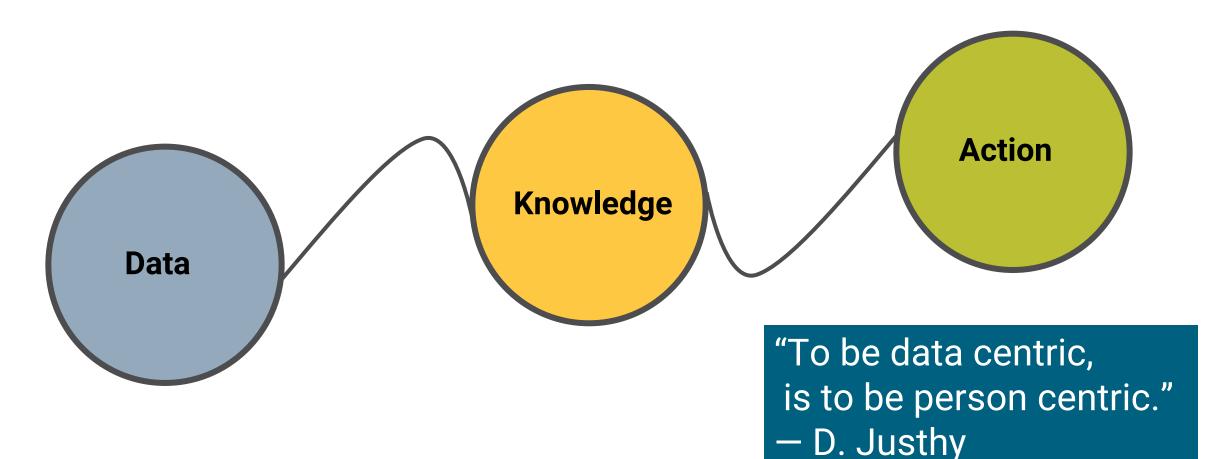




Foster Care Review Office Annual Report Overview

Children's Commission October 29th, 2024



Connecting It All Together... Across Nebraska's Communities



Recommendations to:

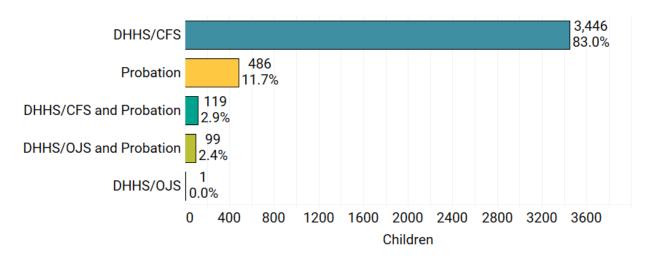
- Legislature
- DHHS/CFS
- Probation
- Court System

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

- Annual completion of over 4,300 individual case file reviews on children in out-of-home care by multi-disciplinary local boards located statewide and staffed by FCRO System Oversight Specialists and
- The FCRO's research, collection, and analysis of critical data on children in the child welfare and juvenile justice systems.
- In fiscal year 2023-24 (July 1, 2023 June 30, 2024), the FCRO tracked information about the
 experiences of 6,731 children who were removed from their homes and placed in state custody or
 out-of-home, for at least one day, through the child welfare or juvenile justice systems.



All Court-Involved Children in Out-of-Home Care or a Trial Home Visit by Agency Involved on 6/30/2024, n=4,151



On 6/30/2024 there were:

- 3,446 children that were DHHS/CFS wards; a 2.4% decrease compared to the 3,530 children on 6/30/2023.
- 486 youth that were in out-of-home care while supervised by Probation; an **11.7% increase** compared to the 435 such youth on 6/30/2023.
- 119 youth in out-of-home care involved with DHHS/CFS and Probation simultaneously; a 7.8% decrease compared to the 129 such youth on 6/30/2023.
- 99 youth in out-of-home care involved with DHHS/OJS and Probation simultaneously; an **11.2% increase** compared to the 89 such youth on 6/30/2023.
- 1 youth in out-of-home care that was served by DHHS/OJS only; **no change** from the 1 such youth on 6/30/2023.

