March 2026 Quarterly Report

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NEBRASKA
FOSTER CARE REVIEW OFFICE
Good Life, Great Outcomes

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EXECUTIVE SUMMARY

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

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

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

This report begins with a special study completed in response to the high rate of children being removed from their homes because of parental substance use. The study shares insights about children entering the child welfare system in Nebraska due to parental substance use. The report continues with the most recent point-in-time data available on conditions and outcomes for children in out-of-home care through the child welfare and juvenile justice systems. Some key findings from the report include:

- The top adjudicated reasons children entered out-of-home care (for children with a case review in FY2025) indicate parental substance use as a major contributing factor for why children were removed from their home and placed into foster care. Statewide 10.4% of children were removed due to parental alcohol use, 19.1% due to parental methamphetamine use, and 48.4% were removed due to parental use of any other type of drug. (page 9)

- 3,967 Nebraska children were in out-of-home or trial home visit placements under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division (hereinafter referred to as Probation) on 12/31/25, representing a 3.6% decrease from 12/31/24. (page 23)

- Of the 3,967 total children, 3,216 (81.1%) children were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation, a 5.3% decrease compared to children on 12/31/24. (page 24)

- Most DHHS/CFS wards in out-of-home placements or trial home visits (96.6%) were placed in a family-like, least restrictive setting. (page 28)

- Over half of the children in a least-restrictive foster home, excluding those in trial home visits, were placed with relatives or kin (53.3%). (page 28)

- There was a 12.5% increase in the number of DHHS/CFS wards placed in congregate care facilities from the previous year to 12/31/25 (80 and 90, respectively). Of the 90 DHHS/CFS wards in congregate care, a majority were in Nebraska (83.3%); similar to the 83.8% in congregate care placed in Nebraska on 12/31/24. (page 29)

- Depending on the geographic area, between 7.0% and 25.3% of the children have had five or more CFS caseworkers since most recently entering the child welfare system. Furthermore, 73 children statewide had 10 or more workers in that timeframe, most of whom (71) were from the Eastern

1 Data cited in this report are from the FCRO's independent data tracking system which include FCRO completed case file reviews unless otherwise noted. Some of the most requested data is also available through the FCRO's data dashboards (accessed via fcro.nebraska.gov/data_dashboards). Data presented includes numbers of children impacted, the agencies and courts responsible, demographics, and key indicators, all of which can be sorted in the most useful ways.

Service Area. This resulted in a decrease in the Eastern Service Area since 12/31/24 when 105 children experienced 10 or more workers. While there has been continued progress, the Eastern Service Area continues to be disproportionately impacted by caseworker changes. (page 31)

- 140 (3.5%) youths in out-of-home care were involved with DHHS/CFS and Probation simultaneously, representing a very slight decrease compared to youths on 12/31/24. (page 32)

- There was a 21.8% increase in the number of dually involved youth placed in congregate care facilities from the previous year to 12/31/25 (55 and 67, respectively). Of the 67 dually involved youth in congregate care, most were in Nebraska (82.1%); that is slightly more than the 80.0% in congregate care placed in Nebraska on 12/31/24. (page 34)

- There were 495 (12.5 %) youths that were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTCs, a 3.3% increase compared to youths on 12/31/24. (page 35)

- There was an 8.0% increase in the number of Probation supervised youth placed in congregate care facilities from 12/31/24 to 12/31/25 (362 and 391, respectively). Probation most often utilized in-state placements; 85.7% of the 391 youths in congregate care were placed in Nebraska. (page 38)

- 107 youths (88 males and 19 females) from various counties across Nebraska were at a YRTC on 12/31/25 which is a 17.6% increase compared to the 91 such youths at the YRTCs at the same time last year. (page 39)

- Disproportionate rates for children of color in out-of-home care remain a critical issue to be examined and addressed, regardless of which agency or agencies are involved. No meaningful change or improvement has occurred in the last year; disproportionality rates for Black or African American and Multiracial and/or Multiethnic youth have increased for DHHS/CFS involved youth and disproportionate rates continue to be most notable at the YRTCs. (pages 26, 33, 37, 40)

- The median age for Nebraska children in care on 12/31/25 by agency involvement: 8 years old for males and 9 years old for females for DHHS/CFS wards and 16 years old for dually involved youth and Probation only youth, regardless of gender. For youth at a YRTC the median age was 16 years old for females and 17 years old for males. (pages 26, 32, 36, 40)

- The average number of times in care on 12/31/25 by agency involvement: 1.3 for DHHS/CFS wards, 1.9 for dually involved youth, 2.1 for Probation only youth, and 2.7 for youth at a YRTC. (pages 27, 33, 37, 40)

- The median number of days in care on 12/31/25: 409.5 days for DHHS/CFS wards, 506 days for dually involved youth, 150 days for Probation only youth, and 446 days for youth placed at a YRTC. (pages 27, 33, 37, 40)

- The average number of lifetime placements as of 12/31/25 by agency involvement: 3.4 for DHHS/CFS wards, 10.0 for dually involved youth, 4.9 for Probation only youth, and 9.4 for youth at a YRTC. (pages 27, 33, 38, 40)

- Missing from care continues to be an issue. The following 41 children and youth were missing from care as of 12/31/25 by agency involvement: 18 DHHS/CFS wards, 7 dually involved youth, 15 Probation only youth, and 1 youth simultaneously involved with DHHS/OJS and Probation. (pages 29, 34, 38, 39)

RECOMMENDATIONS

Current Priority Recommendations

Children's experiences in out-of-home care have life-long impacts. In its September 2025 Annual Report, the FCRO made recommendations intended to improve conditions for children in Nebraska's child welfare and juvenile justice systems. Many of those recommendations remain relevant and can be found in the report on our website at fcro.nebraska.gov. The recommendations offered in this quarterly report are based on an analysis of the data tracked by the FCRO, as well as information collected during case reviews, findings by local volunteer review boards, and publicly available data.

1. The Special Study includes key research and outcomes on Nebraska children who entered the child welfare system due to parental drug use and had a FCRO case review during FY2025. Please refer to the Special Study beginning on page 8 for additional recommendations.

2. Despite any ongoing efforts that may be underway or in development, racial and ethnic disproportionality within Nebraska's child welfare and juvenile justice systems remains a persistent systemic challenge. Improvement in this area relies on agencies shifting from reactive, backend interventions toward a root-cause framework with a commitment to prioritizing "upstream" strategies which utilize comprehensive data related to disproportionate rates in hotline calls, investigations, and substantiated abuse and neglect findings. Analysis could also benefit from a visual mapping of the system to identify places where disparities are most prevalent and to determine contributing community factors and the greatest prevention service needs. By realigning funding and operational resources toward primary prevention and family preservation, Nebraska would be better positioned to reduce the disparate impact of surveillance and out-of-home care on communities of color.

3. To operationalize an "upstream" approach, the State should partner with local governments and prioritize the direct allocation of sustainable funding to community-based organizations (CBOs), particularly those led by and serving people of color. These organizations provide the culturally specific protective factors—including housing stability, financial assistance, and support for behavioral health wellness—which can all help to prevent system entry. Furthermore, the Legislature should expand the state's clinical infrastructure by investing in long-term, family-centered residential treatment. Prioritizing dual-diagnosis programs that allow mothers and children to remain together during recovery is a critical strategy for reducing out-of-home placements and breaking the cycle of intergenerational system involvement. See also Special Study Recommendations.

4. Of the children placed in family-like settings (not including trial home visits), over half (53.3%) were in a relative or kinship placement. DHHS must ensure effective training and in-home supports and resources for foster parents, especially relatives/kin, whether licensed or not. Prioritize the needs and experiences of children and families throughout the transition of bringing relative and kinship support in-house. The focus must be on making the process of becoming a relative or kinship foster home as accessible and supportive as possible, rather than simply replicating bureaucratic processes. This can be done by simplifying the process, offering immediate financial and material support to homes, insuring culturally informed home studies, maintaining dedicated and knowledgeable staff to help foster families navigate the process and system, creating a centralized support hub as a single point of contact for families to access 24/7 for questions and crises, offering regular communication with caseworkers to establish trust with families, and gathering relevant data to evaluate the program for continuous improvement of policies and practices.

5. Collaboration between DHHS, child placing agencies, and system partners is essential 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 communities across the state. The federal Administration for Children and Families' initiative, "A Home for Every Child," is an opportunity to accelerate the recruitment, training, and licensure of foster homes in every corner of the state, with a special emphasis on homes that can meet the complex and unique needs of children in foster care.

6. The increasing high use of congregate care placements across all agencies is concerning. The FCRO is concerned not only because they are more restrictive settings, but they are often not in the child's home community. For instance, over half (53.8%) of all Psychiatric Residential Treatment Facility (PRTF) out-of-home placement locations were outside of Nebraska. The state of Nebraska must invest in infrastructure and capacity to support community-based services, including treatment foster care and residential care and treatment facilities, so children can receive necessary treatment and support close to home.

7. The FCRO recognizes the substantial progress DHHS has continued to make over the last three years in decreasing the number of children in the Eastern Service Area who have had five or more caseworkers in their most recent episode in out-of-home care (from 52.6% to 25.3%). While much progress has been made, there remains an issue with children having five or more caseworkers across the state, and the Eastern Service Area is still disproportionately impacted given 25.3% of the children have had five or more caseworkers. When caseworker turnover is unavoidable, DHHS should ensure the case remains with the same supervisor to promote continuity of care and prevent the loss of case history. DHHS is encouraged to continue to make progress in workforce stability to prevent the unnecessary transfer of cases between caseworkers.

8. Youth dually involved with DHHS/CFS and Probation simultaneously have consistently had the longest median length of stay (506 days) as compared to youth involved with DHHS/CFS only (409.5 days) and Probation only (150 days). The FCRO supports the development of prevention services for youth and families in crisis to reduce the number of youth entering either system. The FCRO also supports the development of strength-based and evidence-informed interventions focused on meeting the complex needs of these vulnerable youth.[2] There is a continued need for collaboration between the child welfare and juvenile justice systems to address the complex needs of dually involved youth. Use of evidence-based practices and clearly outlined roles and responsibilities for both systems can help prevent youth from falling through cracks or receiving conflicting guidance from different agencies.

9. Of the 495 Probation supervised youth in out-of-home care, 79% were in congregate care facilities and of those 21.4% were in detention facilities. The FCRO remains concerned about the number of youth placed in these facilities. This is a trend we will be further investigating to understand this population of youth, what their needs are, and whether those needs are met. Youth placed in detention or other juvenile justice confinement must have access to appropriate treatment services and programming, including educational programming, to ensure that time spent in detention is not lost and youth can continue to make progress toward healing and rehabilitation. More needs

[2] Office of Juvenile Justice and Delinquency Prevention, and Administration for Children and Families. "Addressing the Needs of Dually Involved Youth: A Joint Statement from the Administration for Children and Families' Children's Bureau and the Office of Juvenile Justice and Delinquency Prevention." Administration for Children and Families, 2023. https://acf.gov/sites/default/files/documents/cb/joint-letter-cb-ojjdp-dually-involved-youth.pdf.

to be done to develop prevention, diversion, and alternatives to detention to keep youth out of detention placements.

10. In light of increasing use of and lengths of stay at Youth Rehabilitation and Treatment Centers (YRTCs), along with documented concerns regarding sexual misconduct of staff on youth, DHHS must prioritize greater transparency. We recommend that in addition to participating in all FCRO case reviews of YRTC youth, DHHS make comprehensive program evaluation data and incident reporting publicly available to ensure that facility outcomes are transparently measured against rehabilitative goals. The data should then be used as the primary evidence base for future policy development, any facility relocation planning, and the implementation of enhanced safety protocols to protect system-involved youth.

11. To reduce reliance on YRTC commitments, we urge the State to align its funding priorities with frameworks which emphasize the creation of community-governed family resource and juvenile assessment centers. We specifically recommend the expansion of gang violence prevention and intervention programs that utilize a "public health" approach, addressing the systemic roots of violence through community resource navigators and family-centered supports. Nebraska must invest in reentry programming and individualized transition planning that begins long before a youth leaves a facility. Successful reentry requires a "warm hand-off" to community-based behavioral health and educational supports, ensuring that youth returning from YRTCs are not met with the same environmental stressors that led to their initial system involvement. By prioritizing these community-led alternatives, the State can improve public safety while upholding the well-being of youth.

12. While the FCRO does not currently track which youth identify as LGBTQ+, 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.

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

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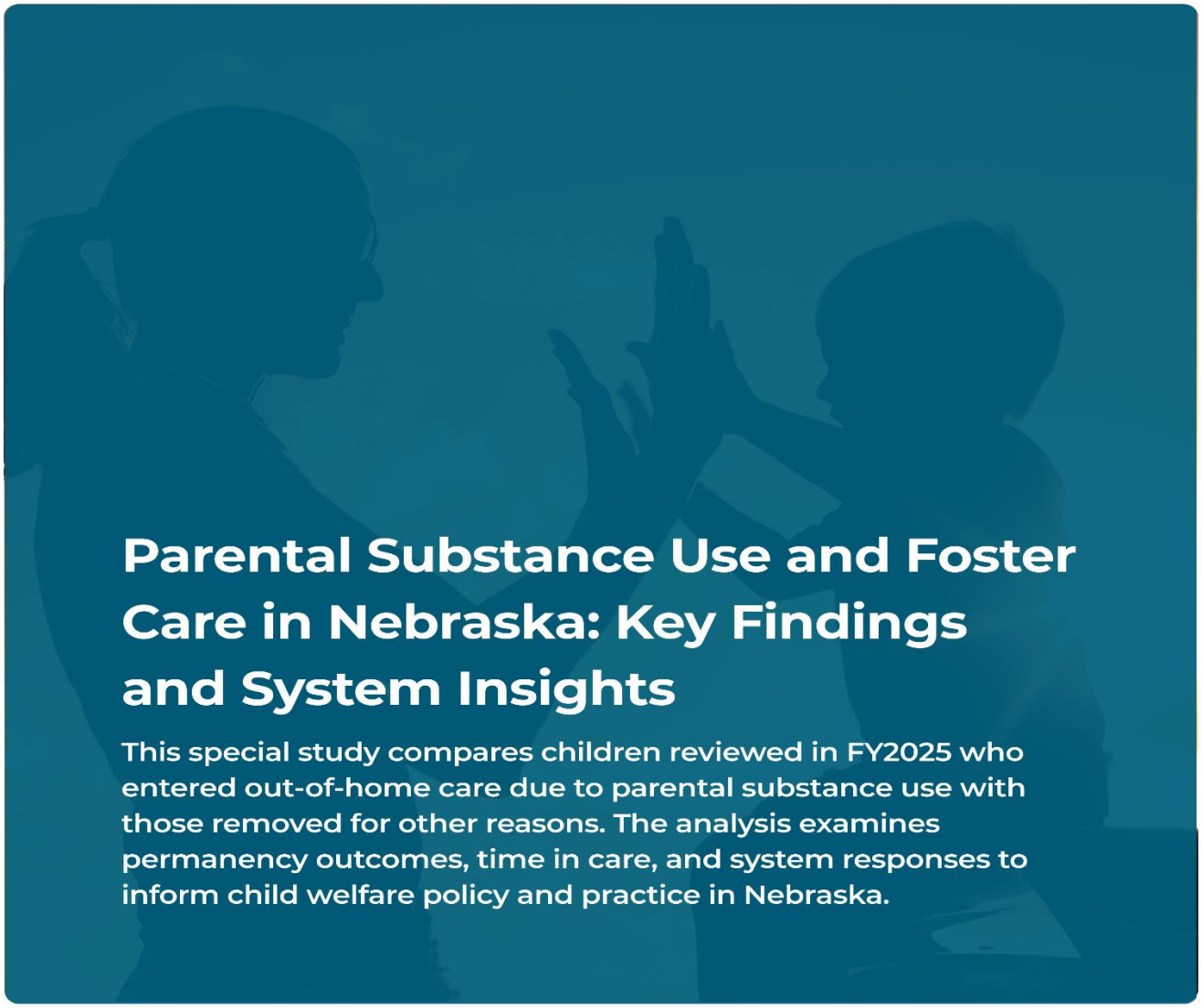
Special Study



Parental Substance Use and Foster Care in Nebraska: Key Findings and System Insights

This special study compares children reviewed in FY2025 who entered out-of-home care due to parental substance use with those removed for other reasons. The analysis examines permanency outcomes, time in care, and system responses to inform child welfare policy and practice in Nebraska.

fcro.nebraska.gov

Background

Parental Substance Use and Foster Care

National Trend[1]: From 2000 to 2021, parental alcohol or drug use as a condition of removal in the United States increased from 18.5% to 39.1%.

