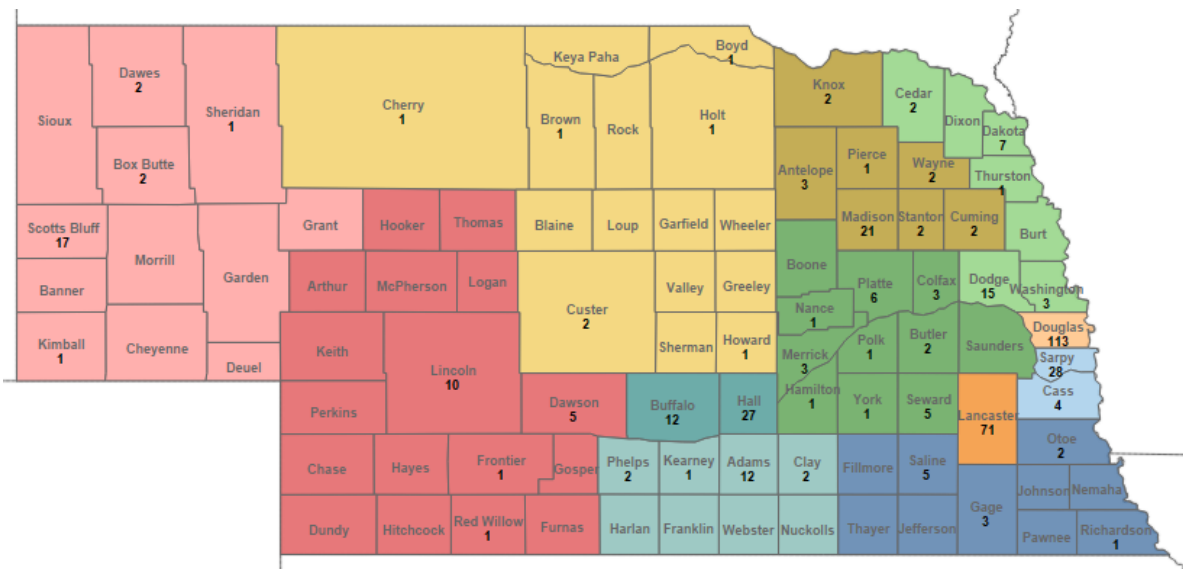
Youth in Out-of-Home Care Supervised By the Office of Juvenile Probation – Point-in-Time (Single Day) View

Single-day data on Probation involved youth in an out-of-home placement here includes youth whose involvement is only with Probation (no other state agency).

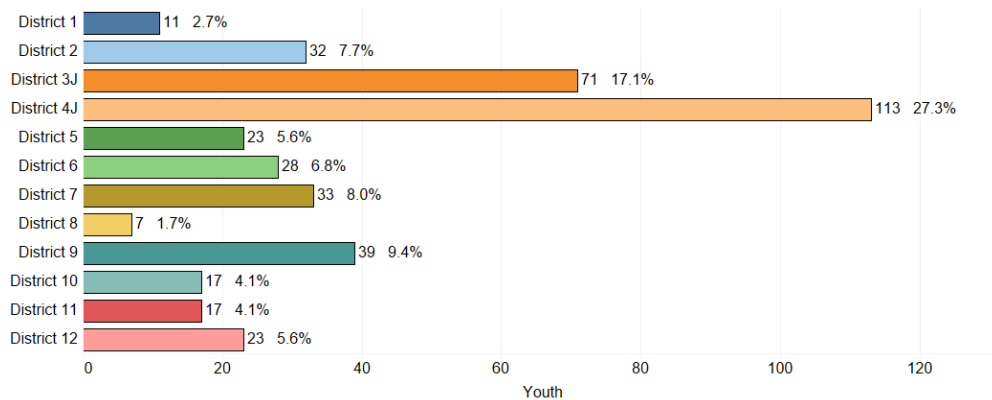
Demographics

County. Figure 23 shows the Probation district and the county of court for the 414 Probation youth in out-of-home care on 12/31/22 that are not involved with either DHHS/CFS or DHHS/OJS. That is 17.9% more than the 351 such youth in out-of-home care on 12/31/21.