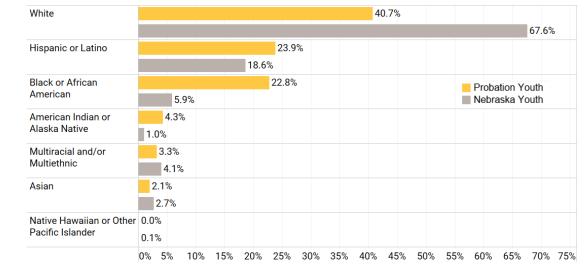


Race/Ethnicity Demographics for in Out-of-Home Care and Trial Home Visit on 6/30/2024

DHHS/CFS Wards Compared to Nebraska Children, n=3,446 43.9% White 65.8% Hispanic or Latino 22.4% 19.8% Black or African 16.9% DHHS Wards American Nebraska Children 6.1% Multiracial and/or 11.5% Multiethnic 4.3% American Indian or 2.8% Alaska Native 1.0% 0.8% Asian 2.9% Native Hawaiian or Other 0.3% Pacific Islander 0.1% 0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70%

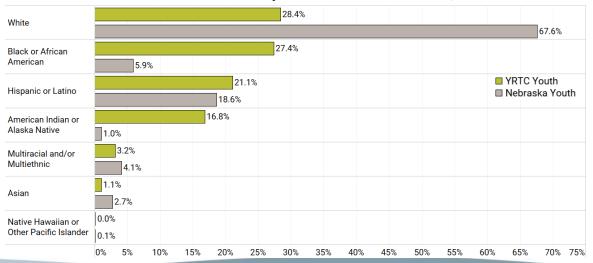
Dually Involved Youth Compared to Nebraska Youth, n=119

White			38.7%	
				67.6%
Black or African American		25.2%		
	5.9%			
Hispanic or Latino		19.3%		Dually Involved Youth
		18.6%		Nebraska Youth
Multiracial and/or	10.1%			
Multiethnic	4.1%			
American Indian or Alaska	5.0%			
Native	1.0%			
Asian	0.8%			
	2.7%			
Native Hawaiian or Other Pacific Islander	0.8%			
	0.1%			
	0% 5% 10% 15%	20% 25% 30% 35	% 40% 45% 50%	% 55% 60% 65% 70% 75%



Probation Supervised Youth Compared to Nebraska Youth, n=486

Youth Placed at a YRTC Compared to Nebraska Youth, n=95



FOSTER CARE REVIEW OFFICE

DHHS/CFS Wards in Care on 6/30/2024

DHHS/CFS	9/30/22	12/31/22	3/31/23	6/30/23	9/30/23	12/31/23	3/31/24	6/30/24
Statewide	3,633	3,596	3,584	3,530	3,480	3,398	3,388	3,446
CSA	408	385	409	407	404	378	393	407
ESA	1,666	1,652	1,643	1,612	1,581	1,536	1,503	1,496
NSA	477	487	500	508	495	489	503	521
SESA	629	609	590	549	554	570	585	589
WSA	453	463	442	454	446	425	404	433

Number of DHHS/CFS Wards in Out-of-Home Care Over the Last Eight Point-in-Time Quarters

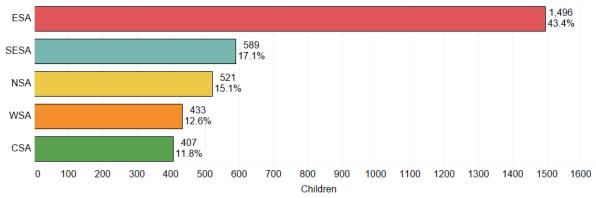


DHHS/CFS Wards in Care on 6/30/2024

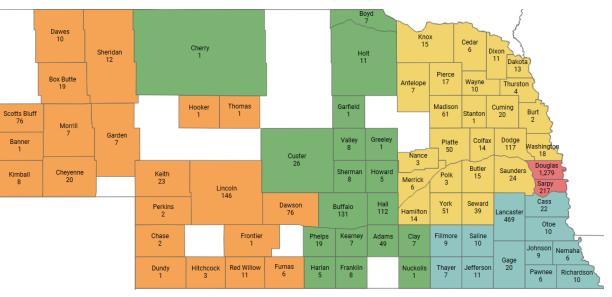
Service Areas by Rate of DHHS/CFS Wards in Care per 1,000 Children in the Population on 6/30/2024