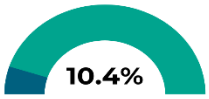
In Nebraska[2]: 16.9% of Nebraskans ages 18+ meet criteria for a substance use disorder (17.8% nationally). Substance use disorder affects a significant portion of Nebraska's adult population and has implications for family stability and child safety.

16.9%

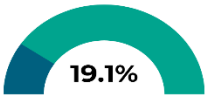
of People 18+ in Nebraska Have a Substance Use Disorder

How Often It Contributes to Removal (Nebraska Snapshot)

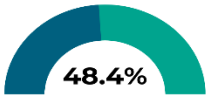
Parental substance use remains one of the most common adjudicated reasons children enter out-of-home care in Nebraska.



Removed due to parental alcohol use



Removed due to parental methamphetamine use



Removed due to other parental drug use

Early Childhood Impact[3]

The data shows younger children are disproportionally affected. Nationally, 61.7% of children entering care due to parental substance use are age **five or younger.**

Average Age at Entry in Nebraska:

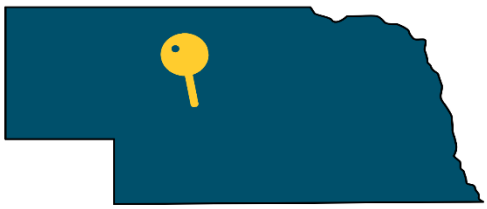
5.8 years
Parent substance use

8.4 years
Other reasons

Rural Disparities[4]

Parental substance use is likely to result in entry to the child welfare system more often for young children and for children in **rural areas**.

This is particularly true in the **Southeast** and **Northern** service areas which had Parent Drug Use (Other) AND Parent Methamphetamine Use in the top 3 reasons for removal.

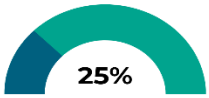


Key Research Findings

PERMANENCY PATTERNS

Higher Likelihood of Meeting Grounds for Termination

System Insight: Cases involving parental substance use are more likely to meet grounds for termination of parental rights.



Parent substance use

Other removal reasons

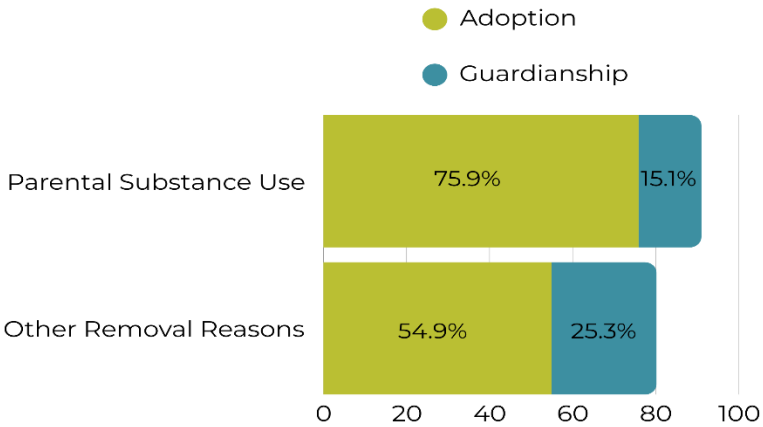
Primary Permanency Objective	
Parental Substance Use	**Other Removal Reasons**
65.8% Reunification	**59.6%** Reunification
25.7% Adoption	**20.9%** Adoption

Reunification Is Still the Primary Goal — But Adoption Is More Likely With Use

System Insight: While reunification remains the primary goal, children removed due to parental substance use are more likely to have adoption as a permanency plan.

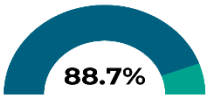
When Return Home Is Unlikely, Adoption Is the Predominant Alternative

System Insight: Substance use cases rely more heavily on adoption as the alternative permanency pathway.



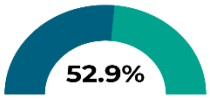
WHEN REMOVAL IS FOR SUBSTANCE USE

Progress for Parents With Identified Concerns

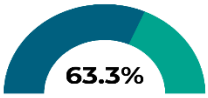


Of adjudicated mothers had an identified substance use concern

of those

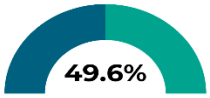


Were making progress



Of adjudicated fathers had an identified substance use concern

of those



Were making progress

YOUTH IMPACT & PLACEMENT PATTERNS

Teens Show Elevated Health & Substance Concerns

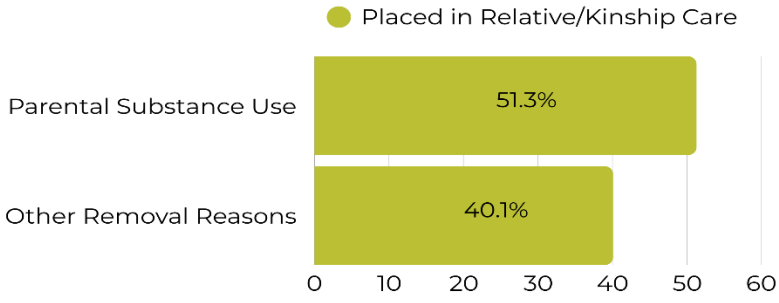
System Insight: Parental substance use intersects with youth health and behavioral health challenges.

Of these teens had a diagnosed substance use disorder

Had unmet physical health needs (29.8% in Northern Service Area)

Placement Patterns Show Higher Relative/Kinship Use

System Insight: Children removed for parental substance use are more likely to be placed with relatives or kin.



LENGTH OF STAY

Length of Stay Is Longer in Most Service Areas

System Insight: Among children who exited care in FY2025, substance use-related removals were associated with longer periods in care. Children removed due to parental substance use spent more time in care across all service areas except the Northern Service Area when compared to children who were not removed for parental substance use.

PARENT PROGRESS SNAPSHOT

Reunification & Treatment Timing[5]

Mothers with **family-related services** and those who completed **90+ days in treatment** are **twice as likely** to have an outcome of reunification.

Early and sustained **access to treatment** is closely tied to permanency outcomes and time spent in care.

7 Recommendations

For Strengthening Outcomes

1. Strengthen Family-Centered Case Management

- DHHS should ensure use of a family-centered approach to support the entire family while addressing the complexities that exist when substance use issues and addiction have been identified.
- Case management should consider the Transtheoretical Model of Change which includes the Stages of Change Model to help understand the specialized needs of parents with addiction and to develop effective individualized treatment and recovery strategies.

2. Expand Comprehensive Family Supports

- In addition to including substance use disorder treatment in a case plan, DHHS should consider a variety of approaches to support families. These could include intensive home-based supports for families with women who are pregnant or postpartum, Family Centered Treatment, promoting peer support services, attachment-based parent-child strengthening interventions, child developmental interventions, post-reunification supports, and evidence-based trauma-informed and trauma-responsive services.

3. Implement the START Model Statewide

- Consider statewide use of a model like Sobriety Treatment and Recovery Teams (START) to enhance collaboration among child placing agencies, the courts, treatment providers, and other system partners offering support to families[1].
- The model includes activities like shared decision-making meetings, rapid access to high-quality and appropriate treatment and other recovery services, and expanded use of Nebraska's Certified Peer Support Specialists (CPSS).

4. Increase Use of Drug Courts and Treatment Options

- Addiction and substance use disorders not only lead to high costs associated with increased child welfare utilization and incarceration, but also the immeasurable societal cost and trauma when children are removed from their parents[2].
- In a greater effort to ensure families can safely stay together, there should be increased reliance on drug courts and a greater number of comprehensive service and treatment options available in Nebraska. These types of programs can provide parents with the opportunity to address their substance use while still playing a primary role in raising their children[3].

7 Recommendations

For Strengthening Outcomes Continued

5. Increase Sustainable Funding for Problem-Solving Courts

- The Legislature should identify and increase sustainable funding for Problem-Solving Courts and Family Treatment Courts statewide in Nebraska, including additional locations in the Western and Central Service Areas where Problem-Solving Courts are more limited in number. Increased funding for and use of new and existing Problem-Solving Courts across Nebraska's 12 judicial districts would help protect family unity, support substance use recovery, allow for greater flexibility with timelines for termination of parental rights, reduce recidivism, and result in cost savings for the state's justice and child welfare systems.[4].

6. Apply Higher Standards for Active Efforts

- Apply higher service standards in parental substance use cases, drawing from NICWA principles to ensure active efforts beyond simple referrals.
- Provide transportation, childcare, and timely access to treatment placements to shift responsibility for service access from parents to the state.

7. Add Medications for Opioid Use Disorder (MOUD) to Title IV-E Plan

- Adopt ACF template language to include FDA-approved Medications for Opioid Use Disorder (buprenorphine, methadone, naltrexone) in Nebraska's Title IV-E Prevention Plan.
- Utilize the 50% federal funding match to expand access to lifesaving treatment, particularly in rural communities and for families not enrolled in Medicaid.

Recommendation References

1. Casey Family Programs, "How Can Families Affected by Substance Use Disorder Safely Stay Together?," March 20, 2024, https://www.casey.org/substance-use-disorders-keep-families-together.

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4. Nebraska Judicial Branch, "Problem-Solving Courts Deliver Safer Communities and Lower Costs for Nebraska," February 3, 2026, https://nebraskajudicial.gov/administration/media-releases/problem-solving-courts-deliver-safer-communities-and-lower-costs-nebraska.

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5. Christine E. Grella et al., "Do Drug Treatment Services Predict Reunification Outcomes of Mothers and Their Children in Child Welfare?," Child Abuse & Neglect 33, no. 5 (April 2009), https://www.sciencedirect.com/science/article/pii/S074054720800113X.

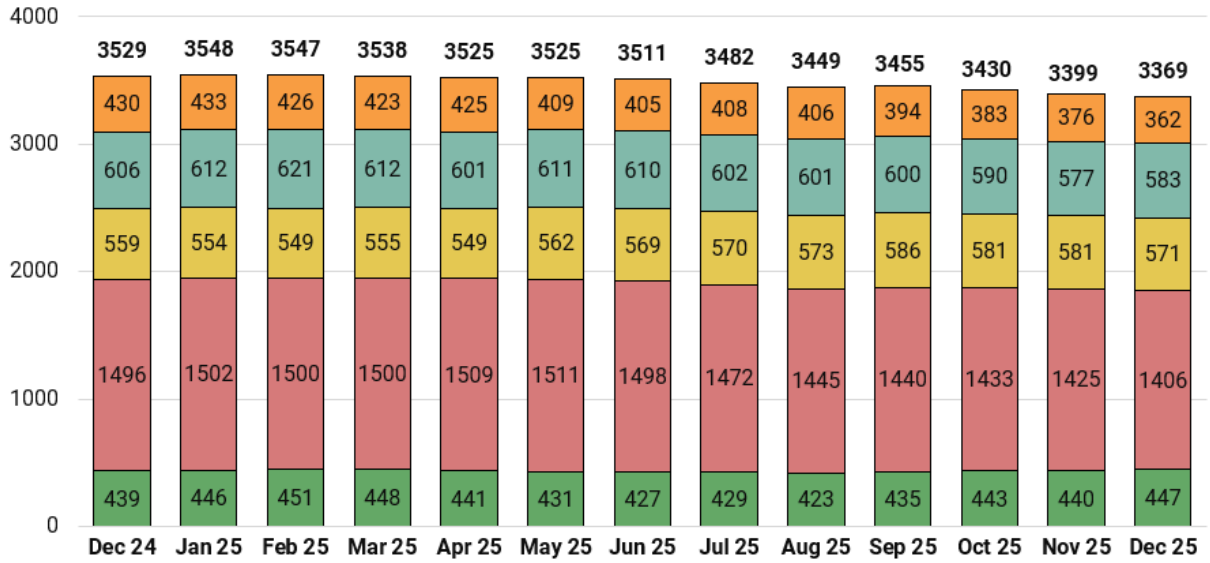
OUT-OF-HOME TRENDS

This section includes Average Daily Population as well as Entry and Exit data for court-involved children in out-of-home care or a trial home visit involved with DHHS and/or Probation. Youth who were involved with both DHHS and Probation simultaneously (dually involved youth) are included in both system trends; youth who were placed at a YRTC are included with the Probation-involved youth.

CHILD WELFARE TRENDS

Average Daily Population. Figure 1 represents the average daily population per month of all DHHS-involved children in out-of-home care or a trial home visit, including those simultaneously served by Probation, from December 2024 to December 2025. There was a 4.5% decrease in DHHS wards in out-of-home care on average in December 2025 compared to December 2024.

Figure 1: Average Daily Population of DHHS Wards, December 2024- December 2025



The colors refer to the service area (SA), as shown in the map below. Totals at the top of the chart may be slightly different than the sum of the service areas due to rounding.

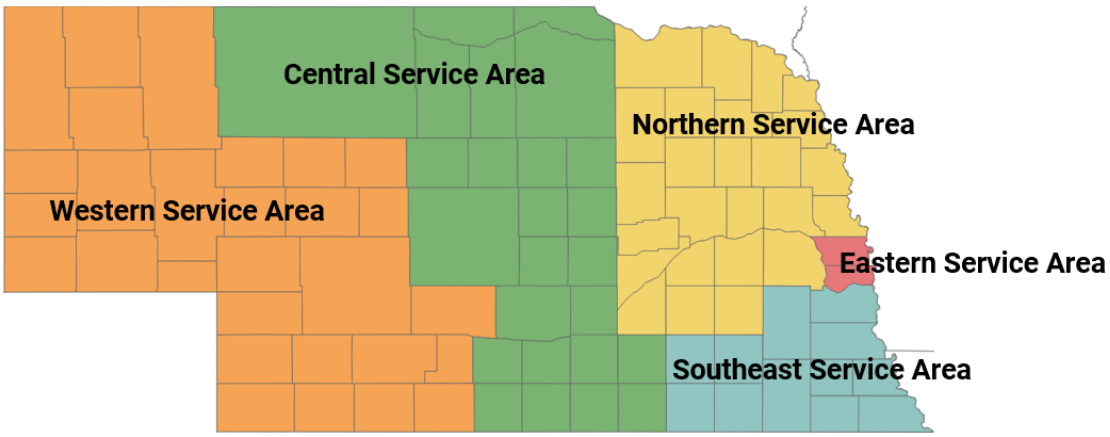


Figure 2 indicates the percent change in average daily population varied throughout the state and illustrates the differences between service areas (geographic regions).

