



# June 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.<sup>1</sup>

This report starts with preliminary findings of a collaborative study to examine the impact of parental evictions on children in out-of-home care. The report continues with the most recent data available on conditions and outcomes for children in out-of-home care through the child welfare and juvenile justice systems. Some key findings for those children include:

- 4,220 Nebraska children were in out-of-home or trial home visit placements under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division (hereafter referred to as Probation) on 3/31/23, representing a 0.8% increase from 3/31/22. (page 9)
- Of the 4,220 total children, 3,584 (84.9%) children were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation, a 0.8% decrease compared to children on 3/31/22. (page 13)
- 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 15-16)
- Over half of the children in a least-restrictive foster home, excluding those in trial home visits, were placed with relatives or kin (57.6%). (page 16)
- Of the 81 DHHS/CFS wards in congregate care, most were in Nebraska (91.4%); that is consistent with the 90.8% in congregate care placed in Nebraska on 3/31/22. (page 18-19)
- Depending on the geographic area, between 5.4% and 40.5% of the children have had five or more workers since most recently entering the child welfare system. Furthermore, 165 children statewide had 10 or more workers in that timeframe, most of whom (148) were from the Eastern Service Area (ESA). That was a

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

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

*The FCRO will celebrate 41 years of service on July 1, 2023.*

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<sup>1</sup> Data cited in this report are from the FCRO's independent data tracking system or FCRO completed case file reviews unless otherwise noted. Some of the most requested data is also available through the FCRO's data dashboards (accessed via [https://fcro.nebraska.gov/data\\_dashboards.html#](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.

significant decrease since 12/31/22 when 294 children had experienced 10 or more workers. (pages 20-21)

- There were 419 (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 YRTCs, a 9.7% increase compared to youth on 3/31/22. (page 27)
- Probation most often utilizes in-state placements; 80.4% of the 331 youth with a known placement location in congregate care were placed in Nebraska. (page 31)
- 127 (3.0%) youths in out-of-home care were involved with DHHS/CFS and Probation simultaneously, representing a 1.6% increase compared to youths on 3/31/22. (page 32)
- 82 youths, 60 boys and 22 girls, from various counties across Nebraska were at a YRTC on 3/31/23 which is a 30.2% increase compared to the 63 such youths at the YRTCs at the same time last year. (page 24)
- 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 15, 26, 29, 33-34)
- Missing from Care continues to be an issue. The following 33 children and youth were missing from care as of 3/31/23: 15 DHHS/CFS wards, 10 Probation only youth, and 8 Dually-adjudicated youth.
- Covid-19 undoubtedly had a significant impact on youth and families, programs, and providers. It is expected to take years, if not decades, to truly understand the full impact it has had on the children and youth involved in the child welfare and juvenile justice systems. It will continue to be an important factor to consider when reviewing outcome trends over time.

## **Current Priority Recommendations**

The priority recommendations offered in this quarterly report are similar to those recommended in our March 2023 Quarterly Report and 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. Addressing the structural inequities that perpetuate poverty, systemic racism, violence, housing instability, food insecurity, and other sources of chronic stress that result in family separation is necessary to build strong and healthy communities where children can flourish. This task force should:
  - Recognize the ways in which 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,

## Executive Summary

- 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 safely in their communities in the least restrictive environments. Such resources need to be available throughout the state to ensure that children's outcomes are not dependent on the county of origin.
  3. While some progress has been made, increased efforts must continue to identify, train, equip, and license relative and kinship foster homes with additional support for newly licensed relative and kinship foster homes. In particular, the FCRO recommends CFS seeks out paternal relatives in addition to maternal relatives.
  4. To address high turnover and other staffing challenges, create and implement a long-term plan to recruit individuals that might consider pursuing a career in social work, psychology, mental health practice, and related professions. This may include activities such as speaking to students and teachers in middle schools and high schools, participating in career fairs, partnering with post-secondary education institutions, offering job-shadowing, volunteer, and internship opportunities, and other efforts designed to elevate human services career choices.
  5. Expand and strengthen community-based prevention efforts. Over time this likely would positively impact current caseworker turnover, caseloads, and placement stability, may reduce multiple removals, and may reduce the number of children that experience abuse or neglect.
  6. The FCRO recognizes the significant decrease since our last Quarterly Report in the number of children in out-of-home care who have had 10 or more caseworkers in their most recent episode in care (from 275 to 148 in the ESA). While the FCRO doesn't have a definitive and clear explanation for this sudden decrease at this time, the safety and well-being of children are our top priority. We support family reunification when it is safe and is in the child's best interest. As we continue to review children's cases our boards will pay particular attention to the safety and appropriateness of placements and permanency plans, in addition to the timeliness and accuracy of documentation entered for cases.

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



## The Prevalence and Context of Out-of-Home Care among Children Whose Parents Have Experienced Eviction: Preliminary Findings

*The Foster Care Review Office is collaborating with the University of Nebraska at Omaha/Creighton University on a special study designed to explore the connections between parental eviction and a child's out-of-home care. The FCRO thanks doctoral student Michaela Goldsmith for drafting this overview and her work on this study. The full results from this research are tentatively scheduled to be available in late summer or early fall 2023.*

Michaela E. Goldsmith, Tara Richards, Michelle E. Roley-Roberts, Pierce Greenberg, Brian Gildea, & Anne Hobbs<sup>2</sup>

In collaboration with the Foster Care Review Office (FCRO), the University of Nebraska at Omaha/Creighton University is conducting a study to explore the connections between eviction and out-of-home care (OOH). Eviction and other forms of housing instability have been tied to increased risk for child welfare involvement, out-of-home placement, and longer lengths of time in care (Bai et al., 2022; Bassuk et al., 1997; Berg & Brannstrom, 2018; Marcal et al., 2022; Tang et al., 2022). Additionally, both childhood exposure to housing instability and involvement in child welfare is associated with short- and long-term detrimental outcomes for children such as increased risk for juvenile justice system involvement (Almquist & Walker, 2022), mental and physical health concerns (Bomsta & Sullivan, 2018; Marcal et al., 2022), and housing and socio-economic struggles in adulthood (Bassuk et al., 1997; Jasinski et al., 2005).

This study is part of a larger investigation of the overlap and compounding consequences of experiences with eviction, domestic violence, and other formal court interactions among a random sample of 306 adults who were evicted in Douglas County, Nebraska from 2017-2019. A UNO School of Criminology and Criminal Justice doctoral student researcher partnered with FCRO staff to review FCRO records and identify dependent children associated with adults from the eviction sample and examined trends in OOH experiences and OOH outcomes. For this sample of evicted adults, we identified 99 dependent children who were placed in OOH care at least once as of 2023. Most children in the sample were either Black (46.46%) or White (30.30%), with the remaining 23.23% identifying as Hispanic (7.07%), Native American (5.05%), or more than one race (11.11%) (See Table 1). Just over half (54.55%) of the sample were female.

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<sup>2</sup> Michaela Goldsmith, Tara Richards, Brian Gildea, and Anne Hobbs are from the University of Nebraska at Omaha, Michelle E. Roley-Roberts and Pierce Greenberg are from Creighton University.

**Table 1. Demographics of Children Identified from Original Eviction Sample (N = 99)**

Demographics	N (%)	Douglas County % in 2022
<b>Child's Race</b>		
Black	46 (46.46%)	11.40%
White	30 (30.30%)	68.10%
Hispanic	7 (07.07%)	13.5%
Native American	5 (05.05%)	1.30%
Multiple Race, Not Hispanic	11 (11.11%)	3.00%
<b>Child's Gender</b>		
Female	54 (54.55%)	50.30%
Male	45 (45.45%)	49.70%

Regarding parents' eviction histories, parents experienced a range of 1 to 25 total evictions; the median (i.e., middle) number of evictions was 3 (See Table 2). Parents' experiences with eviction were then divided into three categories: number of evictions (1) prior to the child's birth, (2) after the child's birth but before their first episode in OOH care, and (3) after the onset of the first episode in OOH care. Parents experienced a range of 0 to 9 evictions both before the children were born and before the first episode in OOH care, with the median values falling at 0 and 1 evictions, respectively. After the children's first OOH care episode, parents experienced a range of 0 to 23 evictions, with the median value of 2 evictions.

We may speculate that parents, on average, experienced more evictions after their child's birth and after the child initially entered care because of increased strain. Having and taking care of a child adds substantial financial requirements that may overwhelm a parent's resources, leading them to be unable to pay rent or mortgage. Additionally, once a child has been taken into care their parent may be court-ordered or required to attend several meetings and/or programs that could impact the parent's ability to maintain a job.

These findings may also suggest parents in this sample are experiencing cumulative hardships, exacerbated by what has been deemed the "poverty trap" (Brush, 2004). Based on the prior evictions study and empirical evidence on evictions and system involvement, parents in this study likely experienced multiple evictions; personal, social, and economic struggles (e.g., substance addiction, intimate partner abuse, job loss); and child welfare system involvement all in a short period.

**Table 2. Eviction History Statistics for Children's Parents**

<b>Eviction History</b>	<b>Range</b>	<b>Mean (Std Dev)</b>	<b>Median</b>
Total Number of Evictions Experienced by the Child's Parent	1 – 25	4.71 (4.73)	3
Evictions Prior to Child's Birth	0 – 9	0.71 (1.39)	0
Evictions Prior to First OOH	0 – 9	1.15 (1.93)	1
Evictions After First OOH	0 - 23	2.85 (3.26)	2

Finally, for this sample of children whose parents had experienced at least one eviction, children had from 1 to 5 episodes in OOH care (median = 1). Across all OOH care episodes, children were in care for an average length of 4 to 3,054 days (about 8 and a half years), with a median number of 423 days (about 1 year 2 months) in OOH care. Regarding the first episode in OOH care, children were in OOH care for 1 to 3,054 days (about 8 and a half years), with a median length of time in OOH care of almost 500 days (about 1 and a half years). Children first entered care at ages less than one-year-old to 17 years old, with a median age of 4 years old.

