September 2026 Annual Report

Submitted pursuant to Neb. Rev. Stat. §43-1303(4) Issued: September 1, 2026

NEBRASKA
FOSTER CARE REVIEW OFFICE
Good Life, Great Outcomes

This Annual Report is dedicated to:

- The 325 Foster Care Review Office local volunteer review board members on 54 review boards across the state who meet each month to review children's cases.
- The 28 FCRO staff members who are dedicated to the mission and vision of our agency, 18 of whom directly facilitate the volunteer review boards and all of whom enable the collection of data described in this report and promote children's best interests.
- Everyone in the child welfare and juvenile justice systems who work each day to improve conditions for children and youth in out-of-home care.

ADVISORY COMMITTEE MEMBERS, FY2025-26

(All Volunteers)

Member	Represents
Noelle Petersen, Lincoln	Local Board
Peggy Snurr, Lincoln	Local Board
Michael Aerni, Fremont	Local Board
Dr. Richard Wiener, Ph.D., Lincoln	Data Analysis
Dr. Michele Marsh, MD, Omaha	At Large

ADVISORY COMMITTEE MEMBERS, FY2026-27

(All Volunteers)

Member	Represents
Andrea Phillips, Lincoln	Local Board
Sheryl Blaha, Ord	Local Board
Vicki Adams, Papillion	Local Board
Dr. Richard Wiener, Ph.D., Lincoln	Data Analysis
Spencer Shute, Omaha	At Large

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EXECUTIVE SUMMARY

Report context. The Foster Care Review Office (FCRO) is required to submit an annual report to the Nebraska Legislature to provide data about Nebraska children and youth in out-of-home care and trial home visits pursuant to Neb. Rev. Stat. §43-1303(4).

In fiscal year 2025-26 (July 1, 2025-June 30, 2026), the FCRO tracked information about the experiences of 6,787 children who were removed from their homes and placed into state custody or out-of-home care, for at least one day, through the child welfare or juvenile justice systems.

Children and youth are typically reviewed at least once every six months for as long as they remain in care. In FY2025-26, 54 local boards met monthly across Nebraska and:

- Conducted 4,147 reviews of children's cases involving 3,180 Department of Health and Human Services (DHHS) wards[1] in out-of-home care [2] or trial home visit placements[3], of which 143 were dually involved with Probation at the time of their review.
- Conducted 243 reviews of 226 youth in out-of-home care supervised by the Office of Probation Administration that had no simultaneous child welfare system involvement.

From the required annual data analysis and nearly 4,400 reviews of children's cases, the FCRO finds some progress has been made in both the child welfare and juvenile justice systems. However, many challenges in child welfare and juvenile justice remain to be addressed and some new issues have been identified. In summary:

- Of the cases reviewed in FY2025-26, neglect was the most common reason children in the child welfare system entered out-of-home care. In addition, families in the child welfare system continue to struggle with mental health, substance use, and domestic violence. For many children in out-of-home care, minimal to no progress is being made toward permanency.
- Racial and ethnic disparities are pervasive throughout the child welfare and juvenile justice systems, and those disparities are greatest among the youth at the YRTCs.
- This Annual Report includes comprehensive review data for youth who were involved with Department of Health and Human Services (DHHS) Children and Family Services (CFS), simultaneously involved with DHHS/CFS and Probation, youth only involved with Probation, and those placed at a Youth Rehabilitation and Treatment Center (YRTC). As described throughout the report, it is apparent each population has unique and significant needs which must be addressed.
- The YRTCs, located in Kearney, Hastings, and Lincoln, are the most restrictive placements available for juvenile justice youth in Nebraska. The population of the YRTCs had been increasing over the past several years; however, in FY2025-26 there was a 36.5% decrease in the male population from the previous year, and a 4.2% decrease in the female population from the previous year.

[1] Children are typically reviewed once every six months for as long as they remain in out-of-home care or trial home visit; therefore, some children will have two reviews during a 12-month period.

[2] Out-of-home care is 24-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes but is not limited to foster family homes, foster homes of relatives, group homes, emergency shelters, residential treatment facilities, child-care institutions, pre-adoptive homes, detention facilities, youth rehabilitation facilities, and children missing from any of those facility types. These are court ordered placements.

[3] Neb. Rev. Stat. §43-1301 defines a trial home visit as "a placement of a court-involved juvenile who goes from a foster care placement back to his or her legal parent or parents or guardian but remains as a ward of the state." This applies only to DHHS wards, not to youth who are only under Probation supervision. Available at: https://nebraskalegislature.gov/laws/statutes.php?statute=43-1301

- The number of children involved with child welfare decreased in FY2025-26 compared to FY2024-25, whereas the number of youths with juvenile justice increased.

This report contains acknowledgments of system improvements and the FCRO's systemic recommendations based on the data collected, analyzed, and reported in FY2025-26. The FCRO will continue to repeat unaddressed recommendations as applicable until its vision of a Nebraska where all children and families are flourishing is realized.

We look forward to continued opportunities to collaborate with system partners to improve the lives of Nebraska's most vulnerable residents.

Child Welfare

Decreased number of state wards in out-of-home or trial home visit placements

The average daily child welfare population in Nebraska decreased overall by 4.0% from June 2025 to June 2026. Three of the five service areas experienced decreases in the number of state wards with the most dramatic decrease (-14.5%) in the Western Service Area followed by the Eastern Service Area (-7.3%) and then the Southeast Service Area (-1.8%). The Northern Service Area and the Central Service Area both had increases in the number of state wards (2.3% and 6.4% respectively). (See page 20)

The most recent point-in-time report from DHHS indicated the number of in-home children involved with CFS as of 7/30/2026[4] was 978, a slight decrease from the 1,055 reported last year. There were 847 children involved in alternative response cases, down slightly from 862 last year. The FCRO firmly believes children and families are best served in their homes when it is safe to do so and only children whose safety cannot be assured in the home should be placed in temporary foster care.

The FCRO does not provide oversight to the in-home population of the child welfare system and does not track children who remain in their family homes and therefore cannot fully assess if the needs of these children and their families are being met. The FCRO believes systematic external oversight is essential to ensuring safety for Nebraska's most vulnerable children, whether they are placed in out-of-home care or remain in their family homes.

Court and Legal System Factors

- For children reviewed in FY2025-26 the median number of days from filing of a juvenile petition to adjudication was 75 days. (See page 30)
- The FCRO is adamant that children's voices need to be heard throughout the life of a case when appropriate, especially older children. Yet, in FY2025-26 only a fraction (19.0%) of children aged 13-18 attended court hearings. (See pages 30-31)
- In FY2025-26 courts made the required Strengthening Families Act findings in 60.6% of case files reviewed. (See page 31)
- The FCRO was unable to determine whether guardians ad litem were visiting the children they represented in 37.3% of the cases. (See page 31)
- Exception hearings are to occur if the child has been in out-of-home care for 15 of the past 22 months. The FCRO found there was documentation of exception hearings occurring in only 39.6% of cases reviewed. (See page 31)

[4] "DHHS Division of Children and Family Services CFS Point in Time Dashboard Summary Report." July 31, 2026. https://dhhs.ne.gov/Documents/CFS-Current-Number-of-Children-Served.pdf.

Child Welfare System Factors

- American Indian or Alaska Native children as defined by the Indian Child Welfare Act (ICWA) had a written cultural plan to preserve the child's cultural bonds 63.2% of the time, a slight decrease from 64.6% in FY2024-25. (See page 32)
- Court review hearings were held every six months as required in almost all cases reviewed (97.8%). (See page 30)
- 97.5% 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. (See page 32)
- Caseworkers gave at least minimal input to the FCRO in 89.6% of cases reviewed, an increase from 87.8% in FY2024-25. (See page 33)
- DHHS/CFS was more likely to document a search for maternal relatives of children in care than paternal relatives. Relative search documentation, whether maternal or paternal, also varies by service area. The lowest rate for maternal relative searches was in the Northern Service Area (77.7%) and the lowest rate for paternal relative searches was in the Eastern Service Area (63.5%). Children have two parents, and it is important caseworkers apply due diligence to identifying and locating both maternal and paternal relatives in order to facilitate lifelong connections. (See page 34)
- Racial and ethnic disparities continue to permeate the child welfare system in Nebraska. (See pages 50 and 56)
- In FY2025-26, 160 youth left the child welfare system on their 19th birthday having never reached permanency. (See page 46)

Parents and Family Factors

- Three common safety concerns for mothers and fathers of children in out-of-home care with a goal of reunification or family preservation were mental health, substance use, and domestic violence. Many mothers and fathers were making at least some progress on these issues at the time of review. (See page 37)
- The FCRO found that 50.9% of children had mothers who were regularly attending at least a majority of services offered compared to 33.6% of children's fathers. (See page 38)
- For 36.3% of the children, their mothers were regularly demonstrating improved parenting skills deemed necessary for their children to safely reunify at the time of review, and the same was true for 27.1% of children's fathers. For 31.5% of children, their fathers were unable or unwilling to improve their parenting skills, and the same was true for 28.6% of children's mothers. (See page 39)
- While the system's response to assisting parents with visitation of their children was mostly good to excellent, parental attendance at visitation was good to excellent for just over half of mothers and fathers (59.0% and 50.1%, respectively). (See page 39)

Children's Experience and Well-being

- For children who exited care in FY2025-26, the median number of days a child spent in foster care in Nebraska varies by service area from a low of 438 days in the Northern Service Area to a high of 750 days in the Eastern Service Area. Statewide, the median number of days in care was 588 days. (See pages 21-22)
- 16.3% 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 24.2%, a substantial decrease from last year. Of those with five or more caseworkers, 4.8% had 10 or more workers in their current episode. (See page 54)

- 59.3% of children who had siblings in out-of-home care were in a placement with their siblings. Of the siblings placed together, 63.3% were placed with a relative or kin. (See page 41)
- Over half (54.7%) of the children reviewed had a mental health diagnosis at the time of review. Of those children with a diagnosed mental health condition, 76.2% were making at least partial progress toward improving their mental health. Additionally, many children reviewed had one or more chronic cognitive or physical health impairments diagnosed. (See page 42)
- Of the 131 children reviewed who were eligible for Developmental Disabilities funded services, less than half (48.9%) were receiving services as funded through the DHHS Division of Disability and Aging rather than child welfare. (See page 42)
- For children reviewed, 67.1% of females and 60.6% of males were on target for all core classes in school. Academic performance stayed relatively the same as last year for both females and males (67.4% and 59.9%, respectively). (See page 43)
- For 17.2% of children in out-of-home care, there was no progress toward the primary permanency goal. For an additional 30.5% progress was minimal, meaning nearly half of the children in out-of-home care reviewed had cases that were stagnant, and permanency was elusive. This is a continuing trend. (See page 45)
- For older youth (ages 14-18) in out-of-home care, the FCRO determined 74.8% had a current and complete transitional living plan. However, this varies widely by service area, from a low of 62.5% complete in the Eastern Service Area (an increase from 55.7% last year) to a high of 93.0% complete in the Central Service Area (an increase from 87.7% last year). (See page 46)
- Many children experience multiple placements during their time in out-of-home care. For those in care on 6/30/2026, 11.3% of children ages 0-5, 30.5% of children ages 6-12, and 50.5% of teenagers have experienced four or more placements in their lifetimes, but the percentages vary greatly by service area. (See pages 50-51)
- Children continue to be placed in the least restrictive, most family-like settings at high rates (96.3%). More than half (51.4%) of all children placed in a family-like out-of-home setting are placed with relatives or in a kinship placement. (See page 51)

Approved Informal Living Arrangements

Approved informal living arrangements (AILAs) occur when a family has come to the attention of DHHS/CFS, is involved in a non-court voluntary case, and as part of the safety plan the parent places their child with a relative or friend for a certain period based on the facts of the case. DHHS/CFS reported only 20 children living in an AILA on 6/30/2026, a decrease from 28 the previous year. (See page 55)

Dually Involved Youth

Increase in the population of dually involved youth in out-of-home care

Dually involved youth are those youth in out-of-home care who are involved with the child welfare system and the juvenile justice system simultaneously. The population of youth who were dually involved with both systems increased from 142 on 6/30/2025 to 173 on 6/30/2026. (See page 26)

Dually Involved Youth Experiences and Well-being

- Racial and ethnic disparities also impact the dually involved population. White youth are underrepresented among the dually involved youth, while many racial and ethnic groups of color are overrepresented. For example, Black or African American youth represent only 6.1% of the youth population in Nebraska yet represent 24.3% of the dually involved youth population. (See pages 62-63)

- 93.7% of the dually involved youth reviewed were determined to be in a safe placement at the time of review. Of those youth, 95.5% were found to be in an appropriate placement. (See page 57)
- 90.9% of dually involved youth in Nebraska in out-of-home care had a mental health diagnosis, and just over half (53.1%) of those with a diagnosis were making at least partial progress on improving their mental health. When looking at substance use, 39.9% of dually involved youth were found to have a substance use disorder, with 49.1% making at least partial progress on improving their substance use disorder. (See pages 57-58)
- Only 38.8% of dually involved youth were on target for all their core classes. Academic performance could not be determined for 14.7% of youth. Over half (54.3%) of dually involved youth required occasional or constant redirection at school. (See pages 58-59)
- For 30.1% of dually involved youth in out-of-home care, there was no progress toward the primary permanency goal. For an additional 34.3% progress was minimal, meaning over half of the dually involved youth reviewed in out-of-home care had cases that were stagnant, and permanency was elusive. (See page 60)
- All youth need to have at least one positive adult in their life who can assist them, not only as minors but also as they transition into adulthood. The FCRO found 75.9% of dually involved youth statewide were connected to at least one positive adult mentor. This varied by service area from a low of 65.2% in the Eastern Service Area to a high of 93.3% in the Central Service Area. (See pages 60-61)
- 78.2% of dually involved youth were receiving at least some skills for adulthood. Receiving skills varied widely by service area with a low of 40.9% in the Eastern Service Area to a high of 81.3% in the Western Service Area receiving most adulthood skills. (See page 61)
- On 6/30/2026, less than half (47.4%) of dually involved youth were placed in family-like settings. (See page 63)
- 5.8% of the dually involved youth were missing from care on 6/30/2026, an increase from 4.2% reported last year. (See page 63)
- There were 75 dually involved youth in congregate care facilities on 6/30/2026, a 21.0% increase from 62 the previous year. (See page 64)

Youth in Out-of-Home Care Supervised by the Administrative Office of the Courts and Probation – Juvenile Services Division

