

The Nebraska Foster Care Review Office Quarterly Report



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Executive Summary

The Foster Care Review Office (FCRO) provides Quarterly Reports to inform the Nebraska Legislature, child welfare system stakeholders, juvenile justice system stakeholders, other policy makers, 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 recommend needed changes as required.¹

Special study on children who have re-entered state custody or care after an adoption or guardianship

The special study on **page 8** contains an analysis of the experiences of children and youth who have re-entered state custody or care after an adoption or guardianship. The sample reviewed includes only children who were in care on 12/31/2018, and therefore cannot accurately describe the rates in which all children who exit state custody through adoption or guardianship re-enter the child welfare or juvenile justice system. Despite this limitation, it is telling that **4.3% of the child welfare population were previously placed in permanent homes through adoption or guardianship, and that many of these homes are no longer a permanent option.**

A subgroup of the child welfare population, those that are dually-involved in child welfare and juvenile justice, are disproportionately more likely to have re-entered care after an adoption or guardianship. For dually-involved youth in care on 12/31/2018, **14.5%** were previously adopted or placed in a guardianship, which is substantially higher than the proportion of kids solely involved with child welfare or juvenile justice. This highlights the need for the important work being done through the Crossover Youth Practice Model^{2,3,4} in Nebraska. This collaborative effort between DHHS-Division of Child and Family Services and the Administrative Office of Probation can potentially impact this population of youth in positive ways and prevent movement deeper into the juvenile justice system.

This analysis identifies important aspects of the early experiences of and trauma experienced by children who re-enter the child welfare system after adoption or guardianship, including:

- high rates of physical and severe physical abuse as an initial reason for entry for the adopted population (**pages 10 and 11**),

¹ See Appendix B for more information about the FCRO.

² Crossover Youth Practice Model. <https://supremecourt.nebraska.gov/probation/juvenile/crossover-youth-practice-model>;

³ Crossover Youth Practice Model. [http://dhhs.ne.gov/children_family_services/Documents/PSP%201-2018%20Attachment%20A%20Crossover%20Youth%20Practice%20Model%20\(2010\).pdf#search=crossover%20youth%20practice%20model](http://dhhs.ne.gov/children_family_services/Documents/PSP%201-2018%20Attachment%20A%20Crossover%20Youth%20Practice%20Model%20(2010).pdf#search=crossover%20youth%20practice%20model)

⁴Division of Children and Family Services, Protection and Safety Procedure #1-2018, Crossover Youth Practice Model. http://dhhs.ne.gov/children_family_services/Documents/PSP%201-2018%20Crossover%20Youth%20Practice%20Model.pdf#search=crossover%20youth%20practice%20model

- high rates of sexual abuse as an initial reason for entry into foster care for the guardianship population (**pages 15 and 16**), and
- several placement disruptions prior to initial permanency (**pages 10 and 15**).

Additionally, there are indications of system failure in identifying suitable permanent homes and addressing children's early trauma, including:

- high rates of sexual abuse as a reason for re-entering care among the adopted population (**pages 12 and 13**),
- "child behaviors," which are frequently a manifestation of trauma, as the most common reason the adopted population re-enters care(**pages 12 and 13**),
- high rates of adoptive parents and guardians requesting the relationship with the child be dissolved (**pages 12, 13, 17 and 18**), and
- a disproportionate rate of the child welfare population who are dually-involved with juvenile probation (**page 22**).

It is also important to note that nearly all children who re-entered care did so during their early teenage years (**pages 12, 17, and 22**). Better preparing adoptive parents and guardians for the teenage years and ensuring families in need have access to behavioral health services outside of the child welfare system may reduce re-entry and assist all families. Efforts like System of Care⁵ are an encouraging step in the right direction.

The services provided to children who have re-entered care after an adoption and guardianship must address early trauma, behaviors that result from that trauma, and the feelings of rejection that a child will undoubtedly experience after failing to find permanency with two different families.

There was very little variation between the different regions of the state, and boys and girls were not disproportionately represented in the different populations reviewed.

In addition, it is clear that the youth who exit child welfare and later become involved solely with juvenile justice are distinct from those that re-enter HHS custody (**page 22**). The reasons these youth initially entered into the child welfare system mirror the same patterns for entry into care for all child welfare involved children. Still, it is important to recognize that **10.6%** of the probation supervised and YRTC placed youth were previously adopted or placed into a guardianship through child welfare. As discussed in the FCRO 2018 Annual Report, nearly 1/3 of the probation supervised youth in out-of-home care reviewed by the FCRO were previously involved in the child welfare system. There is significant overlap between the two systems.

Other key findings from this Quarterly Report include:

- When comparing the number of children in out-of-home care and trial home visit to the number of children in the population for the county, the counties with the highest rates of children in out-of-home or trial home visit placement are **Garden**,

⁵ Behavioral Health System of Care. http://dhhs.ne.gov/behavioral_health/SOC/Pages/Home.aspx

Harlan, Lincoln, Pawnee, Deuel, Furnas, Scotts Bluff, Dodge, Madison, and Boyd counties (page 29).

- Minority youth continue to be overrepresented in the child welfare and juvenile justice systems (**pages 29, 37, 42, and 47**).
- DHHS/CFS wards continue to be placed in the least restrictive, most family like settings at very high rates (**97.1%**). Just over half of the youth in home like settings are placed with relative or kin placements, but only **22%** of the relative homes and **4%** of the kinship homes are licensed (**pages 30 and 31**).
- **Over 25%** of the children in the Central, Eastern, Northern, and Southeast Service Areas have had more than 4 workers since the most recent removal (**page 32**).
- **27.7%** of DHHS/CFS wards have had more than four placement moves, including **155** children under age 6 (**page 33**).
- The percentage of children with multiple removals from the home has decreased slightly over the last 2 years from a high of 24% to **22.8%**. Despite the improvement, **the State must do more to address why more than 1 in 5 children currently in the system had a prior removal (page 34)**.
- The number of boys placed at Kearney YRTC has been relatively stable for the last quarter and **19%** lower than the same time last year, but the number of girls placed at the Geneva YRTC has increased over the last quarter and is **52%** higher than the same time last year (**page 35**).
- More youth placed at the YRTC are from Lancaster County than Douglas County, despite the fact that there are nearly twice as many youth residing in Douglas County than in Lancaster County (**page 36**).
- The number of Probation supervised youth in out-of-home placement has increased over the last quarter, but remains 10.6% lower than the number of youth out of home at the same time last year. Districts 1, 6, and 10 have the largest decreases in youth out-of-home when comparing December 2018 to December 2017 (**page 38**).
- Probation continues to reduce the number of youth placed in congregate care placements out of state. On 12/31/2018, **89.4%** of youth in congregate care were placed in Nebraska, compared to **74.6%** on 12/31/2017 (**pages 43 and 44**).

Recommendations

Based on issues described in this Quarterly Report and throughout the September 2018 Annual Report, the FCRO makes the following recommendations.

DHHS:

1. Establish an effective, evidence-supported, goal-driven, outcome based service array throughout the State to meet the needs of children and families involved in the child welfare system to include the following:
 - a. Mental and behavioral services for children/youth in collaboration with DHHS Behavioral Health.
 - b. Re-examination and improvement of services for children who experienced serious levels of abuse or neglect prior to removal from the home, including any needed on-going supports.
 - c. Enhanced preparation for pre-adoption or guardianship caregivers on children's likelihood of on-going needs and where/when/how to seek services.
 - d. Post-adoption and post-guardianship supports for families with youth needing services or at crisis points.
 - e. Services for children who re-enter care after adoption or guardianship to address the reasons that led to re-entry and issues created by rejection, or perceived rejection, by adoptive or guardianship parents. This needs to include any youth's issues regarding their first rejection by the bio-parents.
 - f. Stabilization of placements and recruitment of foster parents based upon the needs of the child/youth in collaboration with foster care providers.
 - g. Creation of treatment foster care services which actively engage families and would meet the needs of older youth.

Juvenile Probation:

1. Establish an effective, evidence-supported, goal driven, outcome based service array throughout the State to meet the needs of youth involved in the juvenile justice system to include the following:
 - a. Community based services, especially behavioral and mental health services, prior to being placed out-of-home.
 - b. Creation of services for parents and guardians to assist in managing the behaviors of their youth.

- c. A continuation of current efforts to place youth who need congregate care in state. This effort must include ensuring a sufficient array of placements are available to meet the needs of Nebraska youth.

Stakeholders Across Systems:

1. Complete a collaborative study regarding creation of a systemic response when a child or family is in crisis. This must be based on the needs of the child and not just on the fastest or easiest way to access services.
 - a. Too often, the child welfare system is the quickest way to access services but not always the most appropriate and even sometimes can do the most harm to the child.
 - b. This study should include ways to break down silos within DHHS to ensure that the most appropriate DHHS division is meeting the short-term and long-term needs of the child and family.
 - c. The study must include children and youth being served by either child welfare or juvenile justice.
 - d. This study must also include an evaluation of the various state and federal funding sources for each of these divisions and re-appropriation of funds between DHHS divisions as needed.
 - e. Service providers and front-line staff need to be included in this process.
2. Utilize collaborative efforts across systems, such as Crossover Youth Practice Model and System of Care, that can assist children and youth with complex needs, their families, and their communities.

The FCRO encourages all stakeholders to consider their policies and practices:

- **To ensure that each child is better off when he or she leaves out-of-home care than they were when they entered and**
- **To safely reduce risk for system-involved children and youth who are in the familial home.**

Special Study on Re-entry into Out-of-Home Care after an Adoption or a Guardianship

Of the 4,200 children in out-of-home care on 12/31/2018, 226 were previously state wards and exited state care to “permanent” homes through either Adoption or Guardianship. This is a one-day count and thus is not reflective of all children who have returned to state care after adoption or guardianship. However, this sample can provide insight into the experiences of children who are in similar situations.

The following special study looks at these children in two different groups. First, we will look at the population of state wards (n=148) currently in care after exiting to adoption or guardianship, excluding those placed at a Youth Rehabilitation and Treatment Center (YRTC). Then we will look at the youth who are currently in out-of-home care through the juvenile justice system (n=78), both through juvenile probation or currently placed at a YRTC. Children who are dually involved with child welfare and juvenile probation are included in the state ward population (n=17).

State Wards – post-adoption re-entry

Adoption should be the most permanent action taken when reunification is not an option. It is normally reserved for children whose parents are found unfit or permanently unable to provide for their care. That alone indicates that the children involved in most state ward adoptions have experienced trauma before entering foster care that must be treated or resolved if the children are to have a normalized childhood post-adoption and a successful adulthood.

If the child welfare system is to truly meet the best interests of the children served, the system must successfully and purposefully convey to pre-adoptive parents how children with a significant trauma history can manifest that pain in the future, and it should prepare and support them if that occurs. While love is vitally important to children’s healing, it doesn’t diminish the need for supports and services for children and their adoptive families throughout these children’s growing years.

With that in mind we looked at a cohort of the 90 children, all state wards, on 12/31/2018 that were in out-of-home care after having been adopted and then returned to care. We started our examination with a look at some basic demographics.

Gender. There were slightly more boys than girls (**52.2% and 47.8%**, respectively) in the cohort of previously adopted children who are currently state wards.

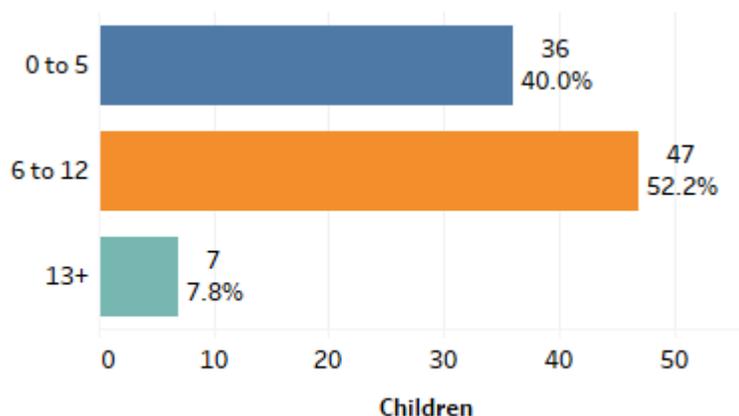
Age at Adoption. As the following quote indicates, young children may be unable to effectively communicate the impact of prior traumatic events.

Young children depend exclusively on parents/caregivers for survival and protection—both physical and emotional. When trauma also impacts the parent/caregiver, the relationship between that person and the child may be

strongly affected. Without the support of a trusted parent/caregiver to help them regulate their strong emotions, children may experience overwhelming stress, with little ability to effectively communicate what they feel or need. They often develop symptoms that parents/caregivers don't understand and may display uncharacteristic behaviors that adults may not know how to appropriately respond to.⁶

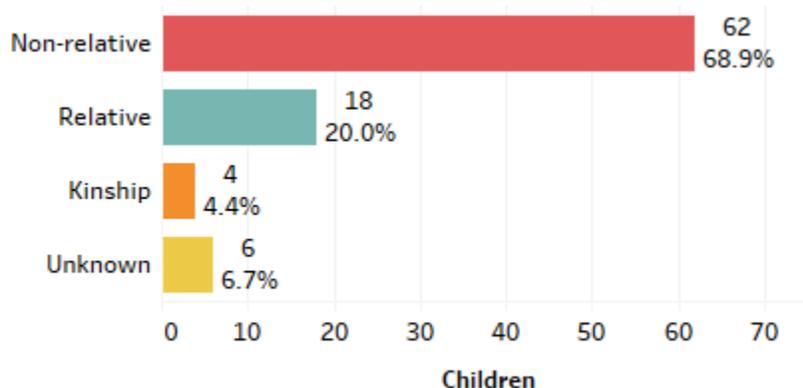
On average, children in the studied group were 7 years old when adopted (**Figure 1**).

Figure 1: Age when Adopted, n=90



Relationship to caregiver prior to adoption. Most of the children (**68.9%**) in this group were adopted by non-relatives (**Figure 2**).

Figure 2: Relationship of Adoptive Parent and Child Prior to Adoption, n=90



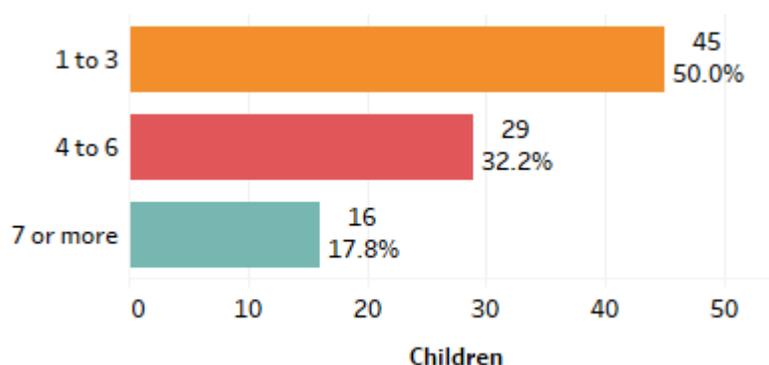
⁶ The National Child Traumatic Stress Network, which is funded by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services and jointly coordinated by UCLA and Duke University.