Children may be placed in OOH care for multiple reasons. Regarding their first episode in OOH care, half of the children in this sample were placed into OOH care due to concerns of neglect (50.50%) (See Table 3). Other common reasons included parental drug use (42.42%), housing concerns (24.24%), domestic violence (20.20%), parental incarceration (17.17%), parental alcohol use (16.16%), parental mental health concerns (16.16%), physical abuse (16.16%), and/or parental disability (14.14%). Less than 10% of the sample were brought into OOH care for each of the remaining reasons. OOH care episodes can end through reunification with parents, through guardianship or adoption, when the child ages out of care (i.e., in Nebraska at ages 19 to 21 years old), or other reasons including court terminated jurisdiction.

Children in this sample were most often reunified with their parent(s) (65.66%) at the end of their first episode in care. Almost 30% of the children were adopted or placed under guardianship and the remaining 5.05% of children either aged out or had their episode ended for other reasons. Supplementary analyses explored these end reasons broken down by the child's race. Most Black children were reunified with their parent(s) ( $n = 27$ ; 58.70%), 17 (36.96%) were adopted or placed under guardianship, 1 (2.17%) child aged out, and 1 (2.17%) had their episode ended for another reason. Most White children were reunited with their parent(s) ( $n = 20$ ; 66.67%), 7 (23.33%) were adopted or placed under guardianship, 2 (6.67%) aged out, and 1 (3.33%) had their episode ended for another reason. All 7 (100%) Hispanic children in the sample were reunified with their parent(s); 2 (40.00%) Native American children were reunified with their parent(s) and 3 (60.00%) were adopted or placed under guardianship. Finally, children identified as multiple races, not Hispanic, were most often reunified with their parent(s) ( $n = 9$ ; 81.81%) or adopted/placed under guardianship ( $n = 2$ ; 18.18%).

**Table 3. Out-of-Home Care Statistics for Children**

<b>In Care History</b>	<b>Range</b>	<b>N (%)</b>	<b>Mean (Std. Dev.)</b>	<b>Median</b>
Number of In-Care Episodes	1 – 5	--	1.57 (0.89)	1.00
Average Length of all In-Care Episodes	4 – 3054	--	656.27 (595.32)	423.33
Days in Care for the First Episode	1 – 3054	--	621.22 (624.63)	499.00
Age Child First Entered Care	0 – 17	--	5.68 (5.03)	4.00
<b>Reason for First In-Care Episode<sup>3</sup></b>				
Physical Abuse		16 (16.16%)	--	--
Sexual Abuse		4 (04.04%)	--	--
Neglect		50 (50.50%)	--	--
Domestic Violence		20 (20.20%)	--	--
Housing Concerns		24 (24.24%)	--	--
Abandonment		4 (04.04%)	--	--
Child's Behaviors		9 (09.09%)	--	--
Child's Disability		3 (03.03%)	--	--
Child's Illness		1 (01.01%)	--	--
Child's Mental Health Concerns		2 (02.02%)	--	--
Parent's Alcohol Use		16 (16.16%)	--	--
Parent's Drug Use		42 (42.42%)	--	--
Parent's Disability		14 (14.14%)	--	--
Parent's Mental Health Concerns		16 (16.16%)	--	--
Parent's Incarceration		17 (17.17%)	--	--
What Happened to Sibling		9 (09.09%)	--	--
Born Affected		4 (04.04%)	--	--
Parent in Foster Care		2 (02.02%)	--	--
<b>End Reason for First Episode</b>				
Reunified with Parent(s)		65 (65.66%)	--	--
Adoption/Guardianship		29 (29.29%)	--	--
Aged Out of Foster Care		3 (03.03%)	--	--
Other End Reason		2 (02.02%)	--	--
Child's Parent's Rights Terminated <sup>4</sup>		31 (31.31%)	--	--

<sup>3</sup> Percentages will exceed 100% because some children have multiple reasons for being brought into care; missing reason entered care for 21.21% of the sample.

<sup>4</sup> Parent whose rights were terminated was subject of studied evictions.

The court terminated parental rights for the parent who experienced eviction for 31.31% of the children in this sample. When termination of parental rights was examined by race, we see that half ( $n = 23$ ) of Black children's parent's rights were terminated, compared with 13.33% of White children's parents ( $n = 4$ ), 14.29% ( $n = 1$ ) of Hispanic children's parents, and 27.27% ( $n = 3$ ) of the parents of children who identified as multiple races, not Hispanic. We were unable to identify whether any of the Native American children's parent's rights were terminated.

**Next steps** in the present study include additional quantitative and qualitative analyses regarding OOH experiences and OOH outcomes for this sample of children whose parents had experienced at least one eviction (i.e., the child eviction sample). In addition, the child eviction sample will be compared to the Douglas County population of children in OOH to examine whether there are significant differences in OOH experiences and OOH outcomes.

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The 4,220 children in out-of-home or trial home visit care on 03/31/2023 included the following groups:

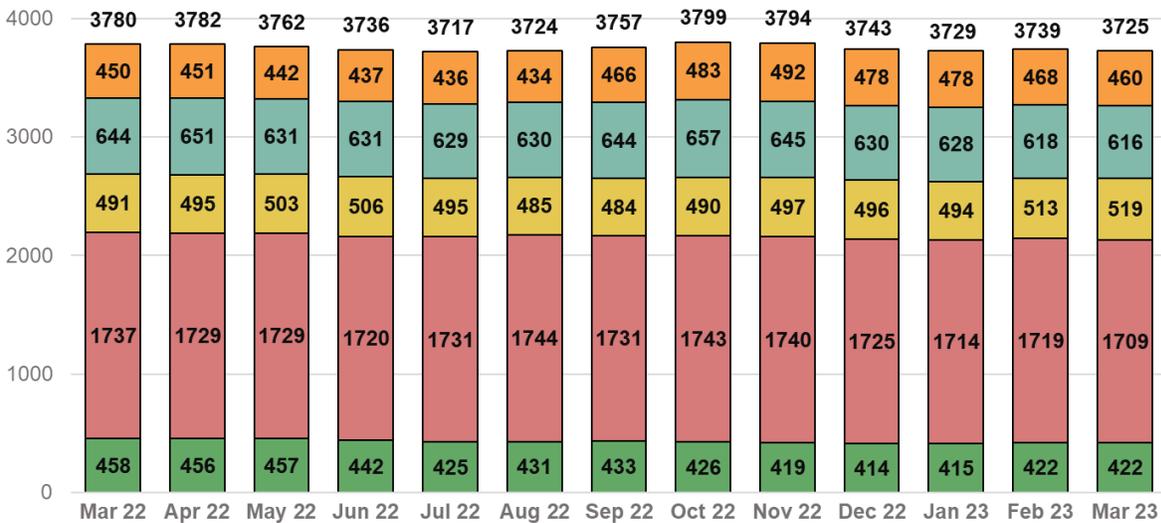
- 3,584 (84.9%) children were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation.
  - This is a 0.8% decrease compared to the 3,613 children on 3/31/22.
- 419 (9.9%) youth were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTC's.
  - This is a 9.7% increase compared to the 382 such youth on 3/31/22.
- 127 (3.0%) youth were in out-of-home care and simultaneously involved with DHHS/CFS and Probation.
  - That is a 1.6% increase compared to the 125 such youth on 3/31/22.
- 89 (2.1%) youth were in out-of-home care and simultaneously involved with DHHS/OJS and Probation.
  - That is a 36.9% increase compared to the 65 such youth on 3/31/22.
- 1 (<0.1%) child in out-of-home care was served only by DHHS/OJS.
  - There was 1 such child on 3/31/22.

# 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 March 2022 through March 2023. It includes both service area and statewide numbers.

**Figure 2: Average Daily Population of All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements<sup>8</sup>**  
(Includes children with simultaneous involvement with Probation)<sup>9</sup>



<sup>8</sup> Averages for each column may not be exactly equal to the sum of the service areas due to rounding.

<sup>9</sup> The FCRO's FCTS data system is a dynamic computer system that occasionally receives reports on children's entries, changes, or exits long after the event took place. The FCRO also has a robust internal CQI (continuous quality improvement) process that catches and reverses many errors in children's records, regardless of the cause, to reflect the most accurate data available for review. Therefore, due to delayed 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 March 2022 to March 2023 by service area (SA). In March 2023, there were 1.4% fewer DHHS/CFS wards in out-of-home care or trial home visits than at the same time last year. The Central, Eastern, and Southeast Service Areas experienced a decrease, while the others experienced a slight increase.