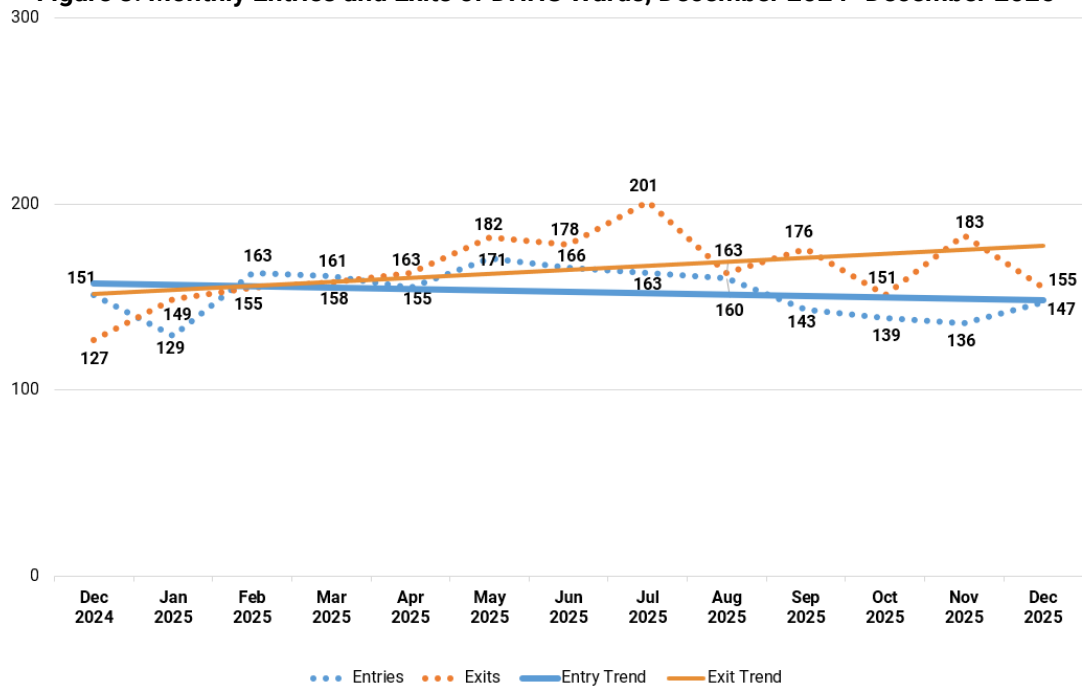
Figure 2: Percent Change in Average Daily Population of DHHS Wards by Service Area, December 2024 to December 2025[3]

Service Area (SA)	Dec-24	Dec-25	% Change
Central SA	439	447	1.8%
Eastern SA	1,496	1,406	-6.0%
Northern SA	559	571	2.1%
Southeast SA	606	583	-3.8%
Western SA	430	362	-15.8%
Statewide	**3,529**	**3,369**	**-4.5%**

Entries and Exits. Population changes of children in out-of-home care and trial home visits can be influenced by many factors, including changes in the number of children entering the system, changes in the number of children exiting the system, and changes in the amount of time children spend in the system. Some patterns tend to recur, such as more exits toward the end of the school year, prior to holidays, during reunification or adoption days, and more entrances just before summer and after school starts (when reports of abuse or neglect tend to increase).

Figure 3 represents exits and entrances per month of all DHHS-involved children in out-of-home care or a trial home visit, including those simultaneously served by Probation, from December 2024 to December 2025.

Figure 3: Monthly Entries and Exits of DHHS Wards, December 2024- December 2025

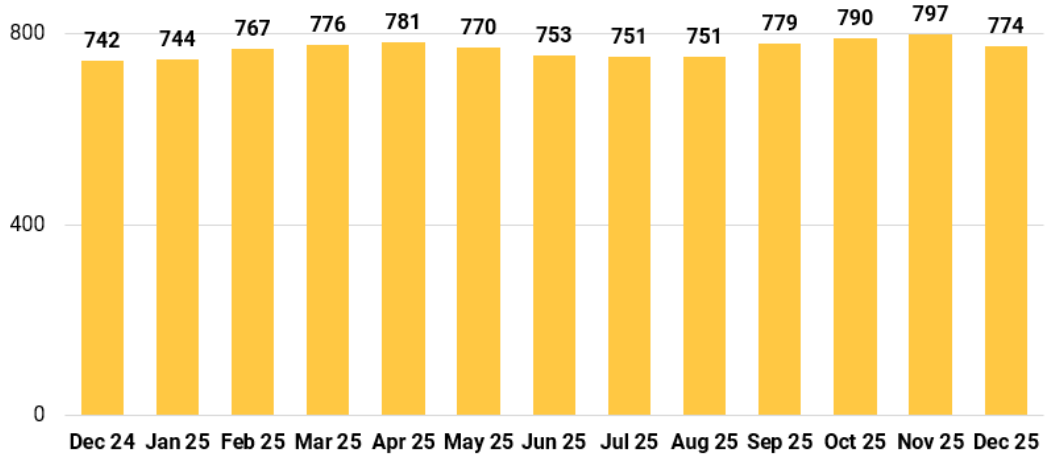


[3] Averages for each column may not be exactly equal to the sum of the service areas due to rounding.

JUVENILE JUSTICE-PROBATION TRENDS

Average Daily Population. Figure 4 below represents the average daily population per month of all Probation supervised youth in out-of-home care, including those simultaneously served by DHHS, from December 2024 to December 2025. The average daily population increased over the last year. There were 4.3% more Probation supervised youth in out-of-home care on average in December 2025 compared to December 2024.

Figure 4: Average Daily Population of Probation Supervised Youth in Out-of-Home Care, December 2024 to December 2025



Nine of the 12 probation districts experienced an increase in the population of Probation supervised youth in out-of-home care, as demonstrated in Figure 5.

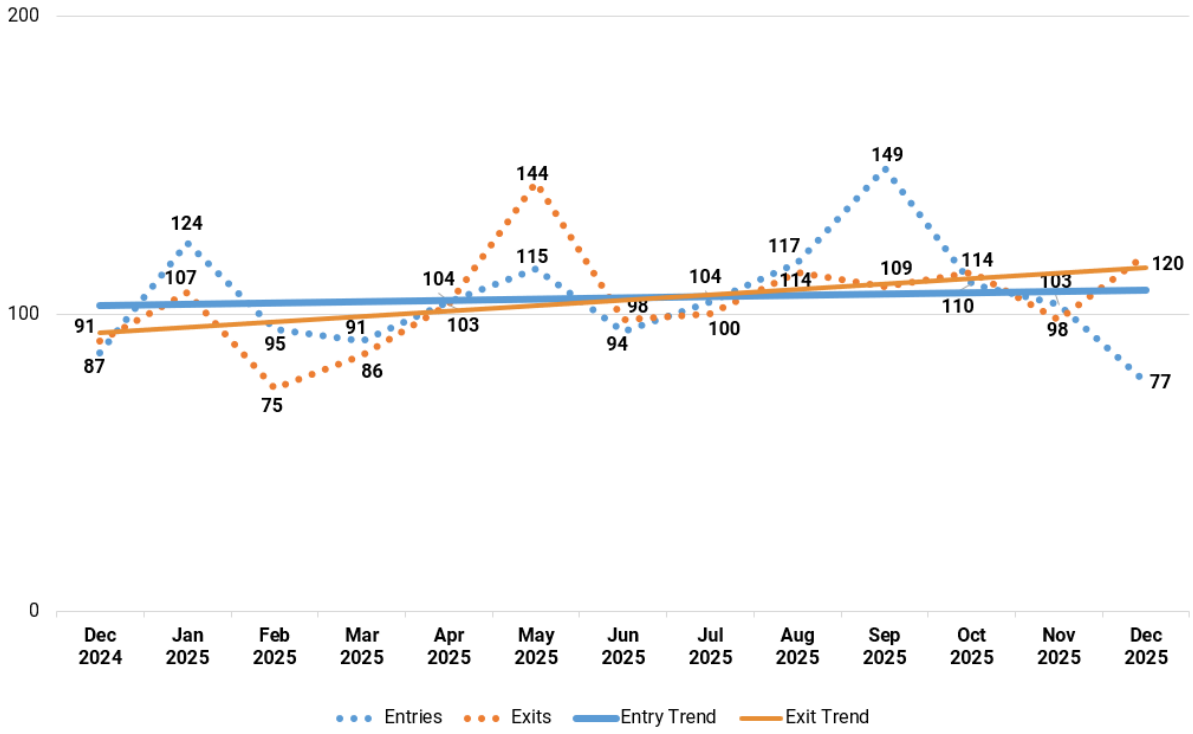
Figure 5: Percent Change in Average Daily Population of Probation Supervised Youth by Probation District, December 2024 to December 2025[4]

Probation District	Dec-24	Dec-25	% Change
District 1	17	17	0.0%
District 2	34	35	2.9%
District 3J	127	146	15.0%
District 4J	281	263	-6.4%
District 5	43	48	11.6%
District 6	44	48	9.1%
District 7	46	41	-10.9%
District 8	10	12	20.0%
District 9	50	54	8.0%
District 10	23	31	34.8%
District 11	46	48	4.3%
District 12	22	31	40.9%
State	**742**	**774**	**4.3%**

[4] Averages for each column may not be exactly equal to the sum of the probation district due to rounding.

Entries and Exits. Probation-related placements frequently last anywhere from four to 12 months and are focused on community safety and rehabilitation of the youth. For Probation supervised youth, the end of an episode of out-of-home care does not necessarily coincide with the end of their probation supervision; therefore, the FCRO is unable to report on successful or unsuccessful releases from Probation.

Figure 6: Monthly Entries and Exits of Probation Supervised Youth, December 2024- December 2025



POINT-IN-TIME TREND OVERVIEW BY AGENCY

The following tables represent a trend comparison of the number of children and youth in out-of-home care or trial home visits by agency type over the last eight point-in-time quarters. The DHHS/CFS and Dually Involved tables below show the statewide total as well as the breakout by service area. Probation displays the statewide total and the breakout by probation district. Finally, YRTC represents the statewide total and the breakout by gender.

DHHS/CFS	3/31/2024	6/30/2024	9/30/2024	12/31/2024	3/31/2025	6/30/2025	9/30/2025	12/31/2025
Statewide	3,388	3,446	3,426	3,397	3,378	3,363	3,280	3,216
CSA	393	407	404	428	424	410	424	426
ESA	1,503	1,496	1,458	1,424	1,426	1,412	1,366	1,337
NSA	503	521	533	550	531	558	558	549
SESA	585	589	590	570	579	587	565	566
WSA	404	433	441	425	418	396	367	338

- For children and youth involved only with DHHS/CFS, the most recent point-in-time data shows a 2.0% statewide decrease over the previous quarter.
- Three of the five service areas experienced a decrease with the largest decrease occurring in the WSA at 7.9%; whereas CSA and SESA had effectively no change.

Dually Involved	3/31/2024	6/30/2024	9/30/2024	12/31/2024	3/31/2025	6/30/2025	9/30/2025	12/31/2025
Statewide	138	119	132	141	155	142	141	140
CSA	17	12	16	12	15	21	19	21
ESA	63	58	67	79	81	67	61	60
NSA	20	20	24	24	27	25	24	23
SESA	24	17	16	19	17	15	20	17
WSA	14	12	9	7	15	14	17	19

- For youth who were dually involved with DHHS/CFS and Probation, the most recent point-in-time data shows a 0.7% statewide decrease over the previous quarter.
- Three of the five service areas (ESA, NSA, and SESA) experienced a decrease, and two service areas (CSA and WSA) experienced an increase over the previous quarter.

Probation	3/31/2024	6/30/2024	9/30/2024	12/31/2024	3/31/2025	6/30/2025	9/30/2025	12/31/2025
Statewide	480	486	475	479	516	467	512	495
District 1	18	19	13	8	7	12	16	13
District 2	34	29	30	28	30	26	27	26
District 3J	72	77	84	85	109	90	107	101
District 4J	155	163	154	156	162	155	156	155
District 5	35	29	31	32	37	38	39	35
District 6	25	30	30	33	36	25	32	35
District 7	30	26	20	28	23	25	27	22
District 8	4	4	6	6	6	5	9	7
District 9	38	37	40	34	33	28	37	36
District 10	25	27	19	17	15	17	19	21
District 11	30	31	28	35	35	26	18	26
District 12	14	14	20	17	23	20	25	18

- For youth who were only involved with Probation, the most recent point-in-time data shows a 3.3% statewide decrease over the previous quarter.
- Nine of the 12 probation districts had a decrease, with the largest decrease occurring in District 12 at 28.0%, followed by District 8 at 22.2%, District 1 at 18.8%, District 7 at 18.5%, District 5 at 10.3%, District 3J at 5.6%, District 2 at 3.7%, District 9 at 2.7%, and District 4J at 0.6%.
- Three probation districts had an increase over the previous quarter, with the largest increase occurring in District 11 at 44.4%, followed by District 10 at 10.5%, and District 6 at 9.4%.

YRTCs	3/31/2024	6/30/2024	9/30/2024	12/31/2024	3/31/2025	6/30/2025	9/30/2025	12/31/2025
Statewide	96	95	103	91	88	128	129	107
Females	25	29	22	15	12	24	23	19
Males	71	66	81	76	76	104	106	88

- For youth who were placed at a YRTC, the most recent point-in-time data shows a 17.1% total population decrease over the previous quarter.
- The population of females at the YRTCs decreased by 17.4% and the population of males decreased by 17.0% over the previous quarter.

SYSTEM-WIDE TRENDS

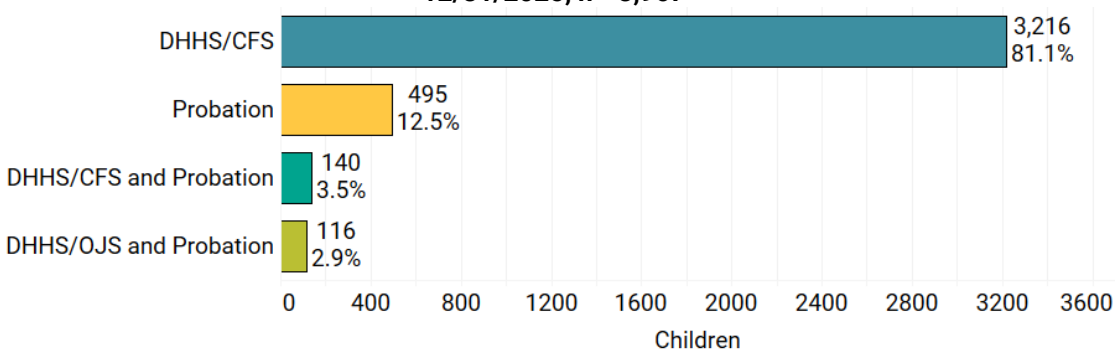
This section includes point-in-time data for court-involved children and youth under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division (hereafter referred to as Probation) in out-of-home care or a trial home visit.

On 12/31/2025, 3,967 Nebraska children were in an out-of-home or trial home visit placement[5] under DHHS/CFS, DHHS/OJS, and/or Probation.

Over the course of a year, a child may enter or exit out-of-home care one or more times and may be involved with one or more state agencies. Additionally, children may be involved in voluntary placements, court-ordered placements, or both throughout the year.

Figure 7 provides a snapshot of the agency involvement of non-duplicated children in out-of-home care on 12/31/2025.