Found at: <https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma/effects>

Placement changes prior to adoption. The majority of the children had multiple placement moves (moves from one foster home to another) prior to adoption, with 17.8% of the children experiencing **7 or more placement moves (Figure 3)**.

National research indicates that children experiencing **4 or more placements** over their lifetime are likely to be permanently damaged by the instability and trauma of broken attachments.⁷ **Figure 3** shows that 50.0% of the children in the cohort had experienced 4 or more placement changes prior to their adoption. That is a lot of instability for children to experience during their formative years.

Figure 3: Placements Prior to Adoption, n=90



A contributing factor to the number of placement changes a child experiences may be trauma manifesting as difficult or uncontrollable behaviors; which was the case for **13.3%** (12 of 90) of the adopted children prior to their adoption.

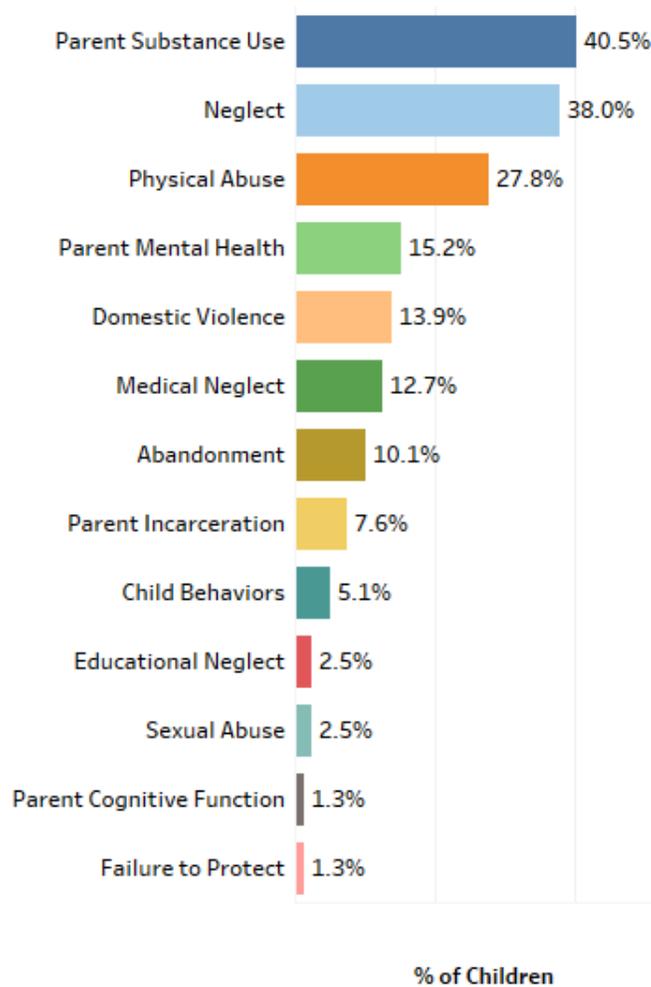
Pre-adoption trauma. As previously alluded to, the children in this group experienced significant trauma prior to entering foster care. Many of these children's families had extensive histories of involvement with child welfare prior to their removal from the home. **Figure 4** shows the reasons for these children entering foster care prior to being adopted.

For all children reviewed by the FCRO in 2017-18, physical abuse was one of the adjudicated reasons a child entered into foster care in **10.3%** of cases. The adoption/re-entry cohort's rate of physical abuse (**27.8%**) is significant. Even more telling, **more than half of the physically abused in this population had experienced the most severe forms**, such as skull fractures, spiral fractures of arms or legs, serious burns, etc.

Similarly, regarding parental substance use, many of the children's parents had been system involved for years due to the safety threat the parent's use created for their children. Some parents had prior terminations of parental rights for older children due to substance use before these children came into care. In other cases, children were returned to the parent, then parental substance use posed a serious safety threat again and children were re-removed from the parental home, later to be adopted.

⁷ Examples include: Hartnett, Falconnier, Leathers & Tests, 1999; Webster, Barth & Needell, 2000.

Figure 4: Initial Reasons Entered Care, Adoption Cohort, n=79⁸
(multiple reasons allowed)



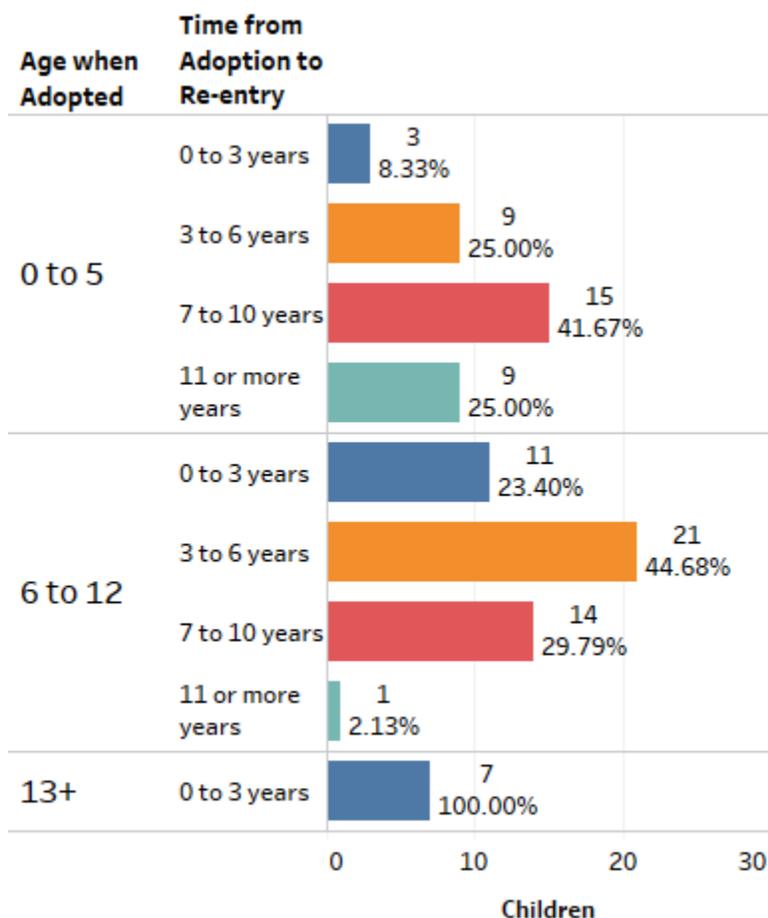
Time to re-entry. The children averaged 6.5 years between the time they were adopted and when they re-entered care.

Most re-enter as teenagers, with an average age of 13.8 upon re-entry. That was not unexpected. As children enter the age of abstract thinking and identity formation, they may begin to reprocess negative experiences from earlier in life. “Sometimes, the effects of trauma don’t show up until adolescence; other times, the effects that previously seemed lessened may reappear.”⁹

⁸ Some of the children were not reviewed by the FCRO prior to the adoption, therefore we have information on initial removal reasons for 79 of the 90 children.

⁹ Child Information Gateway. “Parenting Your Adopted Teenager.” Factsheet for Families April 2015. https://www.childwelfare.gov/pubPDFs/parent_teenager.pdf

Figure 5: Time from Adoption to Re-entry by Age when Adopted, n=90

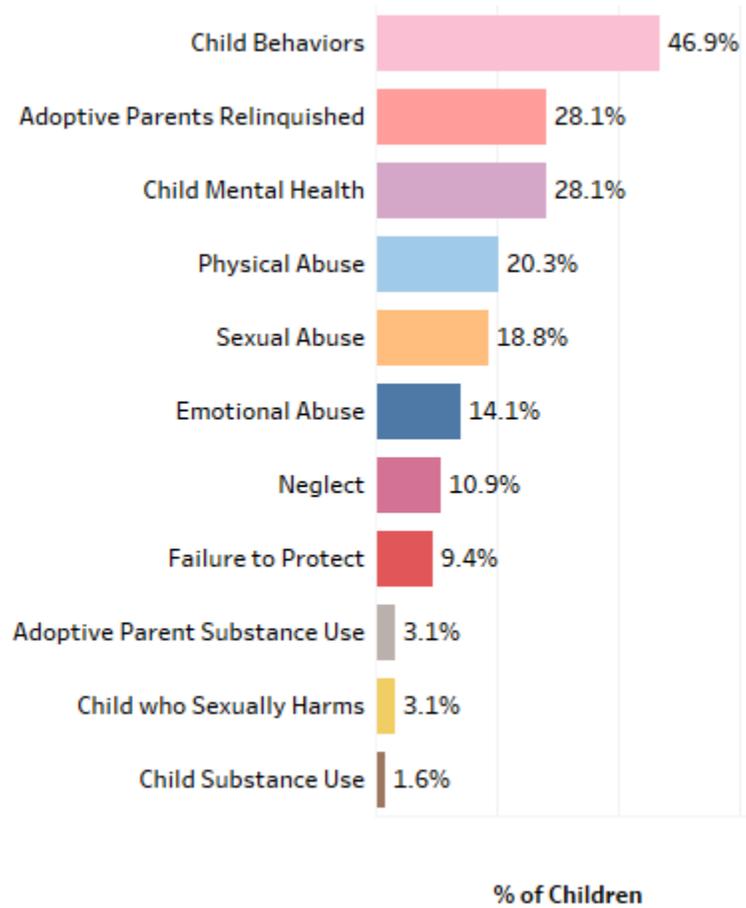


Reasons for re-entry. The reasons children re-enter care are a reflection of the trauma they have experienced, with **nearly half** re-entering care due to difficult behaviors and **over one fourth** experiencing significant mental health issues (**Figure 6**).

In addition, in **over one fourth** of these cases the adoptive parents had dissolved the adoption or were in process of dissolving the adoption at the time children re-entered care, causing the children further trauma.

Physical abuse disproportionately affects children who are re-entering care after an adoption. Alarmingly, sexual abuse in the adoptive home is much more common than sexual abuse in the original home (**18.8% and 2.5%**, respectively).

Figure 6: Current Reasons in Care, Adoption Cohort, n=64¹⁰
 (multiple reasons allowed)



¹⁰ Some of the children in the adoption cohort have just recently re-entered care, so we only have review data completed on 64 of the 90 children.

State Wards – post-Guardianship re-entry

Guardianship is legally not as permanent as adoption, but it is normally the expectation that the guardian-child relationship will endure. Guardianship is most commonly pursued when:

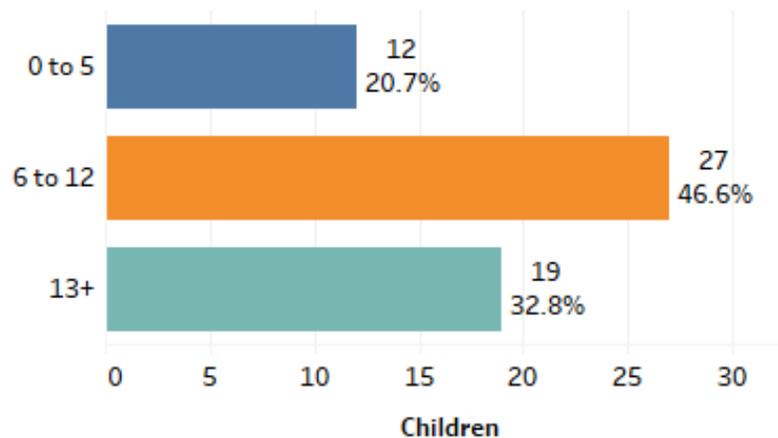
- for legal reasons, there is insufficient evidence for a termination of parental rights,
- parents recognize they are unable to provide safe care and are willing to let children be raised by the guardian, or
- it is in the child's best interest to keep some ties to the parent rather than severing that relationship by adoption.

As with adoptions, children that enter guardianships may have had a significant trauma history prior to entering foster care that needs to be addressed. Therefore we examined the cases of 58 children in care on 12/31/2018 who had previously exited via a legal guardianship.

Gender. Boys and girls are equally represented in the cohort of children previously placed in a guardianship who are currently state wards.

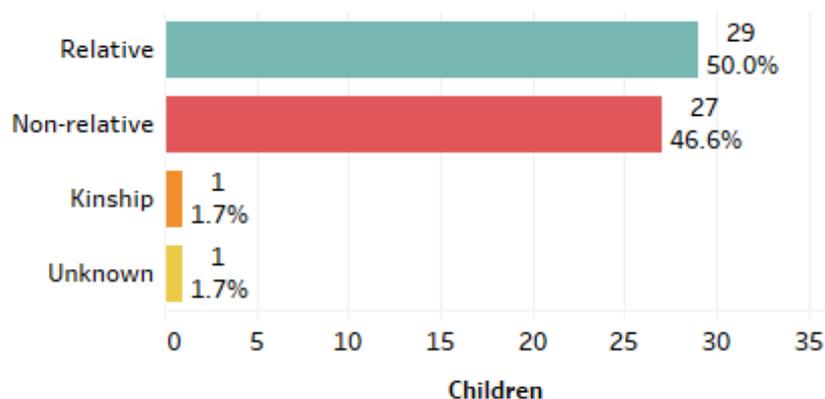
Age at guardianship. The average age of entering a guardianship for this population was 9.8 years old. This is slightly older than the average age of adoption.

Figure 7: Age when Entered Guardianship, n=58



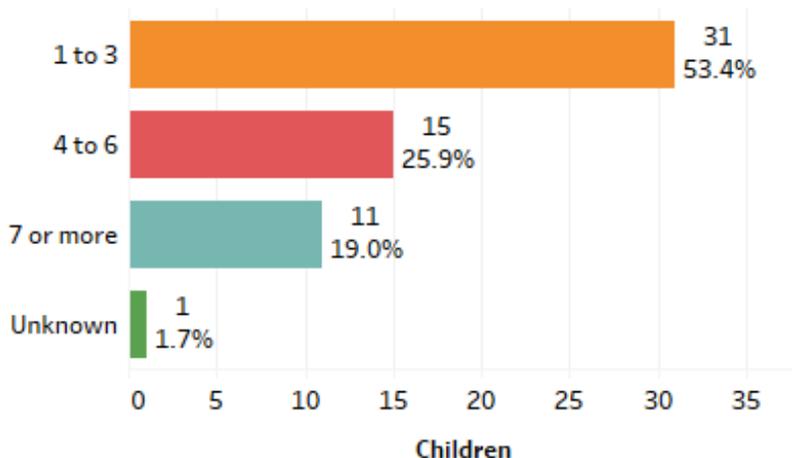
Relationship to caregiver. Unlike the adoptive parents, who were more likely to be non-relatives, one-half of the guardians were relatives (**Figure 8**).