Figure 23: County of Court Involvement for Probation Supervised Youth in Out-of-Home Care on 12/31/22, n=414*

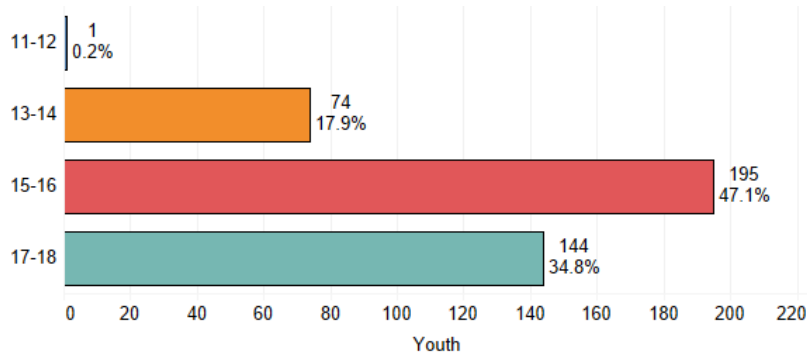


*Counties without numbers had no Probation youth in out-of-home care.



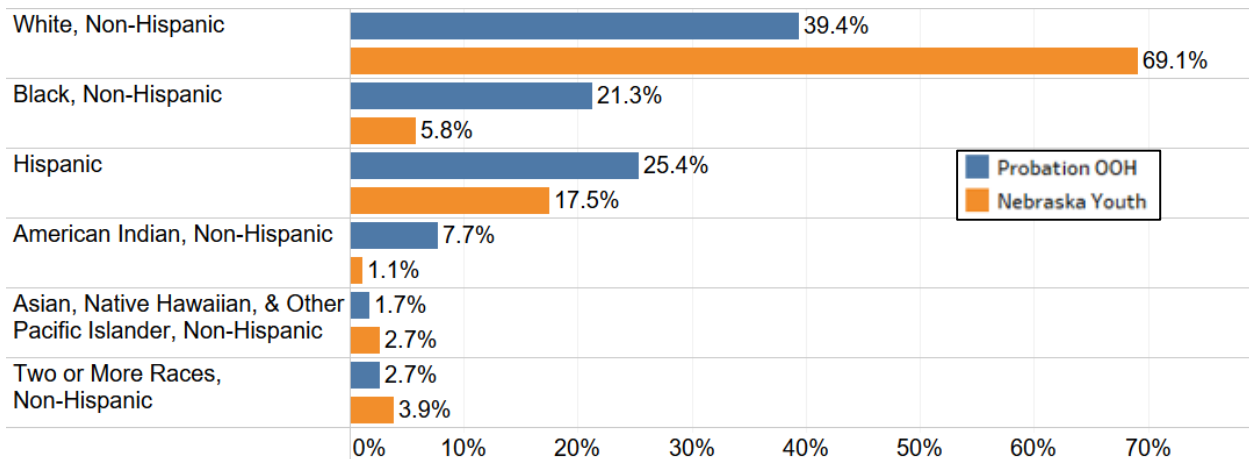
Age. Figure 24 shows the ages of Probation youth in out-of-home care on 12/31/22. The median age was 16.0 for both boys and girls, like last year.

Figure 24: Age of Probation Supervised Youth in Out-of-Home Care on 12/31/22, n=414



Race and Ethnicity. Disproportionate representation of minority youth continues to be a problem (Figure 25). Black youth make up 5.8% of Nebraska’s youth (ages 10 to 19), yet account for 21.3% of the Probation youth out-of-home. Native youth are also represented at a rate of seven times their proportion of the general population.

Figure 25: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Care on 12/31/22, n=414



Gender. There were almost three times as many boys (74.6%) in out-of-home care served by Probation as there were girls (25.4%). That is consistent with the last few years.

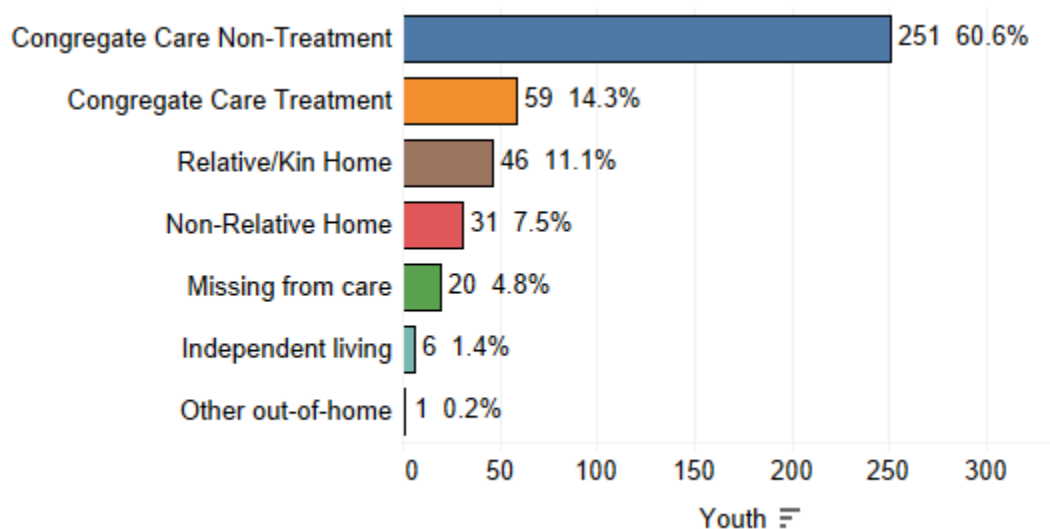
Placements

Placement Type. Figure 26 shows that 14.3% of Probation youth in out-of-home care on 12/30/22 are in congregate care treatment placements, which is a slight decrease when compared to 15.1% on 12/31/21. Congregate treatment placements include acute inpatient hospitalization, psychiatric residential treatment facilities, short-term residential, and treatment group homes.