**Figure 3: Percent Change in All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements<sup>10</sup>**

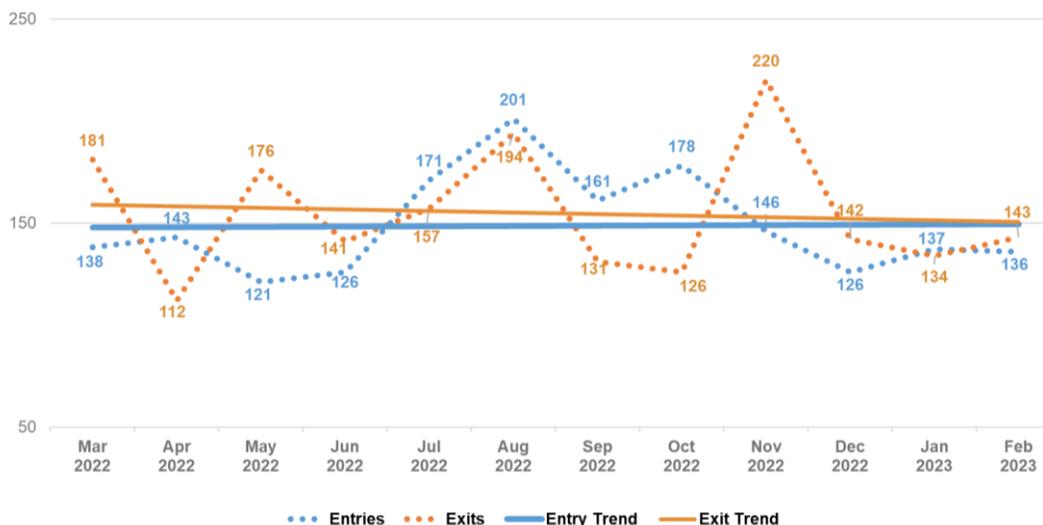
(Includes children with simultaneous involvement with Probation)

	March 22	March 23	% Change
Central Service Area	458	422	-7.9%
Eastern Service Area	1737	1709	-1.6%
Northern Service Area	491	519	+5.7%
Southeast Service Area	644	616	-4.4%
Western Service Area	450	460	+2.2%
<b>Statewide</b>	<b>3780</b>	<b>3725</b>	<b>-1.4%</b>

### Entries and Exits

Figure 4 shows that exits over the last year slightly outpaced entries into out-of-home care. As expected, exits spiked in November, which coincides with Adoption Day.<sup>11</sup>

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



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

<sup>11</sup> See Appendix A for an explanation of Adoption Day and other terms.

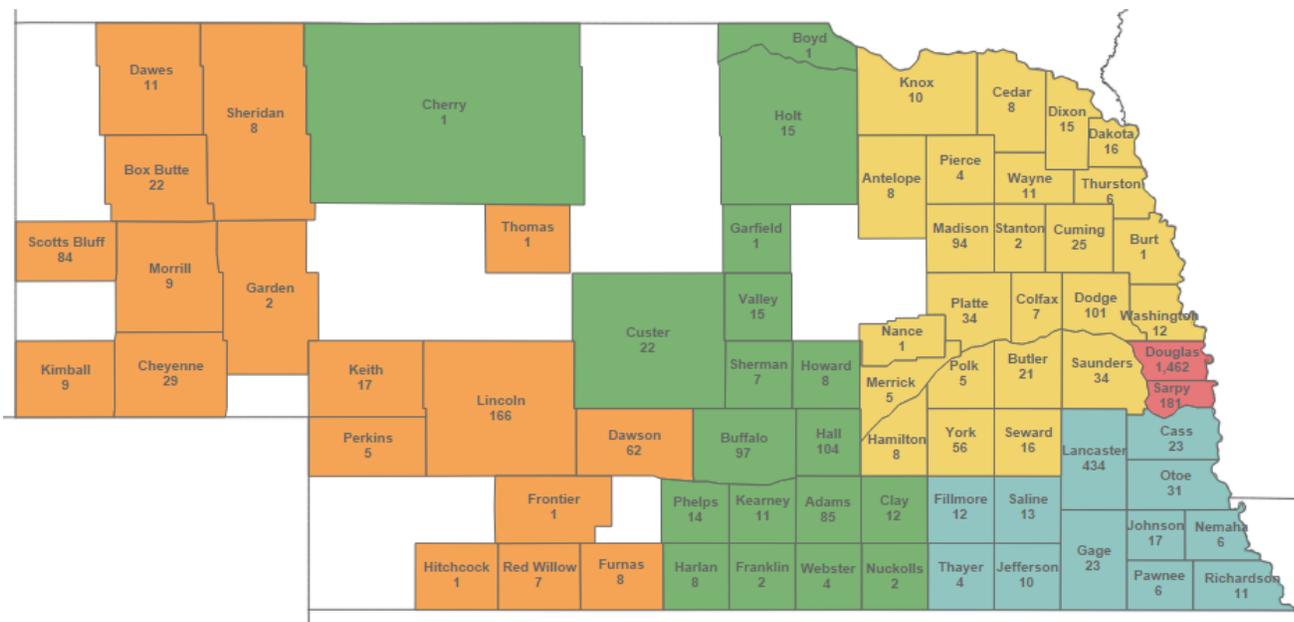
## Children Solely Involved with DHHS/CFS - Point-in-Time (Single Day) View

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 3/31/23 there were 3,584 children who met the criteria.<sup>12</sup> That compares to 3,613 on 03/31/22, a 0.8% decrease.

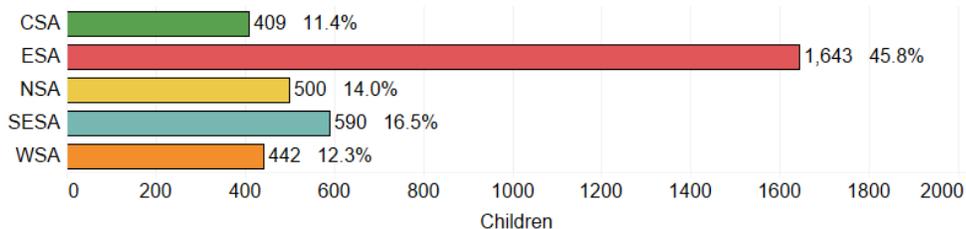
### Demographics

**County.** The map below (Figure 5) shows the county for the 3,584 DHHS/CFS wards in out-of-home care on 3/31/2023. 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 3/31/23 by County of Court Involvement and DHHS/CFS Service Area, n=3,584**



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



<sup>12</sup> 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 (1,462 children from Douglas County and 434 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 visits to the U.S. Census numbers of children in the population. Of particular interest is that Lincoln County is ranked 10<sup>th</sup> in estimated population for children 0 to 19, yet it is ranked 1<sup>st</sup> in rate per 1,000 children. To put this in context, the statewide average is 6.7 children in care per 1,000 children (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 3/31/2023**

County	Children in Care	Total Age 0-19 <sup>13</sup>	Rate per 1,000 children	Family Count
Lincoln	166	8,770	18.9	93
Johnson	17	1,068	15.9	8
York	56	3,739	15.0	28
Valley	15	1,037	14.5	7
Cheyenne	29	2,429	11.9	14
Kimball	9	768	11.7	5
Harlan	8	723	11.1	5
Cuming	25	2,432	10.3	13
Sherman	7	690	10.1	6
Adams	85	8,417	10.1	48

**Gender.** Girls (51.6%) and boys (48.4%) were nearly equally represented in the population of children in care on 03/31/2023, 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,
- 34.1% were between 6 and 12, and
- 29.2% were teenagers.

The median age was 8.0 years for boys and 9.0 for girls.

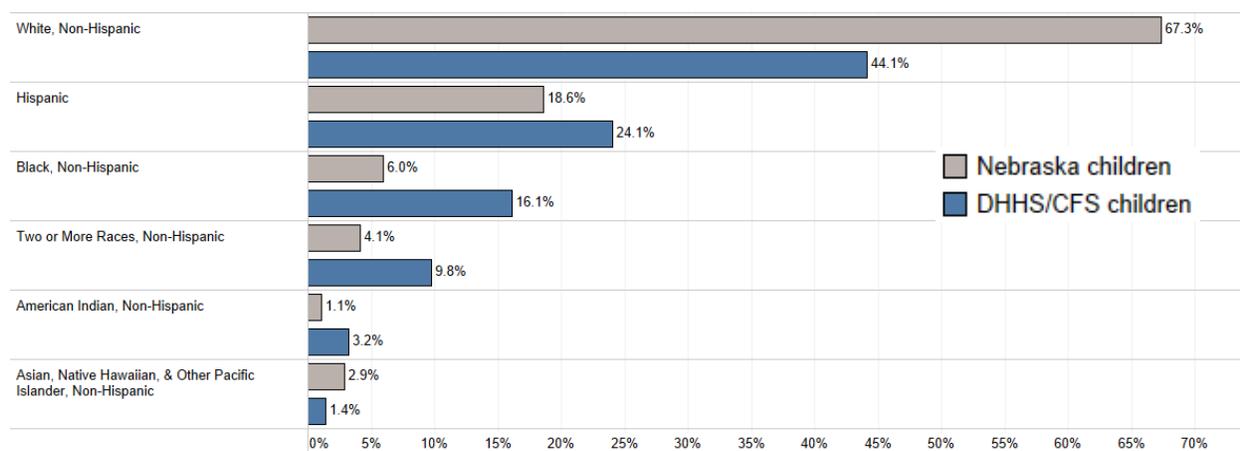
**Race and Ethnicity.** As the FCRO and others have consistently reported, minority children continue to be overrepresented in the out-of-home population (Figure 7). Further,

<sup>13</sup> U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2022.

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.

The Census Bureau<sup>14</sup> 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 3/31/2023 by Race or Ethnicity, n=3,584**



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

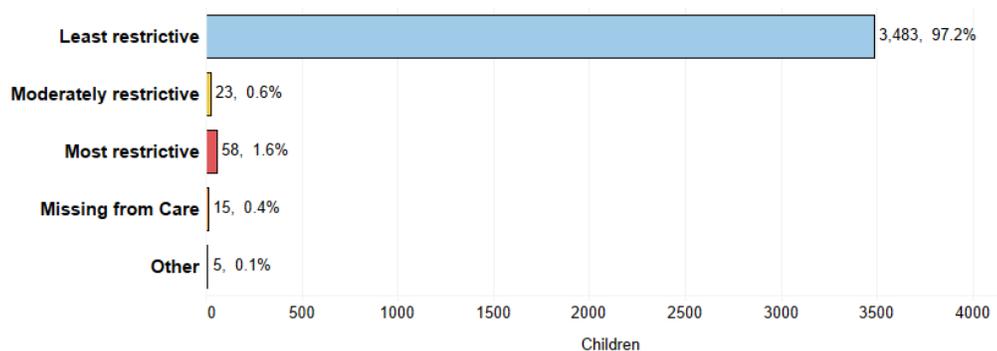
## Placements

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

Figure 8 shows that most (3,483 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.