Service Area	Children in Care	Total Children Ages 0 - 19	Rate per 1,000 children	Family Count
CSA	407	62,732	6.5	227
ESA	1,496	219,710	6.8	779
NSA	521	91,884	5.7	304
SESA	589	115,153	5.1	340
WSA	433	46,805	9.3	258
Statewide	3,446	536,284	6.4	1,908

Service Areas for DHHS Wards in Out-of-Home Care or Trial Home Visit on 6/30/2024, n=3,446

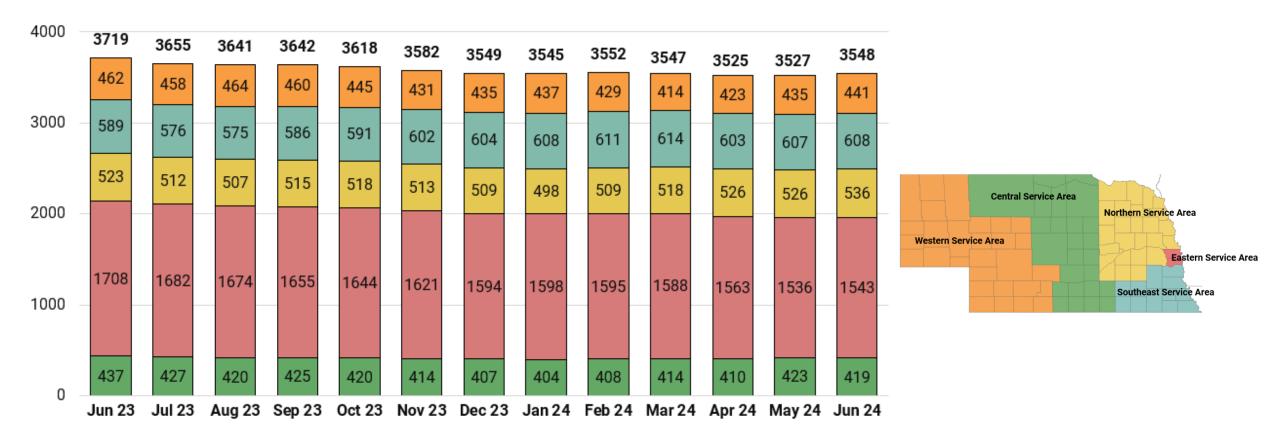


County of Court Jurisdiction for DHHS Wards in Out-of-Home Care or Trial Home Visit on 6/30/2024, n=3,446





Average Daily Population of Nebraska Children in Out-of-Home Care or Trial Home Visits June 2023 – June 2024



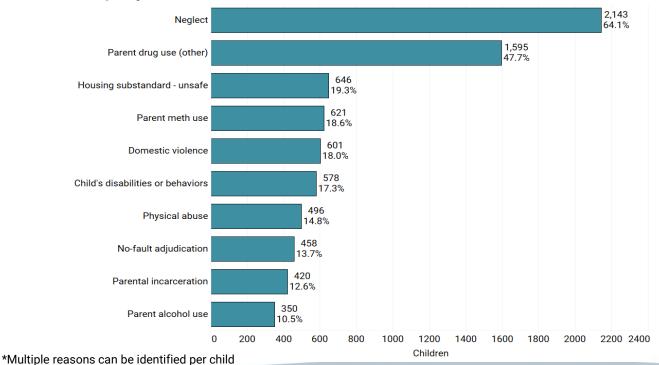
The average daily population (ADP) per month of all DHHS-involved children in out-ofhome care or a trial home visit, including those simultaneously served by Probation, decreased 4.6% from June 2023 to June 2024.



Reasons Entered Care, FY2023-24

The following describes the home from which removed for children the FCRO reviewed during FY2023-24.

- 59.5% lived with only their mother.
- 26.3% lived with both parents.
- 8.0% lived with only their father.
- 6.1% lived with a non-parent at removal (often a relative such as a grandparent).