Figure 8: Relationship of Guardian and Child Prior to Guardianship, n=58



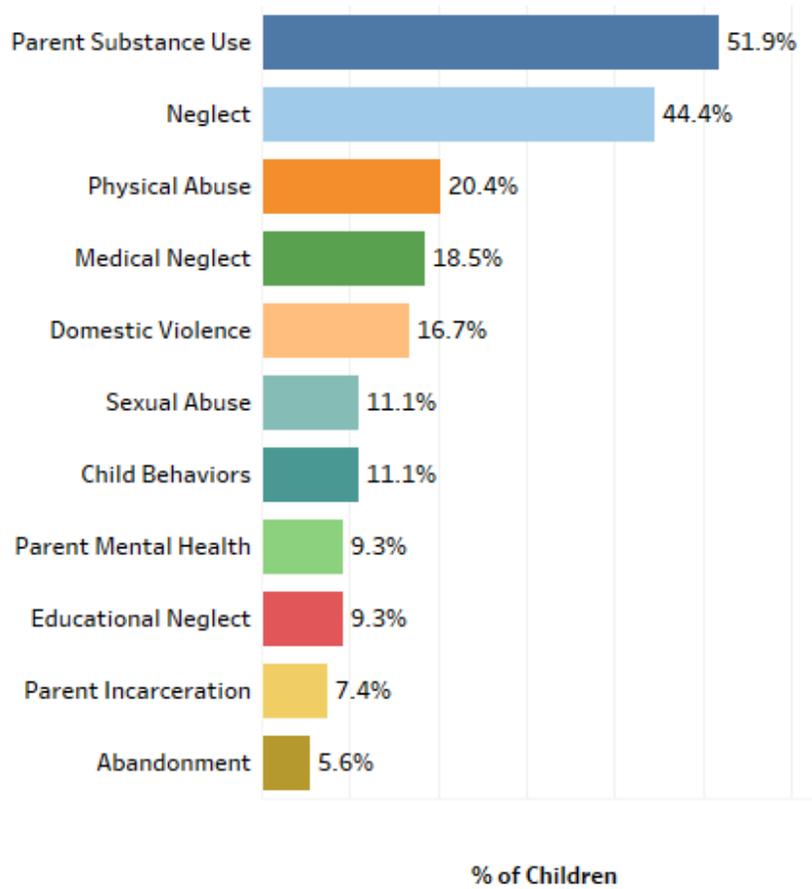
Placement moves prior to guardianship. The proportion of children in guardianships with multiple placement moves is similar to the children who were adopted. Nearly **1 in 5** of the children experienced 7 or more placements prior to being placed in a guardianship (Figure 9).

Figure 9: Placements Prior to Guardianship, n=58



Reasons entered care prior to guardianship. The reasons entered care reflect the significant trauma the children experienced prior to being placed in a guardianship (Figure 10). As with adoptions, parental substance use is more prevalent than neglect. Physical abuse and the closely related medical abuse were more prevalent in this population than for the general population of state wards.

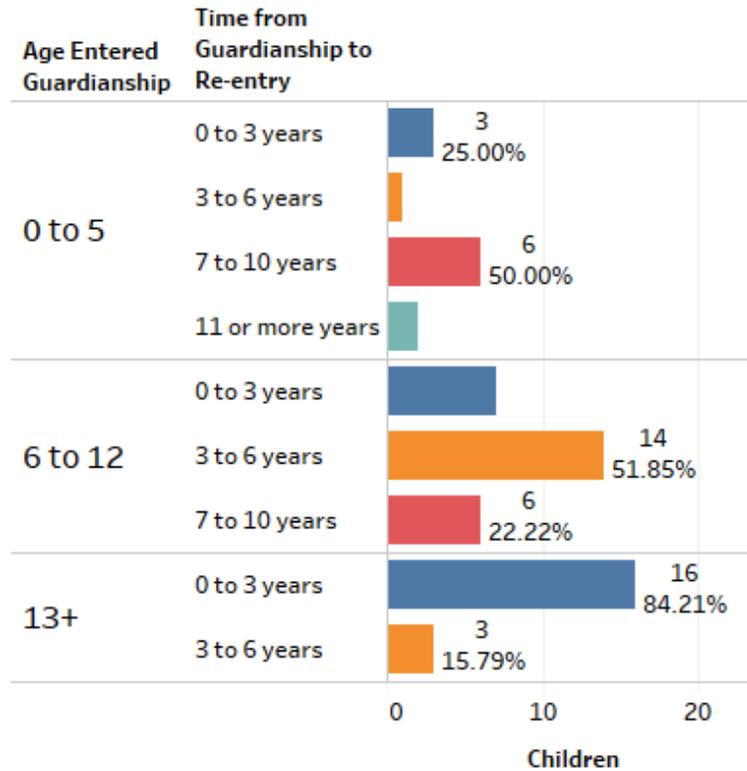
Figure 10: Initial Reasons Entered Care, Guardianship Cohort, n=54¹¹
 (multiple reasons allowed)



Time to re-entry. Figure 11 shows the amount of time between entering a guardianship to re-entering HHS custody. The children averaged 4.4 years before re-entering care. The shorter time period, however, reflects the older age when they entered guardianships. Once more, we see that most re-enter as teenagers, with an average age of 14.3.

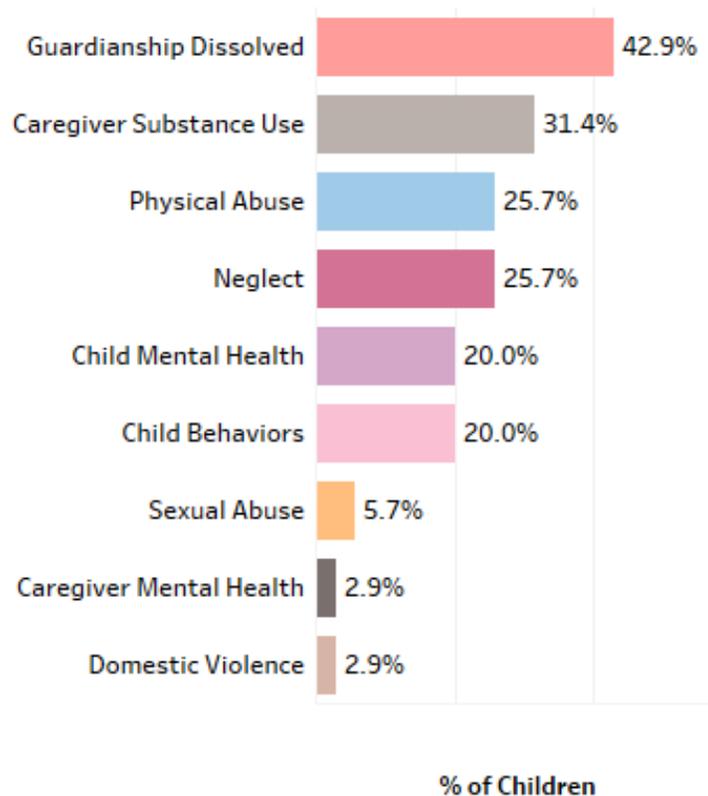
¹¹ For 4 of the children, initial reasons for removal were not available, thus the n=54 rather than 58.

Figure 11: Time from Guardianship to Re-Entry by Age when Entered Guardianship, n=58



Reasons for re-entry. As shown in **Figure 12**, the reasons children enter care are concerning, given that the top reason is that the guardianship is being dissolved – their guardians no longer can or will care for them. Physical abuse is again disproportionately present for this group of children. Since some have just recently re-entered care, we have current reasons for only 35 of the youth.

Figure 12: Current Reasons Entered Care, Guardianship Cohort, n=35
(multiple reasons allowed)



State Wards – conclusions

In both the adoption and the guardianship populations we find the following commonalities:

- Children had significant trauma histories prior to adoption or guardianship.
- During their pre-adoption or pre-guardianship time in the system, many children experienced multiple placement moves further exacerbating the children's response to earlier trauma. Before adoption, many of the children were displaying behaviors that made caregiving a challenge.
- Given that child behaviors is the most common reasons children come back into state custody after an adoption, it would appear that either adoptive parents do not know how to access services or no services are available to meet children's behavioral and mental health needs.
- Upon children's re-entry into care a significant number of adoptive parents and guardianship caregivers indicated they no longer would or could care for the children. The result, another substantial relationship with adults was permanently severed for children who had already experienced a similar ordeal with their biological parent(s). In other instances the status of that relationship was tentative,

and in some cases the adoptive parents or guardians were supportive of the children just unable to supply a particular need without system involvement.

Juvenile Justice

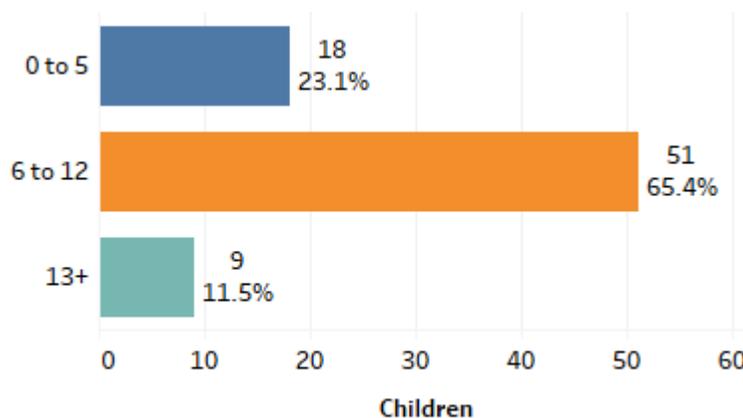
In this section we will look at the youth who were in out-of-home care through the juvenile justice system (n=78) on 12/31/2018. The cohort includes both those in care through juvenile probation or placed at a YRTC. This group does not include the 17 youth under both DHHS and Juvenile Justice; those youth are included with the state ward information.

Of the 78 youth currently out-of-home through the juvenile justice system, 44 had previously been adopted and 23 were placed in guardianships. Whether a juvenile justice involved youth was adopted or placed in guardianship had very little effect on when they initially exited care to a permanent home, the reasons they initially entered DHHS custody, or when they re-entered out-of-home care through the juvenile justice system. As a result, the youth from adoptive homes and guardianship placements are analyzed together, unless significant differences exist.

Gender. Boys are **62.8%** of the youth currently in out-of-home care through the juvenile justice system who were previously adopted or placed in a guardianship. This is slightly lower than the percentage of all probation supervised youth in out-of-home care who are male (66.1%)

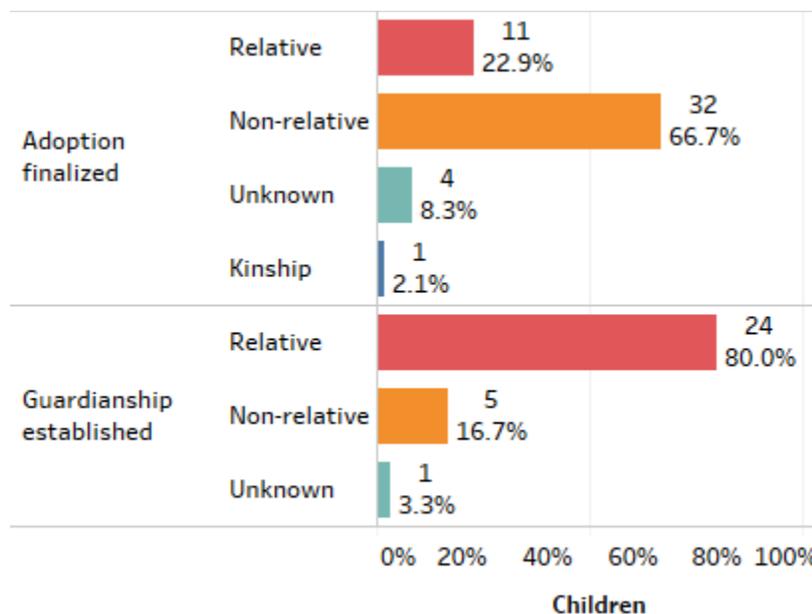
Age at Adoption. The youth currently in out-of-home care through the juvenile justice system were the most likely group of children to reach permanency through adoption or guardianship between 6 and 12 years old (**Figure 13**), averaging 8.3 years old at permanency.

Figure 13: Age When Adopted or Entered Guardianship, Juvenile Justice Cohort, n=78



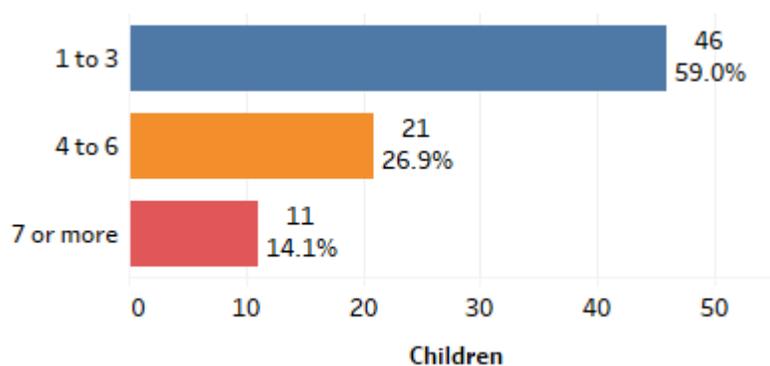
Relationship to adoptive parent or caregiver prior to permanency. The previous relationship between the child and the adoptive parent or caregiver varied significantly between children who were adopted and those placed in a guardianship (**Figure 14**). Similarly to the children placed back in HHS custody, guardians were more likely to be relatives, whereas adoptive parents were more likely to be non-relatives.

Figure 14: Relationship to Caregiver, Juvenile Justice Cohort, n=78



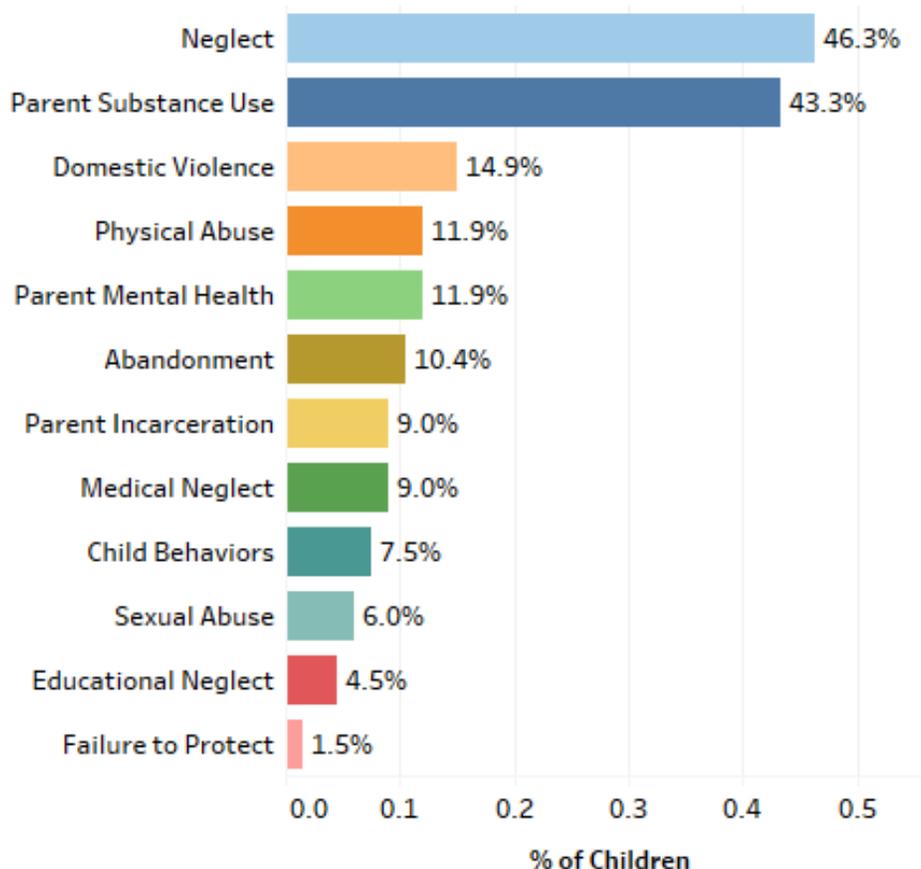
Placement changes prior to permanency. The youth currently involved with the juvenile justice system averaged fewer placement changes (**Figure 15**) prior to adoption or guardianship (**3.0**, compared to **4.3** for the state wards).