<sup>14</sup> U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2021.

**Figure 8: Placement Restrictiveness for DHHS/CFS Wards in Out-of-home or Trial Home Placements on 3/31/2023, n=3,584**



Children missing from care, the second from 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 42.3%, with 15 missing on 3/31/23 compared to 26 missing on 3/31/22, 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 law<sup>15</sup> defines some of these placements differently than many other states; the following are the Nebraska definitions:

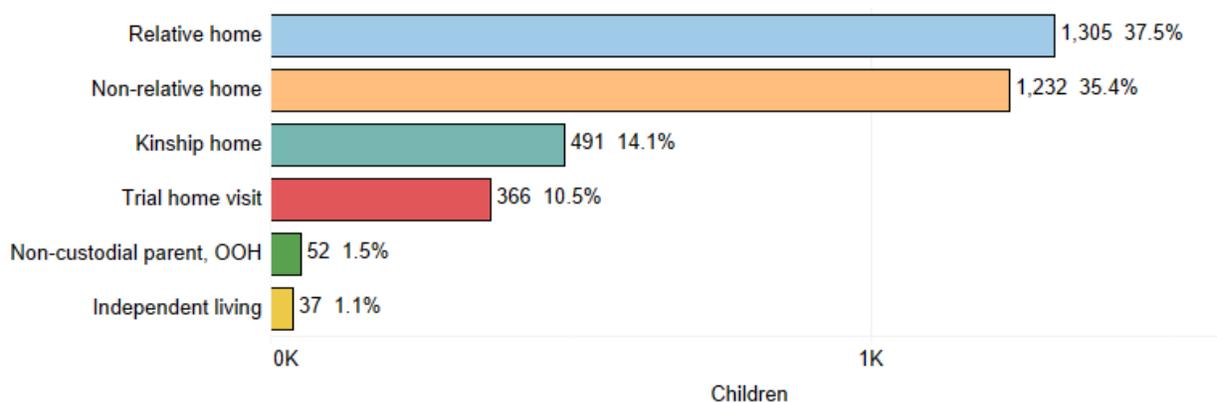
1. "Relative home" is a home where one of the primary caregivers is related to the child or a sibling by blood, marriage, or adoption.
2. "Kinship home" is a home where one of the primary caregivers has previously lived with the child or is a trusted adult who has a preexisting, significant relationship with the child or a sibling.
3. "Independent living" is for teens nearing adulthood, such as those in a college dorm or apartment.
4. "Trial home visit" (THV) by statute is a temporary placement with the parent from which the child was removed with both the Court and DHHS/CFS remaining involved.
5. "Non-custodial parent out-of-home" refers to instances where children were removed from one parent and placed with the other but legal issues around custody have yet to be resolved.

<sup>15</sup> Neb. Rev. Stat. §71-1901.

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 366 children in a trial home visit with a parent, more than half (1,796 or 57.6%) of the 3,117 remaining children are placed with relatives or kin.

**Figure 9: Specific Placement Type for DHHS/CFS Wards in the Least Restrictive Placement Category on 3/31/2023, n=3,483 (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:

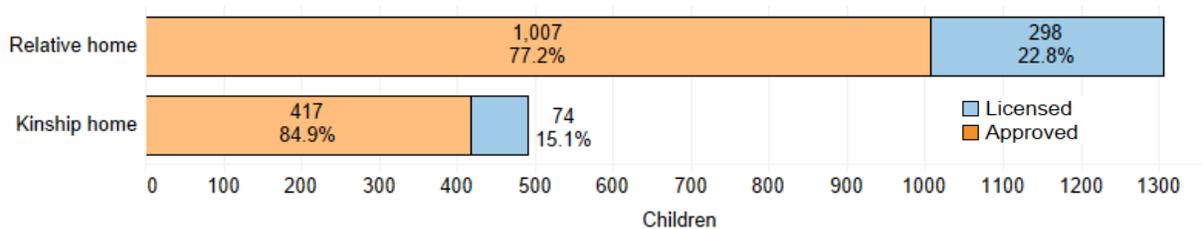
- That the three required references come from no more than one relative.
- The maximum number of persons for whom care can be provided.
- The minimum square feet per child occupying a bedroom and minimum square footage per individual for areas excluding bedrooms, bathrooms, and kitchen.
- That the home 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 kinship placement types. As shown in Figure

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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 3/31/2023, Statewide, n=1,305 (relatives) and n=491 (kinship)**



The following shows variances by DHHS Service Area.



Service Area	CSA	ESA	NSA	SESA	WSA
Children in a Licensed Relative home	33	118	47	51	49
Total children in a Relative home	137	606	169	206	187
Percent licensed	24.1%	19.5%	27.8%	24.8%	26.2%

Service Area	CSA	ESA	NSA	SESA	WSA
Children in a Licensed Kinship home	5	44	6	7	12
Total children in a Kinship home	44	278	61	60	48
Percent licensed	11.4%	15.8%	9.8%	11.7%	25.0%

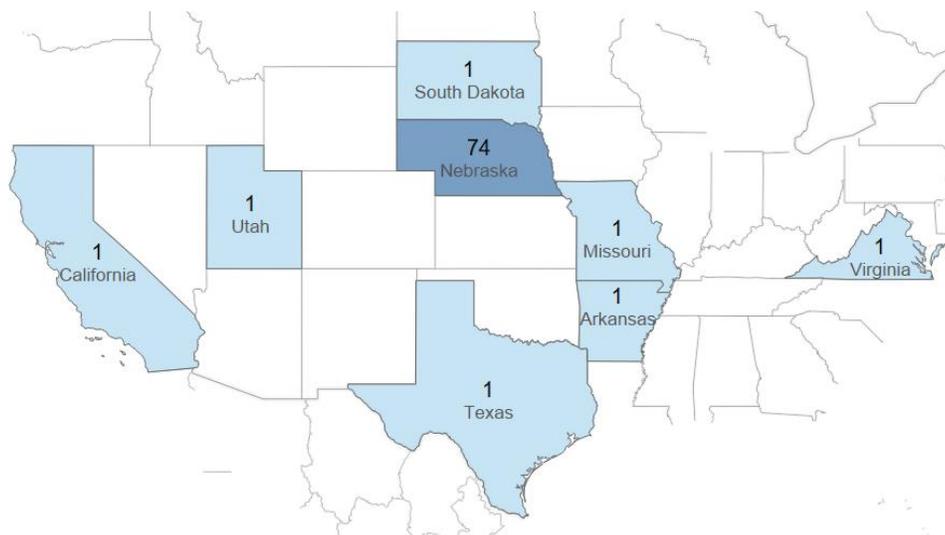
The FCRO continues to advocate for the licensure of relative and kinship foster homes, both for accessing federal funding and for the important training and support needed for caregivers.

**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 3/31/23, 81 DHHS/CFS wards were placed in moderately or most restrictive congregate care facilities. There were 65 such children and youth on 3/31/22.

Figure 11 shows that most of the 81 DHHS/CFS wards in congregate care, (74 or 91.4%) are in Nebraska. That is consistent with the 90.8% in Nebraska on 3/31/22.

**Figure 11: State of Placement for DHHS/CFS Wards in Congregate Care on 3/31/2023, n=81**



### **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.<sup>16</sup> Children that have experienced consistent, stable, and loving caregivers are more likely to develop resilience to the effects of prior abuse and neglect, and more likely to have better long-term outcomes.<sup>17</sup>

Simultaneously, national research indicates that children experiencing four or more placements over their lifetime are likely to be permanently damaged by the instability and trauma of broken attachments.<sup>18</sup> And, the cumulative effects of such moves may increase the risk of instability in the next placement.<sup>19</sup>

Close to one-third of Nebraska's children in out-of-home care have experienced that level of placement instability. Of the 3,584 children in care on 3/31/23, 1,047 children (29.2%) had experienced four or more placements over their lifetime (Figure 12).<sup>20</sup> This compares to the 28.1% of the children in care on 3/31/22. Further, it is concerning that 10.7% of

<sup>16</sup> What impacts placement stability, Casey Family Programs, updated August 2018.

<sup>17</sup> Examples include Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

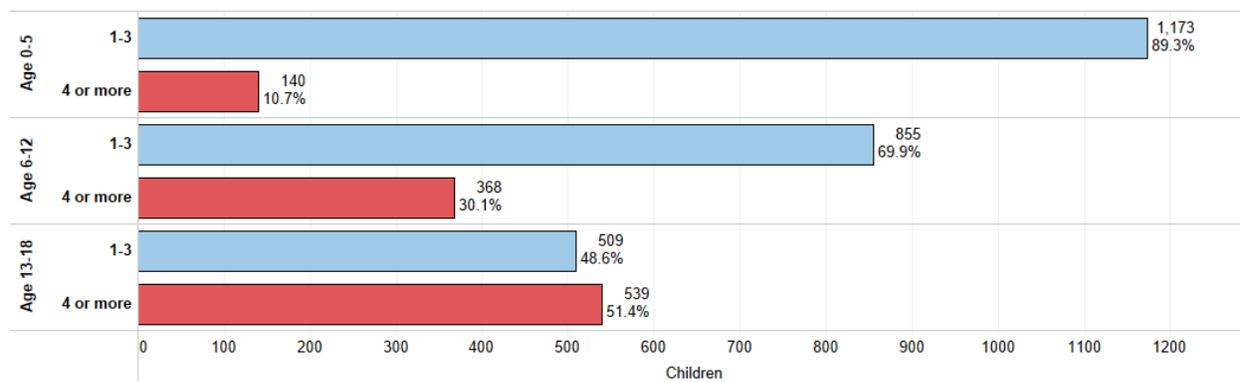
<sup>18</sup> Ibid.