Top Adjudicated Reasons Children Entered Care, Reviewed FY2023-24, n=3,342*

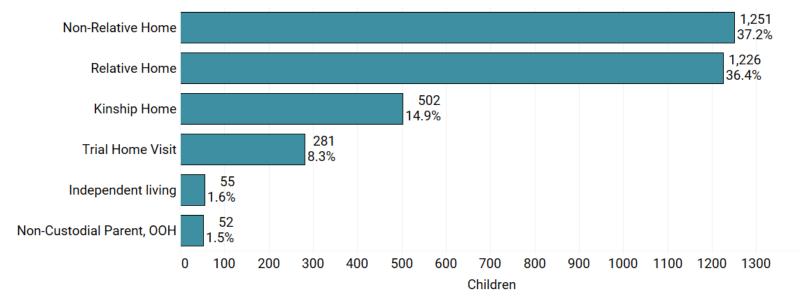
The most frequently identified non-adjudicated reasons were:

- Parent drug use (other) (18.2%)
- Child's disabilities or behaviors (12.7%)
- Parent mental health (9.1%)
- Neglect (8.8%) and domestic violence (8.8%)
- Housing substandard unsafe (7.6%)
- Parent meth use (6.0%)



Placements of Children and Youth on 6/30/2024

- 11.0% of children ages 0-5, and 29.5% of children ages 6-12 had been moved between caregivers four or more times. An
 unacceptable 52.8% of teenagers have had four or more lifetime placements.
- DHHS/CFS has reported that 81.7% of current relative and 86.3% of kinship homes are approved, rather than licensed.



Additional Details on Least Restrictive Placement Type for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 6/30/2024, n=3,367



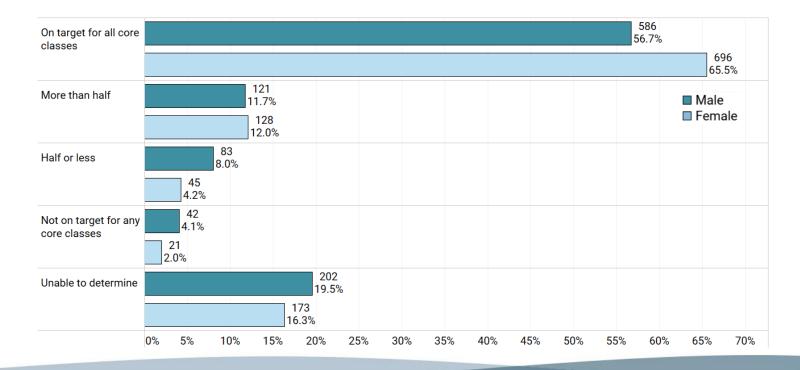
Mental Health and Substance Abuse, FY2023-24

- 96.8% of children were receiving all or most of the services they needed to address their trauma and behavioral concerns related to abuse and neglect experiences.
- 50.7% of all Nebraska children in foster care had a mental health diagnosis, consistent with the previous year. When considering only teens ages 13-18, 78.2% had a mental health diagnosis.
 - 75.4% of children with a diagnosis were at least partially improving their mental health, an increase from 71.8% in FY2022-23.
- 10.0% of teens in foster care had diagnosed substance use issues, down from 13.1% the previous year.
 - 57.0% of teens with a diagnosis were at least partially improving their substance use disorder, a large increase from 41.4% the previous year.



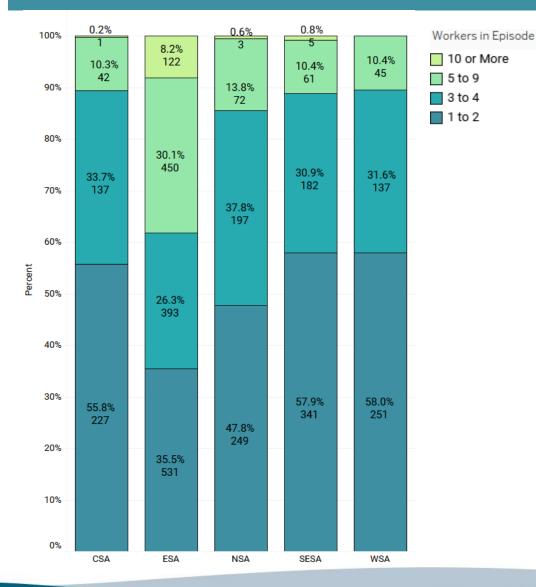
Education, FY2023-24

- 88.0% of the children reviewed who were enrolled in school were attending regularly. That is slightly more than the prior fiscal year (85.5%).
- 74.9% of the school-aged males and 65.1% of the school-aged females reviewed had a current Individualized Education Program (IEP).
- 29.5% of the males and 17.7% of the females were enrolled in special education.