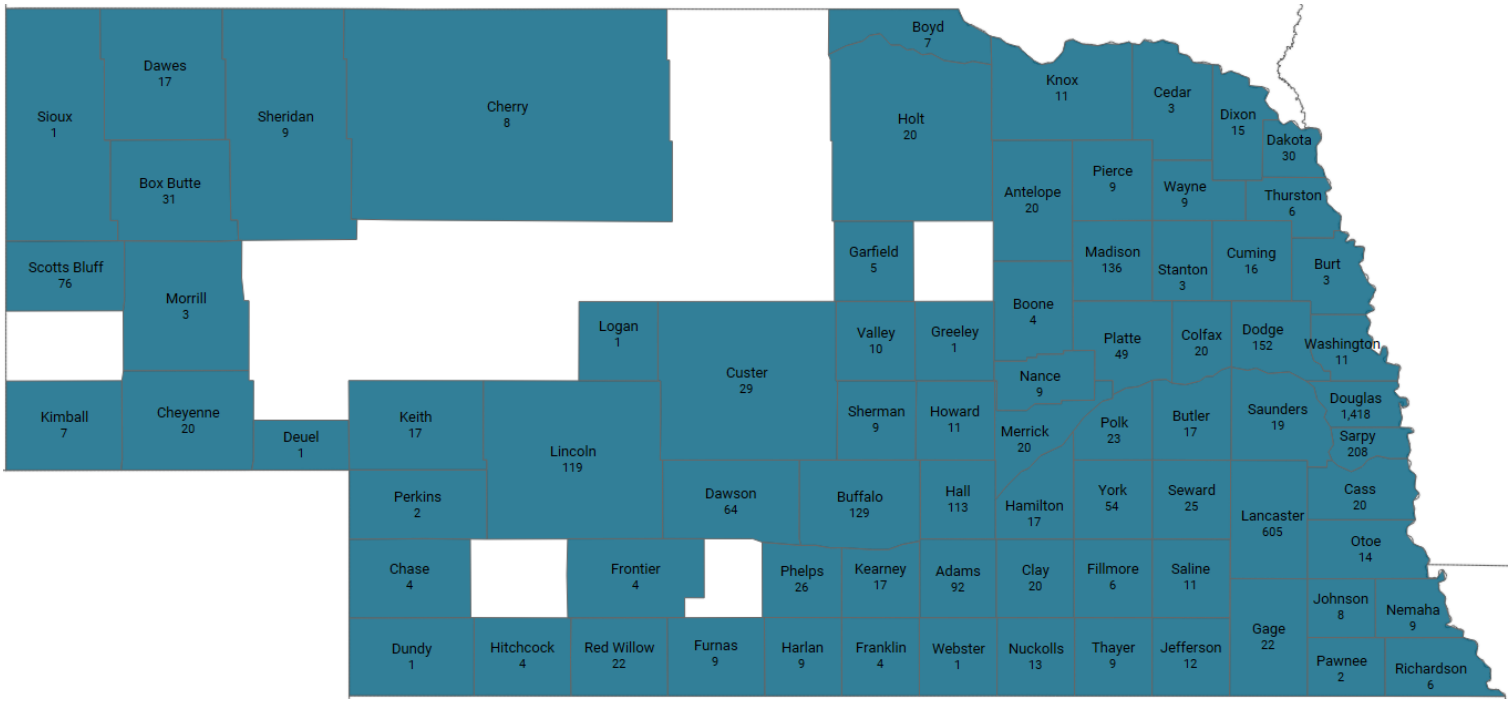
Figure 7: All Court-Involved Children in Out-of-Home Care or a Trial Home Visit by Agency Involved on 12/31/2025, n[6]=3,967



[5] This section does not include children in non-court Approved Informal Living Arrangements, tribal wards, or children that have never had a removal from the home.
[6] See Appendix B for a glossary of terms and a description of acronyms.

Children in out-of-home care come from across the entire state of Nebraska. Figure 8 represents the county of court jurisdiction for the 3,967 court-involved children who were in out-of-home care on 12/31/2025 (which excludes AILAs).[7]

Figure 8: County of Court Jurisdiction for all Nebraska Court-Involved Children in Out-of-Home Care or a Trial Home Visit on 12/31/2025, n=3,967



*Counties with no description or shading did not have any children in out-of-home care. These are predominately counties with sparse populations of children. Children who received services in the parental home without experiencing a removal and children placed directly with a non-custodial parent are not included as they are not within the FCRO's authority to track or review.

The 3,967 shown above is a 3.6% decrease compared to 12/31/2024 when 4,116 court-involved children were in out-of-home care.

The next sections of this report will summarize the sub-populations of all children in out-of-home care based on the agency or agencies involved.

[7] See Appendix B for a glossary of terms and a description of acronyms.

CHILD WELFARE CHILDREN

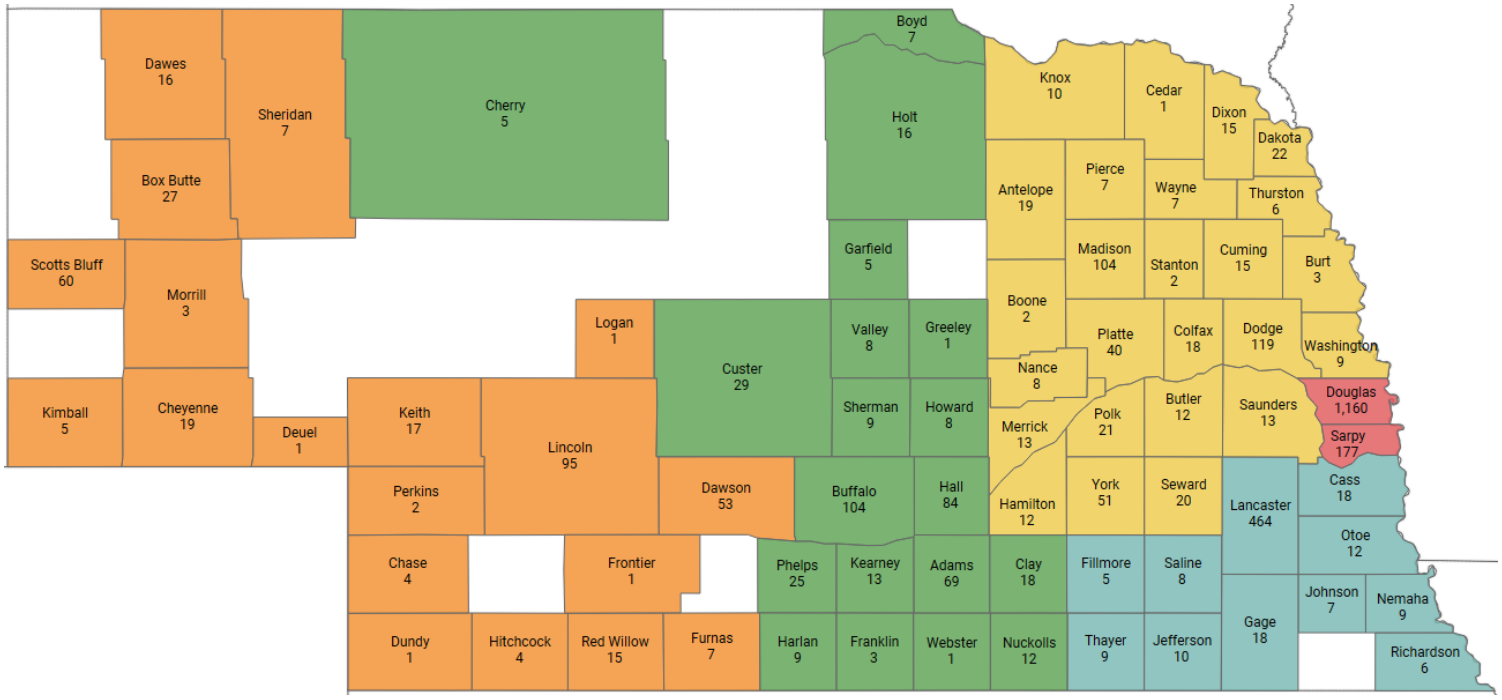
DHHS/CFS COURT-INVOLVED CHILDREN IN CARE THROUGH THE CHILD WELFARE SYSTEM

This section includes point-in-time data for DHHS/CFS only court-involved children in out-of-home care or a trial home visit in the child welfare system (abuse and neglect). This does not include children and youth dually involved with DHHS/CFS and Probation.

POINT-IN-TIME DEMOGRAPHICS AND PLACEMENTS

County. Figure 9 represents the county of court jurisdiction for the 3,216 children solely involved with DHHS/CFS in out-of-home care or a trial home visit on 12/31/2025. This compares to 3,397 on 12/31/2024.

Figure 9: County of Court Jurisdiction for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 12/31/2025, n=3,216



*Counties with no description or shading did not have any children in out-of-home care with DHHS/CFS involvement. These are predominately counties with sparse populations of children. Children who received services in the parental home without experiencing a removal and children placed directly with a non-custodial parent are not included as they are not within the FCRO's authority to track or review.

Figure 10: Service Areas for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 12/31/2025, n=3,216

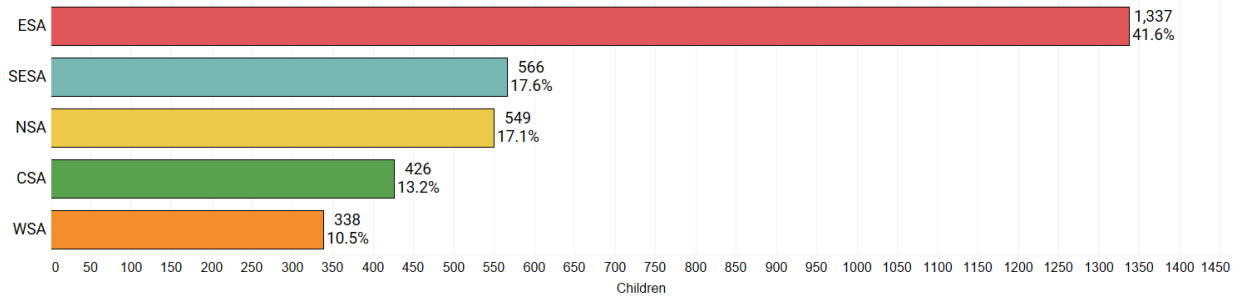


Figure 11 represents the top 10 counties by rate of DHHS/CFS wards in care per 1,000 children in the population, ages 0 up to 19, on 12/31/2025. While the three most populous counties in Nebraska (Douglas, Lancaster, and Sarpy) make up approximately 56% of DHHS/CFS wards, these counties are not within the top 10 counties with the highest rates. Some rural counties, like Dodge County (Fremont), which had the fourth highest counts of children who are DHHS/CFS wards, have higher rates of children in out-of-home care. Statewide, the rate of DHHS/CFS wards in care per 1,000 children was 5.9.

Figure 11: Top 10 Counties by Rate of DHHS/CFS Wards in Care per 1,000 Children in the Population on 12/31/2025

County	Children in Care	Total Age 0-19[8]	Rate per 1,000 Children	Number of Families
Boyd	7	345	20.3	2
Polk	21	1,298	16.2	10
Garfield	5	368	13.6	3
Nuckolls	12	900	13.3	8
York	51	3,829	13.3	28
Sherman	9	706	12.7	6
Harlan	9	727	12.4	4
Lincoln	95	8,147	11.7	62
Dodge	119	10,474	11.4	72
Antelope	19	1,673	11.4	13

[8] U.S. Census Bureau. "State Population Totals and Components of Change: 2020-2024." December 2024. https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html.

Figure 12: Service Areas by Rate of DHHS/CFS Wards in Care per 1,000 Children in the Population on 12/31/2025

Service Area	Children in Care	Total Age 0-19[9]	Rate per 1,000 Children	Number of Families
CSA	426	62,827	6.8	226
ESA	1,337	223,029	6.0	735
NSA	549	92,310	5.9	314
SESA	566	115,730	4.9	311
WSA	338	46,702	7.2	204

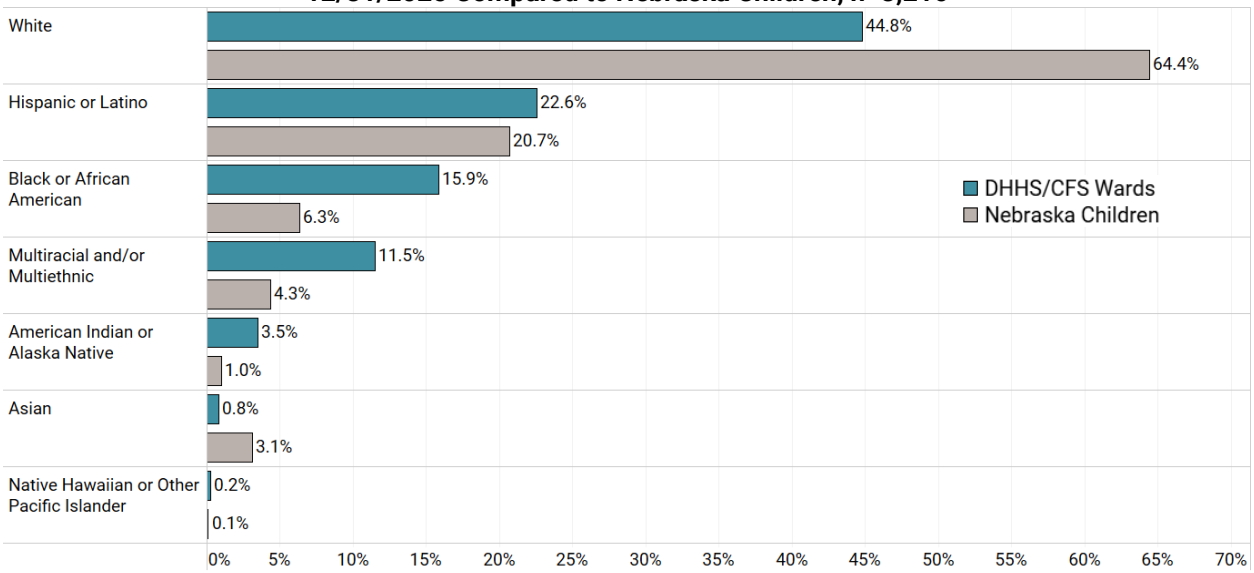
Age. The median age was 8 years old for males and 9 years old for females who were DHHS/CFS wards in care on 12/31/2025.

- 34.4% of the children in out-of-home care or trial home visits on 12/31/2025 were age 5 and under.
- 34.6% of the children were age 6-12.
- 31.0% of the children were age 13-18.

Gender. Males (49.0%) and females (51.0%) are nearly equally represented in the number of DHHS/CFS wards in care.

Race. Figure 13 compares the race and ethnicity of children in out-of-home care or a trial home visit to the number of children in the state of Nebraska. Children of color continue to be overrepresented in the out-of-home population. This overrepresentation is very similar to the data presented last year. A truly balanced out-of-home care system should reflect a population composed of race/ethnicity ratios in out-of-home care equivalent to the ratios of children in the general population per census records.

Figure 13: Race and Ethnicity of DHHS/CFS Wards in Out-of-Home Care and Trial Home Visits on 12/31/2025 Compared to Nebraska Children, n=3,216



[9] U.S. Census Bureau. "State Population Totals and Components of Change: 2020-2024." December 2024. https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html.

Times in Care Over Lifetime. The average number of times in care over their lifetime for current DHHS/CFS wards as of 12/31/2025 was 1.3.

Median Number of Days in Care. For those in care on 12/31/2025, the median number of days in care for DHHS/CFS wards was 409.5 days.

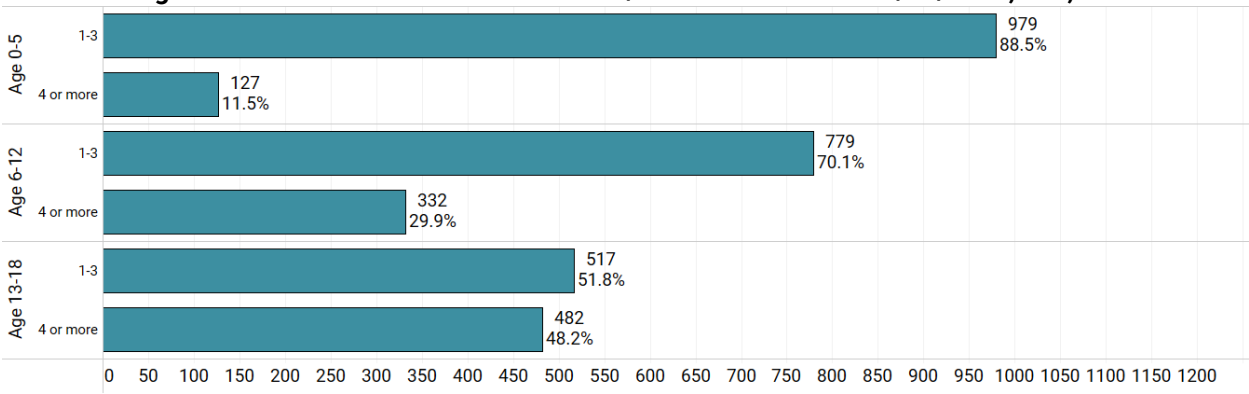
Number of Placements. Research indicates that children experiencing multiple placements over their lifetime puts them at greater risk for negative outcomes, such as delays in permanency, academic challenges, and difficulties forming meaningful attachments.[10] However, children who have experienced consistent, stable, and loving caregivers are more likely to have better long-term mental and physical health outcomes.[11]

On 12/31/2025, DHHS/CFS wards had an average of 3.4 placements in their lifetime.

Figure 14 shows the number of lifetime placements for DHHS/CFS wards by age group. It is unacceptable that 11.5% of children ages 0-5, and 29.9% of children ages 6-12 have been moved between caregivers four or more times. This has implications for children's health and safety at the time of review and throughout their lifetime.