Increase in the population of Probation supervised youth in out-of-home care

The average daily population of Probation supervised youth in out-of-home care increased in FY2025-26, with an average daily population of 754 youth in June 2025 compared with 784 in June 2026. While there was an increase overall, four of the 12 probation districts in the state reduced the numbers of youth out-of-home under the supervision of Probation. (See page 23)

Probation Supervised Youth in Out-of-Home Care

- Just as with child welfare and dually involved youth, the juvenile justice population is impacted by racial disproportionality. Youth who are Black or African American make up 6.1% of Nebraska's youth population yet represent 25.7% of the Probation supervised youth in out-of-home care. American Indian or Alaska Native youth are 1.0% of Nebraska's youth population, but 5.1% of the Probation out-of-home population. By contrast, White youth make up 64.6% of Nebraska's youth population yet represent only 37.6% of Probation supervised youth in out-of-home care. (See pages 71-72)
- Over half (57.8%) of Probation supervised youth in out-of-home care were in a non-treatment congregate (group) care facility or detention-related facility. (See page 72)

- 81.3% of reviewed Probation supervised youth were diagnosed with a mental health condition, 52.4% of those youth were prescribed a psychotropic medication, and 56.0% of Probation supervised youth had a substance use issue. (See page 67)
- The majority of Probation supervised youth in out-of-home care are getting their educational needs met. 78.7% were attending school regularly, 64.5% were passing all their core classes, and 75.5% rarely or never had negative behaviors in school. (See page 68)
- Over half (63.6%) of youth reviewed were making consistent progress towards completion of the terms of their probation. (See page 69)

Court and Legal System Factors

- All (100%) Probation supervised youth reviewed by the FCRO in FY2025-26 who were placed in out-of-home care had legal representation. (See page 66)

The Juvenile Justice System

- Challenges to completing probation include reasons which are youth-related, parent-related, and those which are system-related. Lack of a written transition plan was a common system-related barrier (26.4%). Of involved mothers, 30.2% were inconsistent, resistant, or unwilling to engage with the youth's transition plan, while 42.9% of involved fathers were inconsistent, resistant, or unwilling to engage. (See page 66)
- The FCRO was provided with written transition plans for youth in 73.6% of cases reviewed in FY2025-26. Youth in the 3J Probation District (Lancaster County) were more likely to have a written transition plan (76.6%) than youth in the 4J Probation District (Douglas County) (70.0%). (See page 66)

Youth Rehabilitation and Treatment Center (YRTC) Youth

Youth Committed to the Youth Rehabilitation and Treatment Centers

Youth placed at a YRTC are involved with DHHS/OJS or DHHS/OJS and Probation simultaneously. The population of youth who were placed at a YRTC decreased from 128 on 6/30/2025 to 89 on 6/30/2026. (See page 27)

- Racial and ethnic groups of color are overrepresented at the YRTCs and White youth are significantly underrepresented. Black or African American youth are represented at a rate of over five times more than their representation in the general youth population. American Indian or Alaska Native youth are represented at nearly eight times more than their representation in the general youth population. This is simply unacceptable and must be addressed. (See pages 76-77)
- Of the 50 youth (41 males and nine females) reviewed that were at a YRTC at the time of review, all (100%) were found to be safe, and nearly all (96.0%) were found to be in an appropriate placement. (See page 74)
- Of the youth reviewed in FY2025-26, 36.6% of the males at a YRTC were charged with committing a violent felony; and unlike last year when no females at a YRTC had a violent felony charge, 44.4% of females at a YRTC were adjudicated for such a charge. (See page 74)
- 88.0% of youth committed to a YRTC were diagnosed with a mental health condition with 61.4% of those youth having a psychotropic medication prescribed. (See pages 74-75)
    - Of the youth with a mental health diagnosis, 75.0% were making at least partial progress on improving their mental health. (See page 75)
- 56.8% of youth at the YRTCs were passing all core classes, and 43.2% of youth exhibited no behaviors that disrupted learning. (See page 75)

ACKNOWLEDGEMENTS

- The Foster Care Review Office acknowledges and thanks the 325 volunteer review board members who collectively completed over 1,000 hours of training, meeting the required three hours every year per volunteer. FCRO volunteer review board members assisted in conducting nearly 4,400 reviews of children and youth across the state of Nebraska in out-of-home care in FY2025-26. Without the hard work and dedication from these volunteers, the FCRO mission would not be possible. If you or someone you know are interested in volunteering to serve on a local foster care review board, apply through our website: Foster Care Review Office (nebraska.gov).
- In April 2026, the Legislature passed and Governor Pillen signed Legislative Bill 962 (LB962) into law, which adopted the Youth Reentry and Transitional Support Act. LB962 establishes a coordinated, multi-agency reentry framework to improve transitional support and outcomes for youth leaving the juvenile justice system. The FCRO recognizes and acknowledges the critical importance of this legislation in fostering cross-system collaboration and promoting long-term stability and success for system-involved youth.
- The FCRO acknowledges the placement reports made to the FCRO by DHHS/CFS, or other parties, were complete and accurate for 99.0% of FY2025-26 case file reviews. Accurate placement information is critical to assessing and ensuring children's safety.
- Court review hearings are essential for ensuring children in out-of-home care receive necessary support and achieve a safe, permanent living situation in a timely manner. The FCRO found court review hearings were held every six months as required in almost all cases reviewed (97.8%).
- Despite statewide service gaps, DHHS successfully helped 97.5% of children receive all or most of the care they needed to address trauma and behavioral concerns stemming from abuse and neglect.
- The FCRO also acknowledges significant improvements made by DHHS over the last fiscal year, including:
  - DHHS/CFS caseworkers gave input to the FCRO in 89.6% of cases reviewed in FY2025-26, a continuing increase from previous years. Caseworker input during reviews is crucial for FCRO staff and volunteer review board members to be able to make appropriate recommendations to the courts based on the most up-to-date information from the caseworker.
  - The percentage of children in the Eastern Service Area with five or more caseworkers during their current episode in care has decreased to 24.2%, down from 38.3% reported two years ago.
  - Over the past two years, improvements have been made to ensure older youth are connected with positive adult mentors. The most significant improvement occurred in the Eastern Service Area.
  - The vast majority (96.3%) of DHHS/CFS state wards in care on 6/30/2026 were placed in the least restrictive placement, well above the 2024 national average of 87%. This has been a continuing trend for several years.

RECOMMENDATIONS

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

- Annual completion of nearly 4,400 individual case file reviews on children and youth in out-of-home care by multi-disciplinary local review 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.

The FCRO takes its statutorily mandated responsibility to make recommendations about systemic improvements seriously. The recommendations that follow, like all other work of the FCRO, are focused on the best interests of children and youth. Many recommendations are the same or nearly the same as those in past reports because the issues have not yet been adequately addressed.

Recommendations to the Legislature:

1. Consider legislation requiring the Department of Health and Human Services (DHHS) to proactively ask every child or youth if they wish to attend their court hearings. For those who feel uncomfortable participating in person, DHHS should provide standardized, age-appropriate statement forms to ensure their perspectives still reach the judge. A dedicated workgroup composed of youth with lived experience should collaborate to design these forms and create educational resources explaining why youth self-advocacy matters. This statutory mandate would help normalize youth participation across the child welfare system.
2. Only 55.6% of enrolled students were on target to pass all their core classes in the Southeast Service Area. To address systemic educational instability across all academic tracks, the Legislature should consider statutory mandates requiring a shared "Educational Stability Planning" process between DHHS and local school districts prior to any school move. This should require that student-centered factors, such as youth preferences, sibling school placements, and holistic academic, social, and emotional needs are formally evaluated before a placement transfer is initiated that would result in a school change. Every effort should be made to limit academic disruptions during the semester. Additionally, lawmakers should consider requiring mandatory multidisciplinary team evaluations for all foster youth upon entering care and at regular multi-year intervals, ensuring their academic placements reflect current cognitive and behavioral functioning rather than outdated baselines shaped by past trauma. Finally, the Legislature should codify a mandatory 45-to-60 day post-transfer academic review to guarantee that learning supports are promptly adjusted after any school transition.
3. Given the extremely high rates of youth in out-of-home care within the juvenile justice system who have a mental health diagnosis, it is reasonable to infer that at least some of the mental health harms experienced by these youth have resulted from the addictive nature of social media platforms. The FCRO encourages the Legislature to explore ways to use the Meta Platforms, Inc. settlement funds and any future social media platform settlement funds to strengthen child and adolescent mental and behavioral health services in Nebraska, especially community-based services in both urban and rural areas. These funds could also help expand the availability of residential treatment programs in Nebraska to prevent children and youth from being placed out-of-state. Consideration should also be given to funding preventive measures such as community-

driven after-school programs, youth centers, and summer initiatives that encourage in-person social connections, creative outlets, and physical activities away from social media.

4. The increasing and high use of restrictive congregate care placements across all agencies is concerning, particularly given the growing reliance on out-of-state facilities. The FCRO is concerned not only because these settings are highly restrictive, but because they frequently isolate children from their home communities and fail to provide necessary therapeutic care. Less than half (46.0%) of all Psychiatric Residential Treatment Facility (PRTF) out-of-home placement locations as of 6/30/26 were inside of Nebraska. To reverse this path and prevent the criminalization of childhood trauma, the state of Nebraska must invest in infrastructure and capacity to expand community-based services, including treatment foster care and localized residential treatment options, ensuring that vulnerable children receive necessary, trauma-informed support close to home.
5. To continue increasing family reunifications and reduce the number of youth aging out of care, the FCRO recommends that the Legislature explore and implement policies focused on system redesign, resource allocation, and reunification timelines to ensure better outcomes for children and families. A redesigned system that is proactive and preventative would prioritize family preservation and early intervention. A strategic reallocation of resources toward services that support and facilitate reunification, such as intensive family therapy, housing assistance, childcare, and peer-to-peer mentoring, would help to preserve and reunify families. Current legal timelines which are meant to prevent children from languishing in foster care can sometimes hinder reunification efforts. Families experiencing complex issues such as serious mental health conditions, substance abuse, domestic violence, and homelessness can require more time to heal. Additional support for relative and kinship caregivers, as well as aftercare support for reunified families, can help keep children safe, supported, and connected to their family and community as they grow to adulthood.
6. 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.
7. To address the racial ethnic disparities within Nebraska's child welfare and juvenile justice systems, the Legislature should consider expanding Nebraska's clinical infrastructure through robust, long-term investments in family-centered residential treatment. Prioritizing dual-diagnosis programs that preserve the family unit by allowing mothers and children to remain together during recovery is a proven, critical approach to prevent foster care placements and disrupt intergenerational system involvement.

Recommendations to Multiple Agencies:

1. Racial and ethnic disparities within Nebraska's child welfare and juvenile justice systems remain a crucial challenge. To move past reactive, backend interventions, state agencies must commit to a root-cause framework that prioritizes "upstream" strategies. This requires leveraging comprehensive data to track disparities at every pivotal point, including hotline calls, investigations, and substantiation rates. Furthermore, Nebraska system partners should utilize systemic visual mapping to pinpoint where disparities are greatest, isolate contributing community factors, and identify gaps in preventive services. By strategically shifting funding and operational resources toward primary prevention and family preservation, Nebraska can actively reduce the harmful over-surveillance and out-of-home placement of children of color. To effectively operationalize an "upstream" approach, the State must collaborate with local governments to prioritize sustainable, direct funding for community-based organizations, specifically those led by and embedded within

communities of color. These trusted partners deliver culturally specific, vital protective factors—such as housing stability, financial assistance, and behavioral health wellness—that can help to prevent system entry entirely.

2. Many children (47.0%) in out-of-home care in the child welfare system were removed from their homes due to parental alcohol or other drug abuse (other than methamphetamine). Additionally, 14.8% 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 the removal of children from their homes include substandard/unsafe housing and domestic violence, both of which are social problems that require more investments in families and communities.
3. Youth dually involved with DHHS/CFS and Probation simultaneously have consistently had the longest median length of stay (511 days) as compared to youth involved with DHHS/CFS only (410 days) and Probation only (161 days). The FCRO supports the development of prevention services for youth and families in crisis to reduce the number of youths entering either system. The FCRO also supports the development of strengths-based and evidence-informed interventions focused on meeting the complex needs of these vulnerable youth. There is a continued need for better 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 the cracks or receiving conflicting guidance from different agencies.
4. 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. The new centralized education records system developed through Finish Strong (LB 296) is a good start to ensure systems-involved students' educational outcomes are not hindered by placement changes or system transitions.
5. Children and youth who go missing from care is always a serious safety issue deserving special attention. While unaccounted for, these children have a higher likelihood of experiencing sex trafficking, exploitation, and victimization. On 6/30/2026, 5.8% of the dually involved youth were missing from care, an increase from 4.2% reported last year. Ongoing cross-system collaboration should be used to identify these youth early on in their dual system involvement and should support implementing effective programming to help protect and address the needs of this vulnerable population while in out-of-home care.
6. 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 have knowledge of and 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.

Recommendations to DHHS:

1. Caseloads assigned have stayed relatively the same over the last year; however, they remain much too high in the Northern Service Area where only 76.9% and the Eastern Service Area where only 87.0% of ongoing case managers met statutory caseload standards (per the July 2026 CFS Caseload Status report). High caseloads lead to staff burnout and turnover, documentation gaps, and delays in permanency, all of which negatively impact children and families. Additional resources are needed in the areas of training, supervision, and support for case managers. Per the

2025 Child and Family Services Review (CSFR), "data and evidence collected demonstrated that new staff were not routinely completing the initial training program in accordance with timeframes established by the state. Delays in completing the initial training were commonly due to missed training courses. Additionally, the evidence indicated that Nebraska's initial training does not sufficiently address the basic skills and knowledge needed by staff to carry out their duties." 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. While some progress over the past few years has been reported, CFS must continue to proactively address case manager turnover across the state. 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. Additionally, DHHS should focus on promoting a positive work environment and a culture of recognition and support, enhancing compensation and benefits, and prioritizing the health and well-being of caseworkers by providing wellness programs, such as access to mental health counseling and stress management resources.
3. 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. Provide additional training and in-home supports and resources for foster parents, especially relatives/kin, whether licensed or not. The focus must be on making the process of becoming a relative or kinship foster home as accessible and supportive as possible. 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. DHHS needs to establish an effective way of assessing foster and adoptive parent pre-service and ongoing training content and a means of determining training efficacy.
4. While the FCRO is encouraged children are often placed with persons known to them, thus reducing the trauma of removal, we recommend ensuring compliance to the new DHHS relative and kinship foster home approval process approved by the Administration for Children and Families (ACF) or licensing for more relative and kinship placements. This will provide standardized training for these caregivers, increase knowledge of available supports, reduce placement changes, and increase the amount of federal Title IV-E funds accessed by the state.
5. 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. Consistency in the inclusion of children's parents during case plan development would better engage families and lessen delays to reunification and other permanency options.
6. Timely completion of necessary paperwork is also critical to achieving permanency without delay in cases of guardianship and adoption. In FY2025-26 Adoption was the second most common (25.4%) reason for exit from the child welfare system but had the second longest median length of

stay of 936 days. DHHS must be intentional about identifying adoptive homes for eligible children earlier in the life of the child's case. In addition, DHHS should streamline the administrative process required to finalize adoptions to reduce the time children spend in foster care waiting for permanency.