Caseworker Changes for Children in Care on 6/30/2024



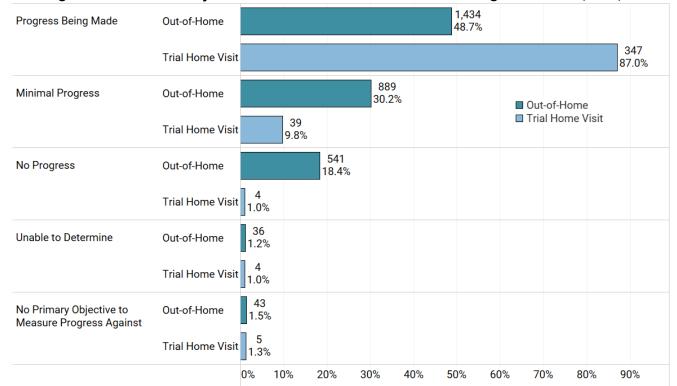
 Nearly a quarter (23.2%) of children had five or more caseworkers during their current episode in care. The Eastern Service Area had the most children with five or more caseworkers at 38.3%, and of those, 8.2% had 10 or more workers in their current episode.

- Stayed consistent with the previous year.
- It is apparent DHHS/CFS has made strides in reducing case transfers in the Eastern Service Area over the last couple of years, but progress has stalled.



Progress to Permanency, FY2023-24

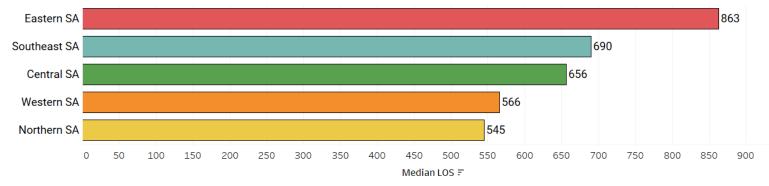
- For 18.4% of children in out-of-home care, there was no progress toward the primary permanency goal.
 - For an additional 30.2% progress was minimal, meaning nearly half (48.6%) of the children in out-of-home care reviewed had cases that were stagnant, and permanency was elusive.



Progress to Permanency for Children at Their Last Review during FY2023-24, n=3,342



DHHS/CFS Exiting Care FY2023-24



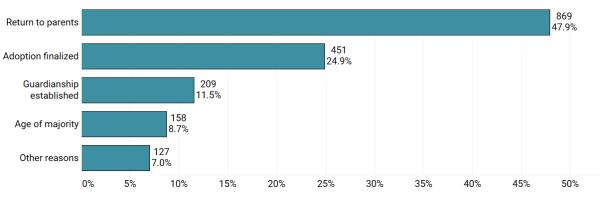
Median Consecutive Days in Care by Service Area for DHHS/CFS Wards Exiting Care in FY2023-24

Statewide, the median length of stay was 691 days.

The median consecutive days in care based on exit reason are:

- 1,099 days for children who reached the age of majority while in foster care.
- 965 days for children who were adopted.
- 716 days for children who exited to a guardianship.
- 473 days for children who returned to their parents' care.

Exit Reason for DHHS/CFS Wards Exiting Care in FY2023-24, n= 1,814





Normalcy for Older Youth, FY2023-24

All youth ages 14-18 are to take an Independent Living assessment (Ansell Casey) to determine the youth's strengths and needs, and which skills for adulthood are still in need of work.

	CSA	ESA	NSA	SESA	WSA
Assessment					
complete	26.0%	29.1%	32.5%	26.4%	37.5%
Assessment NOT					
complete	39.4%	33.8%	34.1%	61.5%	34.7%
Unable to					
determine	34.6%	37.1%	33.3%	12.2%	27.8%

The completed Independent Living Assessment (Ansell Casey) is to drive the creation of the Transitional Living Plan (Independent Living Plan). This plan must be developed for state wards 14 years of age or older and is designed to empower youth in achieving successful adulthood and provide guidance for adult caretakers and youth identified support systems as they work with the youth to prepare them for adult living. It needs to be periodically updated as situations dictate.