60.6% of Probation youth in out-of-home care were placed in non-treatment congregate care. Non-treatment congregate care includes crisis stabilization, developmental disability group home, enhanced shelter, group home (A and B), maternity group homes (parenting and non-parenting), and shelters.

There was a slight decrease in the percentage of youth missing from care compared to the previous year (4.8% or 20 of 414 on 12/31/22 compared to 6.8% or 24 of 351 on 12/31/21).

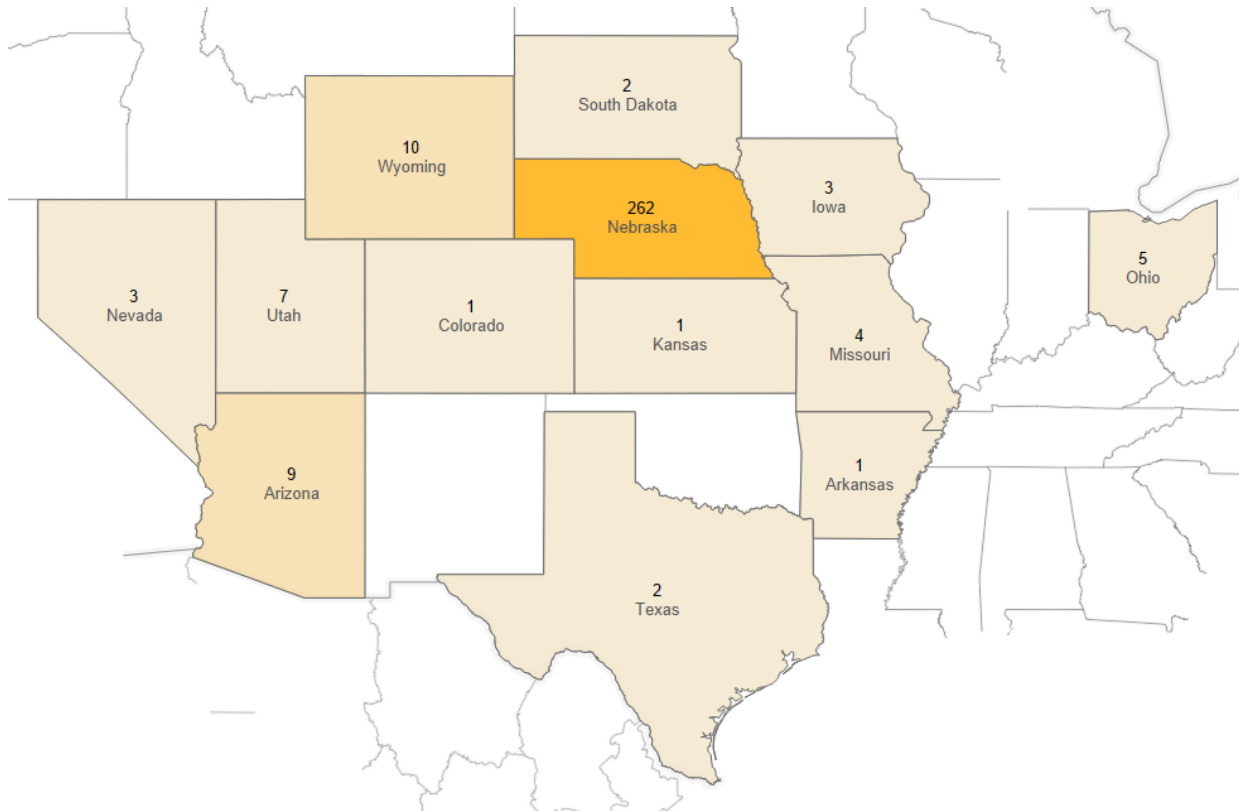
Figure 26: Treatment or Non-Treatment Placements of Probation Supervised Youth in Out-of-Home Care on 12/31/22, n=414



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

Congregate Care. When congregate care is needed, Probation most often utilizes in-state placements. Per Figure 27, 84.5% (262) of the 310 youth with a known placement location in congregate care were placed in Nebraska. This compares to 88.3% on 12/31/21.