Figure 15: Placement Moves Prior to Permanency, Juvenile Justice Cohort, n=78



Reasons entered HHS custody. For the juvenile justice involved youth, the reasons they initially entered HHS custody prior to adoption or guardianship (**Figure 16**) reflect the same patterns as all state wards reviewed in 2017-2018.¹² Neglect, parent substance use, domestic violence, physical abuse, and parent mental health are the five most common adjudicated reasons for entering foster care.

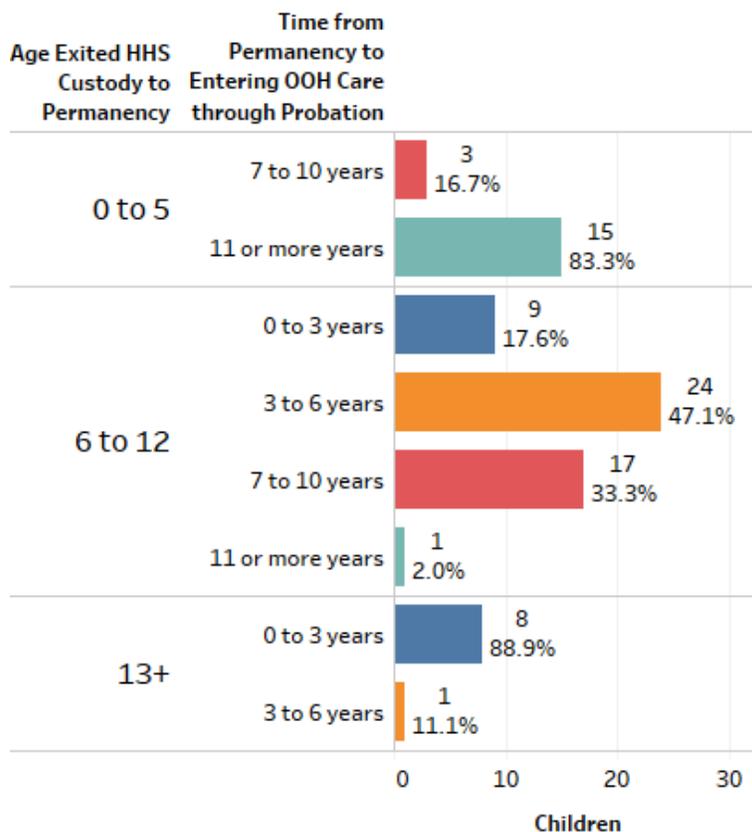
Figure 16: Initial Reasons Entered Care, Juvenile Justice Cohort, n=78
(multiple reasons allowed)



Time to re-entry. The youth averaged 6 years from the time they were adopted or placed in a guardianship to the time they entered out-of-home care through the juvenile justice system (**Figure 17**). Unsurprisingly, the juvenile justice involved youth were older when they entered care (**15.6 years**). Currently, youth cannot enter the juvenile justice system until they are a minimum of 11 years old.

¹² FCRO 2018 Annual Report.

Figure 17: Time to Entering Out-of-Home Care through Juvenile Justice System, n=78



Reasons for re-entry. Very few of the youth who are currently in out-of-home care through the juvenile justice system after an adoption or guardianship have been reviewed by the FCRO, and therefore, information about specific reasons for entering out-of-home care are not available. However, all youth who enter the juvenile justice system do so because of delinquent behaviors or status offenses.¹³

Juvenile Justice Involved Youth – conclusions

On 12/31/2018, there were 734 youth in out-of-home care either supervised by the Administrative Office of Probation – Juvenile Division or placed at the YRTC. Of those youth, **10.6%** were previously state wards and exited care through adoption or guardianship. An additional **17 youth**, or **14.5%** of the 117 dually adjudicated youth in care on 12/31/2018, were involved with both child welfare and juvenile probation. For a significant number of youth involved in the juvenile justice system, their experiences in out-of-home care begin well before delinquent behaviors occur.

¹³ A status offense is something a youth can be charged with that an adult cannot. Examples include truancy and uncontrollable behaviors.

It is also important to note that the juvenile justice cohort included in this analysis is different from the cohort who are currently state wards. They were less likely to experience physical abuse, had more placement stability prior to the adoption or guardianship, and they were older when they re-entered out-of-home care through the juvenile justice system.

Overall Conclusions

The analysis of children and youth who have re-entered state custody or care presented here is limited in scope. The sample reviewed includes only children who were in care on 12/31/2018, and therefore cannot accurately describe the rates in which all children who exit state custody through adoption or guardianship re-enter the child welfare or juvenile justice system. Despite this limitation, it is telling that **4.3% of the child welfare population were previously placed in permanent homes through adoption or guardianship, and that many of these homes are no longer a permanent option.**

A subgroup of the child welfare population, those that are dually-involved in child welfare and juvenile justice, are disproportionately more likely to have re-entered care after an adoption or guardianship. For dually-involved youth in care on 12/31/2018, **14.5%** were previously adopted or placed in a guardianship, which is substantially higher than the proportion of children solely involved with child welfare or juvenile justice. This highlights the need for the important work being done through the Crossover Youth Practice Model^{14,15,16} in Nebraska. This collaborative effort between DHHS-Division of Child and Family Services and the Administrative Office of Probation can potentially impact this population of youth in positive ways and prevent movement deeper into the juvenile justice system.

This analysis identifies important aspects of the early experiences of and trauma experienced by children who re-enter the child welfare system after adoption or guardianship, including:

- high rates of physical and severe physical abuse as an initial reason for entry for the adopted population,
- high rates of sexual abuse as an initial reason for entry into foster care for the guardianship population, and
- several placement disruptions prior to initial permanency.

¹⁴ Crossover Youth Practice Model. <https://supremecourt.nebraska.gov/probation/juvenile/crossover-youth-practice-model>;

¹⁵ Crossover Youth Practice Model. [http://dhhs.ne.gov/children_family_services/Documents/PSP%201-2018%20Attachment%20A%20Crossover%20Youth%20Practice%20Model%20\(2010\).pdf#search=crossover%20youth%20practice%20model](http://dhhs.ne.gov/children_family_services/Documents/PSP%201-2018%20Attachment%20A%20Crossover%20Youth%20Practice%20Model%20(2010).pdf#search=crossover%20youth%20practice%20model)

¹⁶Division of Children and Family Services, Protection and Safety Procedure #1-2018, Crossover Youth Practice Model. http://dhhs.ne.gov/children_family_services/Documents/PSP%201-2018%20Crossover%20Youth%20Practice%20Model.pdf#search=crossover%20youth%20practice%20model

Additionally, there are indications of system failure in identifying suitable permanent homes and addressing children's early trauma, including:

- high rates of sexual abuse as a reason for re-entering care among the adopted population,
- "child behaviors," which are frequently a manifestation of trauma, as the most common reason the adopted population re-enters care,
- high rates of adoptive parents and guardians requesting the relationship with the child be dissolved, and
- a disproportionate rate of the child welfare population who are dually-involved with juvenile probation.

It is also important to note that nearly all children who re-entered care did so during their early teenage years. Better preparing adoptive parents and guardians for the teenage years and ensuring families in need have access to behavioral health services outside of the child welfare system may reduce re-entry and assist all families. Efforts like System of Care¹⁷ are an encouraging step in the right direction.

The services provided to children who have re-entered care after an adoption and guardianship must address early trauma, behaviors that result from that trauma, and the feelings of rejection that a child will undoubtedly experience after failing to find permanency with two different families.

There was very little variation between the different regions of the state, and boys and girls were not disproportionately represented in the different populations reviewed.

In addition, it is clear that the youth who exit child welfare and later become involved solely with juvenile justice are distinct from those that re-enter HHS custody. The reasons these youth initially entered into the child welfare system mirror the same patterns for entry into care for all child welfare involved children. Still, it is important to recognize that **10.6%** of the probation supervised and YRTC placed youth were previously adopted or placed into a guardianship through child welfare. As discussed in the FCRO 2018 Annual Report, nearly 1/3 of the probation supervised youth in out-of-home care reviewed by the FCRO were previously involved in the child welfare system. There is significant overlap between the two systems.

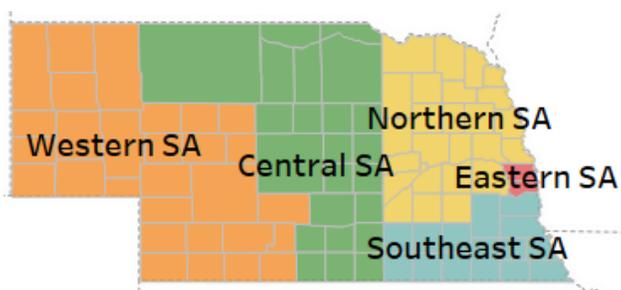
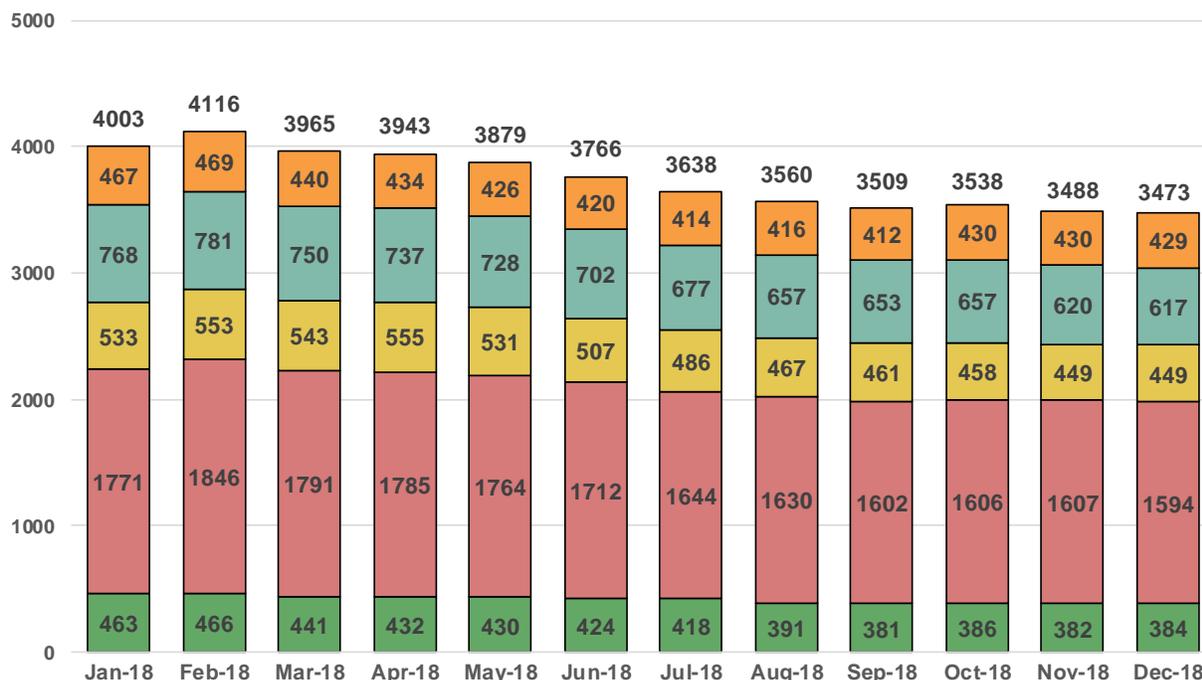
¹⁷ Behavioral Health System of Care. http://dhhs.ne.gov/behavioral_health/SOC/Pages/Home.aspx

Average Daily Population of Children with any DHHS/CFS Involvement

Daily population

Figure 19 shows the decline in average daily population (ADP) per month of DHHS/CFS involved children in out-of-home or trial home visit placements over the course of the last 12 months (including those simultaneously serviced by the Office of Probation).

Figure 19: Average Daily Population of All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements –
(includes children with simultaneous involvement with Probation)¹⁹



¹⁹ 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 process that can catch and reverse many errors in children's records regardless of the cause and that works to create the most accurate data possible. Therefore, due to delayed reporting and internal CQI some of the numbers on this rolling year chart will not exactly match that of previous reports.

Figure 20 compares the average daily populations from December 2017 to December 2018 by service area. In December 2018, there were **14.8%** fewer children in out-of-home care or trial home visit than at the same time last year. The decrease in the number of children in out-of-home care varies by service area, with the Southeast service area seeing the largest December to December drop (**-21.0%**).

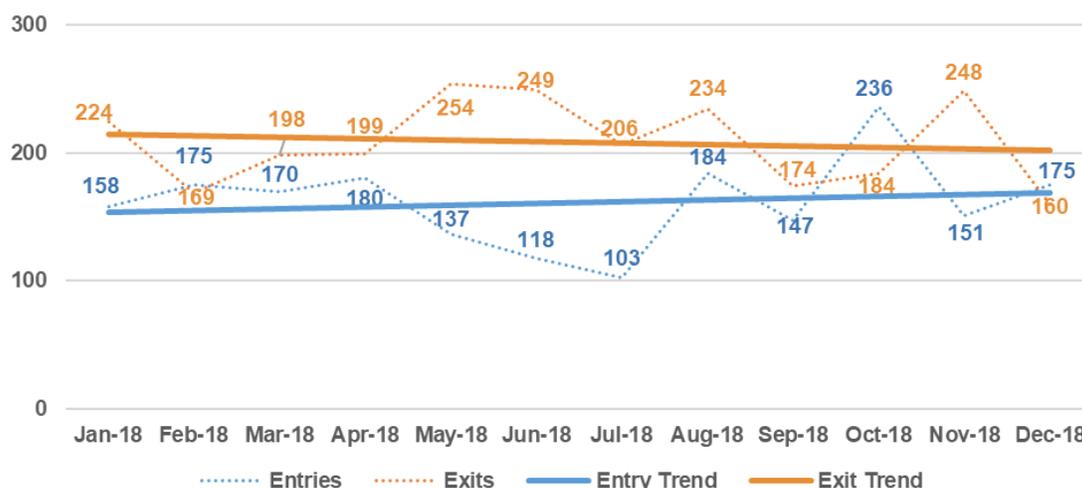
Figure 20: Percent Change in All DHHS/CFS Involved Children in Out-of-Home or Trial Home Visit Placements

Service Area	Dec 2017 ADP	Dec 2018 ADP	% Change
Central SA	471	384	-18.6%
Eastern SA	1792	1594	-11.1%
Northern SA	544	449	-17.4%
Southeast SA	780	617	-21.0%
Western SA	488	429	-12.0%
Statewide	4076	3473	-14.8%

Entries and Exits

Decreasing entries into foster care and increasing exits from foster care both contribute to the decrease in children in out-of-home care or trial home visit. **Figure 21** shows that in 9 of the last 12 months, more children exited the foster care system than entered, which leads to net decreases in the overall population of children in out-of-home and trial home visit placements. The number of children entering the foster care system dropped dramatically during May, June, and July of 2018, but has since increased with a spike in entries during October 2018. As has been the case in previous years, the number of children exiting foster care increases in November, when many jurisdictions participate in adoption day.