7. To improve academic performance for children in foster care, DHHS should formally integrate individualized Educational Stability Plans into every child's primary case management workflow, mandating that caseworkers document student-centered preferences, sibling school locations, and academic support needs before initiating a placement change. The agency should establish legally enforceable data-sharing mechanisms with Nebraska Department of Education (NDE) to ensure complete academic histories, course credits, and support profiles are securely transmitted to receiving schools immediately upon enrollment. Furthermore, DHHS should require caseworkers to participate in mandatory 45-to-60 day post-transition academic reviews alongside school staff for every transferring child. By mandating caseworker participation in regular multidisciplinary team evaluations, DHHS can ensure that case plan goals actively align with the child's evolving academic, social, and behavioral capabilities.
8. Statewide, the Ansell Casey Assessment was found to be completed in only 31.3% of reviews. In the Southeast Service Area, it was found that 58.8% of Ansell Casey Assessments had not been completed, which is a continuing trend. Ensure that Ansell Casey Assessments are completed for each youth ages 14 and older in out-of-home care, and document case files accordingly. Additionally, more work is also needed to ensure youth have a current transitional living plan which they have had an active role in developing so they can be better prepared for adult living. DHHS should improve efforts to ensure current transitional living plans are developed and maintained, along with youth being more involved in developing their own transitional living plan. This is particularly true in the Eastern Service Area, which lags far behind the other service areas when working with older youth.
9. Many youth (8.3%) age out of child welfare without ever having reached permanency. It is imperative that all youth have the resources and support they need for a successful transition to adulthood well established prior to reaching the age of majority at 19. Consideration should be given to strengthening legislation to support youth aging out of out-of-home care. DHHS needs to comply with current state law and ensure that every youth in out-of-home care age 14 and older has a current transitional living plan that is personalized and youth-driven to best incorporate their specific needs and preferences . Regular reviews of the plan are required to address any changes the youth may want as they mature. DHHS should work with youth to establish formal and informal support networks which they can rely on beyond their time in out-of-home care. Transitional living plans need to address eligibility for Chafee services, Bridge to Independence, and housing assistance through Foster Youth to Independence (FYI) and Family Unification Program (FUP).
10. Work with provider organizations to improve delivery and documentation of independent living skills training and development for youth age 14 and older, 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.
11. Explore collaborative options with trade unions, workplaces, community colleges and trade schools for workforce skill building with older youth in care, so they experience a greater chance of achieving successful outcomes into adulthood. This is especially important for youth who are likely to age out of the system instead of returning home.
12. Given the high percentage of youth at the YRTCs with diagnosed mental health conditions (88.0%) and substance use disorder diagnoses (64.0%), ensure YRTC 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. Additionally, DHHS should ensure that educational programming and activities meet

the needs of males and females with developmental disabilities, learning disabilities, and behavior challenges.

13. In light of recent Youth Rehabilitation and Treatment Centers (YRTCs) allegations and arrests due to staff sexual misconduct, DHHS must prioritize greater transparency. The FCRO recommends 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.

14. 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. The FCRO specifically recommends 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 continue to 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. The passage of LB 962, the Youth Reentry and Transitional Support Act, is a good start to realizing successful reentry planning.

15. According to the most recent Child and Family Services Review (CSFR) Report, paternal relative searches were found to be an area of concern in 10 out of 10 cases reviewed. This is consistent with FCRO case review data from FY2025-26 which found only 73.9% of children had a documented paternal relative search in cases where a father for the child was identified; this compared to 88.0% for maternal relative searches. DHHS should ensure paternal relative searches are always occurring when a father has been identified. This process helps protect connections with biological family members and can reduce trauma of removal by increasing the chances of placing children with family members.

16. In the context of child welfare, behavioral health can be a significant contributing factor to the outcome of a case. Often an outcome of family preservation or reunification hinges on addressing and receiving treatment for mental health, substance use, or domestic violence. However, critical behavioral health services, parenting and psychological evaluations, and residential treatments are too often unavailable or inaccessible statewide, particularly in rural areas. This scarcity of treatment options creates extensive waitlists, forces long-distance travel, and can prevent individualized care, ultimately leading to unnecessary child removals, delayed permanency, and increased compounding barriers due to limited local transportation and housing resources. To address these gaps, DHHS should expand the behavioral health infrastructure, specialized evaluations, and treatment options made available to families, leveraging the Rural Health Transformation Program (RHTP) to eliminate geographic barriers, reduce waitlists, and support family preservation and permanency.

17. Partner with rural communities under the Rural Health Transformation Program to embed mental health professionals directly into rural primary care clinics and hospitals, ensuring patients can receive mental health screenings and counseling during routine medical visits. Invest in recruitment and localized training programs to hire trusted local residents as community health workers and peer support specialists. These workers can navigate families to care, perform outreach, and lessen the social stigma often attached to mental health treatment. Expand upon

partnerships with state universities, community colleges, and behavioral health care programs to fund tuition-for-service commitments, where clinicians or nurse practitioners can have their schooling subsidized in exchange for a mandatory multi-year practice agreement in a designated rural shortage area

Recommendations to Probation:

1. Ensure consistent use of written transition plans as guides for preparing youth in out-of-home placements to rejoin their communities. Given a written plan to transition home was not provided in 26.4% of reviewed cases, increase the availability of these plans to FCRO. More attention needs to be given to clear and appropriate objectives in the transition plans since only 35.9% of the plans available for review had enough information and were determined to be appropriate. 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 Nebraska Department of Education (NDE) 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. Probation should prioritize each youth's educational stability, provide direct support, and foster strong collaboration with schools and caregivers. Probation officers are uniquely positioned to serve as a critical link between the youth, their school, and their caregiver. This requires a dedicated focus on educational needs as a critical part of the probation plan. Additional attention should be given to youth with below average IQ scores to better understand if their educational needs are being met.
5. Explore collaborative options with trade unions, workplaces, community colleges and trade schools, and community partners for workforce skill building with older youth in care, so they experience a greater chance of achieving successful outcomes into adulthood. For older youth, probation officers should not only focus on high school graduation but also help youth develop a plan for their future. This could include connecting youth with college readiness programs, vocational training, or employment resources. This is especially important for youth who are likely to age out of the system instead of returning home.
6. Ensure older youth are provided with education around financial literacy, the importance of safe and stable housing, developing meaningful relationships with supportive adults, and how to connect with community organizations that can continue offering support as youth transition to adulthood. This is especially important for youth who remain in out-of-home placement when they reach the age of majority and who may be eligible for the Bridge to Independence program.

Recommendations to the Court System:

1. Require that all guardians ad litem provide the FCRO with a copy of their GAL report or allow the FCRO reasonable access to the GAL report in the court's file.
2. While there was minimal improvement from the previous year, 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 all 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. Request guardians ad litem

to encourage the youth they represent to self-advocate in court and assist them in gaining confidence through their participation in the hearing process.

4. Consider mandatory use of the Court Document Transfer Portal for submission of FCRO reports to all courts with juvenile court jurisdiction across the state.

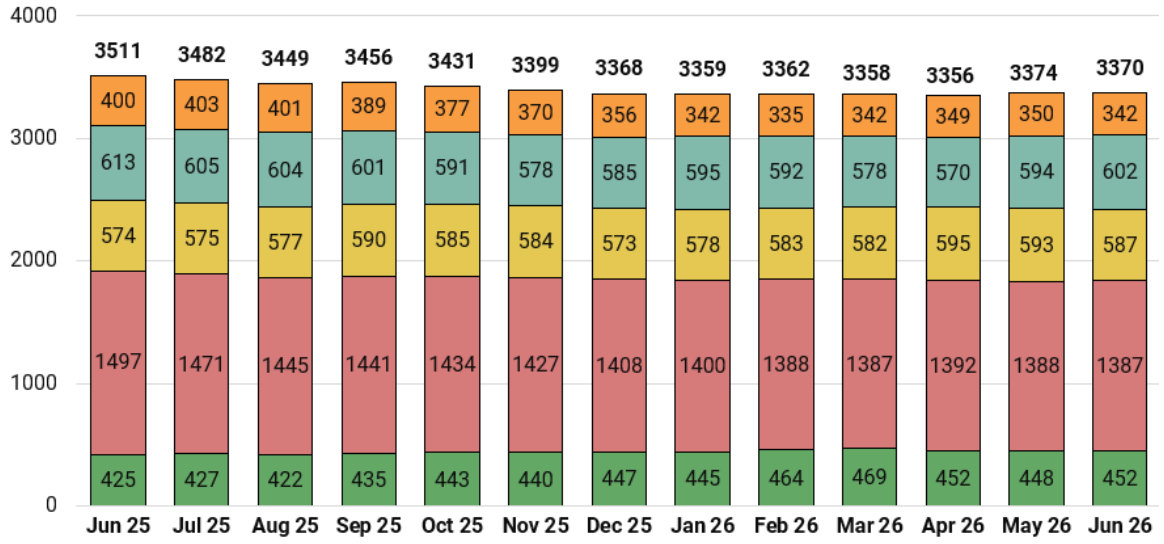
OUT-OF-HOME TRENDS

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 (ADP) per month of all DHHS-involved children in out-of-home care or a trial home visit, including those simultaneously served by Probation, from June 2025 to June 2026. There was a 4.0% decrease in DHHS wards in out-of-home care on average in June 2026 compared to June 2025.

Figure 1: Average Daily Population of DHHS Wards, June 2025 to June 2026



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.

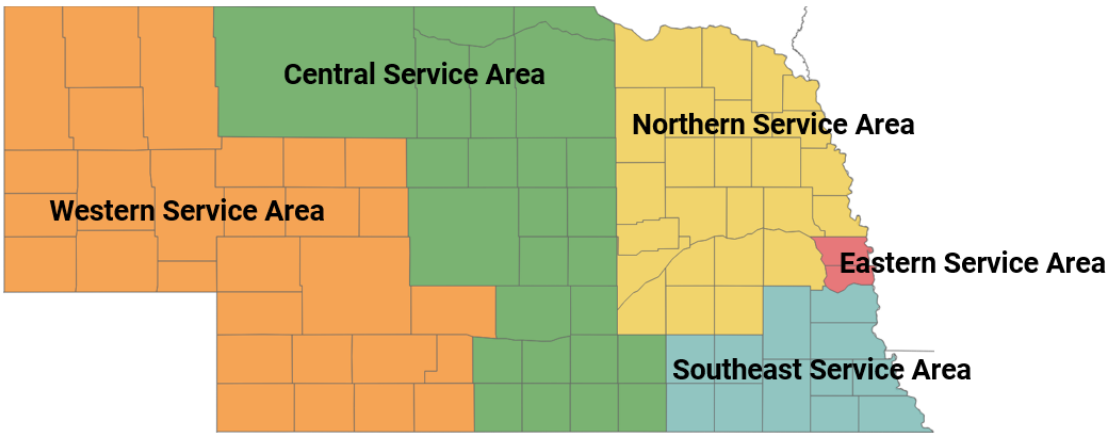


Figure 2 indicates the percent change in average daily population varied throughout the state and illustrates the differences among service areas (geographic regions).

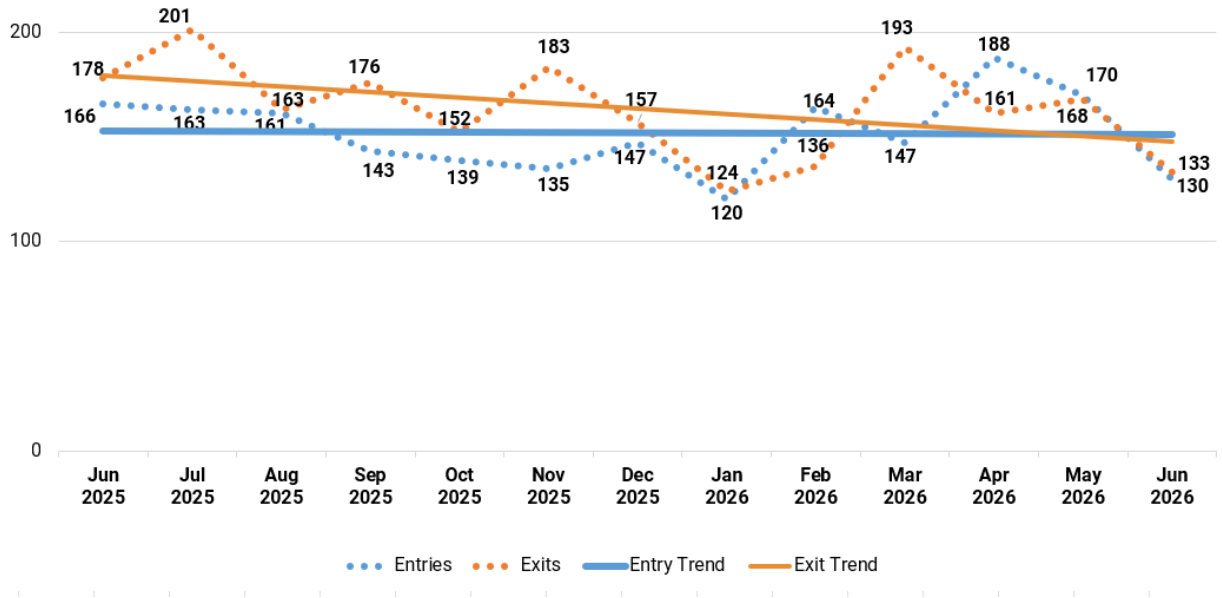
Figure 2: Percent Change in Average Daily Population of DHHS Wards by Service Area, June 2025 to June 2026[5]

Service Area (SA)	Jun-25	Jun-26	% Change
Central SA	425	452	6.4%
Eastern SA	1,497	1,387	-7.3%
Northern SA	574	587	2.3%
Southeast SA	613	602	-1.8%
Western SA	400	342	-14.5%
Statewide	**3,511**	**3,370**	**-4.0%**

Entries and Exits. Population changes for children in out-of-home care and trial home visits depend on entry rates, exit rates, and length of stay.