Figure 27: State Where Youth in Congregate Care Supervised by Probation were Placed on 12/31/22, n=310



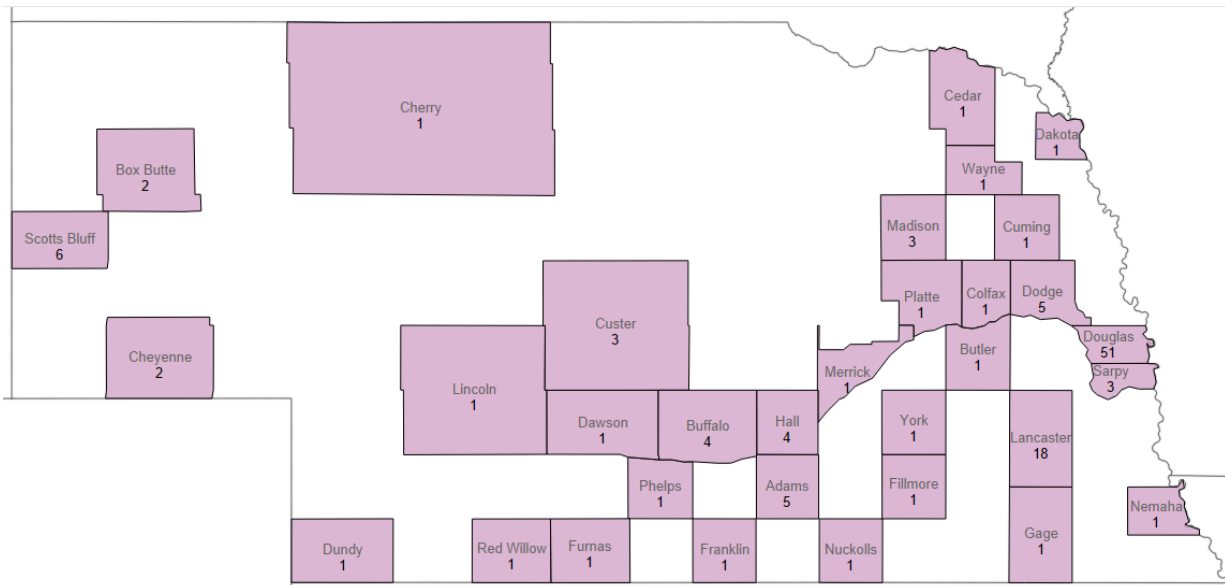
Youth in Out-of-Home Care with Simultaneous DHHS/CFS & Probation Involvement – Point-in-Time (Single Day) View

On 12/31/22, 127 youth were involved with both DHHS/CFS and Probation (also known as Dually-involved youth), which is 3.1% fewer than the 131 such youth on 12/31/21.

Demographics

County. Dually-involved youth come from across the state, as illustrated in Figure 28 below, with the majority of youth from the most populous areas (Douglas and Lancaster counties), as would be expected.

Figure 28: Dually-Involved Youth in Out-of-Home or Trial Home Visit Placement by County of Court Involvement on 12/31/22, n=127

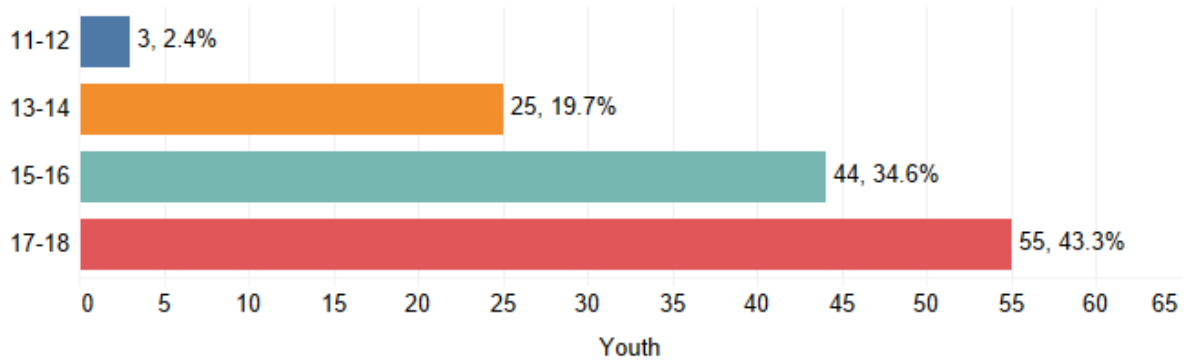


*Counties without numbers have no Dually-involved youth in out-of-home care.