Figure 21: Statewide Entrances and Exits of DHHS/CFS Involved Children



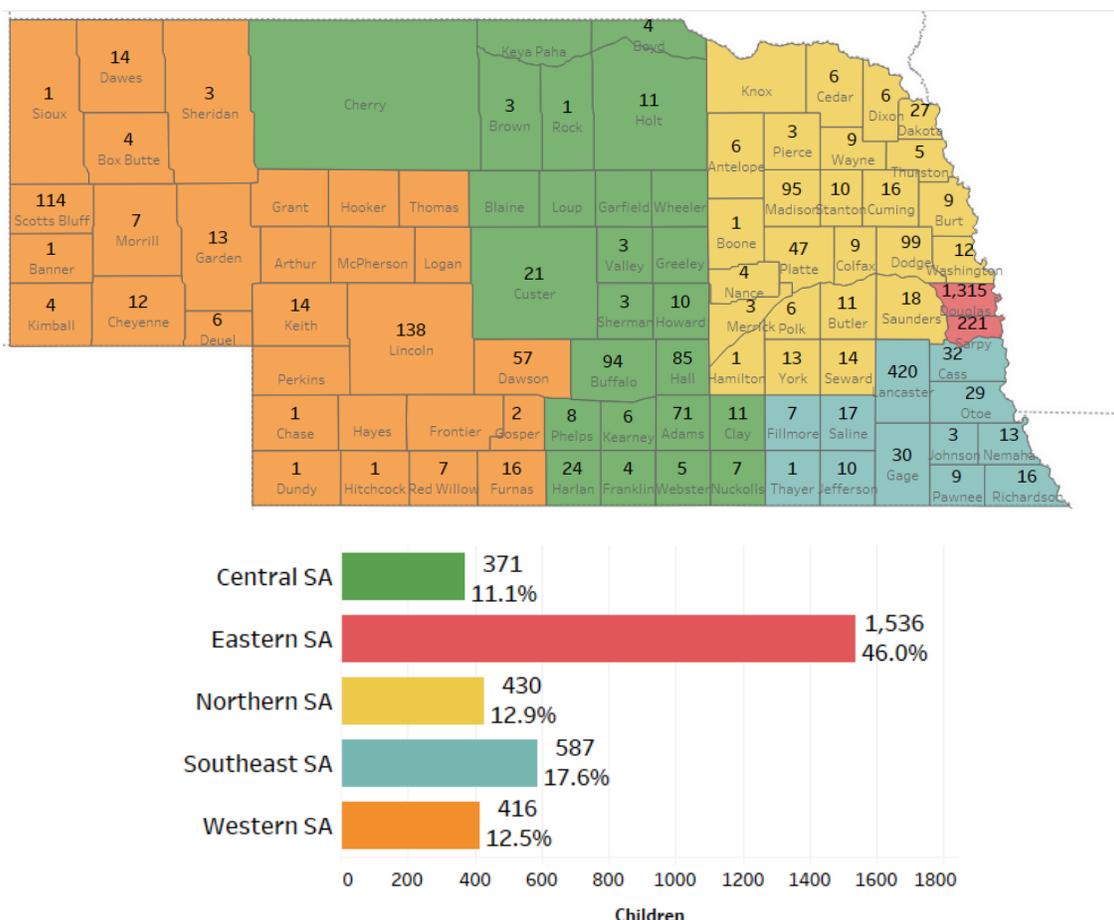
Children Solely Involved with DHHS/CFS – Point-in-time (Single Day) View

Single day data on DHHS/CFS wards in this section includes only children that meet the following criteria: 1) involved with DHHS/CFS and no other state agency and 2) reported to be in either an out-of-home or trial home visit placement.²⁰ On December 31, 2018, there were **3,340 children** who met those criteria.

Demographics

County. Figure 22 shows the **3,340 DHHS/CFS wards** by county and the region. Child abuse and neglect affects every region of the state, as shown by the distribution of children in care.

Figure 22: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement on 12/31/18 by DHHS/CFS Service Area, n=3,340



Counties without numbers had no children in out-of-home care or trial home visit.

²⁰ Youth at a YRTC, youth only involved with Probation, or youth dually involved with Probation are not included, and are described elsewhere in this report.

As expected, most of the children are from the two largest urban areas (Omaha and Lincoln, in the Eastern and Southeast Service Areas respectively). Perhaps more importantly, though, is the number of state wards in smaller counties with relatively few children in the population. When comparing the number of children in out-of-home care and trial home visit to the number of children in the population for the county, **the counties with the highest rates of children in out-of-home or trial home visit placement are Garden, Harlan, Lincoln, Pawnee, Deuel, Furnas, Scotts Bluff, Dodge, Madison, and Boyd counties.**

Gender. Girls and boys are equally represented in the population of children in care on 12/31/2018, as has been true for several years.

Age. Consistent with past reports, approximately **42% of children in care are 5 and under**, **34%** are between 6 and 12, and **24%** are teenagers.

Race and Ethnicity. As the FCRO and others have consistently reported, minority children continue to be overrepresented in the out-of-home population (**Figure 23**). As reported in the 2018 Annual Report, the Census estimates that 6.3% of Nebraska's children are Black or African American, 2.3% are American Indian or Alaska Native, and 4.5% are multiracial. **Yet, for all three groups, their representation in the out-of-home population is more than double their representation in the general population.**

Figure 23: DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placement on 12/31/18 by Race or Ethnicity, n=3,340

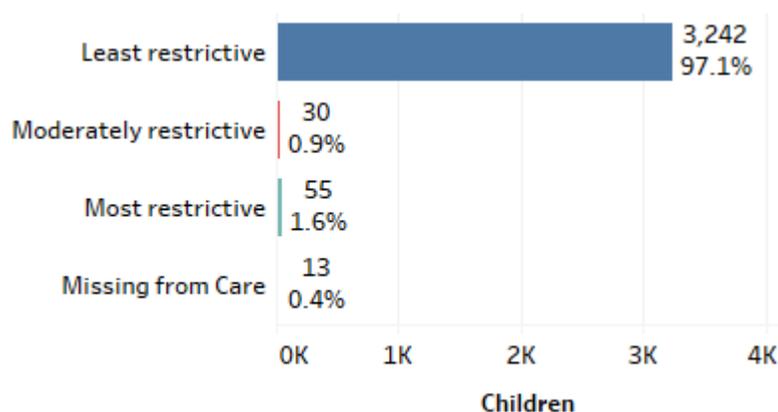
White	2,063	61.8%
Black or African American	566	16.9%
Two or more races	416	12.5%
American Indian and Alaska Native	199	6.0%
Asian	23	0.7%
Native Hawaiian and Other Pacific Islander	8	0.2%
Unknown or Other	65	1.9%
Hispanic	636	19.0%
Not Hispanic	2,362	70.7%
Unable to determine	342	10.2%

Placements

Placement Restrictiveness. Children in foster care need to live in the least restrictive, most home-like temporary placement possible in order for them to grow and thrive. Some children need congregated care, which could be moderately or most restrictive. A more moderate restrictiveness level includes non-treatment group facilities, and the most restrictive are the facilities that specialize in psychiatric, medical, or juvenile justice related issues and group emergency placements.

Figure 24 shows that most (**3,242 or 97.1%**) DHHS/CFS wards in out-of-home placements or trial home visits were placed in a family-like, least restrictive setting. Moderate or most restrictive placements should be reserved for children who need more intensive levels of treatment or different types of services within their placement. The proportion of children in the least restrictive setting has remained above 95% for the past two years.

Figure 24: Placement Restrictiveness for DHSS/CFS Wards in Out-of-home or Trial Home Placements on 12/31/18, n=3,340



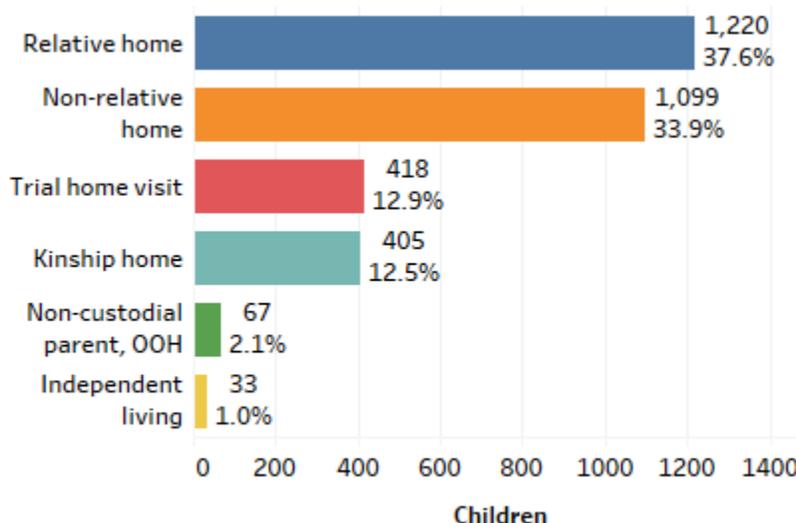
Children “missing from care” must always be a top priority as their safety cannot be assured

Home-like Placements. There are several different types of least restrictive placements:

- “Relative” is defined in statute as a blood relationship, while “kin” in Nebraska is defined as fictive relatives, such as a coach or teacher, who by statute are to have had a prior positive relationship with the child.
- “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.
- “Independent living” is for teens nearing adulthood, such as those in a college dorm or apartment.

Figure 25 shows that the majority of children in a foster home are placed with relatives or kin.

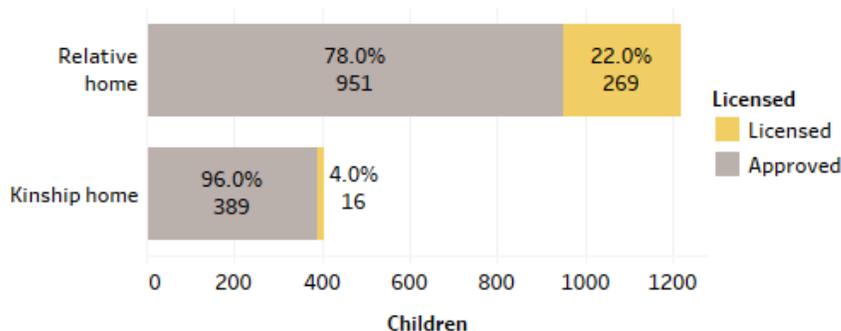
Figure 25: Specific Placement Type for DHHS/CFS Wards in the Least Restrictive Placement Category on 12/31/2018, n=3,242



Licensing for Relative or Kinship Placements. Under current Nebraska law, DHHS can waive some of the licensing standards and requirements for relative placements. Even though this option is statutorily available, DHHS is instead just approving these relative and kinship placements rather than licensing these placements. This is a twofold problem: 1) approved caregivers do not receive the valuable training that licensed caregivers get on helping children who have experienced abuse, neglect, and removal from the parents, and 2) in order to receive Federal Title IV-E funds, eligible children must reside in a licensed placement, so Nebraska fails to recoup a significant amount of federal funds.

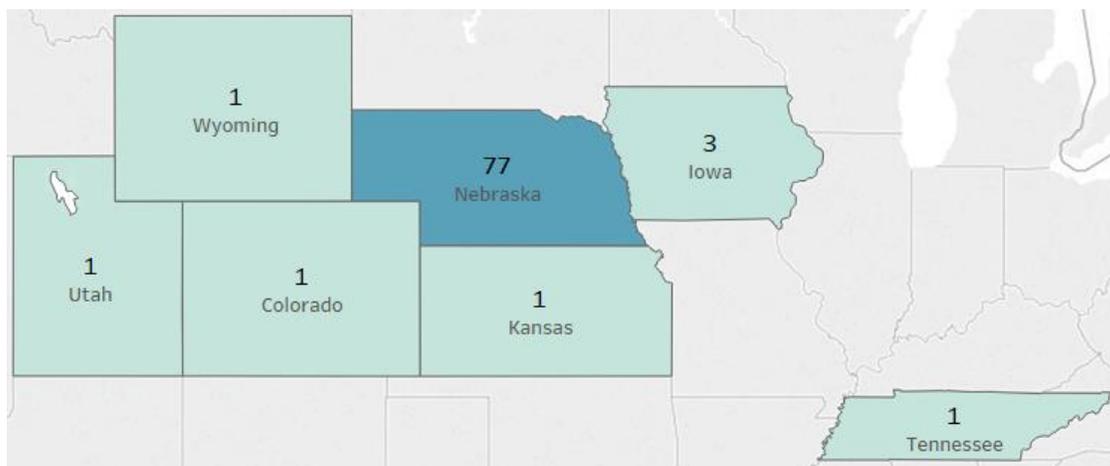
Therefore, the FCRO looked at the licensing status for these specific types of placement. As shown in **Figure 26**, few of those children are in a licensed placement.

Figure 26: Licensing for DHHS/CFS Wards in Relative or Kinship Foster Homes on 12/31/2018, n=1,625



Congregate Care. Figure 27 shows states where the **85 DHHS/CFS wards in the moderately and most restrictive congregate** (group) facilities are placed. Most (77) are in Nebraska, with the remainder in bordering or nearby states with specialized facilities.