Figure 3 represents exits and entries per month of all DHHS-involved children in out-of-home care or a trial home visit, including those simultaneously served by Probation, from June 2025 to June 2026.

Figure 3: Monthly Entries and Exits of DHHS Wards, June 2025 to June 2026

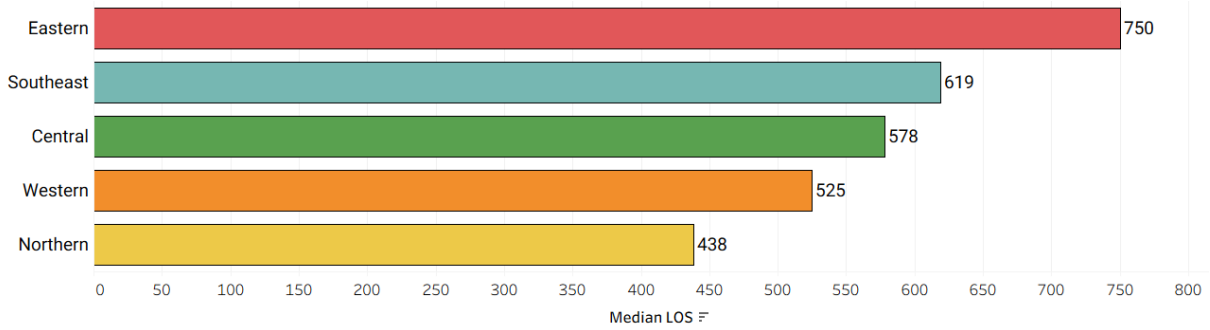


Median Number of Days in Care. An analysis of all children who were DHHS/CFS wards and who left care in FY2025-26 indicates that the median number of days varies by service area, from a low of 438 days in the Northern Service Area to a high of 750 days in the Eastern Service Area.[6] When compared to last year,

[5] Averages for each column may not be exactly equal to the sum of the service areas due to rounding.
[6] See page 20 for a map of the service areas.

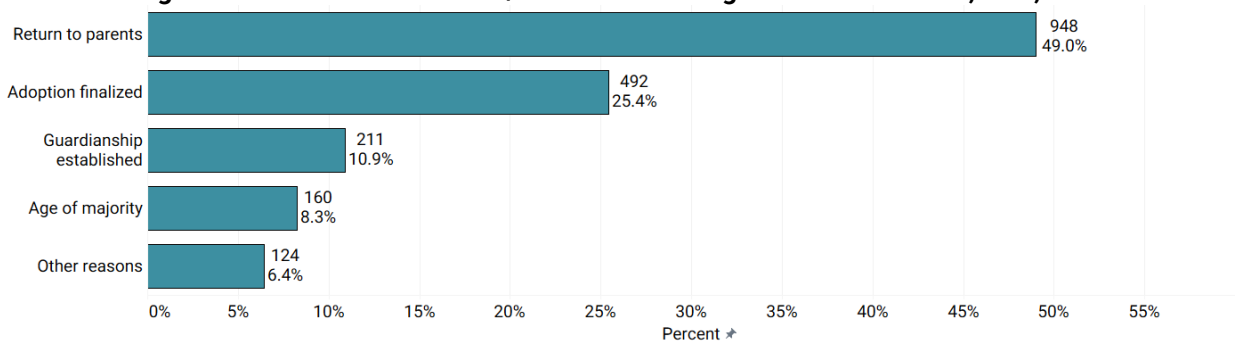
the Central and Western Service Areas had increases in median days in care. Statewide, the median number of days in care was 588 days.

Figure 4: Median Consecutive Days in Care by Service Area for DHHS/CFS Wards Exiting Care in FY2025-26, n[7] = 1,935



Exit Reason. Just under half (49.0%) of wards leaving care return to one or both parents, an increase from 45.5% the previous fiscal year. The next most common reason (25.4%) is adoption. Figure 5 provides additional details.

Figure 5: Exit Reason for DHHS/CFS Wards Exiting Care in FY2025-26, n= 1,935



The amount of time a child spends in foster care is strongly correlated to their exit type. The median consecutive days in care based on exit reason are:

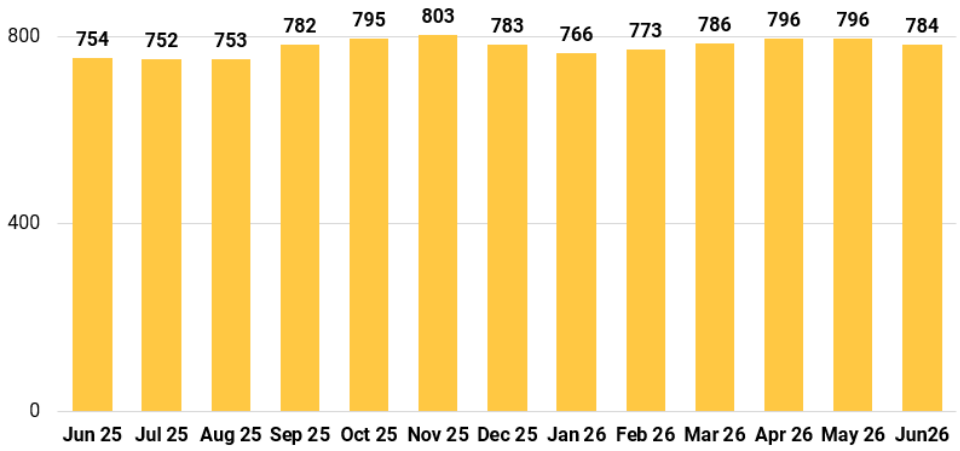
- 1,049 days for children who reached the age of majority while in foster care.
- 936 days for children who were adopted.
- 617 days for children who exited to a guardianship.
- 400 days for children who returned to their parents' care.
- 366 days for children who exited for other reasons.

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

JUVENILE JUSTICE-PROBATION TRENDS

Average Daily Population. Figure 6 below represents the average daily population (ADP) per month of all Probation supervised youth in out-of-home care, including those simultaneously served by DHHS, from June 2025 to June 2026. The average daily population increased over the last year. There were 4.0% more Probation supervised youth in out-of-home care on average in June 2026 compared to June 2025.

Figure 6: Average Daily Population of Probation Supervised Youth in Out-of-Home Care, June 2025 to June 2026



Four of the 12 probation districts experienced a decline in the population of Probation supervised youth in out-of-home care, as demonstrated in Figure 7.

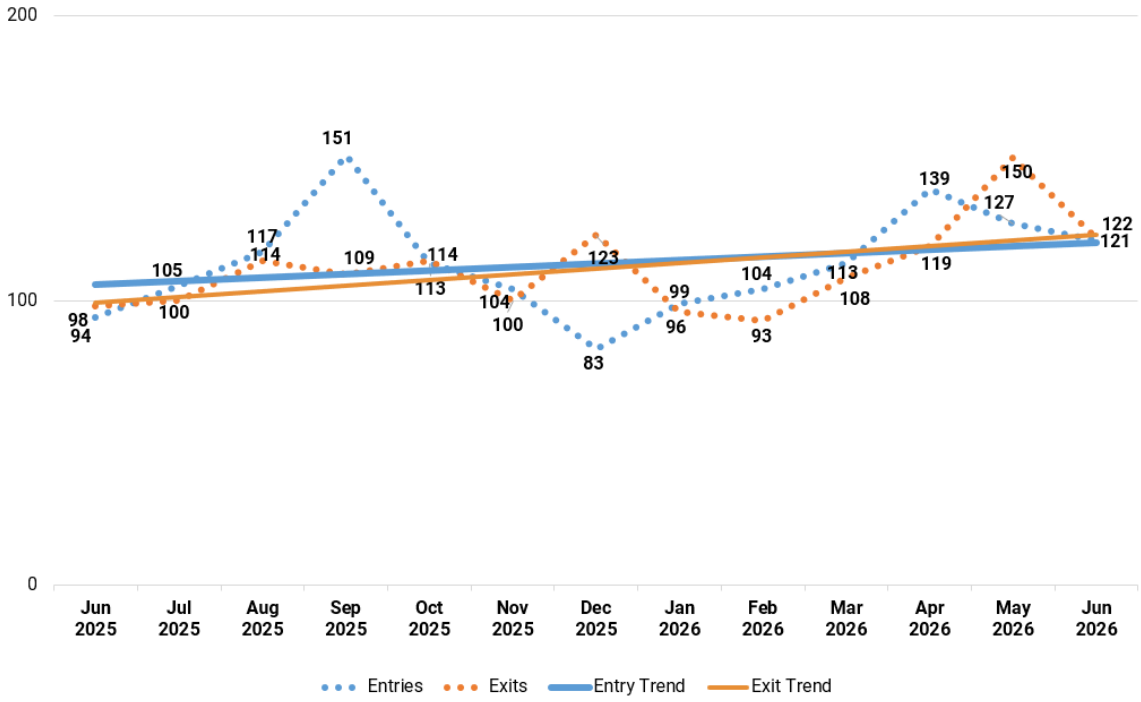
Figure 7: Percent Change in Average Daily Population of Probation Supervised Youth by Probation District, June 2025 to June 2026[8]

Probation District	Jun-25	Jun-26	% Change
District 1	13	22	69.2%
District 2	37	29	-21.6%
District 3J	133	158	18.8%
District 4J	283	263	-7.1%
District 5	48	47	-2.1%
District 6	41	43	4.9%
District 7	50	44	-12.0%
District 8	7	11	57.1%
District 9	44	53	20.5%
District 10	28	39	39.3%
District 11	44	48	9.1%
District 12	26	29	11.5%
State	**754**	**784**	**4.0%**

[8] 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 three 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.

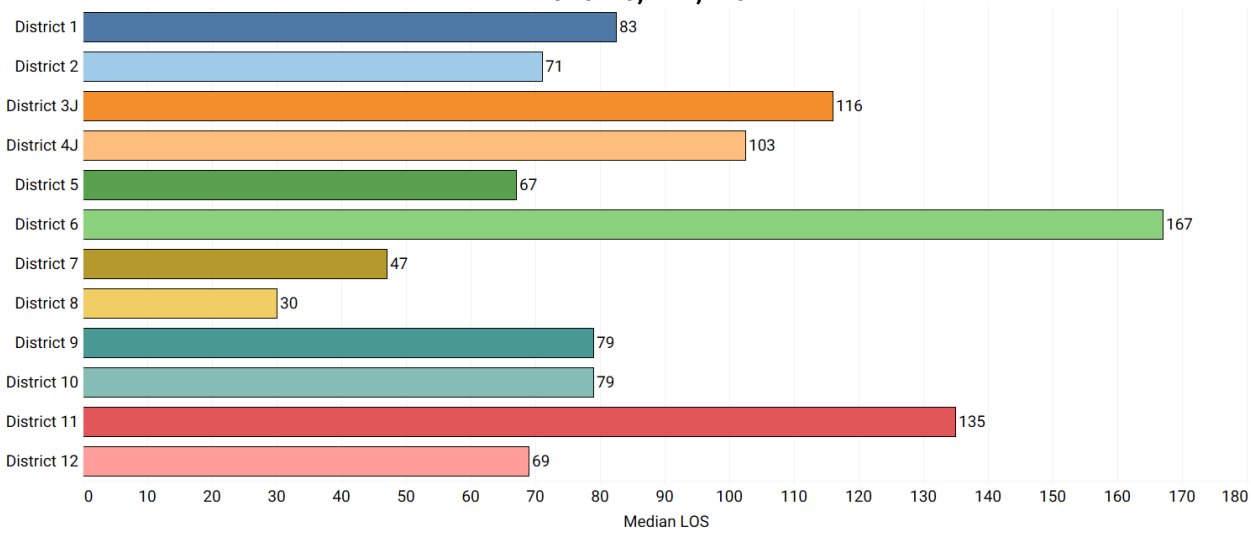
Figure 8: Monthly Entries and Exits of Probation Supervised Youth, June 2025 to June 2026



Median Number of Days in Care. An analysis of all Probation supervised youth who left care in FY2025-26 indicates that the median number of days varies by district, from a low of 30 days in District 8 to a high of 167 days in District 6.[9] Statewide, the median number of days in care was 95 days.

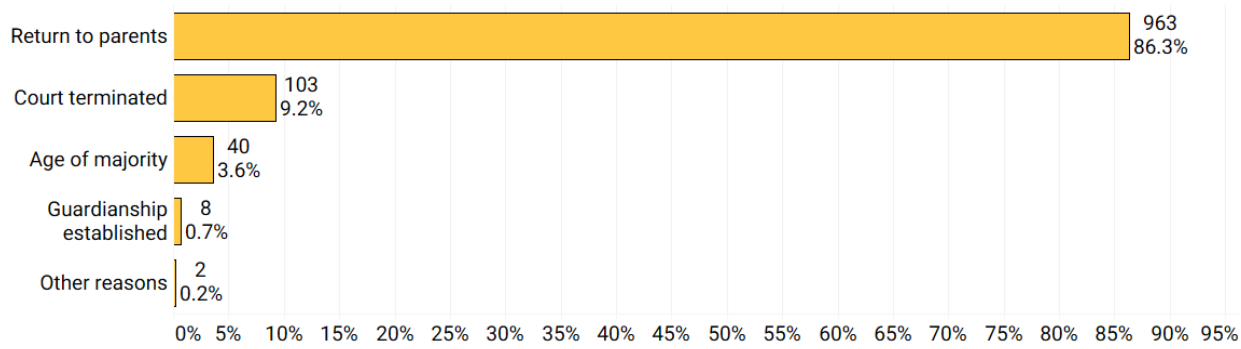
[9] See Appendix A for a list of counties and their respective probation districts.

Figure 9: Median Consecutive Days in Care by District for Probation Supervised Youth Exiting Care in FY2025-26, n=1,116



Exit Reason. In FY2025-26, 40 Probation supervised youth exited out-of-home care on their 19th birthday compared to 42 the previous year. Most returned to parents/guardians (86.3%).