Dually-Involved Youth

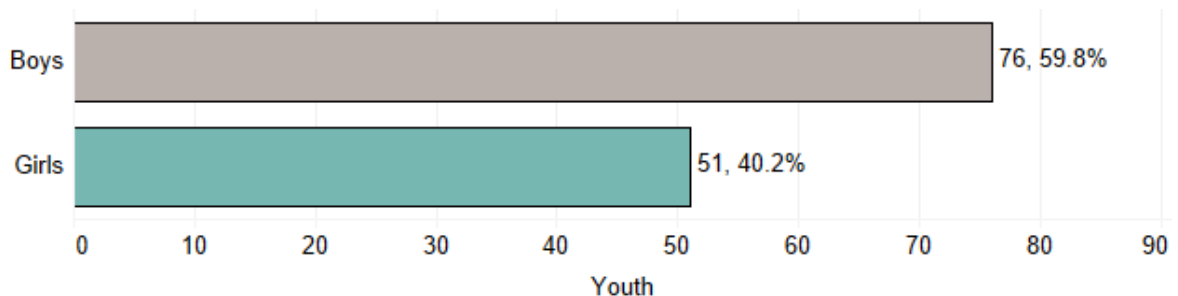
Age. Figure 29 indicates the ages of all Dually-involved youth in out-of-home care. The median age was 16.0 for girls and 16.0 for boys, the same as last year.

Figure 29: Ages of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 12/31/22, n=127



Gender. Figure 30 shows that the proportion of girls to boys in this population is very different than for other juvenile justice populations. For Probation-only youth, girls were 25.4% of the population, whereas, here for Dually-Involved youth, girls were 40.2%.

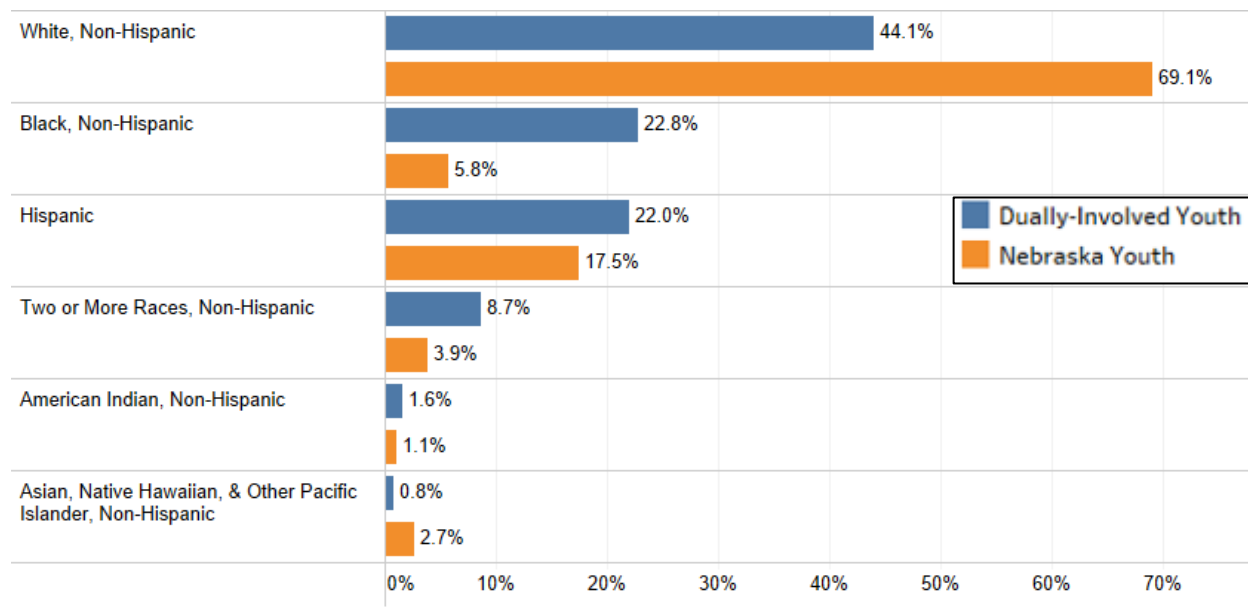
Figure 30: Gender of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 12/31/22, n=127



Race and Ethnicity. Black and multi-racial youth continue to be overrepresented in the Dually-involved population (Figure 31). For example, 22.8% of Dually-involved youth were Black, compared to 5.8% in the general population of Nebraska's youth ages 10 to 19 (per US Census).