By the time children reach their teens, just under half (48.2%) have exceeded four lifetime placements.

Figure 14: Lifetime Placements for DHHS/CFS Wards in Care 12/31/2025, n=3,216



The percentage of children with four or more lifetime placements varies by service area, as shown in Figure 15.

Figure 15: DHHS/CFS Wards with Four or More Lifetime Placements by Service Area 12/31/2025, n=3,216

Age Group	CSA	ESA	NSA	SESA	WSA
0-5	9.8%	11.1%	13.7%	8.0%	17.4%
6-12	33.3%	36.7%	24.2%	21.6%	23.8%
13-18	39.7%	54.9%	43.8%	45.1%	43.2%

[10] Casey Family Programs. "What Impacts Placement Stability?" May 12, 2023. https://www.casey.org/placement-stability-impacts/.

[11] Casey Family Programs. "What Impacts Placement Stability?" May 12, 2023. https://www.casey.org/placement-stability-impacts/.

Placement Restrictiveness. It is without question that "children grow best in families." While temporarily in foster care, children need to live in the least restrictive, most home-like placement, making it possible for them to grow and thrive. Thus, placement type matters. The least restrictive placements are home-like settings, moderate restrictive placements include non-treatment group facilities, and the most restrictive are the facilities that specialize in psychiatric, medical, or juvenile justice related issues and group emergency placements.

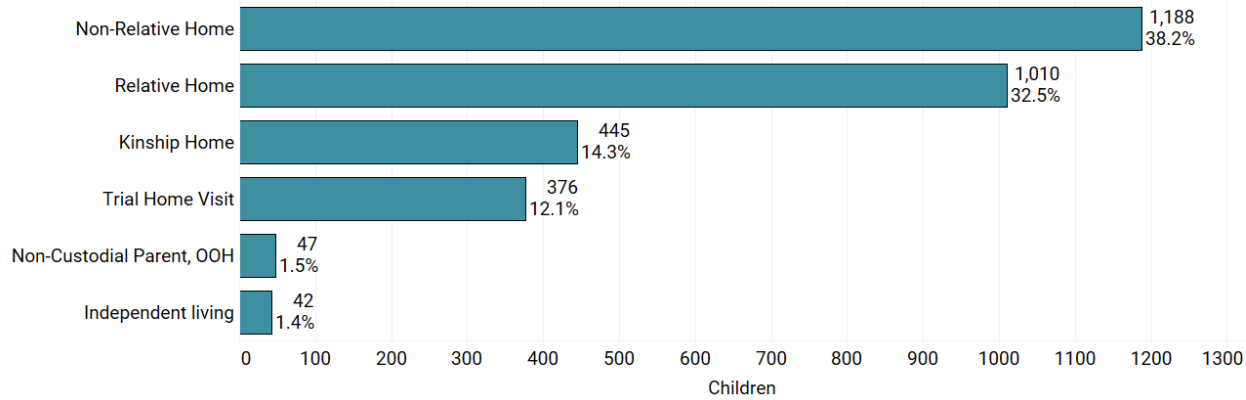
- The vast majority (96.6%) of DHHS/CFS state wards in care on 12/31/2025 were placed in the least restrictive placement, well above the 2023 national average of 87%.[12] This is a continuing trend.
    - Of the children placed in family-like settings (not including trial home visits), 53.3% were in a relative or kinship placement.[13]

Formalized relative and kinship care was put in place to allow children to keep existing and appropriate relationships and bonds with family members, or similarly important adults, thus lessening the trauma of separation from the parents.

If a maternal or paternal relative or family friend is an appropriate placement, children suffer less disruption by being placed with people they already know, who make them feel safe and secure; however, it is not required that relatives have a pre-existing relationship with the child in order to be placed with them.

When considering Figure 16, remember that some children in out-of-home care do not have any adult relatives available for consideration, while others may have relatives, but the relatives are not suitable to provide care.

Figure 16: Additional Details on Least Restrictive Placement Type for DHHS/CFS Wards in Out-of-Home Care or a Trial Home Visit on 12/31/2025, n=3,108



Licensing of Relative and Kinship Foster Homes. DHHS/CFS has reported that 96.9% of current relative and 91.9% of kinship homes are approved, rather than licensed.[14] Compliance to the new DHHS relative and kinship foster home approval process approved by the Administration for Children and Families (ACF) is crucial to ensure placement safety and stability, as well as to increase the amount of federal Title IV-E funding accessed by the state.[15] Completion of the Reasonable and Prudent Parenting Standards training should support these approved caregivers so they are better able to cope with the types of behaviors that

[12] The Annie E. Casey Foundation. "KIDS COUNT Data Center." 2023. https://datacenter.aecf.org/data/tables/6247-children-in-foster-care-by-placement-type?loc=1&loct=1#detailed/1/any/true/2545/2622.

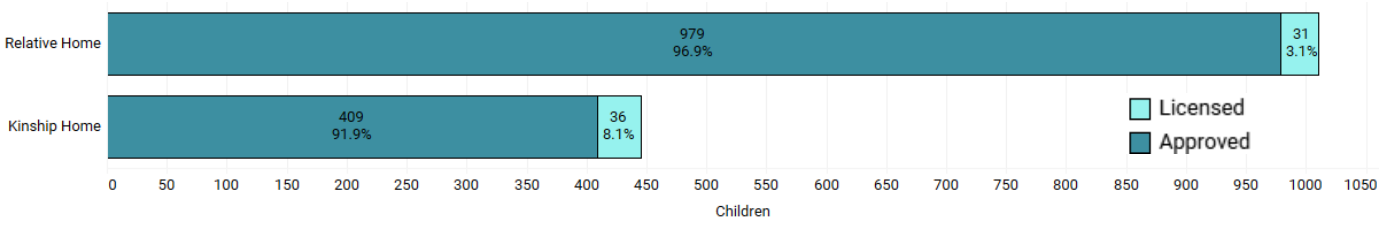
[13] Neb. Rev. Stat. §71-1901 defines relative care as placement with a relative of the child or of the child's sibling through blood, marriage, or adoption. Kinship care is with a fictive relative, someone with whom the child has had a significant relationship prior to removal from the home. Other states may use different definitions of kin, making comparisons difficult.

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

[15] Nebraska Department of Health and Human Services. "ACF Approved Nebraska's Relative and Kinship Caregiver Plan." dhhs.ne.gov, 2016. https://dhhs.ne.gov/Pages/ACF-Approved-Nebraska%E2%80%99s-Relative-and-Kinship-Caregiver-Plan.aspx.

children with a history of abuse or neglect can exhibit, along with intra-familial issues present in relative care that are not present in non-family situations. These approved caregivers will also need ample information on the workings of the foster care system and supports available to them and the children.

Figure 17: Licensing for DHHS/CFS Wards in Relative or Kinship Foster Homes on 12/31/2025, n=1,010 (Relatives) and n=445 (Kinship)

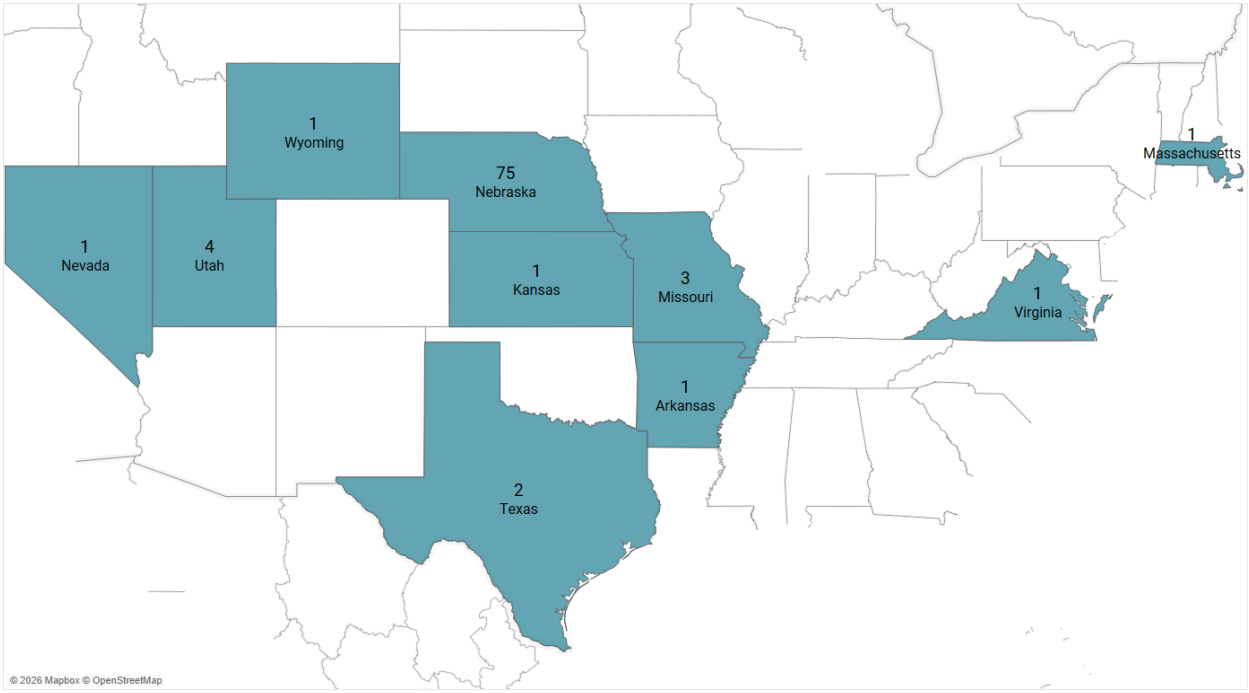


Missing from Care. On 12/31/2025, there were 18 DHHS/CFS wards missing from care. Of those missing, 14 were female and four were male. This is always a serious safety issue that deserves special attention. While unaccounted for, these children have a higher likelihood of experiencing sex trafficking, exploitation, and victimization.

Congregate Care. A majority (83.3%) of DHHS/CFS wards in congregate care facilities[16] were placed in Nebraska (Figure 18).

- DHHS/CFS had 90 children in congregate care, resulting in an increase from 80 on 12/31/2024.

Figure 18: DHHS/CFS Wards in Congregate Care on 12/31/2025 by State of Placement, n=90



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

CASEWORKER CHANGES

Caseworkers are charged with ensuring children's safety while in out-of-home care, and they are critical for children to achieve timely and appropriate permanency. The number of different caseworkers assigned to a case is significant because worker changes can create situations where there are gaps in the information and client relationships must be rebuilt, causing delays in permanency. It is also significant to the child welfare system because funding is directed to training new workers instead of serving families.

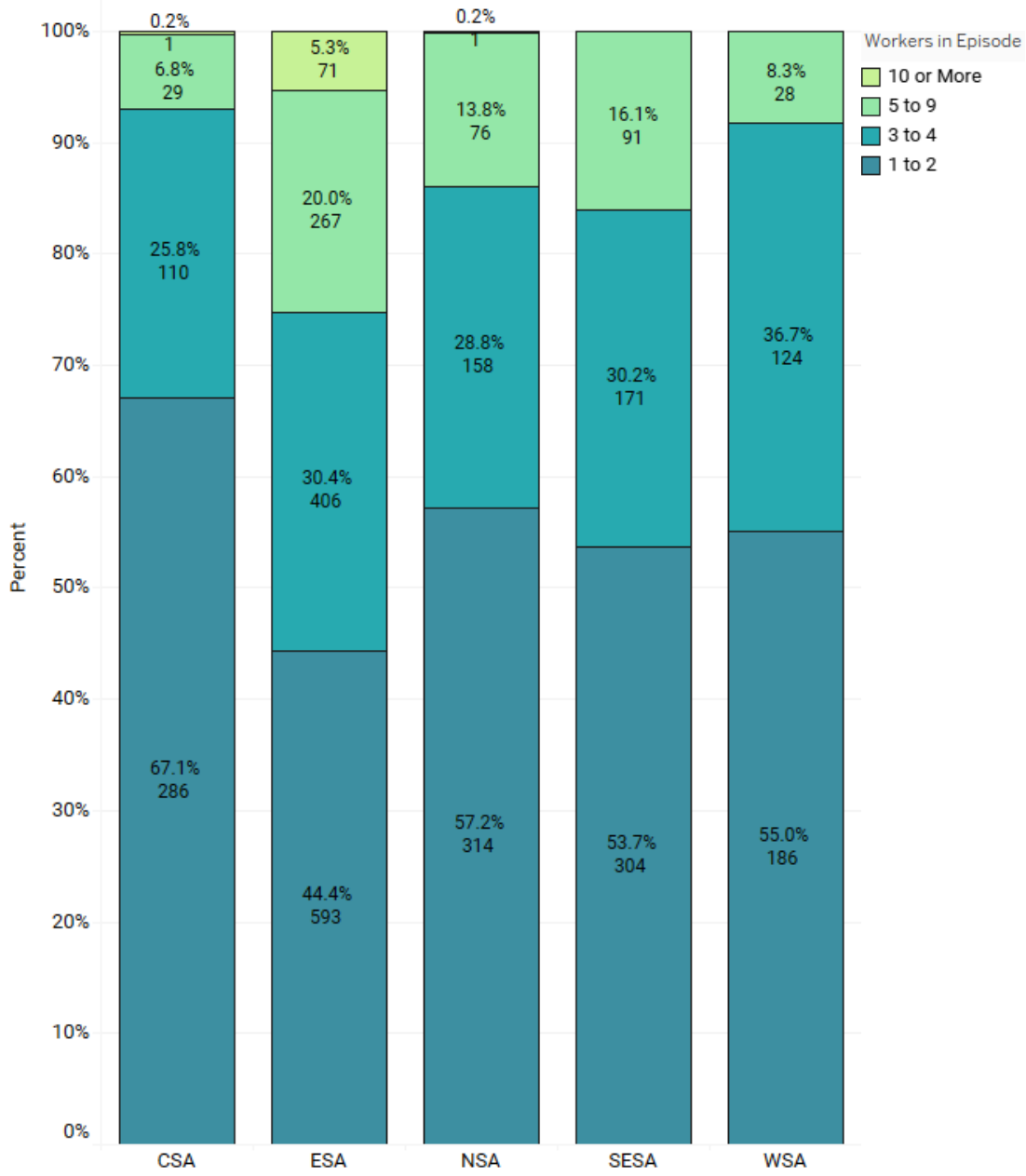
A study still frequently quoted from Milwaukee County, Wisconsin, found that children who only had one caseworker achieved timely permanency in 74.5% of the cases, as compared with 17.5% of those with two workers, and 0.1% of those having six workers.[17] Caseworker turnover has been associated with more placement disruptions, time in foster care, incidents of maltreatment, and re-entries into foster care.[18] Turnover is also significant to the child welfare system because resources are directed to recruiting, hiring, and training new workers instead of serving families. Every time a caseworker leaves the workforce, the cost to the agency can be approximately 70% to 200% of the exiting employee's annual salary.[19]

The FCRO receives information from DHHS/CFS about the caseworkers assigned to children's cases while in out-of-home care or trial home visits during their current episode.[20] Due to system changes over the years, the following explanations are necessary:

- In the Eastern Service Area, ongoing casework was done by lead agency (contractor) Family Permanency Specialists (FPS) until March 2022. Since then, it has been conducted by DHHS/CFS Case Managers. Thus, the count for the Eastern Service Area may include workers in each category. The FCRO was careful not to duplicate the counts for previous lead agency workers who were hired by DHHS/CFS if they continued to serve the same family.[21]
- In the rest of the state, the data represents the number of DHHS/CFS Case Managers assigned to a case.