<sup>19</sup> Newton, Litrownik and Landsverk, 2000 as found in Kinship Care First? Factors associated with placement moves in out-of-home care, May 2020, Elsevier Ltd.

<sup>20</sup> This does not include placements with parents, short-term respite placements (such as to allow foster parents to jointly attend a training), or periods of being missing from care.

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 3/31/23, n=3,584**



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

Figure 13 on the next page shows the number of caseworkers, as reported by DHHS, during the current episode of care for 3,584 children in out-of-home or trial home visit placement on 3/31/23. 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.<sup>21</sup>

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 5.4% and 40.5% of the children have had five or more workers since most recently entering the child welfare system. Statewide 165 children had 10 or more workers in that timeframe, most of whom (148) are from the Eastern Service Area (ESA).

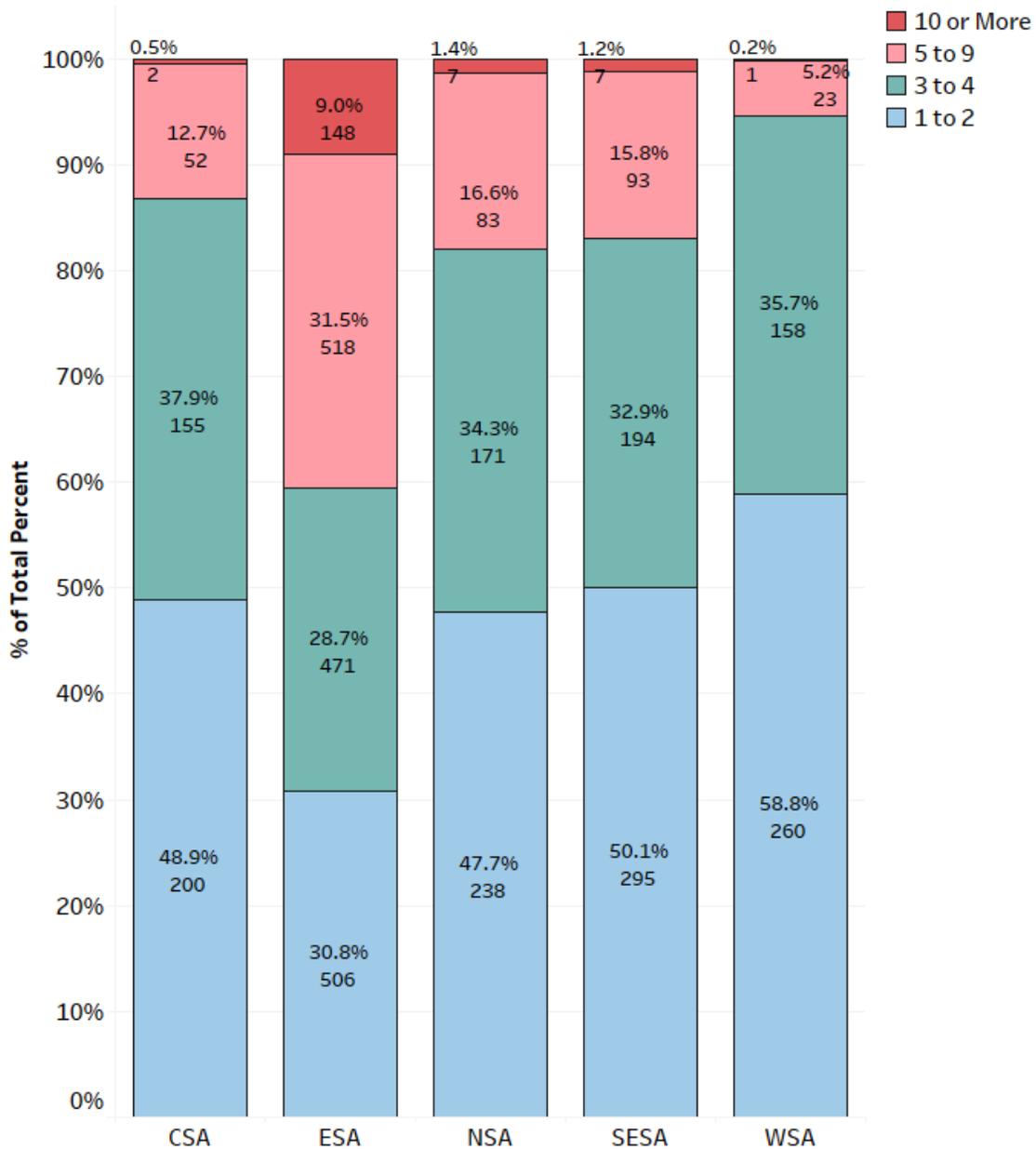
Notably, the number of children with 10 or more workers has remained relatively the same as last year (165 this year compared to 162 last year), while the 5-9 workers group increased (769 this year compared to 705 last year). Compared to last quarter the number

<sup>21</sup> In the Eastern Service Area, PromiseShip held the lead agency contract with DHHS until 2019, when DHHS rebid it. Cases transferred to Saint Francis Ministries in the fall of 2019, when many former PromiseShip 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 that 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.

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with 10 or more workers has decreased (165 on 3/31/23 compared to 294 on 12/31/22). Nonetheless, 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 3/31/23 in Current Episode, n=3,584**



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

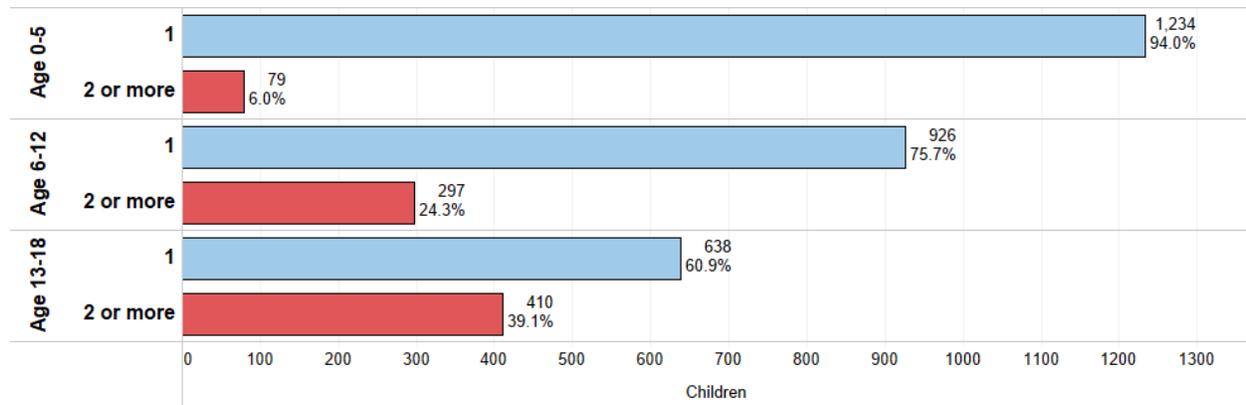
Each removal from home can be traumatic and increases the likelihood of experiencing multiple placements. Child abuse prevention efforts need to include reducing or

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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 786 (21.9%) of the DHHS wards in care on 3/31/23 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 3/31/23, n=3,584**



## 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 counts for boys fluctuated from month to month. Although population counts for girls remained fairly steady for most of the year, there was a 28.6% increase from 2/23 to 3/23, with 18 girls being the highest average during the 13-month period.

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

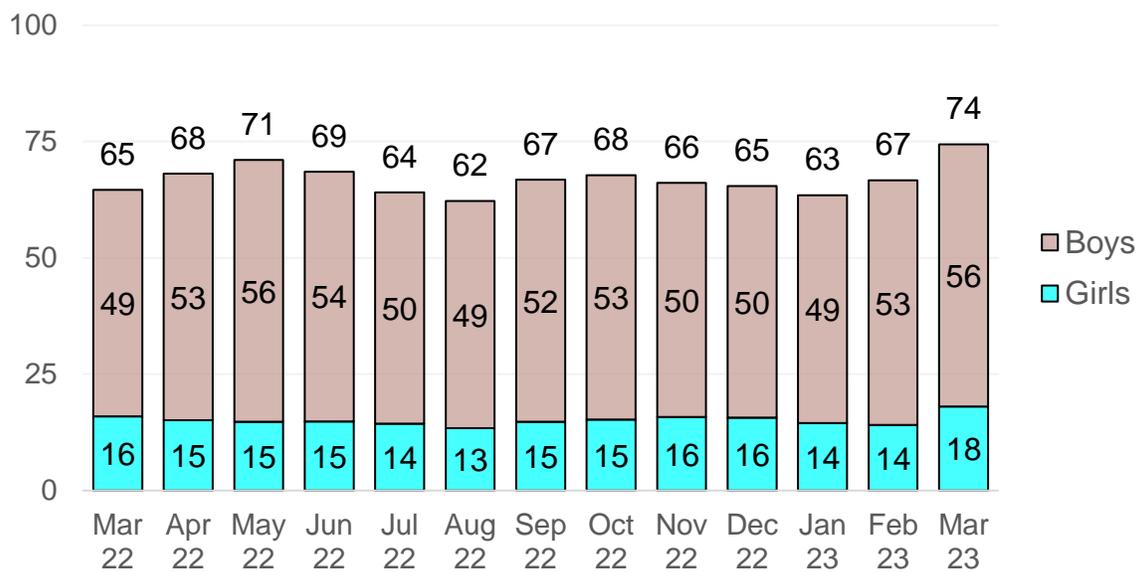


Figure 16 shows the percentage change between March 2022 and March 2023.