Dually-Involved Youth

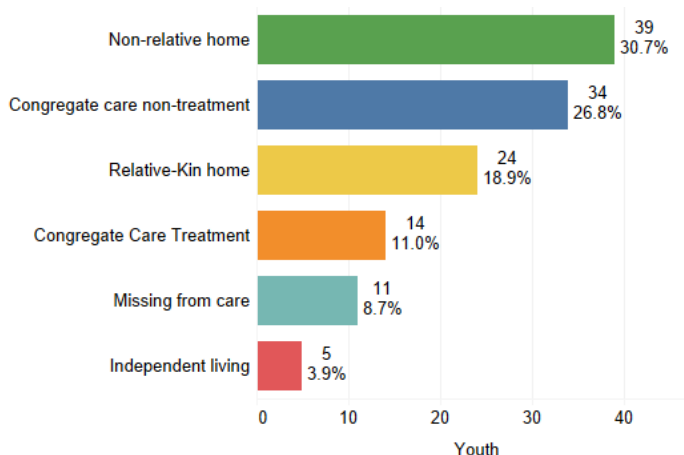
Figure 31: Race and Ethnicity of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 12/31/22, n=127, Compared to Census



Placements

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

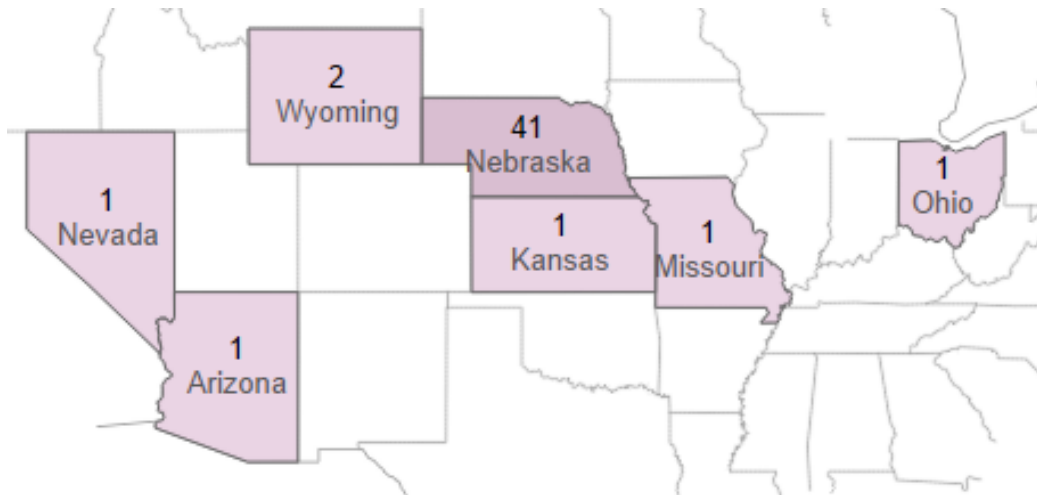
Figure 32: Placement Types for Dually-Involved Youth in Out-of-Home or Trial Home Placement on 12/31/22, n=127



Youth missing from care must always be a top priority as their safety cannot be assured. The rate of missing from care is disturbingly high among this group.

Congregate Care. Figure 33 shows the states where Dually-involved youth in congregate care are placed. 85.4% were placed in Nebraska, up from last year when it was 82.3%. The total number in congregate care was 48 compared to 62 such youth on 12/31/21.

Figure 33: Placement State for Youth Served by both DHHS/CFS and Probation and in a Congregate Care Facility on 12/31/22, n=48



Appendix A – Glossary of Terms & Acronyms

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

Adoption Day is a coordinated effort from across communities (Nebraska and nationwide) to celebrate a special day for children being adopted out of foster care and to raise awareness for those outside of child welfare circles of the immense need for adoptive families. It typically takes place on the third Saturday in November, although individual courts can alter the date if needed.

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

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

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

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

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

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

DHHS/CFS is the Nebraska Department of Health and Human Services Division of Children and Family Services. DHHS/CFS serves children with state involvement due to abuse or neglect (child welfare). Geographic regions under DHHS/CFS are called **Service Areas**. **CSA** is the Central service area, **ESA** is the Eastern service area, **NSA** is the Northern service area, **SESA** is the Southeast service area, and **WSA** is the Western service area.

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

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

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

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

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

ICWA refers to the Indian Child Welfare Act.

ILA is an Informal Living Arrangement for children who are involved with DHHS/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.

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

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

Out-of-home care is 24-hour substitute care for children placed away from their parents or guardians and for whom a state agency has placement and care responsibility. This includes, but is not limited to, foster family homes, foster homes of relatives or kin, group homes, emergency shelters, residential treatment facilities, child-care institutions, pre-adoptive homes, detention facilities, youth rehabilitation facilities, and children missing from care. It includes court-ordered placements only unless noted.

The FCRO uses the term “out-of-home care” to avoid confusion because some researchers and groups define “**foster care**” narrowly to be only care given in foster family homes, while the term “**out-of-home care**” is broader.