	CSA	ESA	NSA	SESA	WSA
Plan created and					
current	82.7%	52.7%	86.5%	94.6%	75.0%
Created but not					
current	16.3%	16.5%	1.6%	3.4%	16.7%



Court Attendance of Children, FY2023-24

The FCRO believes it is very important for older children and youth to feel heard by the court that is making decisions about their future, when appropriate.

For teenagers reviewed in FY2023-24, the FCRO found that only 18.0% had attended their court hearings, a slight increase from 15.0% last fiscal year.





Recommendations to the Legislature

- 1. Consider legislation requiring that all children and youth have the opportunity to attend all court hearings after the adjudication hearing, unless the court waives their presence, to ensure children's voices are integrated into all legal proceedings and they feel heard by the court making decisions about their future.
- 2. Consider legislation that would expand access to the Bridge to Independence Program to a broader group of young adults, including those who lack immigration status at the time they age out of state care. In addition, consider extending eligibility for Bridge to Independence participants to age 23 or beyond to increase the opportunities for young adults to develop skills necessary for adult living in the 21st century, including but not limited to personal finance, mental and physical health care, and post-secondary education and career planning, to avoid the cliff effect.
- 3. Give serious and timely consideration to forthcoming recommendations from the Bellwether consulting group and the Data Sharing for Systems-Involved Youth Leadership Team, which is tasked to develop a plan to improve how state agencies share data for systems-involved youth, so they are better supported when school changes are necessary. Recommendations will be based on input from students, families, and professionals from partnering state agencies.
- 4. There has been an increase in the number of children in the child welfare system placed in out-of-state congregate care facilities. The state of Nebraska must invest in infrastructure and in-state capacity for residential treatment facilities so children can remain close to home while receiving necessary mental health treatment.



Recommendations to Multiple Agencies

- 1. The child welfare and juvenile justice systems impact children, families, and communities of color at disproportionate rates. Disproportionality in child welfare and juvenile justice out-of-home populations has gotten worse in Nebraska. DHHS/CFS, Probation, courts, and stakeholders must do more to address racial and ethnic disparities. System partners must engage people with lived experience and those living in communities heavily impacted by the child protection system to identify the root causes and develop solutions to address the causes of disparities which exist as a result of family separation policies and practices that result in life-long trauma to the children.
- 2. Nearly half of all children in out-of-home care in the child welfare system were removed from their homes due to parental drug abuse (other than methamphetamine). 18.6% were removed due to parental methamphetamine use (multiple reasons can be identified per child). More must be done to address substance misuse and addiction in our communities, including harm reduction strategies and treatment services. Other issues leading to removal of children from their homes include substandard/unsafe housing and domestic violence, social problems that require investments in families and communities.
- 3. While there have been some improvements to children having physical and behavioral healthcare needs met, access to resources and services for children and families continues to be a critical need. For instance, more prevention and treatment options are needed to effectively combat substance use disorders. DHHS, Probation, and other state and local government entities, in partnership with the Regional Behavioral Health Authorities, DHHS/Division of Behavioral Health, health care providers, nonprofit, and philanthropic organizations must fully invest in a capacity-building infrastructure to effectively care for children in state. Considerations should include incentives for service providers to establish innovative programs and practices, particularly in rural communities, which support the well-being of local children, families, and the community at large.



Recommendations to Multiple Agencies

- 4. DHHS, Probation, and system partners should explore ways in which the needs of LGBTQ+ youth can be met, and such youth can be supported. Develop safe and supportive contacts and resources within communities that LGBTQ+ youth can access. Ideally, this would include LGBTQ+ knowledgeable therapists who are willing to work with the juvenile probation system as well as the child welfare system.
- 5. Collaboration and information sharing is crucial across child- and youth-serving systems, including child welfare, juvenile justice, courts, education, and service providers to address the unique educational needs of dually involved youth; emphasizing areas such as regular school attendance, academic success, acceptance of earned academic credits between school districts, special education needs, and alternative learning environments necessitated by placement changes. Such collaboration may be advanced through the work of Bellwether and the Data Sharing for Systems-Involved Youth Leadership Team.