Figure 27: State of Placement for DHHS/CFS Wards in Congregate Care on 12/31/18, n=85



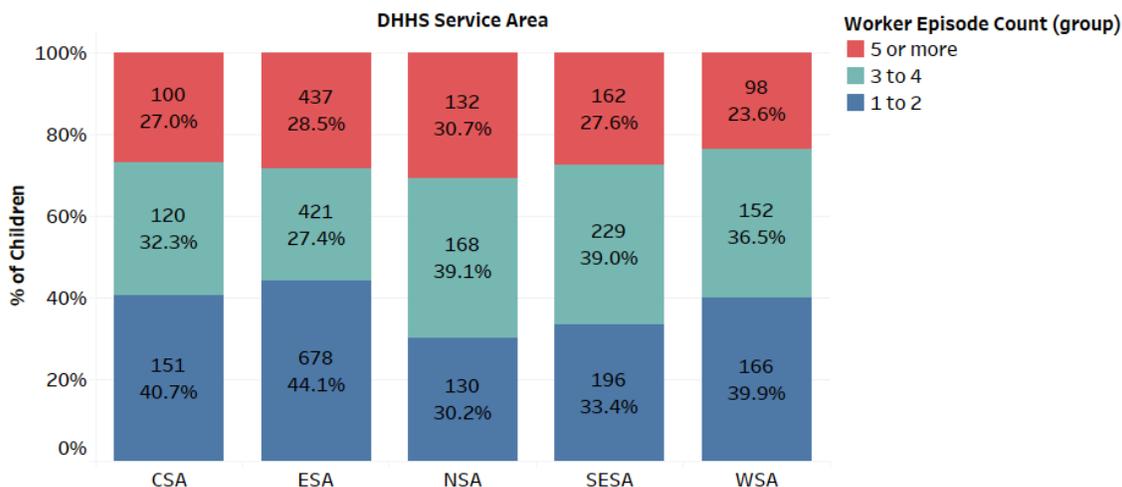
Number of Workers during Current Episode of Care

Figure 28 shows the number of workers during the current episode of care for 3,340 children in out-of-home or trial home visit placement on 12/31/18. Workers here include PromiseShip (formerly NFC) Permanency Specialists in the Eastern Service Area where DHHS/CFS contracts for such services, and DHHS/CFS case managers elsewhere.

More than four workers is considered an unacceptable number of worker transfers that likely significantly delays permanency.²¹ **Over 25% of the children in the Central, Eastern, Northern, and Southeast Service Areas have had more than 4 workers since the most recent removal, and the Western Service Area is nearing that rate.**

²¹ Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff, January 2005.

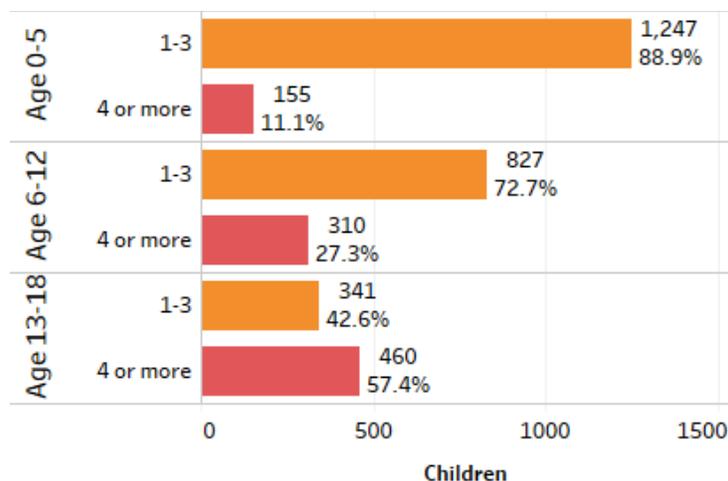
Figure 28: Number of Workers for DHHS/CFS Wards 12/31/18 in Current Episode, n=3,340



Multiple placement moves

In the last two fiscal quarters, there has been a slight increase in the proportion of children with four or more placements while in state custody. Of the children in care on 12/31/2018, **27.7%** of wards experienced four or more placement moves over their lifetime (**Figure 29**), up from 25.0% of those in care in December 2017 and March 2018.²² It is very concerning that **11.1% of young children** have experienced a high level of placement change.²³

Figure 29: Lifetime Placement Moves for DHHS/CFS wards in Out-of-Home or Trial Home Visit on 12/31/18, n=3,340



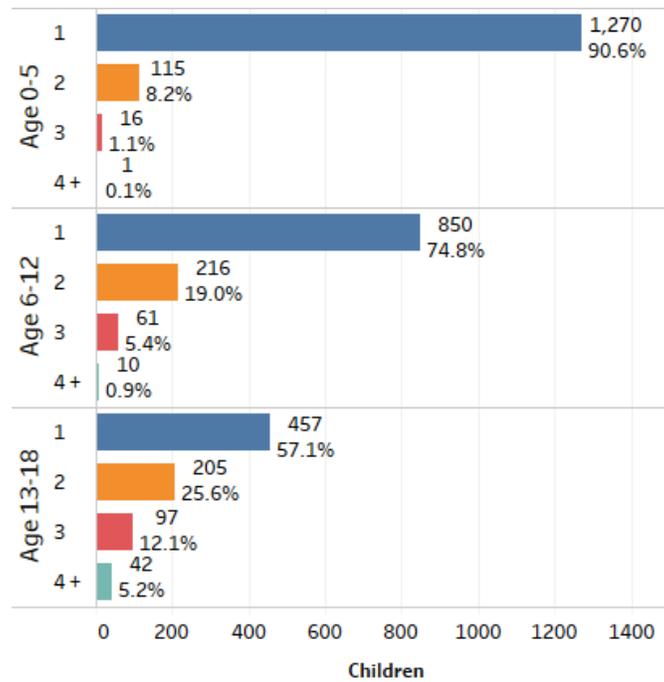
²² This does not include placements with parents, respite short-term placements (such as to allow foster parents to jointly attend a training) or episodes of being missing from care.

²³ The [FCRO 2017 Annual Report](#) includes information on the effects of placement changes on children.

Lifetime episodes involving a removal from the home

Figure 30 shows that **763 (22.8%)** of the DHHS/CFS wards in care on 12/31/18 had experienced more than one removal from the parental home. Each removal can be traumatic and increases the likelihood of additional moves between placements, so while there is some improvement, **the State must do more to address why more than 1 in 5 children currently in the system had a prior removal.**

Figure 30: Lifetime Removals for DHHS/CFS Wards in Out-of-Home or Trial Home Visit Placements on 12/31/18, n=3,340



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

Placement at a Rehabilitation and Treatment Center is the most restrictive type of placement, and by statute is to be reserved for those youth whose behavioral issues have not been successfully treated in a less restrictive placement. The DHHS Office of Juvenile Services (DHHS/OJS) is responsible for the YRTCs in Kearney where boys are placed and Geneva where girls are placed.

Figure 31 shows the average daily number of DHHS/OJS wards at each of the YRTCs for the last rolling year.

Figure 31: Average Daily Number of DHHS/OJS Wards Placed at a Youth Rehabilitation and Treatment Center



While the overall number of youth served at a YRTC has decreased by 3.2% from December of 2017 to December of 2018, there have been substantial population changes at each of the two facilities. The average daily population of girls placed at the Geneva YRTC facility has increased by 52.0% while the average daily population of boys placed at the Kearney YRTC facility has decreased by 19.0% (**Figure 32**). **In December of 2017, boys were placed at a YRTC at a rate 4 times higher than girls; by December 2018, boys were placed at a YRTC at a rate just over 2 times higher than girls.**

Figure 32: Percent Change in Youth Placed at the YRTC

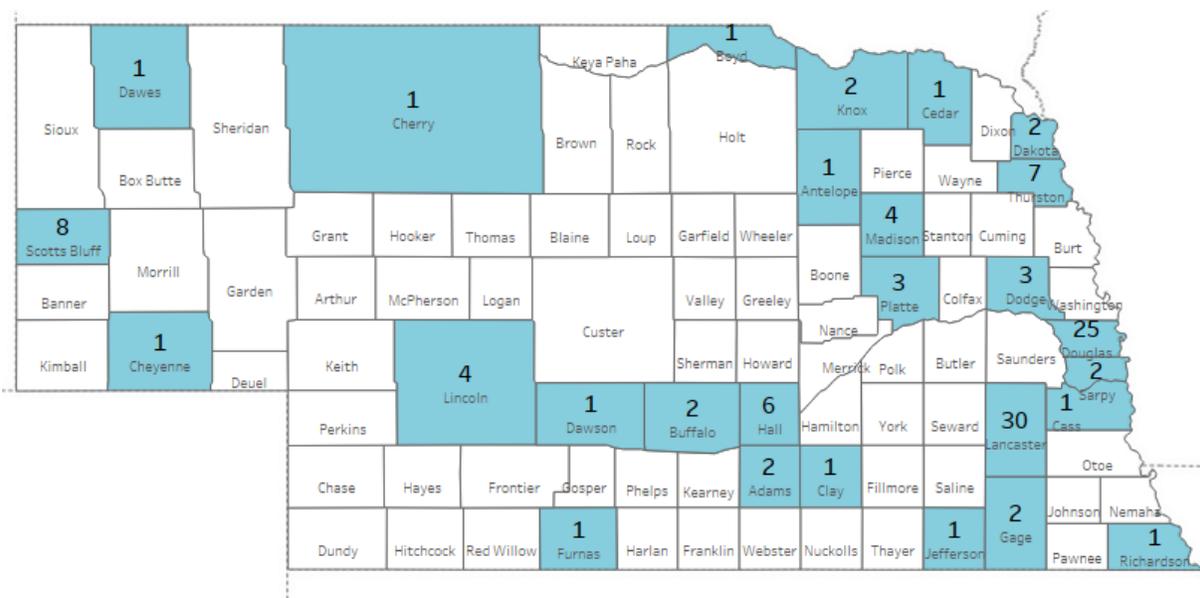
YRTC Facility	Dec 2017 ADP	Dec 2018 ADP	% Change
Geneva (Girls)	25	38	52.0%
Kearney(Boys)	100	81	-19.0%
Statewide	125	119	-3.2%

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

Demographics

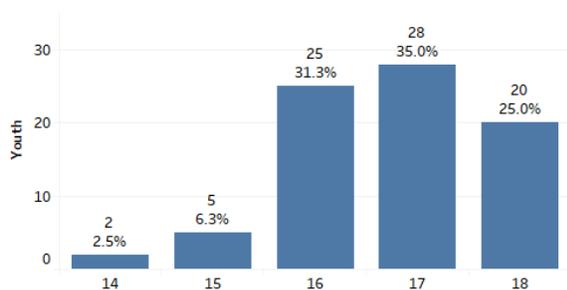
County. Youth at the YRTCs come from every region of the state, as illustrated in **Figure 33**, with most coming from the more populous regions as would be expected. Counties with no shading had no youth at a YRTC on 12/31/18.

Figure 33: Youth Placed by Juvenile Court at a Youth Rehabilitation and Treatment Center under DHHS/OJS on 12/31/18, n=114



Age and Gender. Per Neb. Rev. Stat. §43-251.01(4), youth committed to a Youth Rehabilitation and Treatment Center must be at least 14 years of age.

Figure 34: Ages of Youth Placed at the Kearney YRTC under DHHS/OJS on 12/31/18, n=80



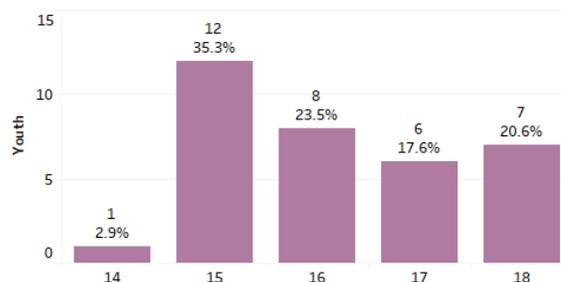
On 12/31/18, 80 of the 103 youth placed at a YRTC were at the Kearney facility (**Figure 34**). The Kearney YRTC facility is a male-only facility.

The majority (**60%**) of boys placed at the Kearney YRTC are 17 and 18 years old. Seven (**8.8%**) of the youth at the facility are under aged 16. There can be challenges when serving troubled youth from such a wide age, and therefore, developmental, range.

National research indicates that girls are less likely to be a part of the juvenile justice population; the number of girls placed at the Geneva YRTC (34 of 103) reflects this pattern (**Figure 35**).

On average, the girls at Geneva are slightly younger than the boys at Kearney (16.2 years and 16.7 years, respectively).

Figure 35: Ages of Youth Placed at the Geneva YRTC under DHHS/OJS on 12/31/18, n=34



Race and Ethnicity. There is significant racial and ethnic disproportionality in the YRTC populations at Geneva and Kearney (**Figure 36**). **Black or African American youth make up 6.0% of Nebraska’s youth population, but are 21.3% of the youth placed at the Kearney facility.** This is an improvement from 30.5% on 9/30/2018, and is more in line with previous numbers (23.8% on 6/30/18).

American Indian and Alaska Native youth are 2.0% of Nebraska’s population, but 12.5% of the boys placed at the Kearney facility and 23.5% of the girls placed at the Geneva facility (up from 11.0% for boys and down from 28.6% for girls on 6/30/18).

Figure 36: Race and Ethnicity of Youth Placed at a Youth Rehabilitation and Treatment Center under DHHS/OJS on 12/31/18, n=114

Kearney/ Boys	American Indian and Alaska Native	10	12.5%
	Black or African American	17	21.3%
	White	36	45.0%
	Two or more races	4	5.0%
	Unknown or Other	13	16.3%
	Total	80	100.0%

Kearney/ Boys	Hispanic	20	25.0%
	Not Hispanic	49	61.3%
	Unable to determine	11	13.8%
	Total	80	100.0%

Geneva/ Girls	American Indian and Alaska Native	8	23.5%
	Asian	1	2.9%
	Black or African American	4	11.8%
	White	13	38.2%
	Two or more races	5	14.7%
	Unknown or Other	3	8.8%
Total	34	100.0%	

Geneva/ Girls	Hispanic	7	20.6%
	Not Hispanic	20	58.8%
	Unable to determine	7	20.6%
	Total	34	100.0%

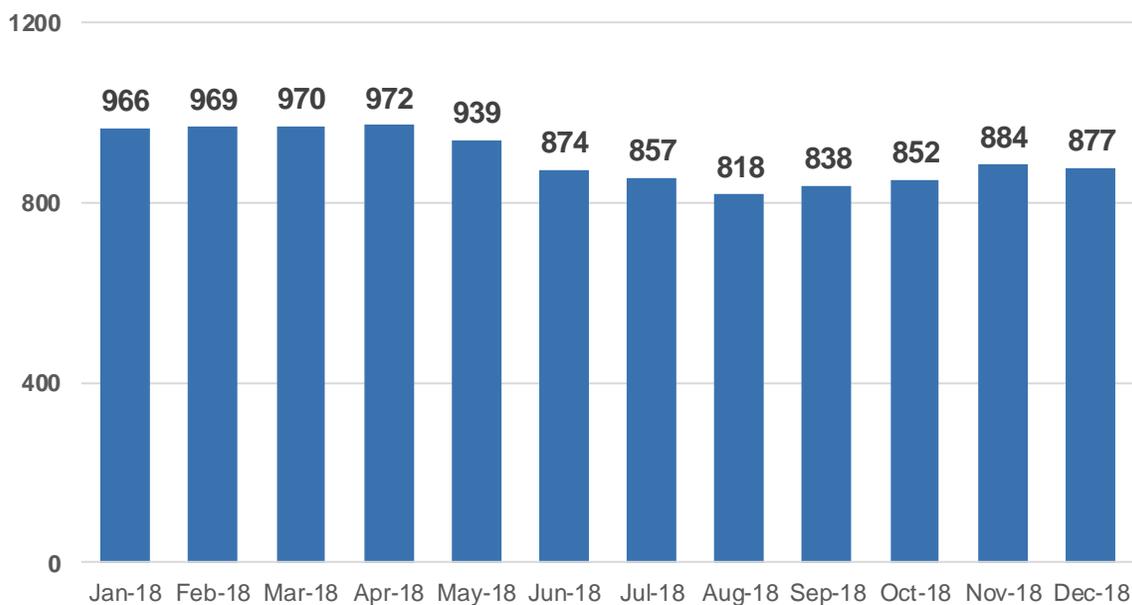
Average Daily Population for Youth With any Probation Involvement

Average daily population

Figure 37 shows the average daily population (ADP) per month of all Probation-involved youth in out-of-home placements for the last 12 months (including those with simultaneous involvement with DHHS/CFS). The FCRO Annual Report released in September 2018, highlighted the relative stability of the juvenile probation population, noting a recent downward trend through June of 2018. That downward trend continued through July and August of 2018, with increases in the population of youth in out-of-home care from October to November.