Physical abuse is any nonaccidental physical injury to a child.

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

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

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

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

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

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

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

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

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

²⁹ 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

³⁰ 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>

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

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

Appendix B – The Foster Care Review Office

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

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

Data. Tracking is facilitated by the FCRO's independent data system, through collaboration with our partners at DHHS and the Administrative Office of the Courts and Probation. Every episode in care, placement change, and caseworker/probation officer change is tracked; relevant court information for each child is gathered and monitored; and data relevant to the children reviewed is gathered, verified, and entered into the data system by FCRO staff. This allows us to analyze large-scale system changes and select children for citizen review based on 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.³¹ Local board members, who are community volunteers that have successfully completed required initial and ongoing instruction, conduct case file reviews, and make required findings.

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

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

³¹ Children and youth typically are reviewed at least once every six months while they remain in care.

Appendix C – CFS Letter Regarding the FCRO's Recommendations

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

January 3, 2023

Monika Gross, Director
Foster Care Review Office
1225 L Street, Suite 401
Lincoln, NE 68508

Dear Director Gross,

The Division of Children and Family Services (CFS) is pleased to respond to the recent Foster Care Review Office (FCRO) Annual Report released on September 1, 2022. CFS appreciates the opportunity to partner with FCRO to address current and past recommendations. Below are updates that are pertinent to the FCRO Annual Report.

Recommendations to the Division of Children and Family Services (CFS):

1. **Continue addressing case manager turnover (including the supportive supervision needs for newly trained case managers).**
2. **Reduce caseload size in compliance with caseload standards.**

Children and Families Services measures caseloads on a daily, weekly and monthly basis to evaluate staff capacity and adherence to Nebraska statute and standards identified by the Child Welfare League of America (CWLA).

In January 2022 the Eastern Service Area, also known as "ESA" case management transfer from Saint Francis Ministries to DHHS began. There were 1,568 case transfer meetings held between DHHS and Saint Francis Ministries, and a total of 1,531 cases were transitioned. A small number of cases were closed during the transition period due to typical case closure reasons such as adoption, guardianship, or services no longer being needed. The first group of teammates were transitioned from Saint Francis Ministries on January 25, 2022, and DHHS continued to transition teams each week through May 9, 2022. A total of 109 case managers were transferred from Saint Francis to DHHS. From March to September of 2022, DHHS recruited and hired 138 new case managers in the ESA.

Providing stability in the workforce has been a primary focus during the transition. There have been several wins throughout this transition; however, it will take time to see a true turnaround in performance. The Department continues efforts to fully staff the ESA case management team. As of September 2022, the target number of case managers was 210 and there were 197 at the time. CFS is working closely with DHHS Human Resources to ensure robust recruitment efforts for these vital positions. Overall case volume varies month to month but is increasing statewide compared to

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previous years. This trend is also seen in the ESA. From January to September 2021 there were 19,854 total cases compared to 22,265 during that same timeframe in 2022.

As part of LB1173 (2022), DHHS has contracted with the Stephen Group to help develop a practice and finance model for child welfare. One area of focus will be to assess current caseloads and caseload standards. Recent guidance from the CWLA encourages jurisdictions to examine outcome-based workload standards rather than solely focusing on caseload standards.

- 3. Collaborate with child placing agencies and system partners to recruit, train, support and retain foster families to meet the unique needs of youth, specifically those with complex mental and/or behavioral health needs.**
- 4. Provide financial incentives for agencies who license relative or kinship homes.**
- 5. Provide additional training and in-home support for foster parents, especially relatives/kin regardless of their licensure.**

Beginning in June of 2022, CFS implemented a licensure, recruitment, and placement stability incentive plan. It is based on performance-based outcomes that increase the number of licensed relative, kinship, and traditional agency-supported foster homes. Recruitment-based outcomes are focused on increasing placement options for DHHS youth. Placement stability incentive outcomes are focused on strengthening an agency's commitment to and resources for stabilizing placements. This incentive plan allows child placing agencies to receive \$3,000 quarterly payments for meeting or exceeding the performance outcomes as listed in this service attachment. In addition, relative and kinship foster homes are eligible to receive a stipend payment for completing the requirements necessary to become licensed within 5 months of taking placement of a foster youth.

CFS implemented additional tiers of foster care in October of 2022. These tiers are designed to more accurately capture the needs of youth with complex needs and provide compensation for caregivers providing support. CFS is collaborating with Medicaid as they plan to implement treatment foster care in 2023. The implementation of additional foster care tiers and treatment family care will strengthen the Department's ability to meet the unique needs of youth.