[17] Flower, Connie, Jess Mcdonald, and Michael Sumski. "Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff," 2005. https://www.uh.edu/socialwork/_docs/cwep/national-iv-e/turnoverstudy.pdf.
[18] Casey Family Programs. "How Does Turnover in the Child Welfare Workforce Impact Children and Families?" August 29, 2023. https://www.casey.org/turnover-costs-and-retention-strategies/.
[19] Casey Family Programs. "How Does Turnover in the Child Welfare Workforce Impact Children and Families?" August 29, 2023. https://www.casey.org/turnover-costs-and-retention-strategies/.
[20] The FCRO has determined that there are issues with the way that DHHS reports the number of caseworker changes. Therefore, this information is issued with the caveat "as reported by DHHS."
[21] PromiseShip held the lead agency contract with DHHS until 2019 when DHHS rebid the contract and awarded it to Saint Francis Ministries. Cases transferred in the fall of 2019. Many former PromiseShip caseworkers were subsequently employed by Saint Francis. Then in spring 2022 the contract was discontinued, and many Saint Francis workers were hired as DHHS/CFS Case Managers. Throughout those transfers if the same worker remained with the child's case without a break of service, the FCRO ensured that the worker count was not increased. Counts were only increased during each transfer period if a new person became involved with the child and family.

Figure 19: Number of Caseworkers This Episode for DHHS/CFS Wards in Care 12/31/2025, n=3,216



Nearly a fifth (17.5%) of the children served by DHHS/CFS have had five or more caseworkers during their current episode in care. Children in the Eastern Service Area (ESA), which had been served by a private contractor, were disproportionately impacted by caseworker changes, and had a much higher percentage of children with five or more caseworkers than any other service area in the state. In fact, many children (25.3%) in the ESA had five or more workers, and of those, 71 children (5.3% of the ESA total) had 10 or more workers in their current episode in care, representing a decrease over the previous year. This does not include caseworkers that may have worked with the child during a previous episode in out-of-home care or a non-court, voluntary case. The FCRO encourages DHHS/CFS to continue to decrease the number of children who have had five or more caseworkers in their most recent episode in care.

DUALLY INVOLVED YOUTH

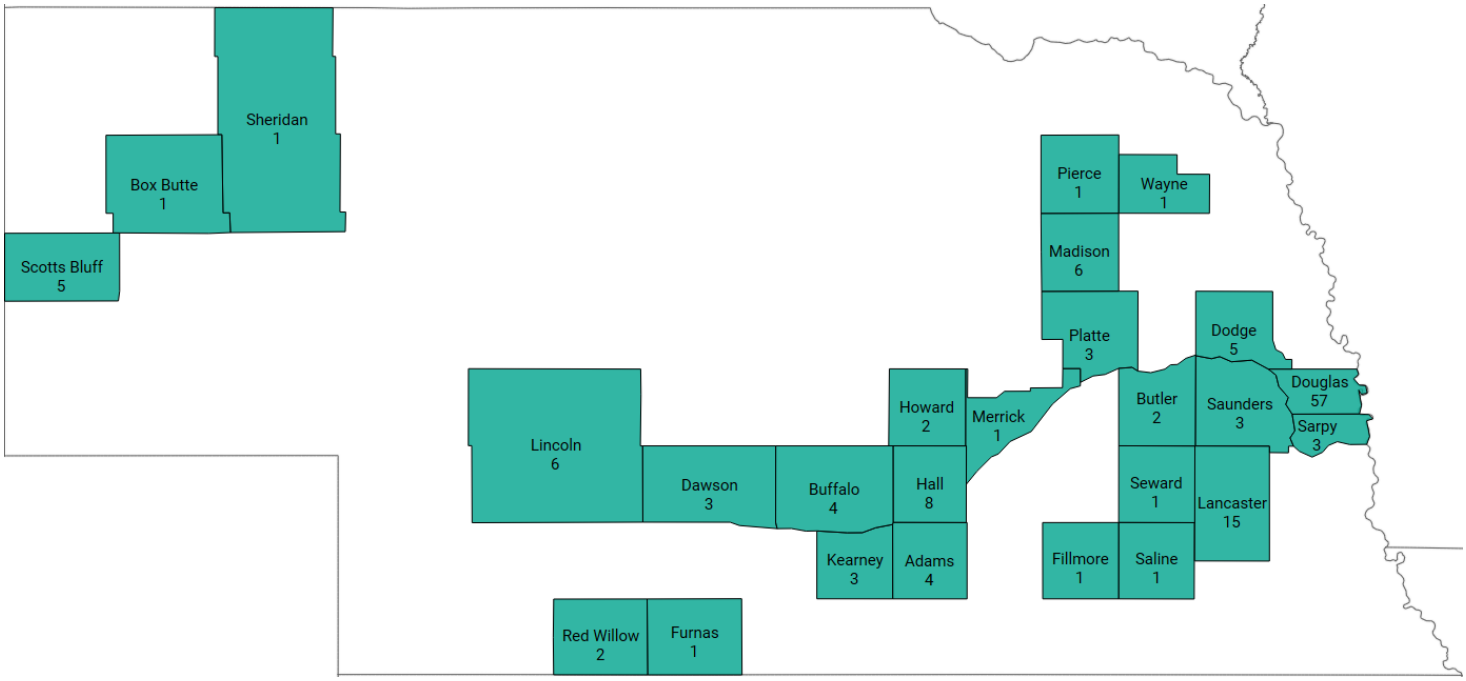
COURT-INVOLVED YOUTH IN CARE THROUGH CHILD WELFARE AND SUPERVISED BY THE ADMINISTRATIVE OFFICE OF COURTS AND PROBATION – JUVENILE SERVICES DIVISION

This section includes point-in-time data for court-involved youth in out-of-home care, or a trial home visit simultaneously involved in the Child Welfare System (abuse and neglect) and supervised by the Administrative Office of Courts and Probation – Juvenile Services Division.

POINT-IN-TIME DEMOGRAPHICS AND PLACEMENTS

County. On 12/31/2025, there were 140 dually involved youths in out-of-home care, which is a 0.7% decrease from the 141 youths on 12/31/2024. (See Appendix A for a list of counties and their respective judicial districts and service areas).

Figure 20: County of Origin for Dually Involved Youth on 12/31/2025, n=140



*Counties with no description or shading did not have any youth in out-of-home care simultaneously involved with DHHS/CFS and Probation. These are predominately counties with sparse populations of children and youth. Youth who received services in the parental home without experiencing a removal and children and youth placed directly with a non-custodial parent are not included as they are not within the FCRO's authority to track or review.

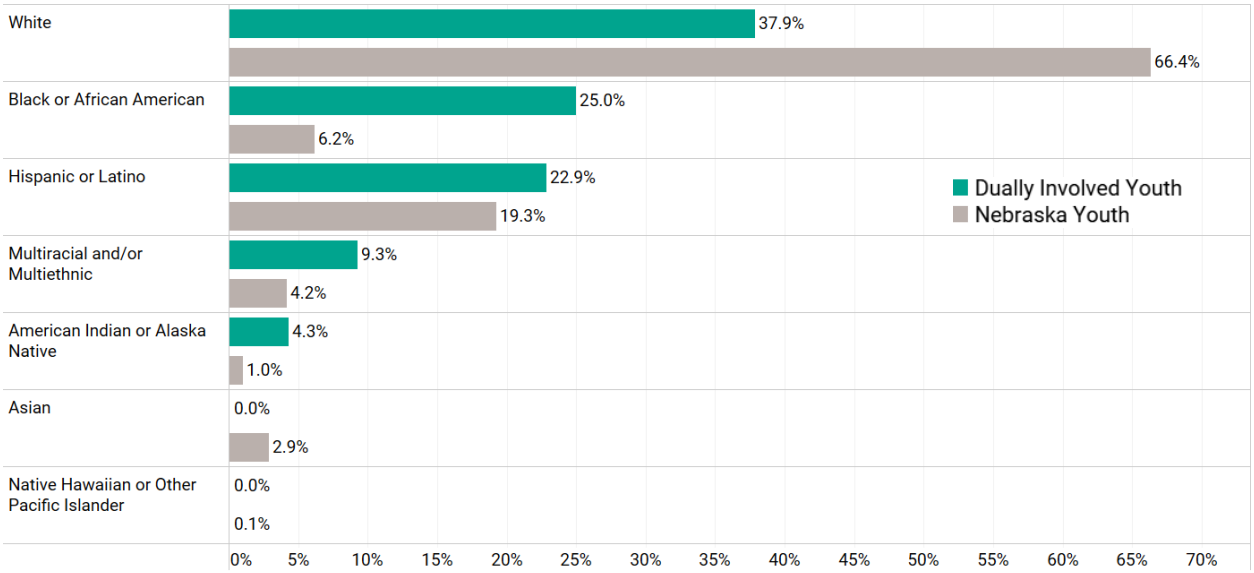
Age. The median age for dually involved youth was 16 years old for both males and females.

- 5 (3.6%) were age 11-12.
- 24 (17.1%) were age 13-14.
- 53 (37.9 %) were age 15-16.
- 58 (41.4%) were age 17-18.

Gender. Males outnumbered females among dually involved youth (64.3% to 35.7%, respectively).

Race and Ethnicity. As discussed throughout this report, there is racial disproportionality in this group also. Many racial and ethnic groups of color are overrepresented, particularly Black or African American, Multiracial and/or Multiethnic, and American Indian or Alaska Native youth, while white youth are underrepresented.[22]

Figure 21: Race and Ethnicity of Dually Involved Youth in Out-of-Home Care Compared to Nebraska Youth on 12/31/2025, n=140



Times in Care Over Lifetime. The average number of times in care over their lifetime for current dually involved youth as of 12/31/2025 was 1.9.

Median Number of Days in Care. For those in care on 12/31/2025, the median number of days in care for dually involved youth was 506 days.

Number of Placements. The average number of placements over their lifetime for dually involved youth on 12/31/2025 was 10.0.

Placement Types. On 12/31/2025:

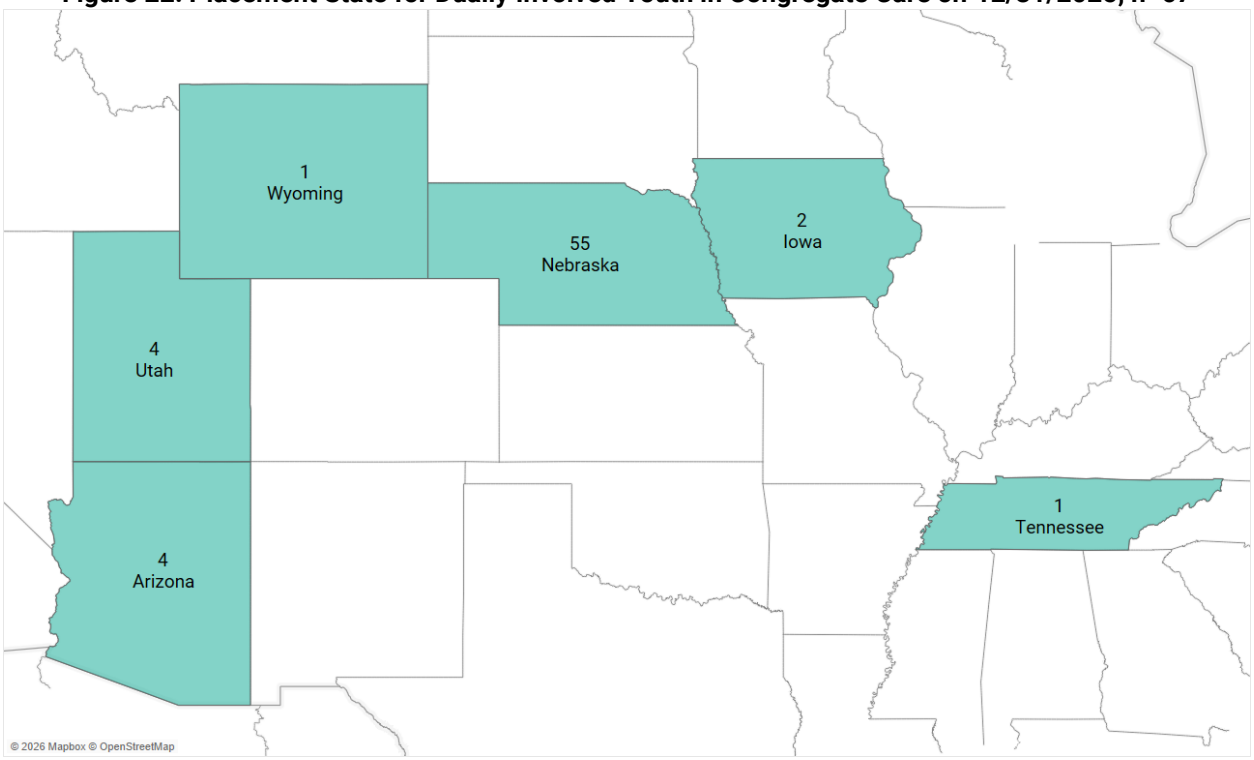
- Under half (41.4%) were in family-like settings (relative, kin, or non-relative foster care).
- 25.0% were in non-treatment congregate care, excluding corrections related placements (see below).
- 14.3% were in a corrections related placement.
- 8.6% were in treatment congregate care.
- 5.0% were missing from care.
- 5.0% were in independent living.
- 0.7% were with a non-custodial parent.

[22] The number of American Indian or Alaska Native youth in out-of-home care while dually involved does not include those involved in Tribal Court.

Missing from Care. On 12/31/2025, there were seven dually involved youth missing from care. Of the missing youth, three were female and four were male.

Congregate Care. Most (82.1%) dually involved youth in congregate care were placed in Nebraska.

Figure 22: Placement State for Dually Involved Youth in Congregate Care on 12/31/2025, n=67



PROBATION YOUTH

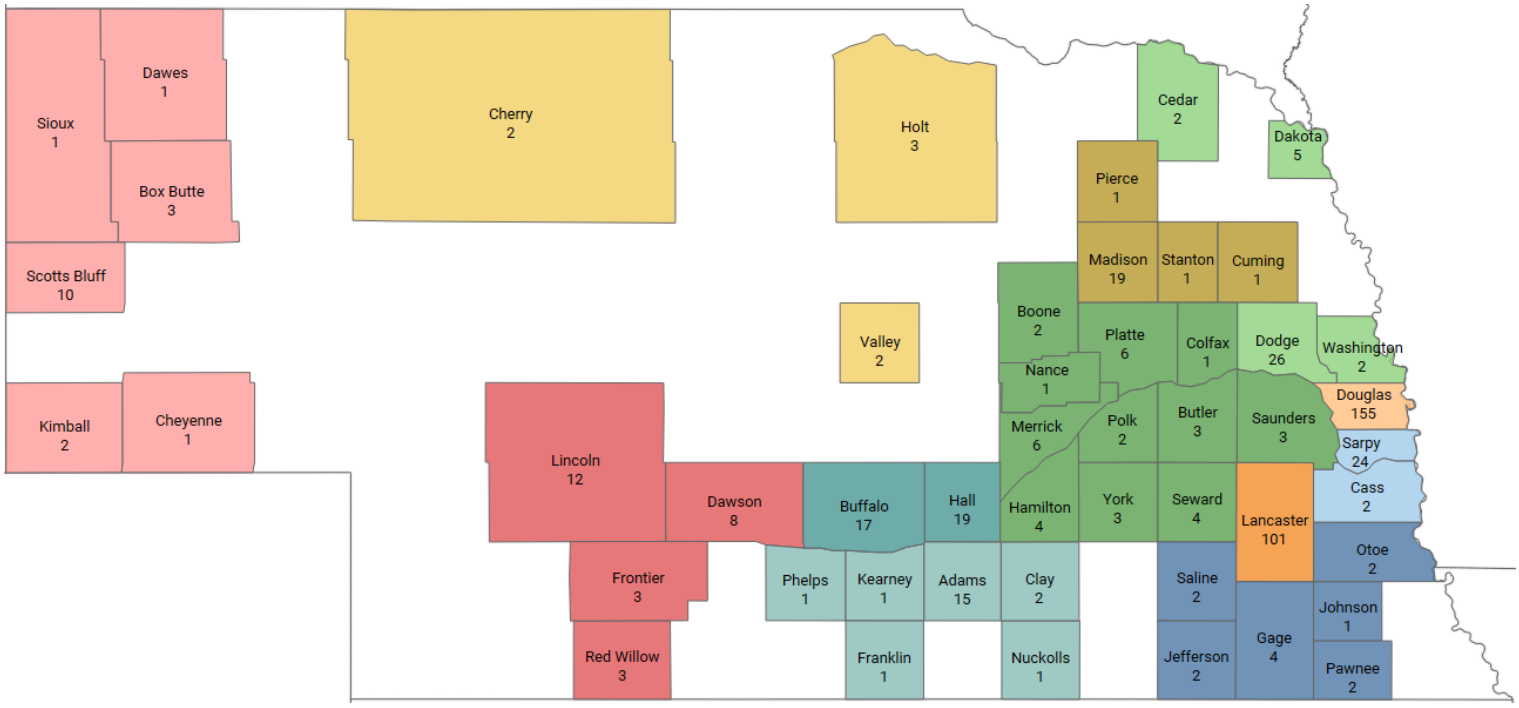
YOUTH IN OUT-OF-HOME CARE SUPERVISED BY THE ADMINISTRATIVE OFFICE OF THE COURTS AND PROBATION – JUVENILE SERVICES DIVISION

This section includes point-in-time data for court-involved youth in out-of-home care for Probation only supervised youth.