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

	Mar 22	Mar 23	% Change
Girls	16	18	+13.6%
Boys	49	56	+15.6%
<b>State</b>	65	74	+15.1%

## 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 60 boys and 22 girls that met all the following criteria:

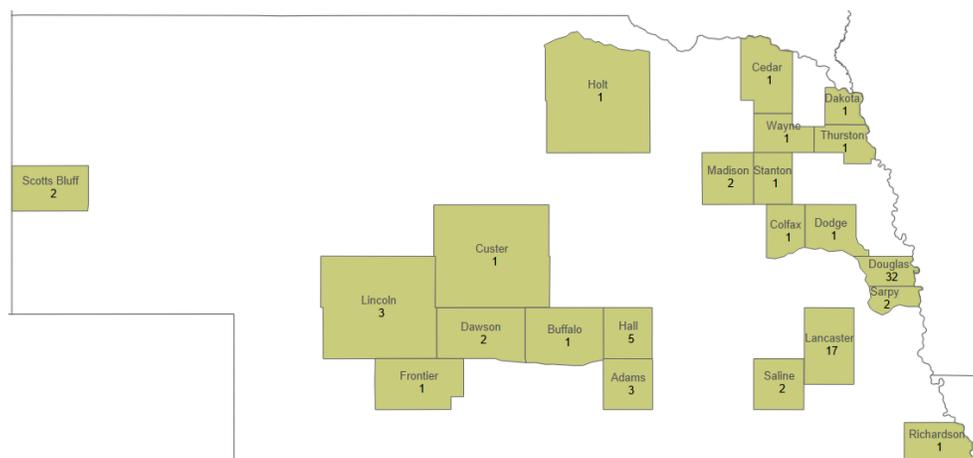
1. Youth is aged 14–18.<sup>22</sup>
2. Committed by a judge to a Youth Rehabilitation and Treatment Center.<sup>23</sup>
3. Placed in one of the DHHS Office of Juvenile Services (DHHS/OJS) YRTC facilities on 3/31/23.<sup>24</sup>

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 82 youths from various counties across Nebraska at a YRTC on 3/31/2023. That was a 30.2% increase from the 63 such youths at a YRTC on 3/31/2022, but significantly less than the 121 youth at a YRTC on 3/31/2018 (pre Covid-19).

**Figure 17: Boys and Girls Placed by a Juvenile Court at a Youth Rehabilitation and Treatment Center on 3/31/23 by County of Court, n=82\***



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

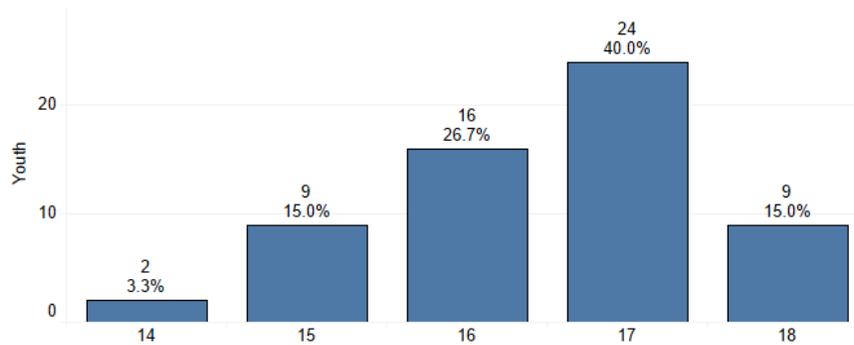
<sup>22</sup> See Neb. Rev. Stat. §43-251.01(4) for age requirements.

<sup>23</sup> See Nebr. Rev. Stat. §43-286 for more details on how a court can commit a youth to a YRTC and see §43-407(2) for details on the services available.

<sup>24</sup> On 3/31/23, there were YRTC facilities in Kearney, Hastings, and Lincoln. Data here does not include youth at the Whitehall psychiatric residential treatment program.

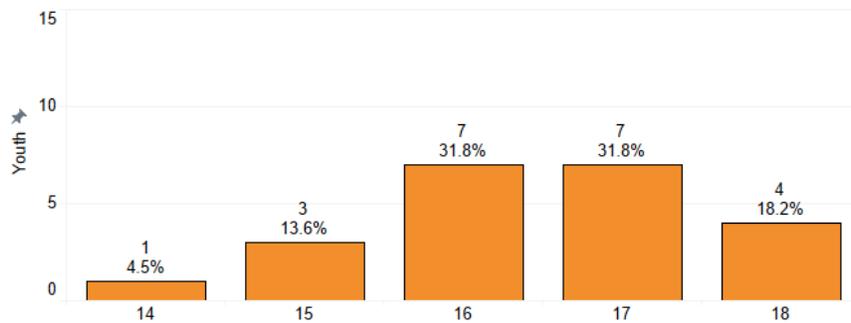
**Age and Gender.** On 3/31/23, 60 of the youth placed at a YRTC were boys (Figure 18).

**Figure 18: Ages of Boys Placed at a YRTC under DHHS/OJS on 3/31/23, n=60**



On 3/31/23, 22 of the youth placed at a YRTC were girls. National research indicates that girls are less likely to be a part of the juvenile justice population; the number of girls in Figure 19 reflects this pattern when compared to the figure for boys above.<sup>25</sup>

**Figure 19: Ages of Girls at a YRTC under DHHS/OJS on 3/31/23, n=22**

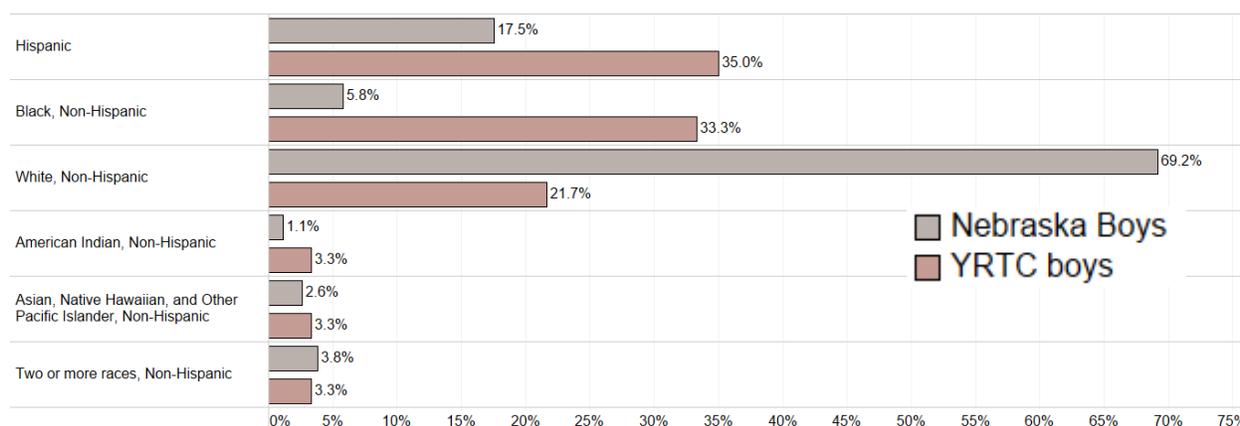


The median age for boys was 17.0 years and the median age for girls was 16.5 years.

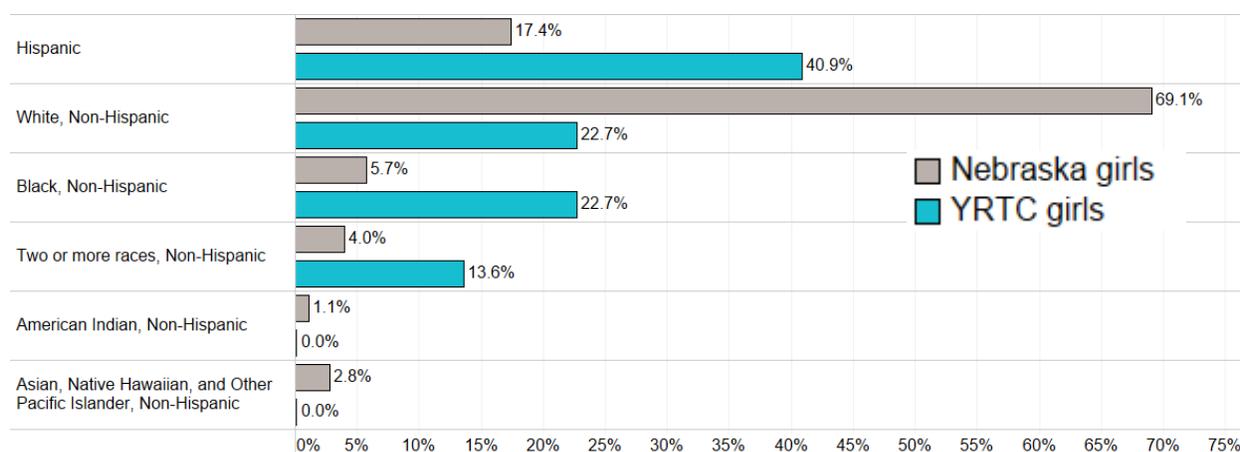
<sup>25</sup> National Center for Juvenile Justice, Juvenile Court Statistics 2018, April 2020, Sarah Hockenberry and Charles Puzzanchera.

**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<sup>26</sup>. Disproportionality is greatest for boys that are Black, American Indian, or Hispanic; and girls who are Black, Hispanic, or multiracial. 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 3/31/23, n=60**



**Figure 21: Race and Ethnicity of Girls placed at a YRTC under DHHS/OJS on 3/31/23, n=22**



<sup>26</sup> U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2021.