Figure 37: Average Daily Population of Youth in Out-of-Home Care Supervised by Probation

(includes children with simultaneous involvement with DHHS/CFS)

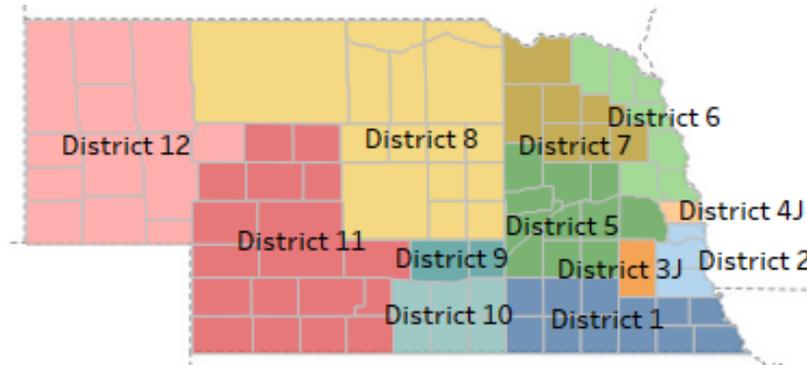


As shown in **Figure 38**, even with the recent increase in the out-of-home population, there are **10.6%** fewer youth in out-of-home care than a year ago. Not all areas of the state have seen a decrease in the number of probation youth in out-of-home care. The most populous regions of Districts 4J (Douglas county) and 3J (Lancaster county) have seen decreases of **16.8%** and **12.8%**, respectively. The largest decreases of youth in out-of-home care are from Districts 1 (**26.9%**), District 6 (**25.9%**), and District 10 (**23.1%**). However, Districts 2, 7, 8, 9, and 12 have all seen increases in the average number of youth in out-of-home care from December of 2017 to December 2018.

Figure 38: Percent Change in Probation Involved Youth in Out-of-Home Placement

(includes children with simultaneous involvement with DHHS/CFS)

Judicial District	Sept 2017 ADP	Sept 2018 ADP	% Change
District 1	34	25	-26.9%
District 2	49	54	9.5%
District 3J	218	190	-12.8%
District 4J	357	297	-16.8%
District 5	36	30	-16.7%
District 6	62	46	-25.9%
District 7	28	32	13.7%
District 8	12	14	13.8%
District 9	57	74	28.8%
District 10	36	28	-23.1%
District 11	57	49	-13.1%
District 12	33	38	14.0%
Statewide	981	877	-10.6%



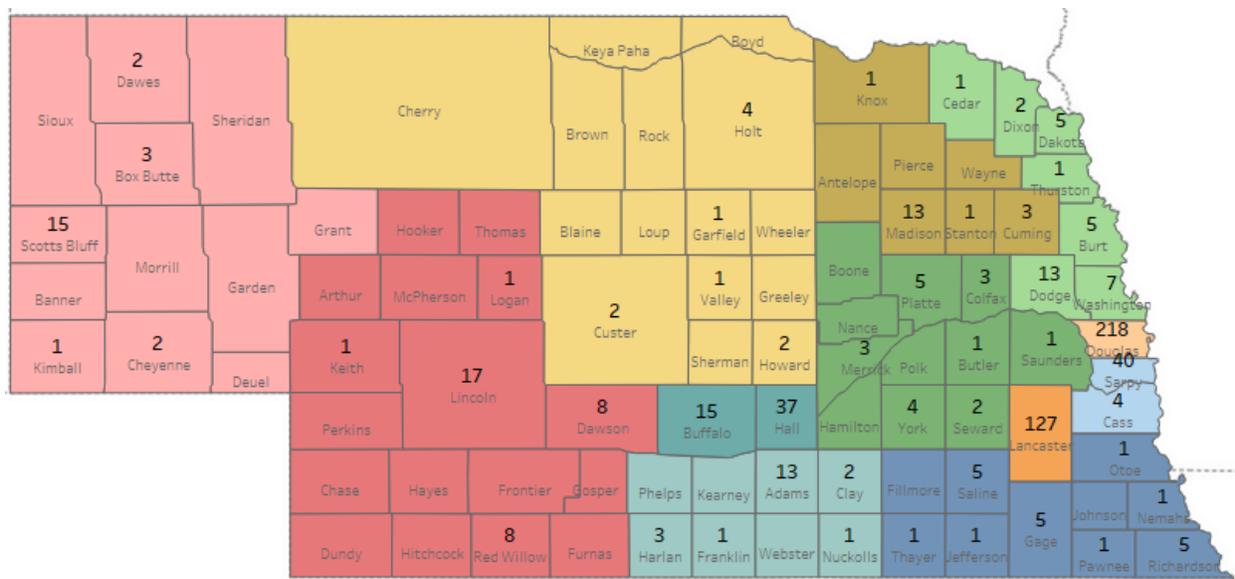
Youth in Out-of-Home Care Supervised by the Office of Juvenile Probation - Point-in-time (Single Day) View

Single-day data on Probation involved youth in an out-of-home placement here includes only those youth whose involvement is solely with Probation.

Demographics

County. Figure 39 shows the Probation district and the county of court, for the **620 Probation youth** in out-of-home care on 12/31/18 that are not involved with either DHHS/CFS or DHHS/OJS. Juvenile Probation Districts by statute are different than the regions used for DHHS/CFS wards. Aggregated totals by District are on the next page in Figure 40.

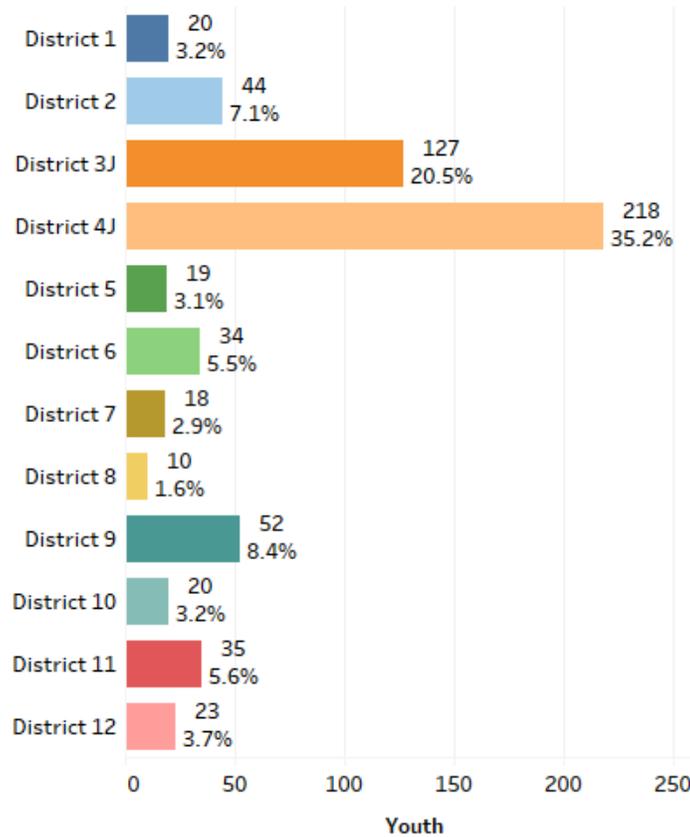
Figure 39: County of Origin for Probation Supervised Youth in Out-of-Home Care on 12/31/18, n=620*



*The District borders changed slightly when LB697 took effect on July 19, 2018, so this map is slightly different from prior to that date.

Counties without numbers have no children in out-of-home care on 12/31/18.

Figure 40: District for Probation Supervised Youth in Out-of-Home Care on 12/31/18, n=620

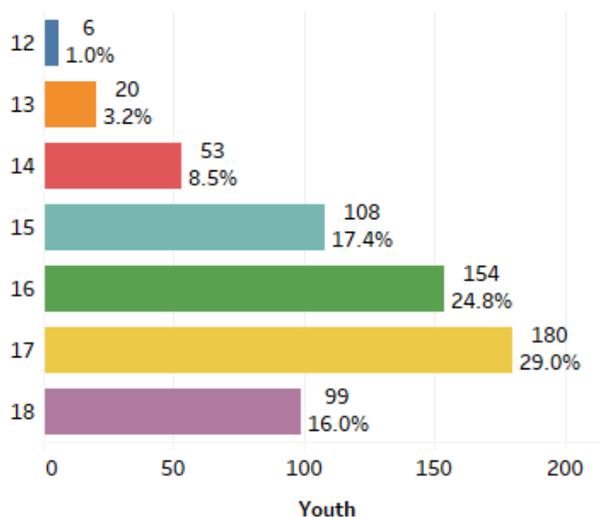


Age. Figure 41 shows the ages of Probation youth in out-of-home care on 12/31/18. For the past two years, 27-30% of probation youth have been under the age of 16, and this pattern holds true for the youth out of home on 12/31/18, where **187 (30.2%) were under age 16.**

The FCRO and other advocates have raised questions regarding which is the best system to deal with the youngest court-involved youth and their families because there is a strong correlation between early traumatic events and juvenile delinquency, particularly multiple childhood victimizations and dysfunctional families.²⁴

²⁴ National Child Traumatic Stress Network “Victimization and Juvenile Offending” 2016, among many others.

Figure 41: Age of Probation Supervised Youth in Out-of-Home Care on 12/31/18, n=620



Gender. There are nearly twice as many boys (**66.1%**) in out-of-home care served by Probation as there are girls (**33.9%**). Current percentages are similar to the numbers throughout 2017 and earlier in 2018.

Race and Ethnicity. Disproportionate representation of minority youth continues to be a problem (See **Figure 42**). Black youth make up **6.0%** of the Nebraska youth population and **23.4%** of the Probation youth out-of-home. Native children are also represented at a rate twice their proportion of the general population.

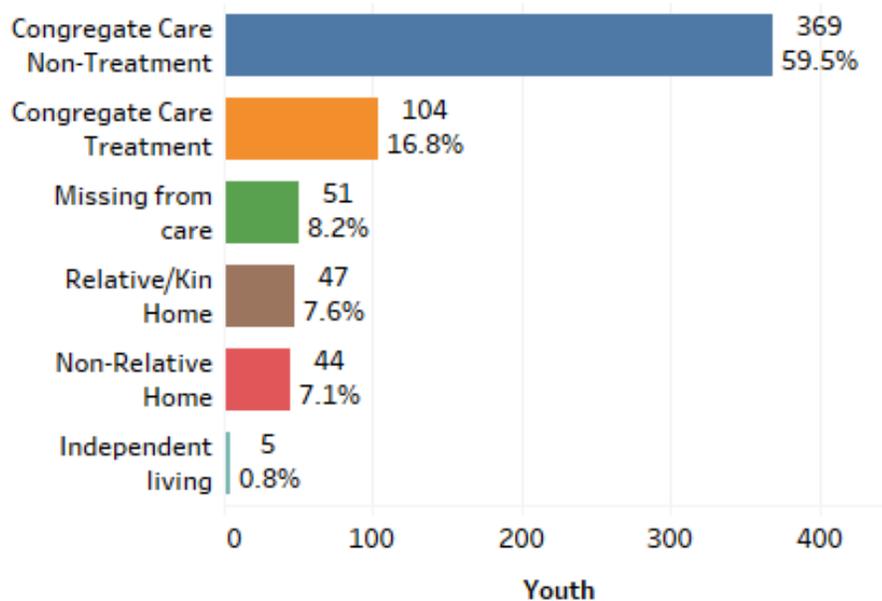
Figure 42: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Care on 12/31/18, n=620

White	326	52.6%
Black or African American	145	23.4%
American Indian and Alaska Native	28	4.5%
Asian	8	1.3%
Two or more races	22	3.5%
Unknown or Other	91	14.7%
Hispanic	130	21.0%
Not Hispanic	445	71.8%
Unable to determine	45	7.3%

Placements

Placement Type. Figure 43 shows that **16.8%** of Probation youth in out-of-home care are in congregate treatment placements. Congregate treatment placements include acute inpatient hospitalization, psychiatric residential treatment facilities, short term residential and treatment group home. Non-treatment congregate care would include crisis stabilization, developmental disability group home, enhanced shelter, group home (A and B), maternity group home (parenting and non-parenting), independent living and shelter.

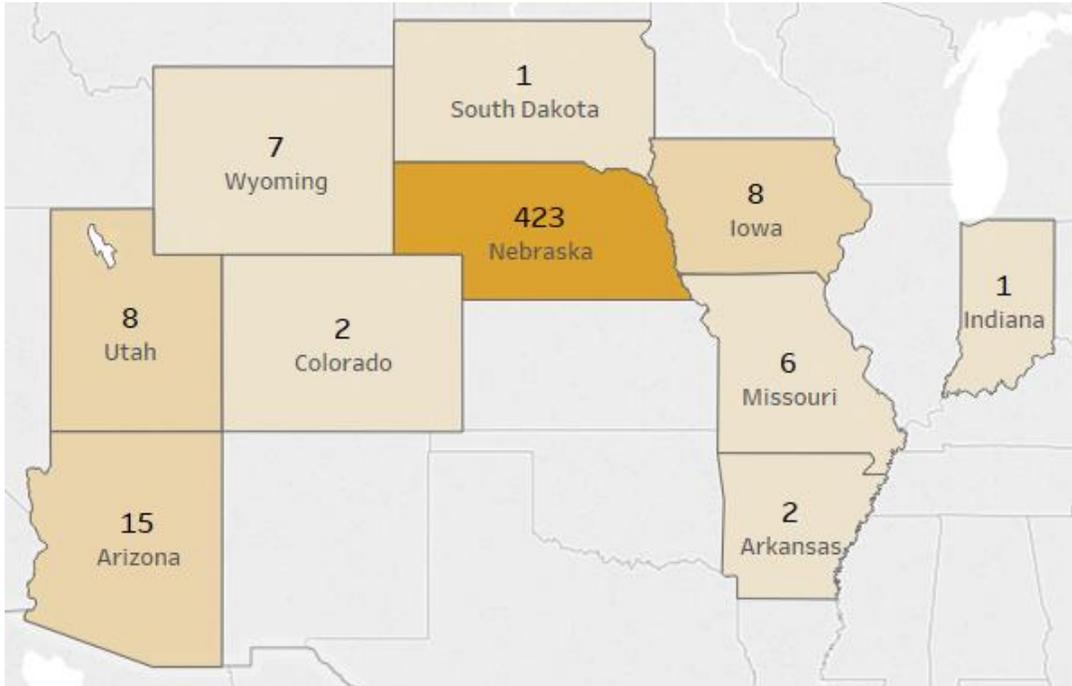
Figure 43: Treatment or Non-Treatment Placements of Probation Supervised Youth in Out-of-Home Care on 12/31/18, n=620



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

Congregate Care. When congregate care is needed, Probation is utilizing in-state placements more frequently. Per Figure 44, **89.4% of youth in congregate care were placed in Nebraska**, compared to 74.6% at the end of 2017, and 85.3% at the end of the 2017-18 fiscal year.