Figure 10: Exit Reason for Probation Supervised Youth Exiting Care in FY2025-26, n=1,116



The amount of time a youth spends in out-of-home care while on probation is strongly correlated to their exit type. The median consecutive days in care based on exit reason are:

- 607 days for youth who exited to guardianship.
- 579 days for youth who reached the age of majority while in out-of-home care.
- 572 days for youth who exited for other reasons.
- 180 days for youth who had court ordered termination of jurisdiction.
- 83 days for youth who returned to their parents' care.

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	9/30/2024	12/31/2024	3/31/2025	6/30/2025	9/30/2025	12/31/2025	3/31/2026	6/30/2026
Statewide	3,426	3,397	3,378	3,363	3,280	3,216	3,183	3,184
CSA	404	428	424	410	424	426	442	437
ESA	1,458	1,424	1,426	1,412	1,366	1,337	1,319	1,304
NSA	533	550	531	558	558	549	550	546
SESA	590	570	579	587	565	566	545	577
WSA	441	425	418	396	367	338	327	320

- For children and youth involved only with DHHS/CFS, the most recent point-in-time data shows no effective change from the previous quarter.
- Four of the five service areas experienced a decrease with the largest decrease occurring in the WSA at 2.1%; whereas SESA had the only increase at 5.9%.

Dually Involved	9/30/2024	12/31/2024	3/31/2025	6/30/2025	9/30/2025	12/31/2025	3/31/2026	6/30/2026
Statewide	132	141	155	142	141	140	147	173
CSA	16	12	15	21	19	21	22	23
ESA	67	79	81	67	61	60	62	72
NSA	24	24	27	25	24	23	31	38
SESA	16	19	17	15	20	17	18	22
WSA	9	7	15	14	17	19	14	18

- For youth who were dually involved with DHHS/CFS and Probation, the most recent point-in-time data shows a 17.7% statewide increase over the previous quarter.
- All five service areas experienced an increase over the previous quarter.

Probation	9/30/2024	12/31/2024	3/31/2025	6/30/2025	9/30/2025	12/31/2025	3/31/2026	6/30/2026
Statewide	475	479	516	467	512	495	523	505
District 1	13	8	7	12	16	13	16	18
District 2	30	28	30	26	27	26	23	21
District 3J	84	85	109	90	107	101	111	113
District 4J	154	156	162	155	156	155	164	157
District 5	31	32	37	38	39	35	27	27
District 6	30	33	36	25	32	35	40	34
District 7	20	28	23	25	27	22	19	25
District 8	6	6	6	5	9	7	7	8
District 9	40	34	33	28	37	36	40	33
District 10	19	17	15	17	19	21	28	26
District 11	28	35	35	26	18	26	28	25
District 12	20	17	23	20	25	18	20	18

- For youth who were only involved with Probation, the most recent point-in-time data shows a 3.4% statewide decrease over the previous quarter.
- Four of the 12 probation districts had an increase, with the largest increase occurring in District 7 at 31.6%, followed by District 8 at 14.3%, District 1 at 12.5%, and District 3J at 1.8%.
- Seven probation districts had a decrease over the previous quarter, with the largest decrease occurring in District 9 at 17.5%, followed by District 6 at 15.0%, District 11 at 10.7%, District 12 at 10.0%, District 2 at 8.7%, District 10 at 7.1%, and finally District 4J at 4.3%.
- District 5 had no change from the previous quarter.

YRTCs	9/30/2024	12/31/2024	3/31/2025	6/30/2025	9/30/2025	12/31/2025	3/31/2026	6/30/2026
Statewide	103	91	88	128	129	107	96	89
Females	22	15	12	24	23	19	24	23
Males	81	76	76	104	106	88	72	66

- For youth who were placed at a YRTC, the most recent point-in-time data shows a 7.3% total population decrease over the previous quarter.
- The population of females at the YRTCs decreased by 4.2% and the population of males decreased by 8.3% over the previous quarter.

SYSTEM-WIDE TRENDS

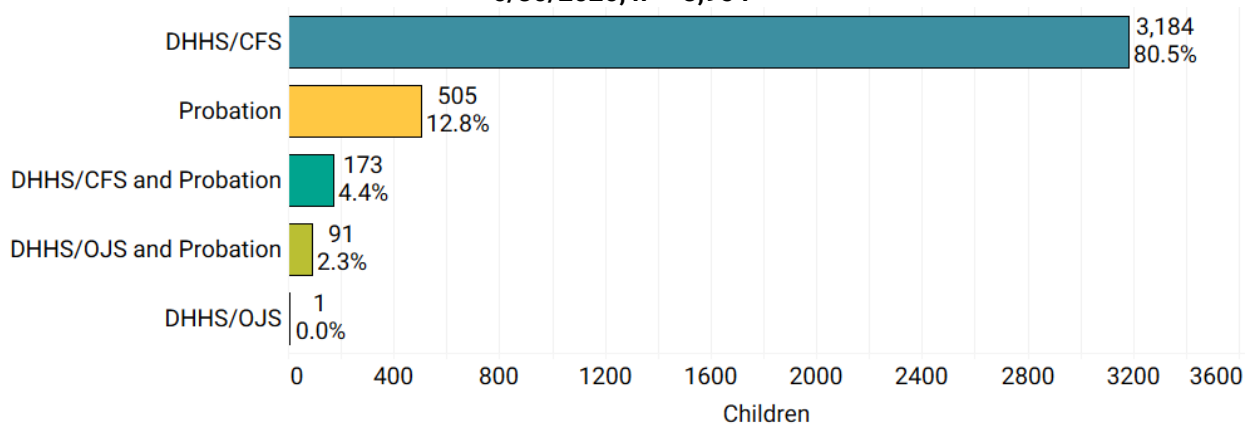
This section includes point-in-time data for court-involved children and youth in out-of-home care or a trial home visit under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division (hereafter referred to as Probation).

On 6/30/2026, 3,954 Nebraska children were in an out-of-home or trial home visit placement[10] 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 11 provides a snapshot of the agency involvement of non-duplicated children in out-of-home care on 6/30/2026.

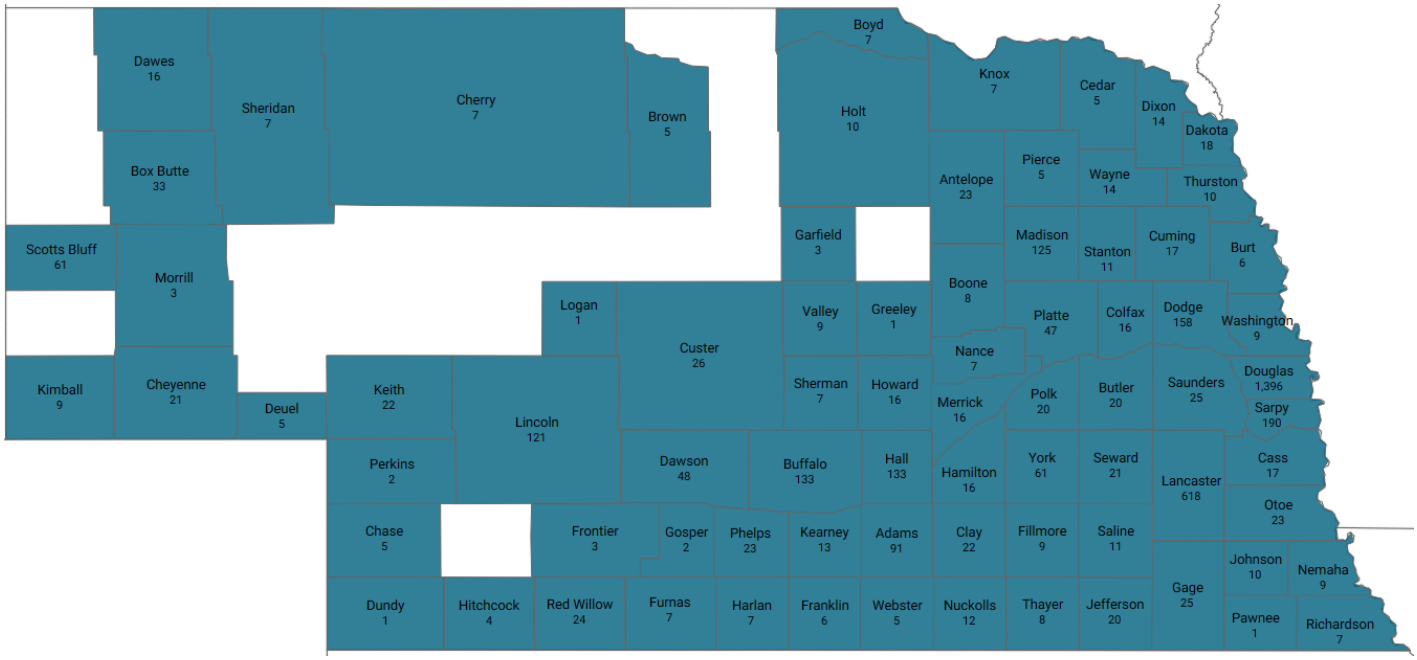
Figure 11: All Court-Involved Children in Out-of-Home Care or a Trial Home Visit by Agency Involved on 6/30/2026, n[11]=3,954



[10] 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.
[11] See Appendix B for a glossary of terms and a description of acronyms.

Figure 12 represents the county of court jurisdiction for the 3,954 court-involved children who were in out-of-home care on 6/30/2026 (which excludes AILAs).[12]

Figure 12: County of Court Jurisdiction for all Nebraska Court-Involved Children in Out-of-Home Care or a Trial Home Visit on 6/30/2026, n=3,954



*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 3,954 shown above is a 3.7% decrease compared to 6/30/2025 when 4,104 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.

[12] 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 tracking and FY2025-26 review data for court-involved children in out-of-home care or a trial home visit in the child welfare system (abuse and neglect). Review data in this section is for all children and youth involved with DHHS Children and Family Services (CFS), including children and youth dually involved with DHHS/CFS and Probation. Review data for only the dually involved children and youth are later broken out separately in a distinct section to describe experiences and outcomes for this particularly vulnerable population along with their point-in-time data. Point-in-time data in this section is the non-duplicated count for all children and youth involved with DHHS/CFS only.

COURT AND LEGAL SYSTEM FACTORS

Timeliness of Adjudication. The court hearing at which the judge determines if the allegations in the petition filed by the county attorney are true is known as the adjudication hearing. If found true, the case then proceeds to the disposition hearing.

Under Neb. Rev. Stat. §43-278, the adjudication hearing must occur within 90 days of the child entering out-of-home care, unless there is a showing of good cause. Best practice for adjudication hearings is 60 days[13] and Nebraska Supreme Court Rule §6-104 was amended to reflect this best practice as a case progression standard for adjudication hearings in juvenile court.

- For children reviewed in FY2025-26, the median number of days from petition to adjudication was 75 days.

Court review hearings. Court review hearings were held every six months as required in almost all cases reviewed (97.8%).

Permanency Hearings. Under Neb. Rev. Stat. §43-1312(3), courts must have a permanency hearing no later than 12 months after the date the child enters foster care and annually thereafter. The permanency hearing is a pivotal point in each child's case during which the court determines whether the pursuit of reunification remains a viable option, or whether alternative permanency for the child should be pursued.

To make this determination, adequate evidence is needed, as well as a clear focus on the purpose of these special hearings. Timely hearings are also needed for federal IV-E eligible cases to continue to be eligible. For FY2025-26:

- In the majority (90.4%) of cases reviewed where children had been in care at least 12 months, a permanency hearing had occurred.

Children Attending Court Hearings. It can be very important for older children and youth to feel heard by the court that is making decisions about their future, when appropriate.

[13] "Nebraska Supreme Court Rule §6-104." 2017. State of Nebraska Judicial Branch. 2017. Accessed August 31, 2026. https://nebraskajudicial.gov/supreme-court-rules/chapter-6-trial-courts/article-1-case-progression-standards/%C2%A7-6-104-time-disposition-juvenile-cases.

- For teenagers reviewed in FY2025-26, the FCRO found that only 19.0% had attended their court hearings. This is an increase from the 16.2% who attended in FY2024-25.

Required SFA[14] Findings Made by the Court. The federal Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) requires courts to make certain findings. There was documentation that the required findings were made in 60.6% of the cases, excluding cases that have not reached the disposition phase.

Guardian Ad Litem (GAL)[15] Practice. Per Nebraska statutes, GALs are to visit children they represent in their placement at least once every six months. FCRO staff review court documents and reach out directly to the appointed GAL during every FCRO case review. For FY2025-26:

- In 58.7% of cases, the GAL was reported as having had contact with the child.
- GAL-child contact was unable to be determined for 37.3% of cases reviewed.

Court Appointed Special Advocate (CASA) Volunteers. In some areas of the state, courts have CASA programs. These are non-attorney volunteers that work with the guardian ad litem and the court to develop a one-on-one relationship with the child and advocate for that child. Not all children are appointed or assigned a CASA volunteer. Courts appoint CASA volunteers to the more intensive cases or cases where children may be extremely vulnerable, such as a child with an incapacitating medical condition, depending on the availability of volunteers.

- At the time of FCRO review in FY2025-26, 31.4% of children reviewed had a CASA volunteer.

Exception Hearings. Exception hearings are to occur if the child has been in out-of-home care for 15 of the past 22 months. This hearing is called "exception" because the court is to determine at that point if there is a verified, legally allowable exception to the requirement that a motion for termination of parental rights be filed by either the prosecutor or the guardian ad litem.

- For children in out-of-home care for 15 of the last 22 months, there was documentation that an exception hearing had occurred in 39.6% of cases that were reviewed in FY2025-26, an increase from 35.5% in FY2024-25.

Need for Bridge Orders. A bridge order transfers juvenile court jurisdiction to a district court for custody matters when the safety of a child is not at stake. It allows DHHS/CFS to withdraw as legal guardian of the child and the juvenile court to close jurisdiction while ensuring that the child is in a safe placement with a parent who has legal authority to enroll the child in school, seek medical care, etc. Bridge orders reduce the waiting period to get custody orders modified in district court.

- Bridge orders were needed for just over a quarter (28.0%) of the applicable cases for children in out-of-home care reviewed in FY2025-26.

ALTERNATIVE RESPONSE AND NON-COURT SERVICES PRIOR TO CURRENT REMOVAL

For some children and families, an alternative response to out-of-home care and other non-court interventions by DHHS/CFS occurred prior to the current court action. The FCRO does not have the statutory authority to track or review cases while children are receiving in-home, non-court services, so the data

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

presented below is only for children with a subsequent removal with court involvement that the FCRO reviewed.