POINT-IN-TIME DEMOGRAPHICS AND PLACEMENTS

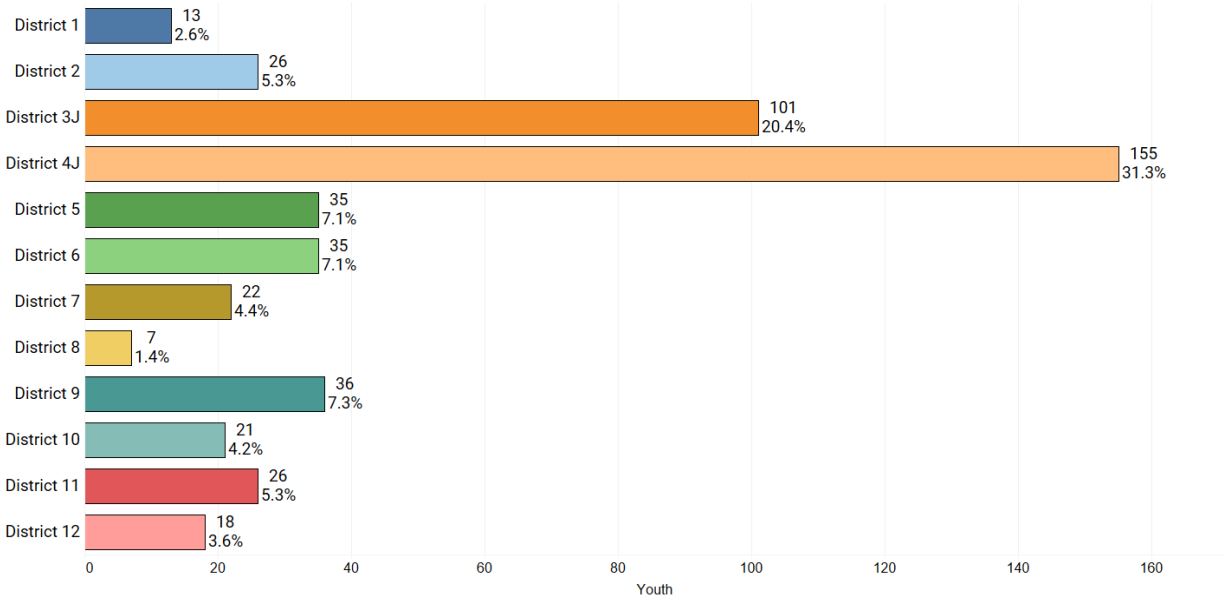
County. Figure 23 shows the county of court jurisdiction for Probation supervised youth in out-of-home care on 12/31/2025, based on the judicial district. On 12/31/2025, there were 495 youths in out-of-home care supervised by Probation compared to 479 on 12/31/2024, a 3.3% increase. (See Appendix A for a list of counties and their respective districts).

Figure 23: County of Court Jurisdiction for Probation Supervised Youth in Out-of-Home Care on 12/31/2025, n=495



*Counties with no description or shading did not have any youth in out-of-home care under Probation supervision. These are predominately counties with sparse populations of children and youth. Youth who received services in the parental home without experiencing a removal and youth placed directly with a non-custodial parent are not included as they are not within the FCRO's authority to track or review.

Figure 24: Probation Districts for Probation Supervised Youth in Out-of-Home Care on 12/31/2025, n=495



Age. The median age of Probation supervised youth in out-of-home care on 12/31/2025 was 16 years old for both males and females.

- 7 (1.4%) were age 11-12.
- 73 (14.7%) were age 13-14.
- 201 (40.6%) were age 15-16.
- 214 (43.2%) were age 17-18.

Gender. Males were 68.9% of the population of Probation supervised youth in out-of-home care, females were 31.1%.

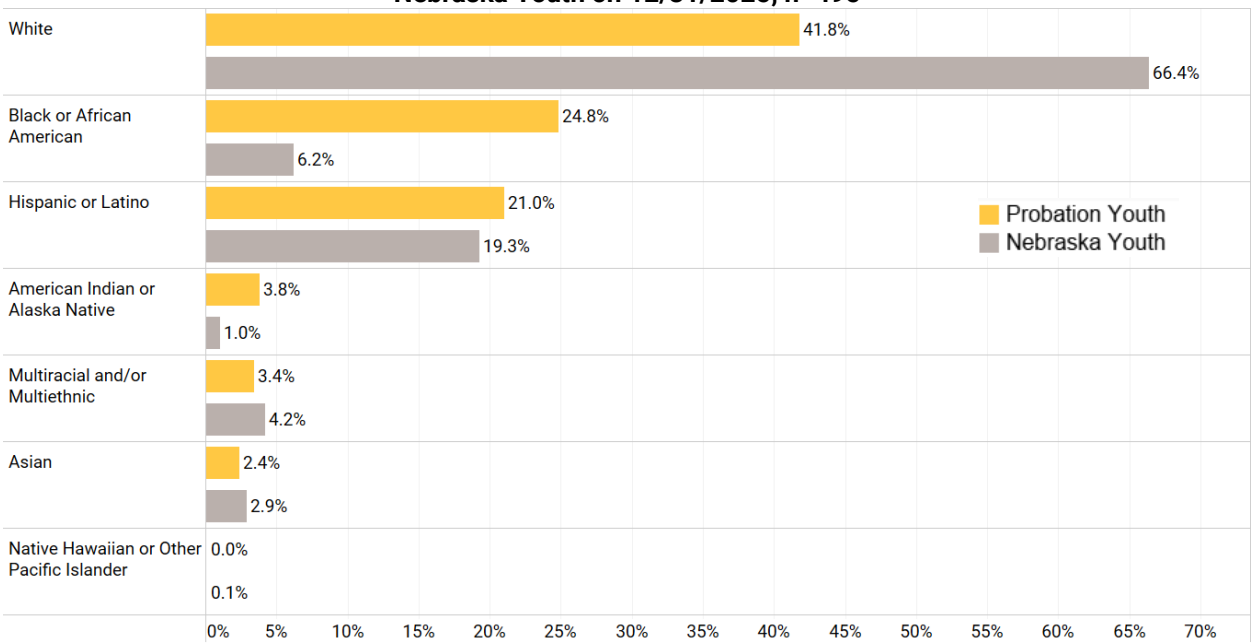
Race. Black or African American and American Indian or Alaska Native youth were disproportionately represented in the population of Probation supervised youth in out-of-home care.

- As shown in Figure 25, Black or African American youth make up 6.2% of Nebraska's youth population but represent 24.8% of the Probation supervised youth in out-of-home care.
- American Indian or Alaska Native youth are just 1.0% of Nebraska's youth population, but 3.8% of the Probation supervised youth in out-of-home care.[23]

The disproportionality for Black or African American youth and American Indian or Alaska Native youth have both slightly decreased from the previous year (26.7% and 4.6%, respectively).

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

Figure 25: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Care Compared to Nebraska Youth on 12/31/2025, n=495

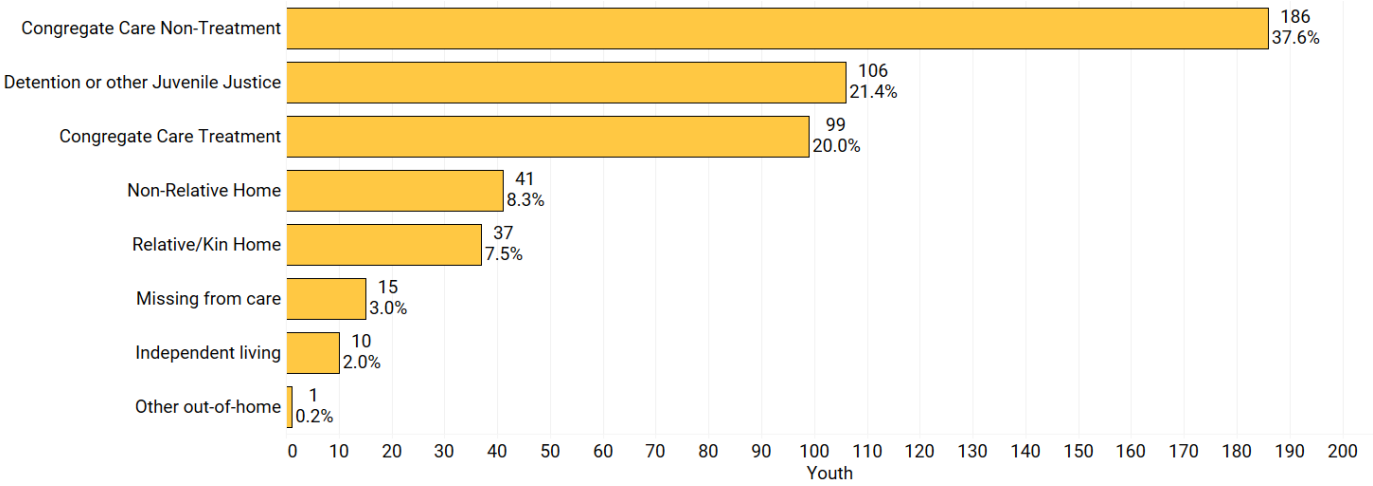


Times in Care Over Lifetime. The average number of times in care over their lifetime for Probation supervised youth as of 12/31/2025 was 2.1.

Median Number of Days in Care. For those in care on 12/31/2025, the median number of days in care for Probation supervised youth was 150 days.

Placement Type. Probation supervised youth in out-of-home care were most frequently placed in a non-treatment group care facility (Figure 26). Of note, 21.4% were in a corrections or detention-type setting and only 20.0% were in a treatment facility.

Figure 26: Probation Supervised Youth in Out-of-Home Care on 12/31/2025 by Placement Type, n=495

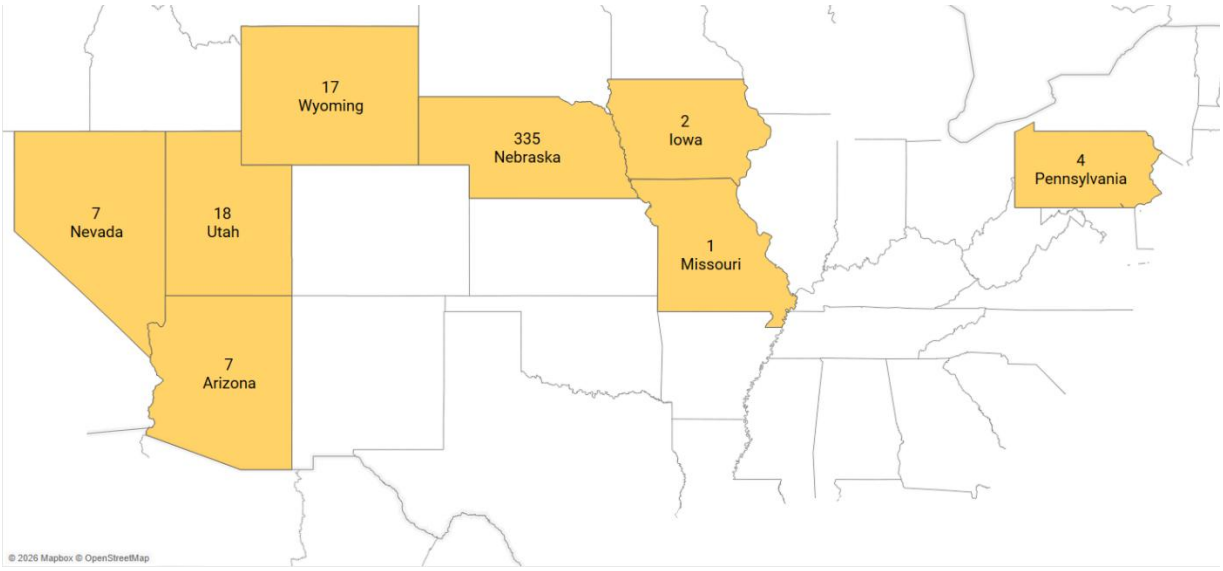


Number of Placements. The average number of lifetime placements as of 12/31/2025 for Probation supervised youth was 4.9 placements.

Missing from Care. On 12/31/2025, there were 15 Probation supervised youth missing from care. Of the missing youth, six were female and nine were male.

Congregate Care. Comparing 12/31/2025 to 12/31/2024, there was an 8.0% increase in the number of Probation supervised youth placed in congregate care facilities (391 and 362, respectively). On 12/31/2025, 85.7% were placed in Nebraska.

Figure 27: Probation Supervised Youth in Congregate Care on 12/31/2025 by State of Placement, n=391



YRTC YOUTH

YOUTH PLACED AT THE YOUTH REHABILITATION AND TREATMENT CENTERS

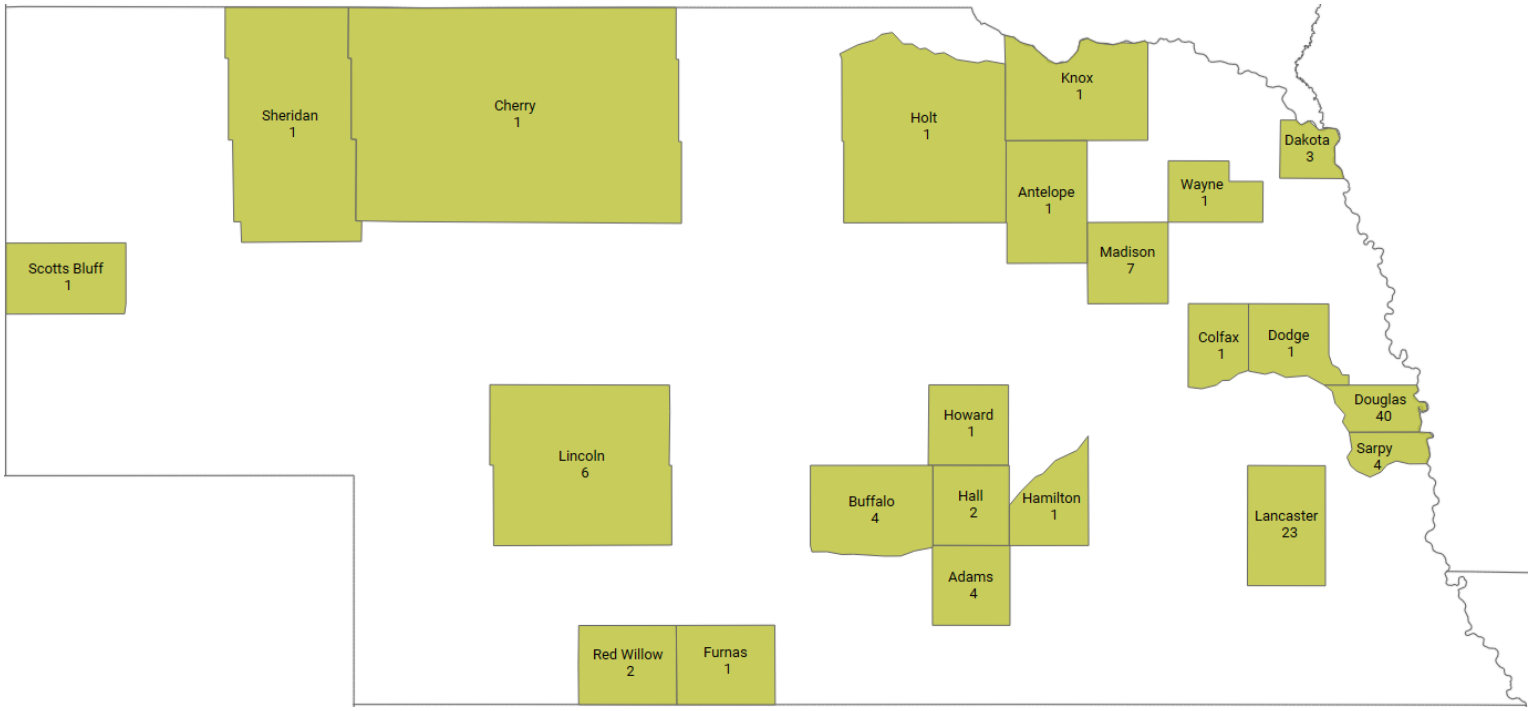
This section includes point-in-time data for youth placed at a Youth Rehabilitation and Treatment Center (YRTC). There are currently three YRTC facilities in the state; they are located in Lincoln, Hastings, and Kearney. Data describes population trends, snapshot distributions, and point-in-time data for youth at the YRTCs.