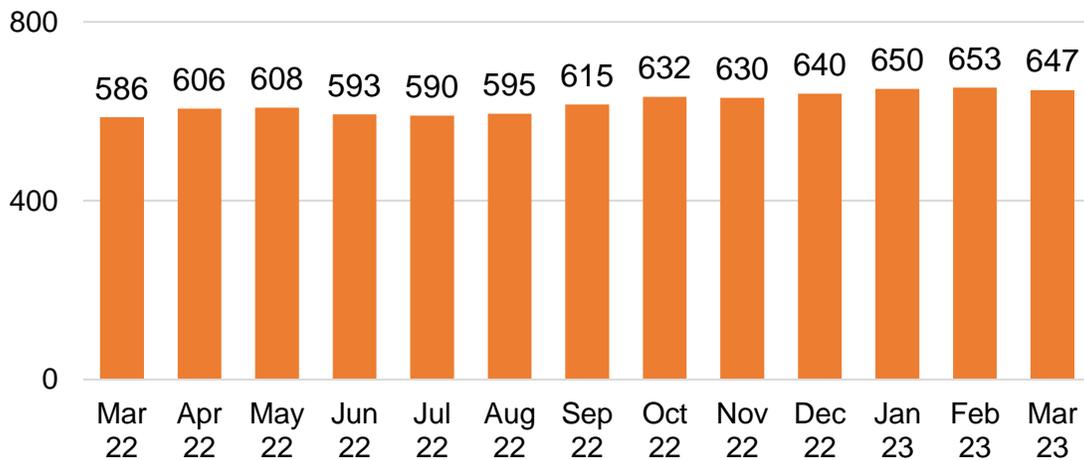
## Average Daily Population for Youth Out-of-Home With Any Probation Involvement

### 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 March 2022 to March 2023 there has been a 10.4% increase based on raw data.

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

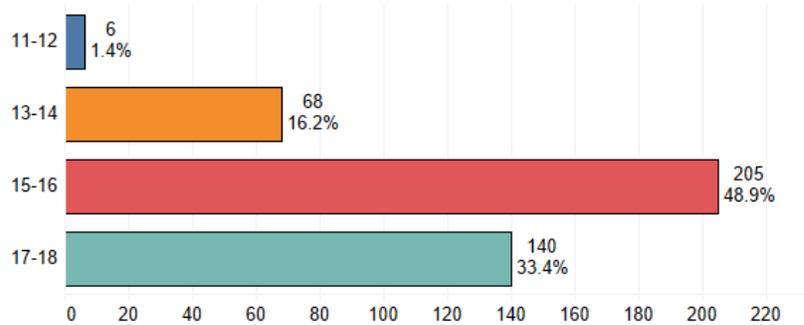
(includes youth with simultaneous involvement with DHHS/CFS and DHHS/OJS)





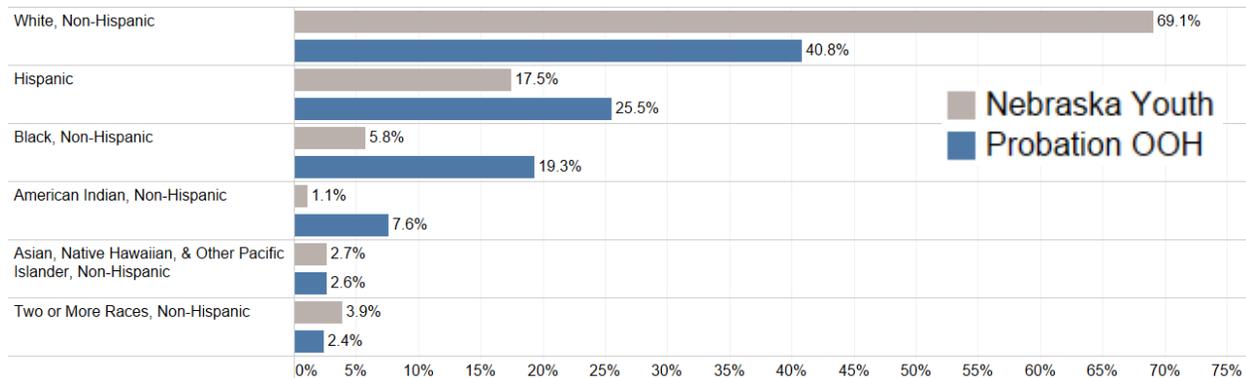
**Age.** Figure 24 shows the ages of Probation youth in out-of-home care on 3/31/23. The median age was 16.0 for both boys and girls, like last year.

**Figure 24: Age of Probation Supervised Youth in Out-of-Home Care on 3/31/23, n=419**



**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 19.3% 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 3/31/23, n=419**



**Gender.** There were almost three times as many boys (72.6%) in out-of-home care served by Probation as there were girls (27.4%). That is consistent with the last few years.

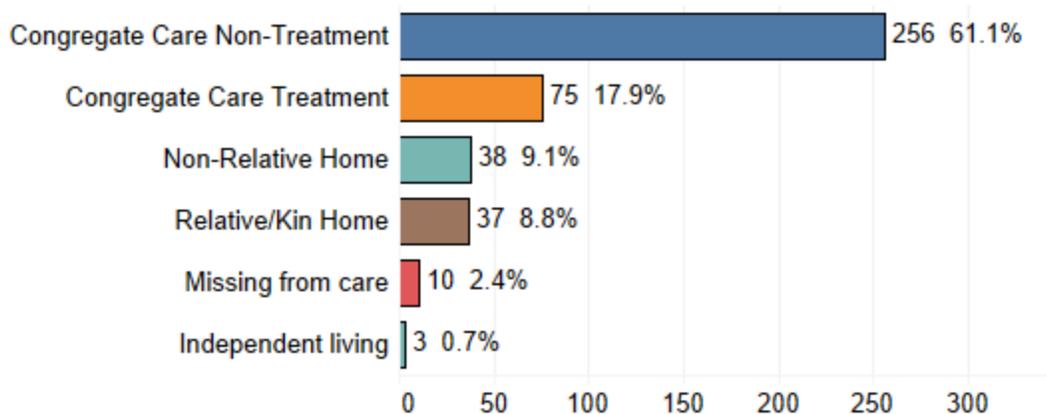
## Placements

**Placement Type.** Figure 26 shows that 17.9% of Probation youth in out-of-home care on 3/31/23 are in congregate care treatment placements, which is a slight increase when compared to 16.0% on 3/31/22. Congregate treatment placements include acute inpatient hospitalization, psychiatric residential treatment facilities, short-term residential, and treatment group homes.

At the same time, 61.1% 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 decrease in the percentage of youth missing from care on 3/31/23 (2.4%) compared to the previous year (5.5% on 3/31/22).

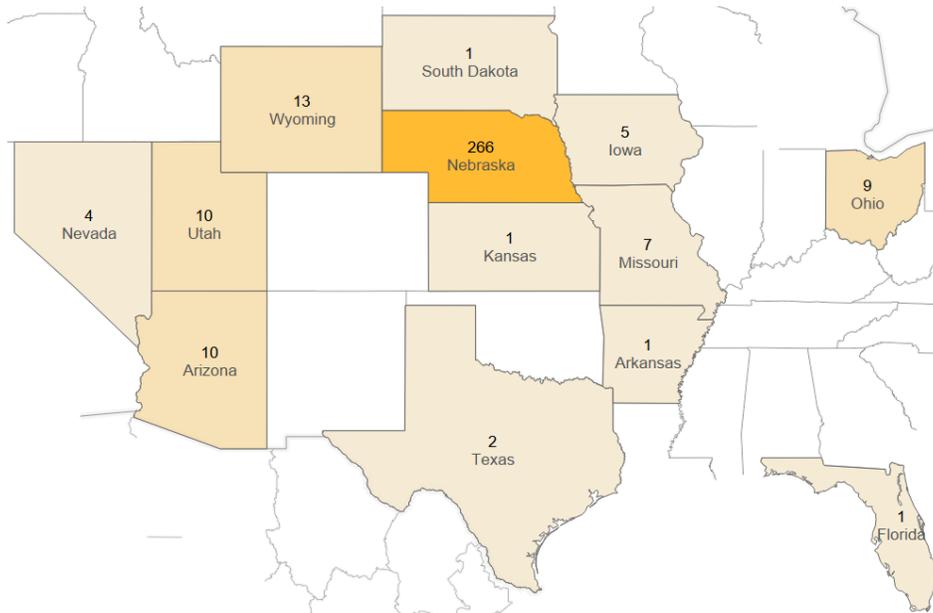
**Figure 26: Treatment or Non-Treatment Placements of Probation Supervised Youth in Out-of-Home Care on 3/31/23, n=419**



Youth missing from care must always be a top priority as their safety cannot be assured. (10 such youths in the chart above)

**Congregate Care.** When congregate care is needed, Probation most often utilizes in-state placements. Per Figure 27, 80.4% (266) of the 331 youth with a known placement location in congregate care were placed in Nebraska. This compares to 88.4% on 3/31/22.

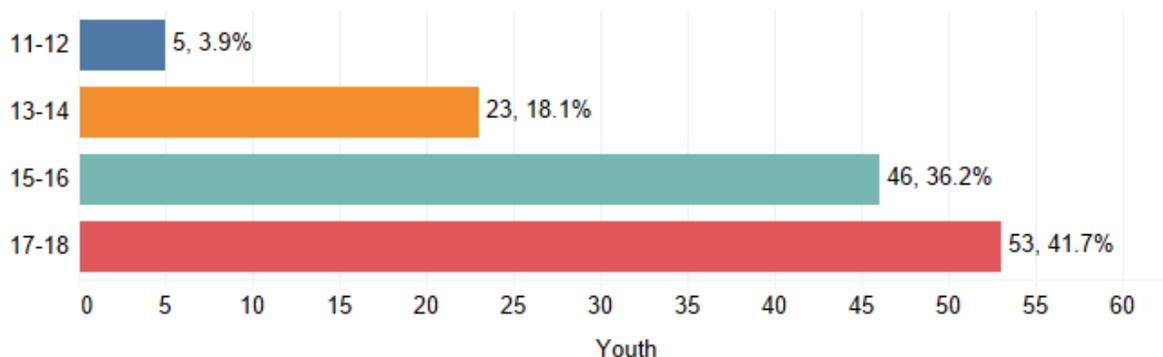
**Figure 27: State Where Youth in Congregate Care Supervised by Probation were Placed on 3/31/23, n=331**





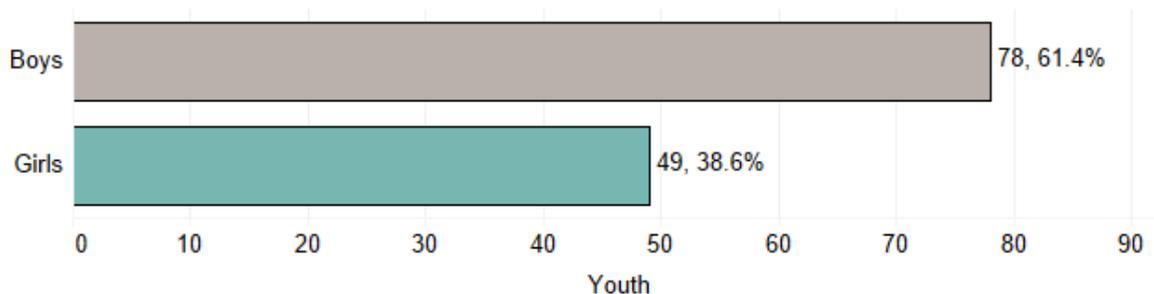
**Age.** Figure 29 indicates the ages of all Dually-involved youth in out-of-home care. The median age was 16.0 for girls and 16.0 for boys, the same as last year.