- Beginning FY2023-24, FCRO began measuring alternative response cases separately from other non-court cases. Of the children reviewed, 13.1% were involved in at least one alternative response case within the 12 months prior to the start of their current out-of-home care episode.
- In addition to alternative response, 13.2% of the children reviewed in FY2025-26 had other non-court services provided in the 12 months prior to their current episode of court-ordered out-of-home care. This is slightly less than last year's 14.5%. Of those:
    - 95.0% had the same safety issue present when entering court-involved care.
    - 52.1% had a written safety plan while accessing non-court services (one should be available for every case in which safety is a concern), a decrease from 58.4% the prior year.
    - 73.3% had sufficient information available to determine the reason for and nature of non-court services, a slight decrease from 74.5% the prior year.
    - 51.7% left the non-court services due to the filing of an involuntary case. This is a slight increase from 49.9% in FY2024-25.

CHILD WELFARE SYSTEM FACTORS

ICWA. ICWA refers to the federal and state Indian Child Welfare Act, enacted to ensure that children who are members of a federally recognized tribe OR are eligible for membership and are the biological child of a member of a federally recognized tribe, are not removed unnecessarily from their parents, extended family, and tribal communities. These laws apply to cases under state juvenile court jurisdiction. The numbers quoted here are only for state wards to whom ICWA protections apply.

- In FY2025–26, ICWA applied to 6.0% of reviewed state wards. Among those cases, 82.6% had minimal to no delay in permanency, down from 85.7% the prior year, and 63.2% of cases had a written cultural plan to maintain tribal connections.

Adequacy of Services for Children. It is expected that most children will need some services to address early traumas and foster care related needs. During the review process, the FCRO assesses if children are receiving needed services.

- In 77.0% of cases reviewed, the services needed were being received, and another 20.5% were at least partially receiving needed services, for a total of 97.5%.

Caseworker Contact with Children. According to DHHS/CFS policy, caseworkers are required to have face-to-face contact with each child a minimum of once a month. This is an important safeguard for children, particularly children under age six who may not be visible in the community.

- In FY2025-26, the FCRO found that worker-child contact within 60-days of the review occurred for 99.0% of children reviewed across the state, comparable to 99.5% last year. There was little difference among service areas in either year.

Caseworker Input at FCRO Reviews. Caseworker input during reviews is crucial for FCRO staff and volunteer review board members to be able to make appropriate recommendations based off the most up-to-date information from the caseworker. Statewide, caseworkers gave at least minimal input in 89.6% of reviews conducted in FY2025-26, an increase from 87.8% the previous fiscal year.

	CSA	ESA	NSA	SESA	WSA
Input Given	95.8%	84.0%	97.7%	92.8%	87.2%
Minimal Input Given	0.0%	1.0%	0.8%	1.1%	0.0%
No Input Given	4.2%	14.9%	1.5%	6.1%	12.8%

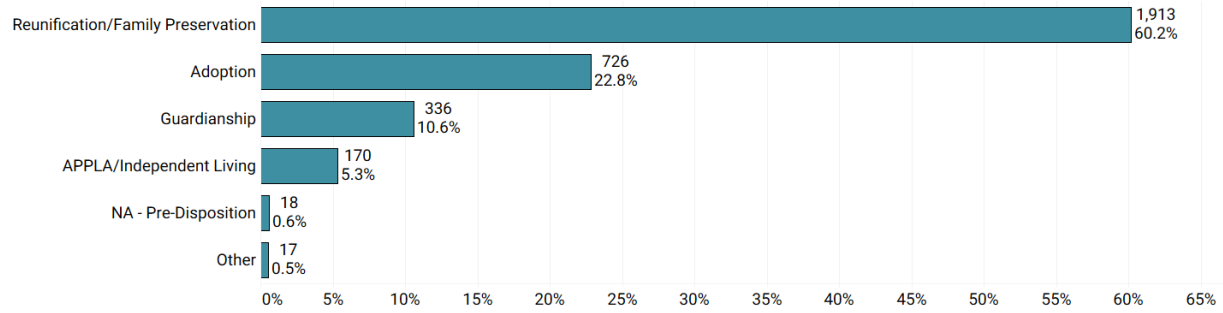
Grounds for Termination of Parental Rights (TPR)[16] and Best Interest of the Child. The FCRO is required by Neb. Rev. Stat. §43-1308 to make the following findings regarding termination of parental rights for each child reviewed: 1) if grounds appear to exist; 2) whether a return to parents is likely; and 3) if a return to parents is unlikely, what should be the permanency goal.

In FY2025-26, for cases where parental rights remain intact, 26.3% of cases reviewed found that TPR grounds appear to exist and TPR would be in the child's best interests. If it was unlikely that a child could safely return to their parent, the recommended plans included adoption (59.6%), guardianship (24.9%), another planned permanent living arrangement (APPLA) (13.0%), custody transfer to non-custodial parent (2.3%), and other (0.3%).

Court-Ordered Primary Permanency Objective. The court-ordered permanency plan contains one of several possible primary objectives and the means to achieve it. Typical objectives include reunification, adoption, guardianship, or APPLA. Courts have the authority to order two different permanency objectives – a primary permanency objective and an optional concurrent objective.

Figure 13 shows the primary objective ordered by the court for children at the time of review. The percentage with each objective has remained fairly steady for the past four years.

Figure 13: Primary Permanency Plan at the Last Review Conducted in FY2025-26, n=3,180



Continued Appropriateness of Primary Permanency Objective. Courts are to determine the appropriate permanency objective at every court review hearing. In FY2025-26, FCRO local volunteer review boards determined that reunification efforts were appropriate to continue for 71.7% of the children reviewed, a decrease from 77.9% the prior fiscal year.

Adoption as Primary Permanency Plan. There were 726 children reviewed in FY2025-26 who had a plan of adoption; 471 (64.9%) of those children were free for adoption, meaning parental rights had been resolved.

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

Of the children free for adoption, 342 (79.0%) had pre-adoptive homes that appeared able to meet their needs, while suitability was unable to be determined for 65 (15.0%) children.

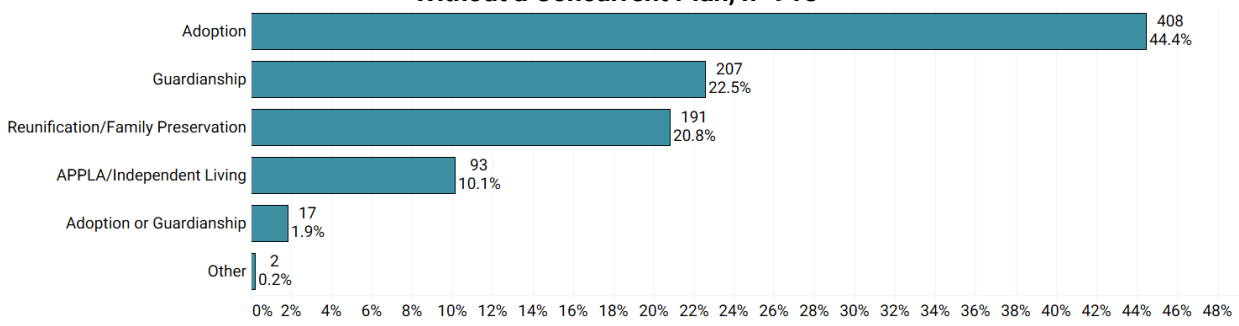
Guardianship as Primary Permanency Plan. There were 336 children reviewed in FY2025-26 who had a plan of guardianship. Of the children that had a potential and willing guardian identified, 61.3% were relatives or kin.

Family Team Meetings. Family team meetings are intended to be collaborative in nature and to connect parents–who have their parental rights intact–with professionals, caregivers, and support networks to assess child safety, build on family strengths, and shape case plans and decision making regarding next steps with a case.

- For children whose plan was family preservation or reunification, DHHS/CFS held a family team meeting within the last 90 days from the review 79.4% of the time, a decrease from 86.3% in the previous fiscal year.

Court-Ordered Concurrent Permanency Objective. Nebraska statute permits, but does not require, courts to include a concurrent permanency objective in its court-ordered plan. The purpose of concurrent planning is to shorten children's stay in care by allowing the system to work on two permanent solutions simultaneously. Throughout the case, there needs to be continued reassessments of whether the primary objective is still in the best interest of the child.

Figure 14: Concurrent Permanency Plan at Last Review Conducted in FY2025-26, Excluding Children Without a Concurrent Plan, n=918



Relative Identification. The Federal Fostering Connections to Success and Increasing Adoptions Act (PL 110-351, 2008) requires that DHHS/CFS apply "due diligence" in identifying relatives within the first 30 days after a child is removed from the home. The percentages in FY2025-26 were fairly similar to FY2024-25.

	CSA	ESA	NSA	SESA	WSA
Maternal searches documented	94.1%	84.8%	77.7%	96.1%	96.6%
Paternal searches documented (where father was identified)	84.3%	63.5%	77.9%	79.4%	88.5%

Reasonable efforts. DHHS/CFS is obligated to make reasonable efforts to preserve and reunify families if this is consistent with the health and safety of the child.[17] If the court finds that reunification of the child is

[17] Required unless a statutory exception of "aggravated circumstances" is found by the juvenile court, or the juvenile court has adopted another permanency objective.

not in his or her best interests, DHHS/CFS is then required to make reasonable efforts to ensure that necessary steps are in place to achieve an alternative permanency for that child.

Juvenile courts make determinations of reasonable efforts on a case-by-case basis. A finding that the state failed to provide reasonable efforts has significant consequences to DHHS/CFS, such as disqualification from eligibility of receipt of federal foster care maintenance payments.

In FY2025-26, the FCRO found reasonable efforts were made 97.2% of the time statewide. This can also be seen broken out by service area below.

	CSA	ESA	NSA	SESA	WSA
Reasonable efforts made	99.2%	96.0%	96.2%	98.8%	99.1%

One element in reasonable efforts is for DHHS/CFS to develop a complete plan for case progression. The FCRO found there was a complete plan in 96.8% of cases reviewed.

REASONS FOR REMOVAL

Home of Origin. The following describes the home of origin (the home from which removed) for children the FCRO reviewed in FY2025-26.

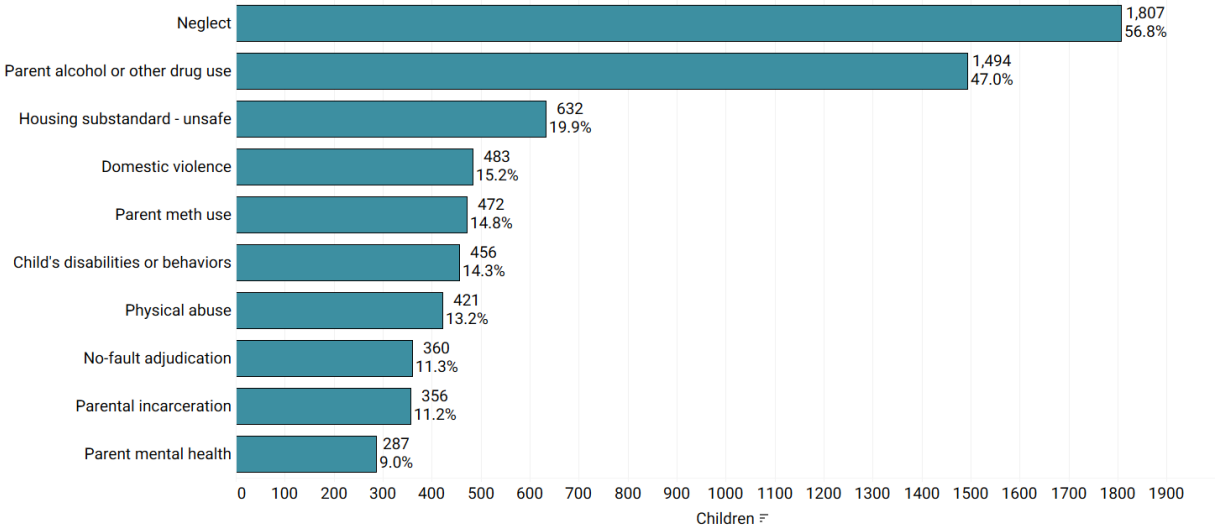
- 58.8% lived with only their mother.
- 26.9% lived with both parents.
- 7.8% lived with only their father.
- 6.4% lived with a non-parent at removal (often a relative such as a grandparent).
- 0.1% were unable to be determined.

Adjudicated Reasons for Removal. Knowing why children enter out-of-home care is essential to case planning, rehabilitation of parents, and providing services to address children's trauma. This data can also assist in the development of appropriate prevention programs.

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.

Figure 15 represents the adjudicated reasons for the removal of 3,180 children the FCRO reviewed, who were in DHHS/CFS custody in FY2025-26. Multiple reasons can be identified per child.

Figure 15: Top Adjudicated Reasons Children Entered Care, Reviewed in FY2025-26, n=3,180



***Non-Adjudicated Reasons for Removal*.** There may be reasons to remove a child from the home that are not adjudicated in court, but that greatly impact a successful parental reunification plan.[18] FCRO reviews of children's cases identify which, if any, additional issues contributed to the decision to remove a child from their home.

The most frequently identified non-adjudicated reasons were:

- Parent alcohol or other drug use (16.0%)
- Neglect (8.9%)
- Child's disabilities or behaviors (7.1%)
- Domestic violence (6.6%)
- Housing substandard - unsafe (5.6%)
- Parent mental health (5.1%)

PARENTAL AND FAMILY FACTORS

The FCRO focuses on the individual children reviewed and tracked; thus, information presented in this section is based on how many children are impacted rather than simply the number of mothers or fathers.

Parental progress on safety concerns. The FCRO reviews data for mothers and fathers separately when parental rights are intact, and the goal is reunification or family preservation. This is done because the status of parental rights, specific safety concerns, and the rate of progress often differs between the parents.

[18] Plea bargains, insufficient evidence, fragility of child witnesses/victims, or other legal considerations may result in an issue not being adjudicated.

Figure 16: Safety Concerns and Progress Regarding Parents with Intact Parental Rights for Children with a Reunification or Family Preservation Goal, Reviewed in FY2025-26

	Mother's Mental Health	Mother's Substance Use	Mother's Domestic Violence Involvement	Father's Mental Health	Father's Substance Use	Father's Domestic Violence Involvement
Identified Issue	1,290 (72.6%)	996 (56.0%)	297 (16.7%)	503 (43.1%)	458 (39.2%)	216 (18.5%)
Percent Now Making Progress	66.1%	59.6%	54.2%	67.8%	61.8%	47.7%

SERVICES FOR PARENTS

Parental Incarceration. At the time of the FCRO's FY2025-26 review:

- 15.8% of children's fathers and 5.4% of children's mothers who still had parental rights were incarcerated.
- Furthermore, 15.0% of children's fathers and 11.7% of children's mothers had pending criminal charges that could result in incarceration.