Recommendations to DHHS/CFS

- 1. While some progress has been reported, CFS must continue to proactively address case manager turnover in the Eastern Service Area and across the state. Pay increases are a good start; however, additional resources are needed in the areas of training, supervision, and support for case managers. Additional supportive supervision is especially needed for newly trained staff to address any knowledge or skills gaps, including cultural diversity and awareness. Additional support should also be provided to newly promoted supervisors, so they are able to adequately support their direct reports.
- 2. To address turnover and other staffing challenges, create and implement a long-term plan to recruit individuals, including those from diverse backgrounds and with lived experience, who 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.
- 3. Caseloads assigned have improved over the last year; however, they remain too high in the Eastern Service Area where (per the July 2024 CFS report) only 50.5% of ongoing case managers met statutory caseload standards. Statewide only 82.5% of all case managers' caseloads met standards. This must change. High caseloads lead to staff turnover, documentation gaps, and delays in permanency, which negatively impact children and families.
- 4. Collaborate with 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 so that youth can remain safely in the least restrictive environments in their own communities. Licensed foster family homes are needed in every community across the state.



Recommendations to DHHS/CFS

- 5. Provide additional training and in-home supports and resources for foster parents, especially relatives/kin, whether licensed or not. It is unclear whether and to what extent the additional tiers of foster care rates have been effective in meeting the complex and unique needs of certain children in foster care.
- 6. Some improvement with case file documentation has been seen, but more work must be done. Lack of documentation, lack of updated documentation, and poor documentation are often a result of high turnover, high caseloads, or inexperience, and are a contributing factor in poor case management, lack of progress toward permanency, and poor outcomes for children and families.
- 7. The FCRO values the input and participation of DHHS case managers in the case file review process. Statewide, case managers provided at least minimal input in 80.5% of the reviews completed in FY2023-24. However, some areas of the state lagged behind and had high rates of "no input given." The FCRO highly encourages DHHS to make participation in local review board meetings mandatory for all case managers.
- 8. Work with provider organizations to improve delivery and documentation of independent living skills training and development for youth ages 14 and over, including financial literacy, preparation for post-secondary education, job skills, and establishing and maintaining permanent connections with extended family or other trusted adults that can be sustained into adulthood.



Recommendations to DHHS/CFS

- 9. Ensure that Ansell Casey Assessments are completed for each youth ages 14 and over in out-of-home care, and document case files accordingly. More work is also needed with ensuring youth have a current transitional living plan in which they have had an active role in developing so they can be better prepared for adult living. This is particularly true in the Eastern Service Area, which lags far behind the other service areas when working with older youth.
- 10. Explore collaborative options with trade unions, workplaces, and community partners for workforce skill building with youth that are in care, especially older youth (16-18), so they experience a greater chance of achieving successful outcomes. This is especially important for youth who are likely to age out of the system instead of returning home.
- 11. Given the high percentage of youth at the YRTCs with mental health conditions and substance use disorder diagnoses, ensure programming is trauma-informed and treatment focused. Continue to provide additional ways youth at the YRTCs can learn independent living skills, such as financial literacy, job skills, health and wellness, and other skills necessary for adult living.
- 12. The FCRO acknowledges the improvements that have been made at the YRTCs over the last several years and encourages DHHS to make program evaluation data and reports easily accessible to the public to ensure that the outcomes of the programming are transparent and used to achieve desired results through decision and policy development into the future.



Recommendations to Probation

- 1. Use written transition plans as guides for preparing youth in out-of-home placements to rejoin their communities and increase the availability of these plans for FCRO reviews. Ensure transition plans are developed within the appropriate timeframes and in collaboration with families.
- 2. Explore ways to support and engage parents and families of youth involved with Probation. Having a relevant transition plan (see recommendation 1 above) can help with that goal.
- 3. Develop concrete steps that may be taken when parents' issues prevent a youth from returning home.
- 4. Continue to partner with the Department of Education and DHHS on ways to better serve youth with learning delays or educational deficits so that those youth can obtain the best possible outcomes from programs and services that address delinquent behaviors. This includes youth in out-of-home care, youth at the YRTCs, and youth who remain in the home but are under Probation supervision.
- 5. Explore collaborative options with trade unions, workplaces, and community partners for workforce skill building with youth that are in care, especially older youth (16-18), so they experience a greater chance of achieving successful outcomes. This is especially important for youth who are likely to age out of the system instead of returning home.
- 6. If not already doing so, consider providing older youth with education around financial literacy, the importance of safe and stable housing, and developing meaningful relationships with supportive adults as youth transition to adulthood.