**Figure 29: Ages of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/23, 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 27.4% of the population<sup>27</sup>, whereas, for Dually-Involved youth, girls were 38.6%.

**Figure 30: Gender of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/23, n=127**

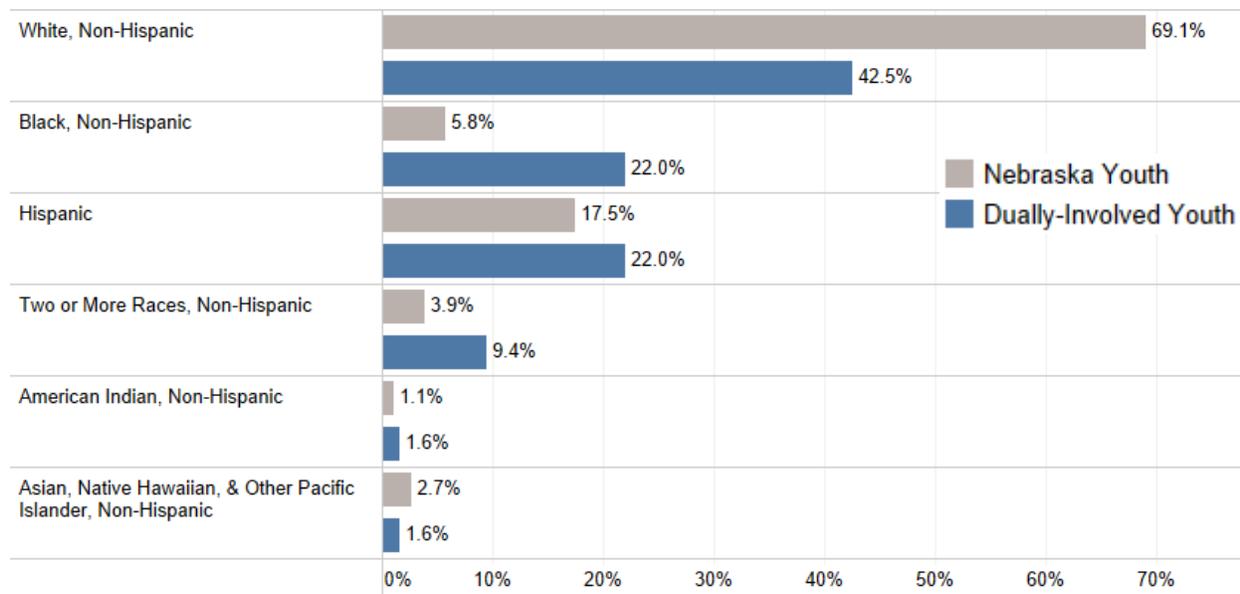


**Race and Ethnicity.** Black and multiracial youth continue to be overrepresented in the Dually-involved population (Figure 31). For example, 22.0% of Dually-involved youth were Black, compared to 5.8% in the general population of Nebraska's youth ages 10 to 19 (per US Census).

<sup>27</sup> See Probation section, page 29.

Dually-Involved Youth

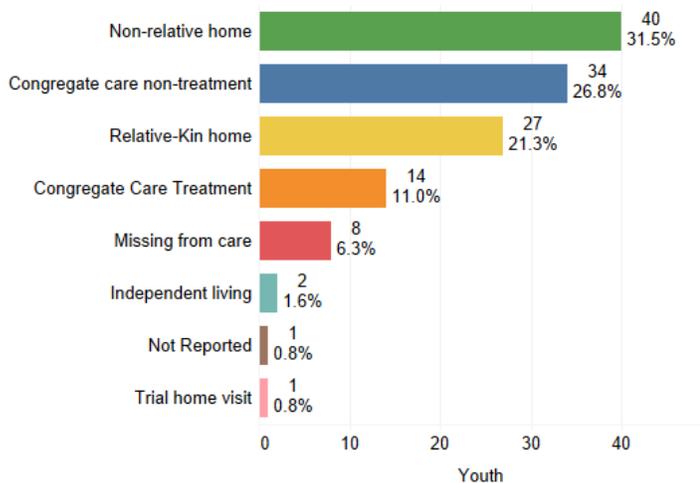
**Figure 31: Race and Ethnicity of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/23, n=127, Compared to Census**



**Placements**

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

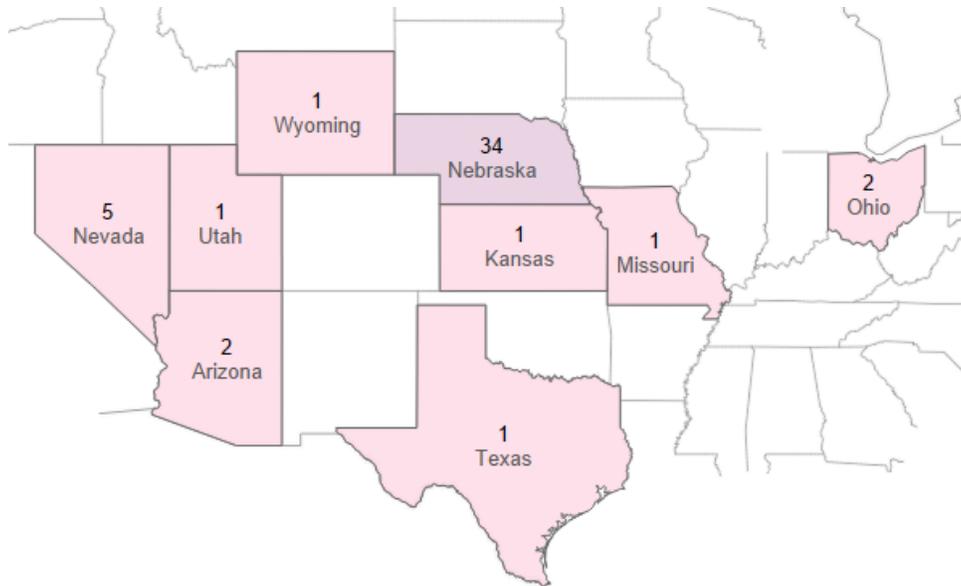
**Figure 32: Placement Types for Dually-Involved Youth in Out-of-Home or Trial Home Placement on 3/31/23, n=127**



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. Of these, 70.8% were placed in Nebraska; down from last year when it was 87.5%. The total number in congregate care was 48 compared to 56 such youth on 3/31/22.

**Figure 33: Placement State for Youth Served by both DHHS/CFS and Probation and in a Congregate Care Facility on 3/31/23, 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 19<sup>th</sup> birthday.

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

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

**Court** refers to the Nebraska court with jurisdiction over cases involving child abuse, child neglect, and juvenile delinquency. There are two types - in Douglas, Lancaster, and Sarpy counties there are Separate Juvenile Courts, while County Court serves as the Juvenile Court in the remainder of the state.

**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

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

Northern service area, **SESA** is the Southeast service area, and **WSA** is the Western service area.

**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.<sup>29,30</sup>

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

**SDM** (Structured Decision Making) is a proprietary set of evidence-based assessments that 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 of Parental Rights** (TPR) is the most extreme remedy for parental deficiencies and legally severs ties between parent and child.

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

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

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

**Youth** is a term used by the FCRO in deference to the developmental stage of older 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) celebrates 41 years of service on July 1, 2023. The FCRO is the independent state agency responsible for overseeing the safety, permanency, and well-being of children in out-of-home care in Nebraska. Through a process that includes case reviews, data collection and analysis, and accountability, we are the authoritative voice for all children and youth in out-of-home care.

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

**Data.** Tracking is facilitated by the FCRO's independent data system, through collaboration with our partners at DHHS and the Administrative Office of the Courts and Probation. Every episode in care, placement change, and caseworker/probation officer change is tracked; relevant court information for each child is gathered and monitored; and data relevant to the children reviewed is gathered, verified, and entered into the data system by FCRO staff. This allows us to analyze large-scale system changes and select children for citizen review based on the child's time in care and certain upcoming court hearings.<sup>31</sup>

Once a child is selected for review, FCRO System Oversight Specialists track children's outcomes and facilitate citizen reviews.<sup>32</sup> Local board members, who are community volunteers that have successfully completed required initial and ongoing instruction, conduct case file reviews, and make required findings.

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

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

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<sup>31</sup> For more about citizen reviews, see our website: [Foster Care Review Office \(nebraska.gov\)](https://www.foster-care-review-office.nebraska.gov)

<sup>32</sup> Children and youth typically are reviewed at least once every six months while they remain in care.

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