- 6. Continue efforts to improve poor documentation in case files.**

The DHHS Continuous Quality Control (CQI) team reviews case file documentation regularly. Findings from the reviews are shared with case managers and supervisors to provide feedback for improved documentation.

- 7. Work with providers to improve the delivery and documentation of independent living skills.**

DHHS Central Office reviewed a sample of reports through the Preparation, Transition and Independent Living Services (PALS) and has shared feedback with PALS providers. DHHS Central Office also reviewed agency-supported foster care reports and plans to offer a training to agencies focused on independent living skills and reporting.

- 8. Collaborate with the b2i Committee of the Nebraska Children's Commission to incorporate the Committee's recommendations.**

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The b2i team is currently being trained in Youth Thrive in order to implement the framework throughout the program. Multiple CFS teammates are members of the b2i Committee and/or regularly attend meetings. CFS works in partnership with stakeholders including the Nebraska Children's Commission to strengthen the b2i program.

9. Explore collaborative options for workforce skill building for youth in care to help support successful outcomes.

In addition to the response to #7, DHHS continues to explore options to support positive outcomes for youth. DHHS has invested in the Quality Improvement Center-Youth Engagement (QIC-EY) project to help strengthen youth engagement, focused on permanency. This is a four-year project involving training, research, evaluation, and additional model program implementation. DHHS anticipates as a result of this project that additional tools and a framework for engaging youth will be integrated into our current case management systems.

Recommendations to Multiple Agencies:

1. The FCRO suggests that a task force be formed comprised of mostly people with lived experience or who live in communities heavily impacted by the child protection system to identify the root causes and propose solutions to address the causes of disparities which exist from the time an abuse or neglect report is received for a child through achievement of permanency.

DHHS is committed to working collaboratively with stakeholders. There are current opportunities and existing structures where the Department is exploring new ways to best serve youth and families. In June of 2022, DHHS created the Family Advocacy Unit with the goal of elevating the voice of lived experience. This team is focused on connecting youth and parents with lived experience opportunities where they can advocate and educate other stakeholders about the family-centered practices.

2. DHHS/CFS, Probation, and other state and local government entities, in partnership with the Regional Behavioral Health Authorities, DHHS/Division of Behavioral Health, health care providers, nonprofit, and philanthropic organizations must fully invest in a capacity-building infrastructure.

DHHS currently has a Request for Information (RFI) to gather innovative solutions to current challenges facing the Child and Family Well-Being System as outlined below.

CFS has recently pursued and facilitated a Strategic Transformation initiative with input from key stakeholders including those with lived experience. All responses should be aligned with the values and principles:

- Values: Opportunity for All, Respect, Accountability, Person and Family Centered, and Excellence
- Principles: Family Driven, Individual and Community Potential, Honesty and Transparency, Responsive, Affirming, and Authentic Partnership

Intended outcomes for children and families in Nebraska:

- Increase in placement stability experienced by children in out-of-home care in Nebraska;

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- Increase in accessibility and equity across system of care;
- Decrease in length of placement through provision of quality support services;
- Reduced family separation; and
- Improved child and family well-being.

3. DHHS, Probation, and system partners explore ways in which the needs of LGBTQ+ youth can be met, and such youth can be supported.

DHHS is committed to serving the needs of youth in care. The Department recruits, retains, and supports foster homes to meet the unique needs of youth.

4. The Special Report on Examining Missingness Among Children in Out-of-Home Care indicated the need for stakeholders to continue discussions recently underway on enhancing protective factors and identifying services, supports, and training to be offered to families and caregivers, particularly mental health treatment and substance abuse services for youth and strategies for increasing school engagement.

CFS leadership is working with partners like the courts, Child Advocacy Centers, schools, and other providers to develop strategies to both prevent missingness and locate missing youth. The recently implemented tiered foster care model is designed to address the individual needs of each child, thus leading to better outcomes for these youth. Internal to CFS local CFS leadership has developed a process to both track and provide consultation to CFS case managers in locating missing youth. CFS remains committed to enhancing protective factors and provided needed supports.

5. Identify and study opportunities for continued system improvements resulting from changes necessitated by and in response to the COVID-19 pandemic, such as increased use of telehealth services and virtual conferencing options for meetings in addition to, and not instead of, more traditional meeting formats.

In addition to the RFI information listed under #2, DHHS demonstrated a commitment to system improvement through creative problem-solving during the Covid-19 pandemic. During the initial phase of the pandemic, DHHS created virtual options for some services and found creative solutions to ensure families remained connected. DHHS continues to work with the provider network on solutions to meet family's needs.

I appreciate the opportunity to partner with the Foster Care Review Office.

Sincerely,





Stephanie L. Beasley, Director
Division of Children and Family Services
Department of Health and Human Services




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