Figure 44: State Where Youth in Congregate Care Supervised by Probation were Placed on 12/31/18, n=473



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

On 12/31/18, **117 youth were involved with both DHHS/CFS and the Office of Juvenile Probation** (dually-involved youth). The percent of youth dually involved has consistently remained around **2.8%** of the total out-of-home population.

Demographics

County. Dually-involved youth come from all parts of the state, as illustrated in **Figure 45** below, with the majority from the most populous areas (Douglas and Lancaster counties) as would be expected.

Figure 45: Dually-Involved Youth in Out-of-Home or Trial Home Visit Placement on 12/31/18, n=117

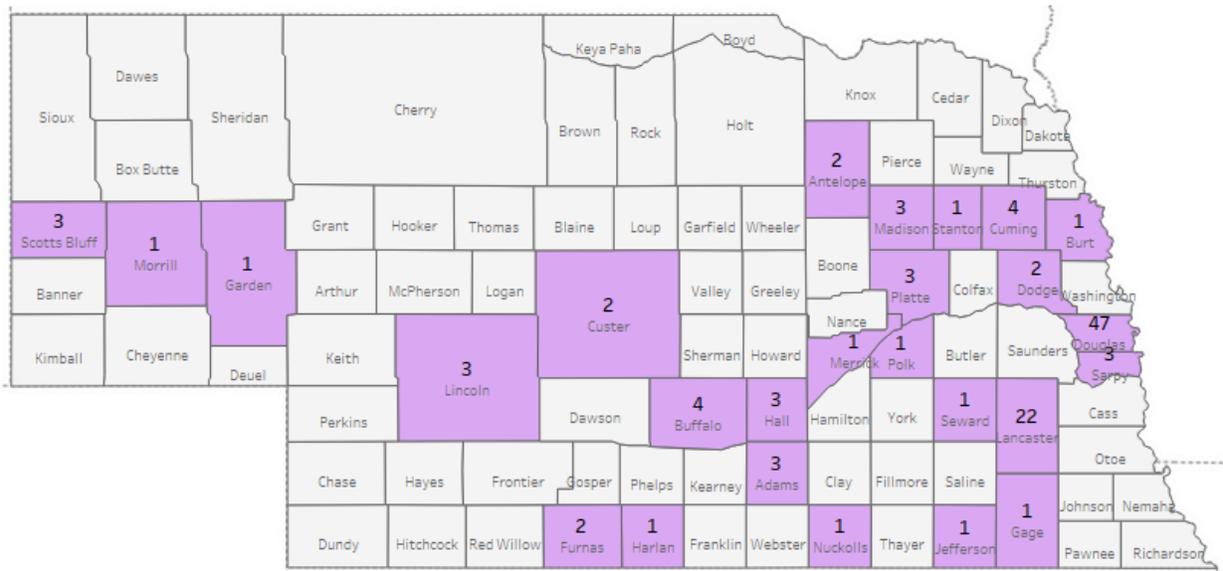
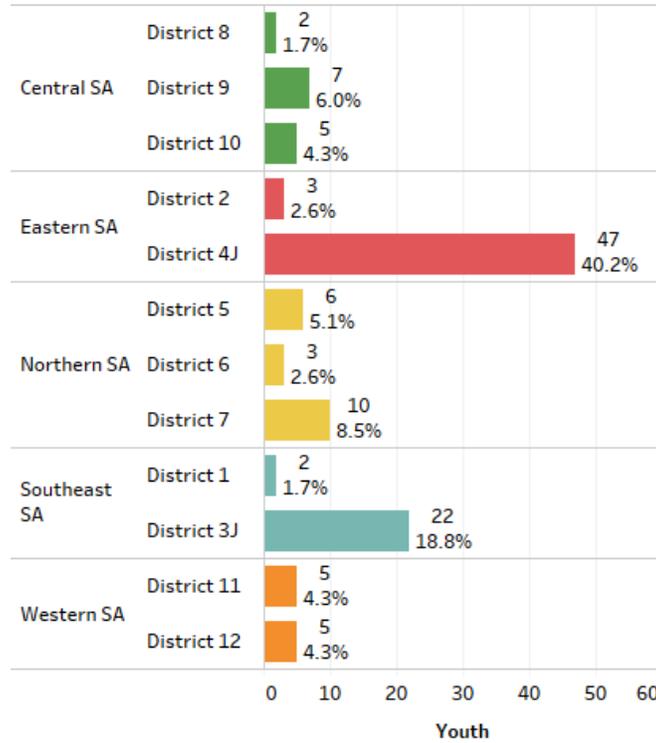


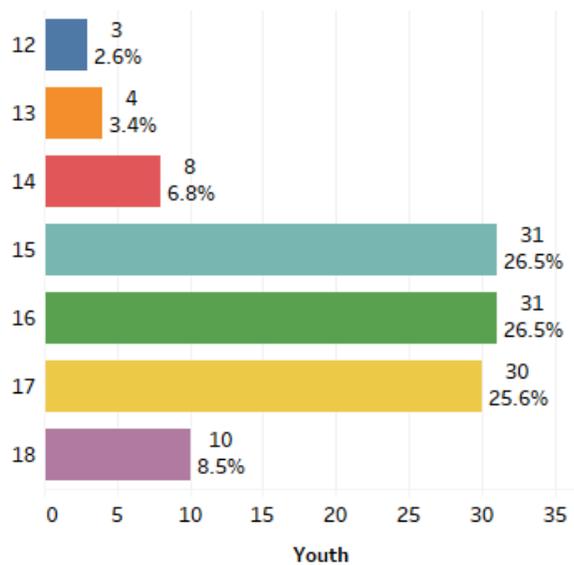
Figure 46 shows how many children are placed in each of the DHHS/CFS or Probation districts.

Figure 46: Dually-Involved Youth in Out-of-Home or Trial Home Visit Placement on 12/31/18, by Statutorily Defined Regions, n=117



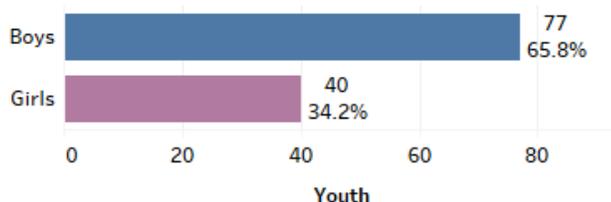
Age. Figure 47 indicates that most dual-agency youth are teenagers, with consistently just over 1/3 (39.3% on 12/31/18) under the age of 16.

Figure 47: Ages of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 12/31/18, n=117



Gender. Figure 48 shows that, as is true with other juvenile justice populations, there are more boys in this group than girls. Currently **65.8%** of the dually involved population is male, down from 72.5% in September 2018.

Figure 48: Gender of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 12/31/18, n=117



Race and Ethnicity. Black, American Indian, and multi-racial youth continue to be overrepresented in the dually-involved population (Figure 49). Compared to 9/30/2018, the proportion of dually-involved youth who are Black or multi-racial has decreased (from 25.7% and 14.7%, respectively). The proportion of American Indian youth has increased slightly (from 7.3%).

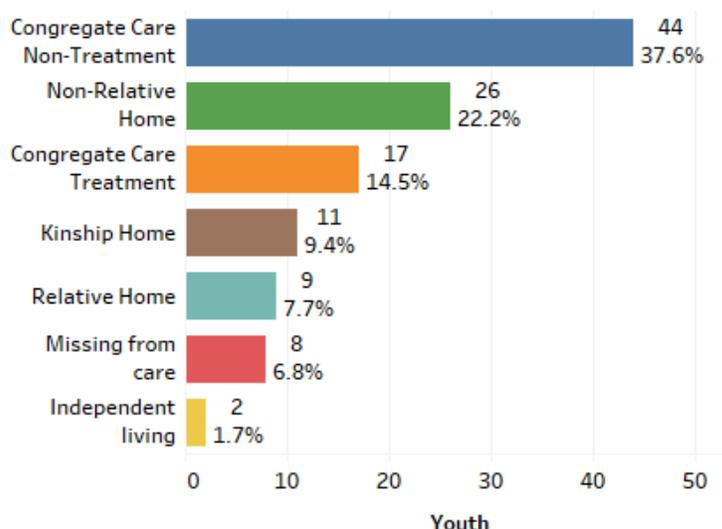
Figure 49: Race of Dually-Involved Youth in Out-of-Home or Trial Home Placement on 12/31/18, n=117

White	60	51.3%
Black or African American	31	26.5%
American Indian and Alaska Native	9	7.7%
Asian	1	0.9%
Two or more races	14	12.0%
Native Hawaiian and Other Pacific Islander	1	0.9%
Unknown or Other	1	0.9%
Hispanic	22	18.8%
Not Hispanic	74	63.2%
Unable to determine	21	17.9%

Placements

Placement Type. Figure 50 shows the placement types for youth with dual agency involvement, using Probation’s definitions of treatment and non-treatment found on page 43.

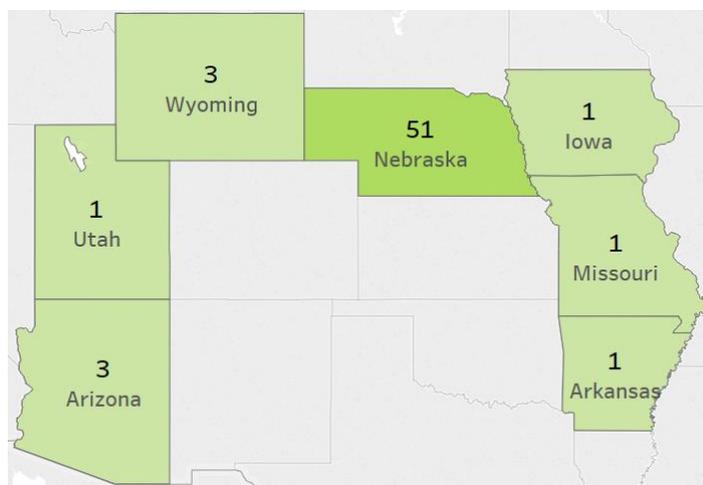
Figure 50: Placement Types for Dually-Involved Youth in Out-of-Home or Trial Home Placement on 12/31/18, n=117



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

Congregate Care. Figure 51 shows the state where dual served youth in congregate care are placed. Similar to the pattern with Probation supervised youth in congregate care facilities, the proportion of dually-involved youth placed in state is increasing (**83.6%, an increase from the 75.4% in March 2018**).

Figure 51: Placement State for Youth in a Congregate Care Facility on 12/31/18 that are Served by both DHHS/CFS and Probation, n=61



APPENDIX A: Definitions

- **FCRO** is the Foster Care Review Office, author of this report.
- **DHHS/CFS** is the Department of Health and Human Services (**DHHS**) Division of Children and Family Services.
- **DHHS/OJS** is the Department of Health and Human Services (DHHS) Office of Juvenile Services. **OJS** oversees the **YRTCs**, which are the Youth Rehabilitation and Treatment Centers at Geneva (girls) and Kearney (boys).
- **Probation** is a shortened reference to the Administrative Office of Juvenile Probation Administration.
- **Child** is defined by statute as being age birth through eighteen; in Nebraska a child becomes a legal adult on their 19th birthday.
- **Youth** is a term used by the FCRO in deference to the developmental stage of those involved with the juvenile justice system, who are normally ages 14-18.
- **Out-of-home care** (OOH care) is 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to, foster family homes, foster homes of relatives, group homes, emergency shelters, residential treatment facilities, child-care institutions, pre-adoptive homes, detention facilities, youth rehabilitation facilities, and runaways from any of those facility types. It includes court ordered placements and non-court cases.

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

- A **trial home visit** (THV) by statute is a temporary placement with the parent from which the child was removed and during which placement the Court and DHHS/CFS remain involved.
- Neb. Rev. Stat. 71-1901(9) defines “**relative placement**” as that where the foster caregiver has a blood, marriage, or adoption relationship, and for Indian children they may also be an extended family member per **ICWA** (which is the Indian Child Welfare Act).
- Per Neb. Rev. Stat. 71-1901(7) “**kinship home**” means a home where a child or children receive foster 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 pursuant to section 43-1311.02.

APPENDIX B: Background on the FCRO

Role

The FCRO's role under the Foster Care Review Act is to: 1) independently track children in out-of-home care, 2) review those children's cases, 3) collect and analyze data related to the children, 4) identify conditions and outcomes for Nebraska's children in out-of-home care, 5) make recommendations to the child welfare and juvenile justice systems on needed corrective actions, and 6) inform policy makers and the public on issues related to out-of-home care.

The FCRO is an independent state agency not affiliated with DHHS/CFS, DHHS/OJS, PromiseShip or other contractors, Courts, the Office of Probation, or any other entity.

Mission

The FCRO's mission is to provide oversight of the child welfare and juvenile justice systems by tracking and reviewing children in out-of-home care, reporting on aggregate outcomes, and advocating on individual and systemic levels to ensure that children's best interests and safety needs are met.

Vision

Every child involved in the child welfare or juvenile justice system becomes resilient, safe, healthy, and economically secure.

Purpose of FCRO Reviews

The FCRO was established as an independent agency to review case plans of children in foster care. The purpose of reviews is to assure that appropriate goals have been set for the child, that realistic time limits have been set for the accomplishment of these goals, that efforts are being made by all parties to achieve these goals, that appropriate services are being delivered to the child and/or his or her family, and that long range planning has been done to ensure timely and appropriate permanency for the child, whether through a return to a home where conditions have changed, adoption, guardianship, or another plan.

Purpose for the FCRO Tracking/Data System

The FCRO is mandated to maintain an independent tracking/data system of all children in out-of-home placement in the State. The tracking system is used to provide information about numbers of children entering and leaving care, children's needs, outcomes, and trends in foster care, including data collected as part of the review process, and for internal processes.

About this Report

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

Neb. Rev. Statute §43-1303 requires DHHS/CFS (whether by direct staff or contractors), courts, the Office of Probation, and child-placing agencies to report to the FCRO any child's out-of-home placement, as well as changes in the child's status (e.g., placement changes and worker changes). By comparing information from multiple sources the FCRO is able to identify discrepancies. When case files of children are reviewed, previously received information is verified, updated, and additional information is gathered. Prior to individual case review reports being issued, additional quality control steps are taken.

Please feel free to contact us if there is a specific topic on which you would like more information, or check our website ([www.fcro.www.fcro.nebraska.gov](http://www.fcro.nebraska.gov)) for past annual and quarterly reports and other topics of interest.

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