Providing Services to Parents. Without assistance, many parents are unable to obtain the services they need to mitigate the reasons their children were removed from the home. To provide oversight of the system's response, during the review process the FCRO collects data on whether services were received.

FCRO reviews of children whose parents had intact parental rights in FY2025-26 indicate that on average, children's mothers and fathers were receiving a majority or all services (Figures 17 and 18).

Figure 17: Service Provision for Children's Mothers, Reviewed in FY2025-26, (if parent is adjudicated and plan is reunification or family preservation), n=1,778

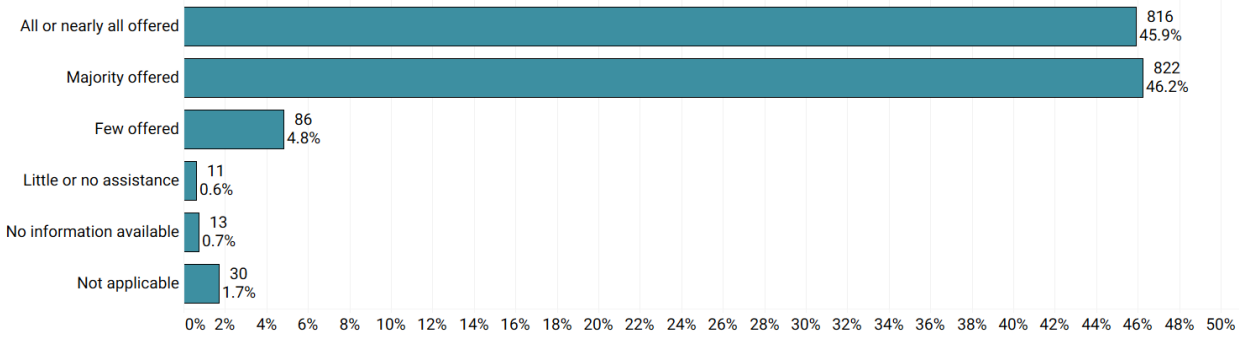
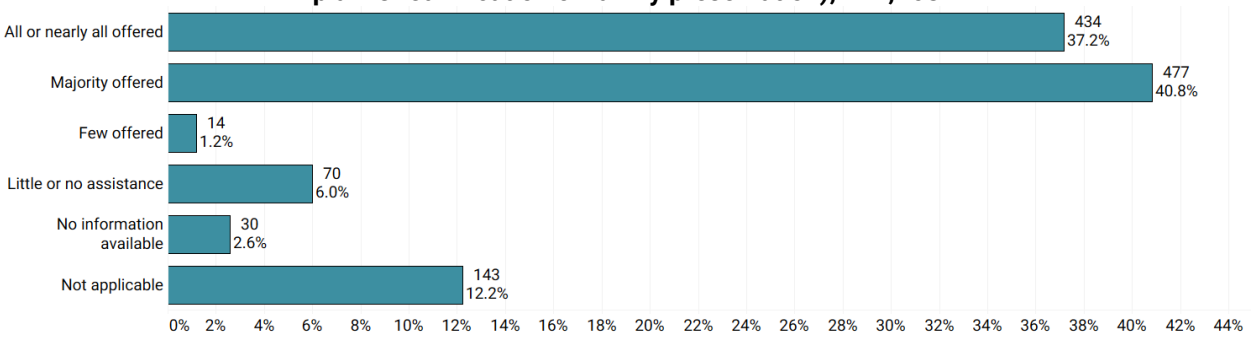


Figure 18: Service Provision for Children's Fathers, Reviewed in FY2025-26, (if parent is adjudicated and plan is reunification or family preservation), n=1,168



Attendance. Parents in abuse/neglect cases normally need to regularly attend court ordered classes, therapy sessions, etc. Engaging with services is often difficult, as it can mean discussing dysfunctional family situations, evaluating poor personal decisions, and dealing with their own and their children's emotional pain. It is, therefore, anticipated that some parents will struggle with attendance.

In addition, scheduling can be problematic, as many system-involved parents lack flexible work hours and may have transportation challenges. (Figures 19 and 20).

Figure 19: Attendance at Services for Children's Mothers, Reviewed in FY2025-26, (if parent is adjudicated and plan is reunification or family preservation), n=1,778

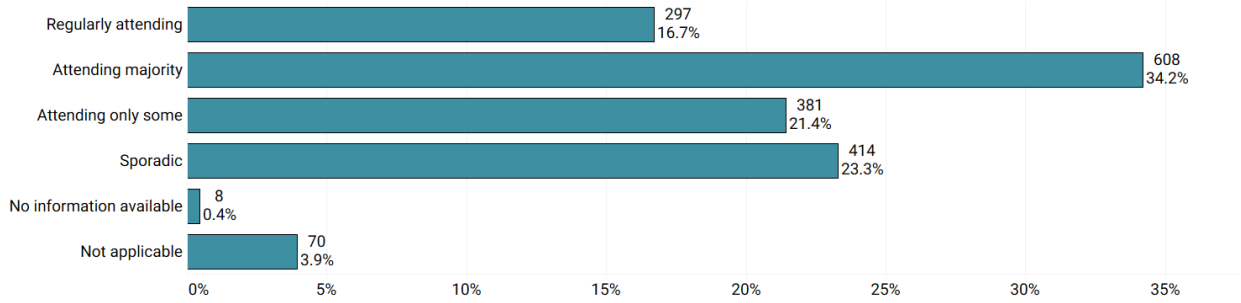
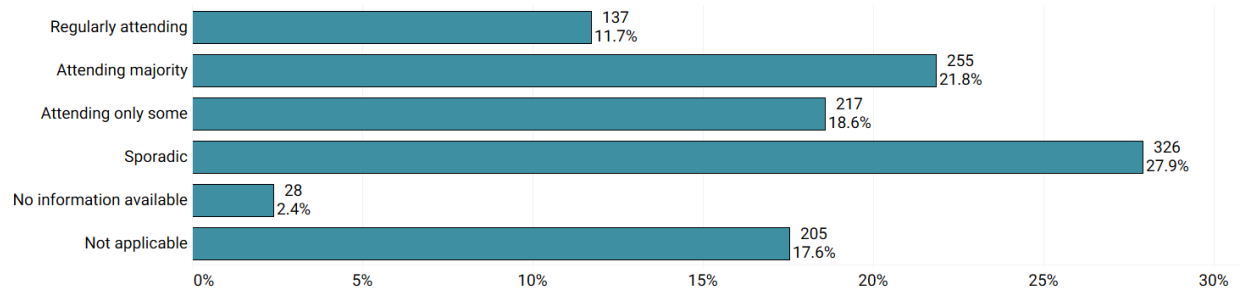


Figure 20: Attendance at Services for Children's Fathers, Reviewed in FY2025-26, (if parent is adjudicated and plan is reunification or family preservation), n=1,168



Skill Integration. Progress in parenting services depends on skills gained, not just attendance. While 36.3% of children's mothers and 27.1% of children's fathers were demonstrating or showing improvement on the skills needed to safely parent, it is concerning that many parents (57.5% mothers, 52.4% fathers) were not showing progress at the time of FCRO review (Figures 21 and 22).

Figure 21: Skill Integration for Children's Mothers, Reviewed in FY2025-26, (if parent is adjudicated and plan is reunification or family preservation), n=1,778

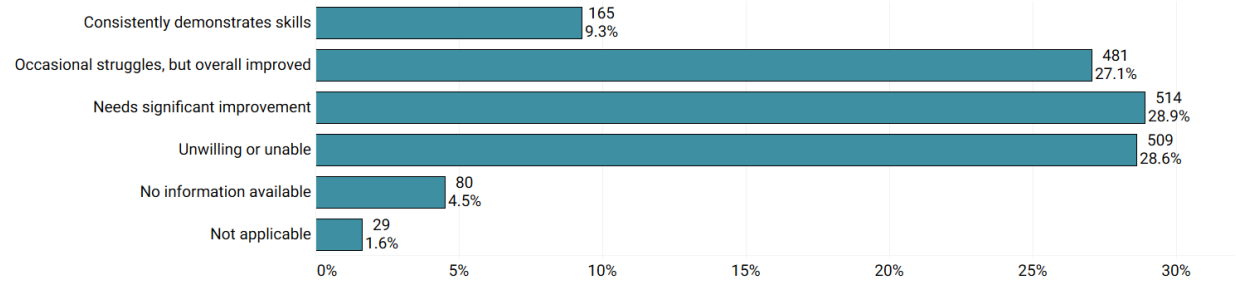
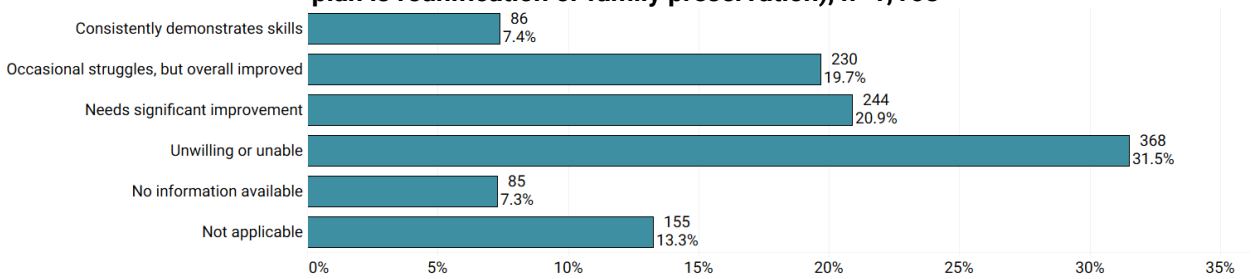


Figure 22: Skill Integration for Children's Fathers, Reviewed in FY2025-26, (if parent is adjudicated and plan is reunification or family preservation), n=1,168



PARENTAL VISITATION

Parenting Time Supervision Level. Reviews in FY2025-26 indicate that when parents are not prevented or prohibited from interacting with their children, most parenting time is still fully supervised (78.3% for mothers, 79.1% for fathers).

Visits, Building and Maintaining Bonds with Parents. Many parents need help arranging supervised visitation and it is the system's responsibility to help ensure arrangements are appropriately made. FCRO reviews the adequacy of the system response to meeting parenting time requirements because this directly impacts children and the likelihood of successful reunification in the future.

Figure 23 represents the findings from FCRO reviews regarding visitation in cases where a parent retained their parental rights. The chart includes whether the system adequately assisted parents, whether parents were attending parenting time, and the quality of parent/child interactions.

Figure 23: Visitation Findings Regarding Parents with Parental Rights Who are Allowed Visitation, Reviewed in FY2025-26, n=1,762 children's mothers and n=974 children's fathers

Percentage of Excellent/Good Visitation Findings by Parent	Mothers	Fathers
System response to meet visitation requirements – Excellent/Good	88.6%	84.5%
Parental attendance at visits – Excellent/Good	59.0%	50.1%
Parent-child interaction during visits – Excellent/Good	53.3%	51.7%

CHILDREN'S EXPERIENCE AND WELL-BEING

PLACEMENTS

Placements Reported to the FCRO as Required. The placement reports made to the FCRO by DHHS/CFS, or other parties, were incomplete or inaccurate for 1.0% of FY2025-26 reviews, a slight decrease from 1.7% the year prior. Accurate placement information is critical to ensuring children's safety.

Missing from Care. In FY2025-26, there were 17 children missing from care at the time of their review, which is always a serious safety issue deserving special attention. While unaccounted for, these children have a higher likelihood of experiencing sex trafficking, exploitation, and victimization.

- Of the 17 children missing, 11 (64.7%) were female and six (35.3%) were male.
- In total, nine (52.9%) children were missing for two or more months, consisting of seven (63.6%) of the females and two (33.3%) of the males.

Placement Safety and Appropriateness. The state's primary responsibility is to ensure every child in custody is safe. Under both federal regulations and state law, the FCRO is required to make findings on the safety and appropriateness of the placement of each child in foster care during each case file review.

The FCRO does not assume children to be safe in the absence of documentation. If documentation does not exist, the "unable to determine" category is utilized. For those placements determined to be unsafe, the FCRO immediately advocates for a change in placement. A child who is missing from care is automatically deemed unsafe, and the FCRO responds accordingly.

The FCRO found that:

- 97.0% of the children reviewed were determined to be in a safe placement at the time of review. This is comparable to the prior five years.
- Of the children determined to be safe,
  - 97.6% were found to be in an appropriate placement,
  - 1.2% were in an inappropriate placement, and for
  - 1.2% the appropriateness could not be determined.

Reasons for Placement Moves. Reasons for moving children to a new caregiver can vary. From reviews conducted in FY2025-26, the top five reasons for the move to the current placement were:

1. Initial removal from home, 24.0%
2. Provider request, 19.1%
3. To be with a parent (non-custodial or in trial home visit), 16.1%
4. To be with a relative or kin, 9.6%
5. Worker or agency initiated, 8.7%

Placement Changes Resulting in School Changes. Multiple changes in caregivers can result in children simultaneously coping with changes in caregiver, rules, and persons the children are living with, plus new teachers, schools, and classmates when a school change is required.

- Statewide, 37.1% of children reviewed in FY2025-26 changed school due to their most recent placement; an increase from 34.1% the previous fiscal year. Children in the Eastern Service Area were least likely to change schools.

	CSA	ESA	NSA	SESA	WSA
School changed	52.6%	24.1%	48.0%	46.9%	38.9%

SIBLING CONTACT

Children who have experienced abuse or neglect may have formed their strongest bonds with siblings.[19] It is important to keep these bonds intact, or children can grow up without essential family and suffer from that loss. Ideally, if children with siblings are removed from the home, they should be placed with their siblings.

Sibling Separations. Placement together happened for 59.3% of children with siblings who were involved in an abuse or neglect case reviewed in FY2025-26. Children placed together were found to be in relative or kinship placements more often (63.3%) than other out-of-home placement types.

The FCRO found that in 94.2% of cases where siblings were not placed together, there was a valid reason. The reasons may be safety issues between siblings, a sibling needs a treatment level placement, extended family members are unwilling or unable to take the children not biologically related to them, and other case-specific reasons.

When children are unable to be placed with their siblings, the next best alternative is to make certain that they have adequate contact, except for a small number of cases where contact is therapeutically contra-indicated. Adequate sibling contact was reported for 73.1% of the children, a decrease from 76.1% in the prior fiscal year.