Over the past few years, the YRTC system has gone through some substantial changes, including to the program, the educational structure, and even the physical locations. While some changes were in response to COVID-19, other changes were aimed to improve the programs within the YRTC system. Only the most pertinent measures are included in this section.

POINT-IN-TIME DEMOGRAPHICS

County. On 12/31/2025, there were 116 youth involved with OJS and Probation; 107 of these youth were placed at a YRTC. Of the nine remaining youths not at a YRTC, seven were placed at a detention center or juvenile justice facility, one was in a foster family home, and one was missing from care. Figure 28 illustrates the county of court of each of the 107 youths placed at a YRTC.

Figure 28: Youth Placed by a Juvenile Court at a YRTC on 12/31/2025 by County of Court, n=107



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

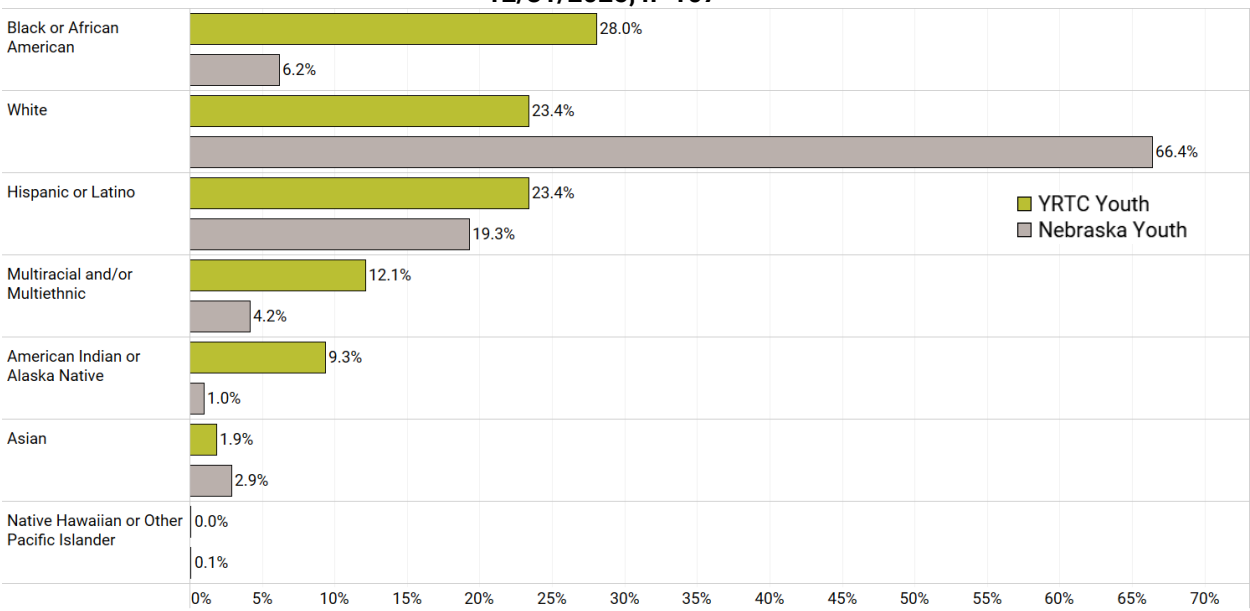
Age. By law, youth placed at a YRTC range in age from 14 to 18. On 12/31/2025, the median age for males was 17 years old and for females it was 16 years old.

Gender. On 12/31/2025, there were 88 males, and 19 females placed at a YRTC.

Race and Ethnicity. Youth of color are disproportionately represented at the YRTCs. In particular:

- Black or African American, American Indian or Alaska Native, and Multiracial and/or Multiethnic youth were disproportionately represented in the YRTC population on 12/31/2025.
    - Black or African American youth make up 6.2% of Nebraska's youth population but were 28.0% of the YRTC population on 12/31/2025. This is an overrepresentation of over four times their census population.
    - American Indian or Alaska Native youth make up only 1.0% of Nebraska's youth population but were 9.3% of the YRTC population on 12/31/2025, meaning they are overrepresented by nine times their census population.

Figure 29: Race and Ethnicity of Youth Placed at a YRTC Compared to Nebraska Youth on 12/31/2025, n=107



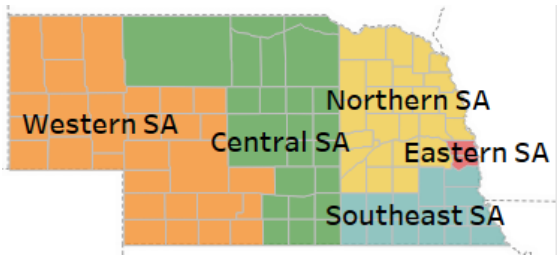
Times in Care Over Lifetime. The average number of times in care over their lifetime for youth at a YRTC on 12/31/2025 was 2.7.

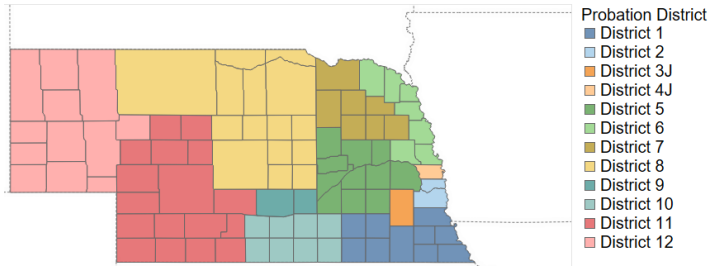
Median Number of Days in Care. For those in care on 12/31/2025, the median number of days in care for youth at a YRTC was 446 days.

Number of Placements. The average number of placements over their lifetime for youth at a YRTC on 12/31/2025 was 9.4.

Appendix A

County to DHHS Service Area and Judicial (Probation) District[24]





County	DHHS Service Area	Probation District
Adams	Central SA	District 10
Antelope	Northern SA	District 7
Arthur	Western SA	District 11
Banner	Western SA	District 12
Blaine	Central SA	District 8
Boone	Northern SA	District 5
Box Butte	Western SA	District 12
Boyd	Central SA	District 8
Brown	Central SA	District 8
Buffalo	Central SA	District 9
Burt	Northern SA	District 6
Butler	Northern SA	District 5
Cass	Southeast SA	District 2
Cedar	Northern SA	District 6
Chase	Western SA	District 11
Cherry	Central SA	District 8
Cheyenne	Western SA	District 12
Clay	Central SA	District 10
Colfax	Northern SA	District 5
Cuming	Northern SA	District 7
Custer	Central SA	District 8

County	DHHS Service Area	Probation District
Dakota	Northern SA	District 6
Dawes	Western SA	District 12
Dawson	Western SA	District 11
Deuel	Western SA	District 12
Dixon	Northern SA	District 6
Dodge	Northern SA	District 6
Douglas	Eastern SA	District 4J
Dundy	Western SA	District 11
Fillmore	Southeast SA	District 1
Franklin	Central SA	District 10
Frontier	Western SA	District 11
Furnas	Western SA	District 11
Gage	Southeast SA	District 1
Garden	Western SA	District 12
Garfield	Central SA	District 8
Gosper	Western SA	District 11
Grant	Western SA	District 12
Greeley	Central SA	District 8
Hall	Central SA	District 9
Hamilton	Northern SA	District 5
Harlan	Central SA	District 10

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

County	DHHS Service Area	Probation District
Hayes	Western SA	District 11
Hitchcock	Western SA	District 11
Holt	Central SA	District 8
Hooker	Western SA	District 11
Howard	Central SA	District 8
Jefferson	Southeast SA	District 1
Johnson	Southeast SA	District 1
Kearney	Central SA	District 10
Keith	Western SA	District 11
Keya Paha	Central SA	District 8
Kimball	Western SA	District 12
Knox	Northern SA	District 7
Lancaster	Southeast SA	District 3J
Lincoln	Western SA	District 11
Logan	Western SA	District 11
Loup	Central SA	District 8
Madison	Northern SA	District 7
McPherson	Western SA	District 11
Merrick	Northern SA	District 5
Morrill	Western SA	District 12
Nance	Northern SA	District 5
Nemaha	Southeast SA	District 1
Nuckolls	Central SA	District 10
Otoe	Southeast SA	District 1
Pawnee	Southeast SA	District 1
Perkins	Western SA	District 11
Phelps	Central SA	District 10
Pierce	Northern SA	District 7
Platte	Northern SA	District 5
Polk	Northern SA	District 5
Red Willow	Western SA	District 11
Richardson	Southeast SA	District 1

County	DHHS Service Area	Probation District
Rock	Central SA	District 8
Saline	Southeast SA	District 1
Sarpy	Eastern SA	District 2
Saunders	Northern SA	District 5
Scotts Bluff	Western SA	District 12
Seward	Northern SA	District 5
Sheridan	Western SA	District 12
Sherman	Central SA	District 8
Sioux	Western SA	District 12
Stanton	Northern SA	District 7
Thayer	Southeast SA	District 1
Thomas	Western SA	District 11
Thurston	Northern SA	District 6
Valley	Central SA	District 8
Washington	Northern SA	District 6
Wayne	Northern SA	District 7
Webster	Central SA	District 10
Wheeler	Central SA	District 8
York	Northern SA	District 5

Appendix B

Glossary of Terms and Acronyms

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

AILA is an Approved Informal Living Arrangement for children who are involved with DHHS/CFS and placed in out-of-home care voluntarily by their parents. AILA cases are not court-involved.

Alternative Response is an approach to working with families to safely care for children in their own homes and communities and it is a different way to respond to allegations of abuse or neglect so children can stay in their homes. It focuses on partnering with families to address safety concerns and build on their strengths, rather than on a traditional, adversarial investigation to prove abuse or neglect. This method is voluntary and often used for lower-risk cases where the primary goal is prevention and family preservation.

Child is defined by statute [Neb. Rev. Stat. §43-245(2)] as being age birth through eighteen; in Nebraska a child becomes a legal adult on their 19th birthday.

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

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

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

DHHS/CFS is the Nebraska Department of Health and Human Services Division of Children and Family Services. DHHS/CFS serves children with state involvement due to abuse or neglect (child welfare).

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 for delinquent youth.

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

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

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

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

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

ICWA refers to the Indian Child Welfare Act.

Kinship home. Per Neb. Rev. Stat. §71-1901(7) "kinship home" means a home where a child or children receive out-of-home care and at least one of the primary caretakers has previously lived with or is a trusted

adult that has a preexisting, significant relationship with the child or children or a sibling of such child or children as described in Neb. Rev. Stat. §43-1311.02(8).

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

n= refers to the number of individuals represented within the dataset.

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

Normalcy includes extracurricular, or other enrichment and fun activities designed to give any child the skills that will be useful as adults, such as strengthening the ability to get along with peers, leadership skills, and skills common for hobbies such as those in 4-H, choir, band, scouts, athletics, etc.

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

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

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

Psychotropic medications are drugs prescribed with the primary intent to stabilize or improve mood, behavior, or mental illness. There are several categories of these medications, including antipsychotics, antidepressants, anti-anxiety, mood stabilizers, and cerebral/psychomotor stimulants.[25,26]

Relative placement. Neb. Rev. Stat. §71-1901(9) defines "relative placement" as one in which the foster caregiver has a blood, marriage, or adoption relationship to the child or a sibling of the child; and for American Indian children they may also be an extended family member per the child's Tribe's definition of extended family.

Structured Decision Making (SDM) is a proprietary set of evidence-based assessments that DHHS/CFS used to guide decision-making. Per the CFS Field Guidance on Assessments of Family, made effective December 1, 2023; previously used SDM assessments are no longer required.

Service Area (SA) is the geographic region within the state of Nebraska responsible for DHHS wards. The service areas are broken out as Central, Eastern, Northern, Southeast, and Western. Counties in each are listed in Appendix A.

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

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

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[25] American Academy of Child and Adolescent Psychiatry. "A Guide for Community Child Serving Agencies on Psychotropic Medications for Children and Adolescents a Guide for Public Child Serving Agencies on Psychotropic Medications for Children and Adolescents," 2012. https://www.aacap.org/App_Themes/AACAP/docs/press/guide_for_community_child_serving_agencies_on_psychotropic_medications_for_children_and_adolescents_2012.pdf.

[26] State of Florida Department of Children and Families Tallahassee. "Guidelines for the Use of Psychotherapeutic Medications in State Mental Health Treatment Facilities." October 15, 2018. https://www.myflfamilies.com/sites/default/files/2022-12/cfop_155-01_guidelines_for_the_use_of_psychotherapeutic_medications_in_state_mental_health_treatment_facilities.pdf.

System Oversight Specialists (SOS) are FCRO staff members that perform reviews, facilitate board meetings, and work directly with volunteers who provide recommendations to the court for each individual child reviewed in out-of-home care.

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

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

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

Volunteer review board members serve as dedicated advocates for children and youth within the child welfare and juvenile justice systems. By conducting thorough case reviews for children in out-of-home care, volunteers make findings and recommendations for each case which are included in a final written report. All legal parties to the case, including the court, receive a copy of this report. Volunteers prioritize the safety and well-being of the children and ensure that every child's best interests remain at the forefront of the legal process.

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

Appendix C

The Foster Care Review Office

The Foster Care Review Office (FCRO) celebrated 43 years of service on July 1, 2025. The FCRO is the independent state agency responsible for overseeing the safety, permanency, and well-being of children in out-of-home care in Nebraska. Through a process that includes case reviews, data collection and analysis, and accountability, we are the authoritative voice for all children and youth in out-of-home care.

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

Data. Tracking is facilitated by the FCRO's independent data system, through collaboration with our partners at DHHS and the Administrative Office of the Courts and Probation. Every episode in care, placement change, and caseworker/probation officer change is tracked; relevant court information for each child is gathered and monitored; and data relevant to the children reviewed is gathered, verified, and entered into the data system by FCRO staff. This allows us to analyze large scale system changes and select children for citizen review based on the child's time in care and certain upcoming court hearings.[27]

Once a child is selected for review, FCRO System Oversight Specialists track children's outcomes and facilitate citizen reviews. Local volunteer review board members, who are community volunteers who have successfully completed required initial and ongoing instruction, conduct case file reviews, and make required findings.[28]

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

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

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

[28] Children and youth are typically reviewed at least once every six months for as long as they remain in care.

ADDITIONAL INFORMATION IS AVAILABLE

The Foster Care Review Office can provide additional information on many of the topics in this Report. For example, much of the data previously presented can be further divided by judicial district, DHHS/CFS service area, county of court involved in the case, and various demographic measures.

Some of the most requested data is publicly accessible with easy-to-use sort and limitation features at the FCRO's data dashboard:

https://fcro.nebraska.gov/data_dashboards.html

If you are interested in more data on a particular topic, or would like a speaker to present on the data, please contact us with the specifics of your request at:

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