Recommendations to the Court System

- 1. Require that guardians ad litem provide the FCRO a copy of their GAL report or allow the FCRO reasonable access to the GAL report in the court's file.
- 2. Ensure that findings are made as required by the Strengthening Families Act and that the findings are well documented and understood by relevant parties.
- 3. Invite and encourage children and youth to attend court as appropriate. Ask that they share their opinions and concerns during court hearings as the decisions being made have substantial future implications for them and their voice should be heard and considered.
- 4. Continue to move forward with developing a technology solution for electronic submission of FCRO reports to all courts with juvenile court jurisdiction across the state.



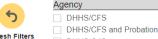
FCRO Data Dashboards



Child Welfare Definitions Start Here By County Demographics Placements Probation

Children and Youth in Out-of-Home Care in Nebraska

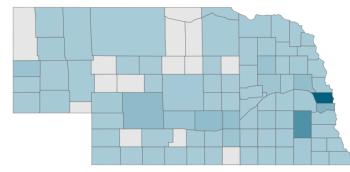
Use the filters on the right to narrow your search to specific populations by Agency, Service Area,



To reset filters, simply uncli

Number and Percent of Children by County, DHHS Service Area and Probation District

You can hover over a county to obtain its total children, percent of total, DHHS Service Area and Probation District. Counties shaded in grey have no associated records.



Counties in grey have no associated records for children and youth in out-of-home placements.

4,151

in Out-of-Home Care or Trial Home Visit

PLEASE NOTE: Unless filters are in use, this is the total number of children in all out-of-home placements. It includes children who are wards of the Department of Health and Human Services as well as youth who are placed out of their homes under the supervision of Juvenile Probation and the Office of Juvenile Services.

Children in Out-of-Home Care on 06/30/2024

selection(s	election(s) or press the refresh arrow.					
County	DHHS Service Area	Probation District	# of Children	% of Children		
Douglas	Eastern	District 4J	1,529	36.83%		
ancaster	Southeast	District 3J	584	14.07%		
Sarpy	Eastern	District 2	249	6.00%		
incoln	Western	District 11	171	4.12%		
Buffalo	Central	District 9	152	3.66%		
Dodge	Northern	District 6	143	3.44%		
Hall	Central	District 9	136	3.28%		
/ladison	Northern	District 7	93	2.24%		
Scotts Bluff	Western	District 12	92	2.22%		
Dawson	Western	District 11	85	2.05%		
dams	Central	District 10	75	1.81%		
latte	Northern	District 5	59	1.42%		
ork	Northern	District 5	55	1.32%		
eward	Northern	District 5	40	0.96%		
Custer	Central	District 8	28	0.67%		
age	Southeast	District 1	27	0.65%		
aunders	Northern	District 5	26	0.63%		
/ashington	Northern	District 6	26	0.63%		
ass	Southeast	District 2	24	0.58%		
leith	Western	District 11	24	0.58%		
uming	Northern	District 7	23	0.55%		
akota	Northern	District 6	22	0.53%		
heyenne	Western	District 12	21	0.51%		
lox Butte	Western	District 12	20	0.48%		
helps	Central	District 10	20	0.48%		



DHHS Service Area
Central
Eastern
Northern
Southeast
Western
Probation District
District 1
District 2
District 3J
District 4J
District 5
District 6
District 7
District 8
County
✓ Search
Adams
Antelope
Banner

Boone

Buffalo

Box Butte Bovd

Data Source: FCRO's Foster Care Tracking System (FCTS)

4,151 100.00%

The dashboard is available to the public. Access is through the FCRO's website, https://fcro.nebraska.gov/data_dashboards.html

Total



Contact:

Heather Wood Research Director Heather.Wood@Nebraska.gov 402-937-2923

Patrick Griffin Research Analyst II Patrick.Griffin@Nebraska.gov 402-480-4999



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