MEDICAL

Medical Records. The timely and accurate documentation of medical records for all children is necessary to ensure caseworkers, their supervisors, and children's caregivers have access to this critical information should emergencies arise.

- Most or some medical records were available on the DHHS/CFS system of record (NFOCUS) for 91.0% of cases reviewed in FY2025-26. This varies by service area.

	CSA	ESA	NSA	SESA	WSA
Available in file	100%	85.2%	90.0%	94.7%	99.4%

- In most cases in FY2025-26 (94.7%) foster care placements were found to have received medical records for the children in their care when applicable. This also varies by service area.

	CSA	ESA	NSA	SESA	WSA
Given to caregiver	98.6%	94.2%	87.1%	97.1%	99.6%

Children's Medical and Dental Health Needs. During reviews conducted in FY2025-26, most children's medical (91.0%) and dental (90.8%) needs appeared to have been met. When local review boards identify an unmet medical or dental health need, a recommendation to all legal parties to address that need is made.

- The percent where medical and dental needs were documented as met varies by service area.

[19] Richardson, Yates. 2019. "Sibling Issues in Foster Care and Adoption." Bulletin. Children's Bureau/ACYF/ACF/HHS. https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/siblingissues.pdf?VersionId=R.N3eZpf1Mh37cJvyYptAyeShAEsRv5I.

	CSA	ESA	NSA	SESA	WSA
Medical needs met	99.2%	89.8%	87.9%	90.9%	92.0%
Dental needs met	98.1%	88.6%	89.4%	90.9%	93.4%

BEHAVIORAL HEALTH

Mental Health and Substance Use Diagnosis and Progress. In FY2025-26, the FCRO found the following for reviewed children:

- 54.7% of all Nebraska children in foster care had a mental health diagnosis, which is a slight increase from the previous year. 76.2% of children with a diagnosis were at least partially improving their mental health.
- 79.4% of teenagers ages 13-18 had a mental health diagnosis, and of them 70.4% were at least partially improving their mental health.
- 10.4% of teens in foster care had diagnosed substance use issues, resulting in a slight increase from 10.0% the previous year. 46.4% of teens with a diagnosis were at least partially improving their substance use disorder, down slightly from 53.3% the previous year.

Psychotropic Medications. Psychotropic medications are a commonly prescribed treatment for certain types of mental health diagnoses. For children with a mental health diagnosis, the FCRO found that at the time of review:

- 5.8% of children ages birth-5 were prescribed at least one psychotropic medication.
- 35.1% of children ages 6-12 were prescribed at least one psychotropic medication.
- 53.7% of teenagers ages 13-18 were prescribed at least one psychotropic medication.

DIAGNOSED CONDITIONS

Diagnosed Conditions. In FY2025-26, the FCRO reviewed 1,339 (42.1%) children who had one or more (potentially disabling) conditions diagnosed by a qualified professional. While 131 of those children were eligible for Developmental Disabilities funded services, at the time of review only 48.9% of eligible children were receiving services as funded through the DHHS Division of Disability and Aging rather than child welfare.

Regarding the type of conditions (multiple can be diagnosed for a single child), among the top were attention-deficit/hyperactivity disorder (ADHD) (46.2%), post-traumatic stress disorder (PTSD) (21.1%), adjustment disorder (19.4%), autism spectrum disorder (16.9%), oppositional defiant disorder (ODD) (12.0%), developmental delays (10.8%), and speech/language impairments (10.1%).

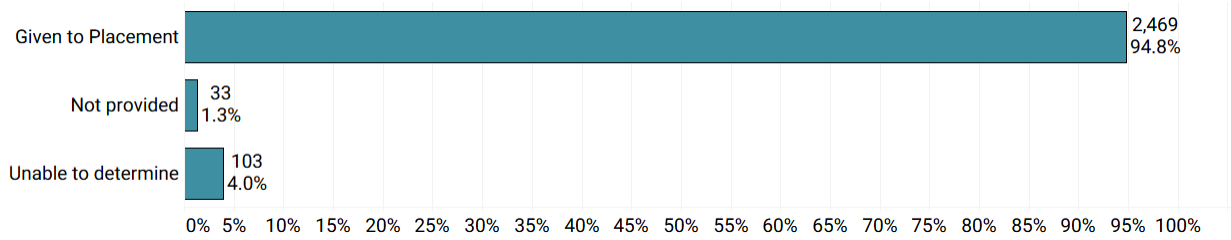
EDUCATION

Children in foster care may begin their formal education at a particularly significant disadvantage. Further, children separated from their parents (and possibly siblings), adjusting to a new living environment, and possibly a new school, may be coping with too much stress to properly concentrate on their education.

Education Records Shared with Caregiver. Foster parents, group homes and other placements are charged with ensuring that children placed with them receive all necessary educational services. Having critical educational information about each child in their care is essential for this to occur.

Figure 24 depicts whether education information was shared with the foster caregiver and does not include children in independent living or who were missing from care at the time of review. There was no documentation on whether important educational information was shared for 4.0% of children, a decrease from 9.4% the previous fiscal year.

Figure 24: Education Information Given to Foster Placement, Reviewed in FY2025-26, n=2,605 (based on most recent review and excluding youth in independent living or missing from care)



The following table represents the educational information given to the foster placement by service area, excluding children in independent living or who were missing from care.

	CSA	ESA	NSA	SESA	WSA
Placement received information	98.6%	94.3%	87.8%	96.9%	99.6%

School Attendance. In FY2025-26, the FCRO found that 91.1% of the children reviewed that were enrolled in school were attending regularly. That is slightly more than the prior fiscal year (89.4%).

Academic Performance. For many children who experienced a transient life and trauma before removal, being academically on target can be difficult to achieve. As shown in the last row in the following chart, the degree to which this information is not available varies widely.

	CSA	ESA	NSA	SESA	WSA
On target – all core classes	61.7%	63.4%	70.9%	55.6%	70.3%
On target – more than half of core classes	20.7%	10.3%	9.4%	19.3%	17.4%
On target – half or less of core classes	7.8%	3.9%	7.4%	8.8%	10.6%
Not on target – any core classes	2.7%	4.5%	2.0%	3.0%	0.8%
Information not available	7.0%	18.0%	10.3%	13.2%	0.8%

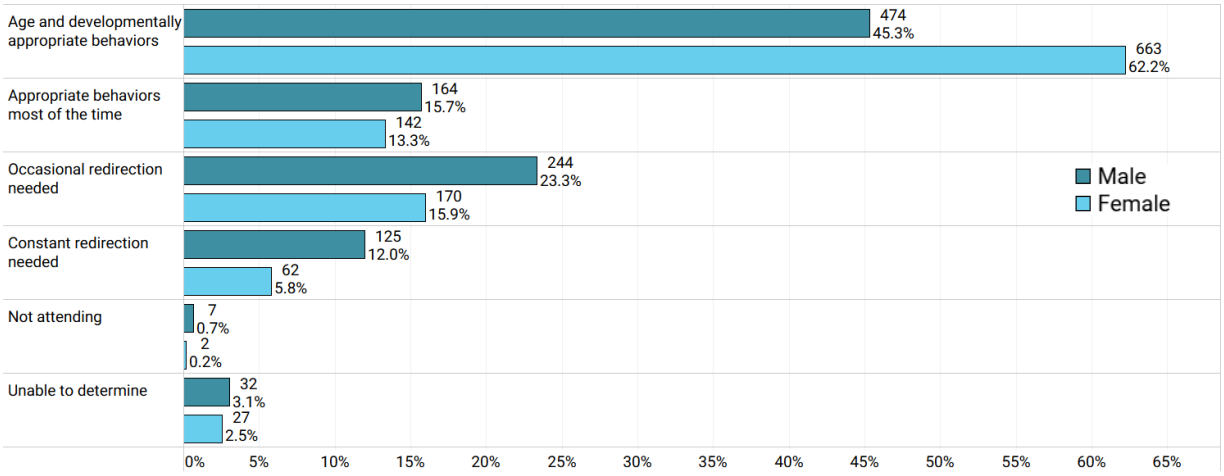
There are also gender differences in the rates of academic achievement. In FY2025-26, 60.6% of males were on target for all their core classes and 67.1% of females were on target.[20]

[20] Core classes are typically math, English, science, and social studies/civics/history.

Behaviors at School. Children in out-of-home care can display some very challenging behaviors due to the cumulative traumas they have experienced. These behaviors may be displayed in the child's placement, during visitation, and during the school day.

For children who continue to be academically behind their peers, there can be more stressors that manifest themselves as poor behaviors. But many children in foster care respond well to the structure and discipline that occurs in school and exhibit appropriate behaviors while there.

Figure 25: Behaviors at School for Children Enrolled in School, Reviewed in FY2025-26, n=2,112



Additional Education-Related Data. During the review process, the FCRO also considers some other indications of children's educational needs:

- 74.0% of the school-aged males and 69.9% of the school-aged females reviewed had a current Individualized Education Program (IEP).
- 32.3% of males and 21.8% of females were receiving special education services.

SPECIAL CONSIDERATIONS FOR YOUNG CHILDREN

Early Development Network. A young child is eligible for Early Development Network (EDN) services if he or she is not developing as expected, has been diagnosed with or suspected of having a health condition that will impact his or her development, or was born testing positive for the presence of drugs. Parents must consent to an Early Development Network referral for children age birth through three years of age.

- In FY2025-26, the FCRO found that referrals were made for 83.7% of children ages 0-3. EDN services were completed for 85.5% of those children.

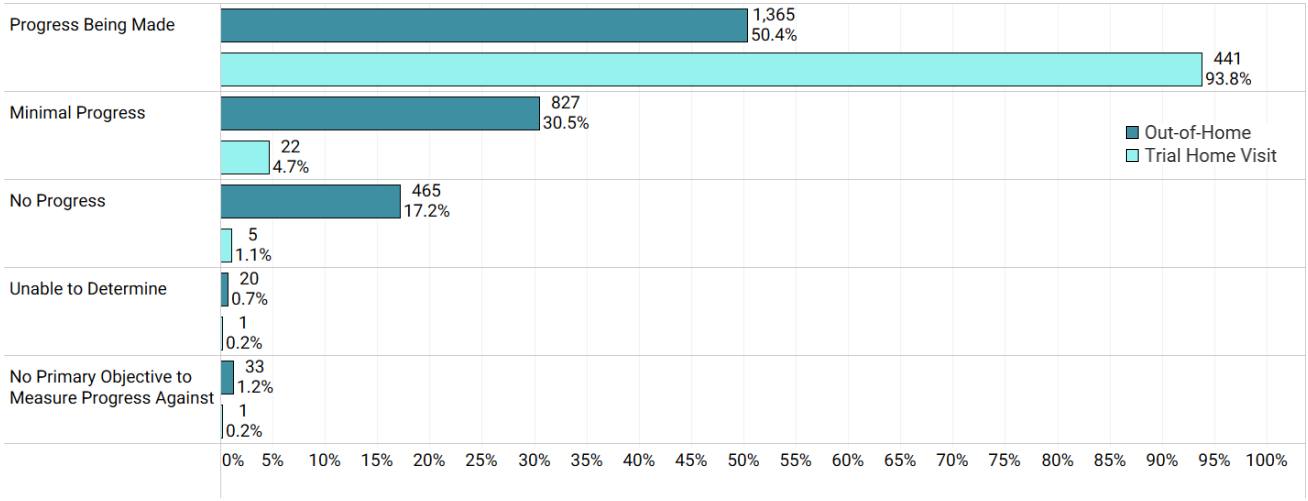
CASE PROGRESS

Continued Need for Care. Statute requires the FCRO to determine if there is a continued need for state oversight at every review conducted.

- In 90.5% of reviews of children placed out-of-home in FY2025-26, such care was still needed. This is a slight increase from 88.6% last fiscal year.
- In 77.6% of reviews of children on a trial home visit, continued court oversight was needed. Depending on how long the children had been on a trial home visit at the time of review, this can be disturbing. Once placed on a trial home visit, the case should be nearly ready to close.

Progress to Primary Permanency Objective. Another finding made by local volunteer review boards during case file reviews is whether progress is being made towards achieving the permanency objective. As shown in Figure 26 below, there is a difference in progress rates for children in out-of-home placements and children in a trial home visit.

Figure 26: Progress to Permanency for Children at Their Last Review in FY2025-26, n=3,180



When combining out-of-home and trial home visit data, there are differences in the rates of those making progress by service area. The Central, Northern, and Southeast service areas showed improvement from FY2024-25.

	CSA	ESA	NSA	SESA	WSA
Progress being made, out-of-home care and THV	55.4%	50.7%	64.5%	66.3%	54.9%
Same measure in prior year	51.4%	56.2%	52.9%	56.2%	60.5%

OLDER YOUTHS' EXPERIENCE AND WELL-BEING

NORMALCY

Normalcy in foster care lets children join in normal social and school activities, such as sleepovers, birthday parties, etc. Foster parents are asked to apply a "reasonable and prudent parent standard" to help balance safety with healthy growth, per federal and state law.[21,22]

- For cases reviewed by the FCRO in FY2025-26, 86.4% of children and youth ages 5-18 years participated in extra-curricular normalcy activities, an increase from 82.6% the previous fiscal year.

PREPARATION FOR ADULT LIFE

Nationally, there is concern for the number of young adults who age out of the foster care system without achieving permanency and find themselves ill-prepared for adult life. Research shows that these youth are "more likely than their peers" to drop out of school, be unemployed, become homeless, experience physical

[21] U.S. Department of Health and Human Services Administration on Children, Youth and Families. 2014. "Information Memorandum." Report. https://acf.gov/sites/default/files/documents/cb/im1403.pdf.
[22] Neb. Rev. Stat. §43-4706. Available at: https://nebraskalegislature.gov/laws/statutes.php?statute=43-4706

and mental health problems and not have health insurance, use drugs and alcohol, and have interactions with the law.[23]

Whether able to return to their families or not, older youth need to begin the process of gaining skills needed as a young adult.

- In Nebraska in FY2025-26, 160 young adults left the child welfare system on the day they reached legal adulthood having never reached permanency.

Independent Living Assessment (also known as Ansell Casey). All youth ages 14-18 are to take an assessment to determine the youth's strengths and needs, and which skills for adulthood are still in need of work.[24] The percentages for complete or not complete could look very different if there were fewer in the "unable to determine" category, which is unacceptably high in all service areas. Statewide, the Ansell Casey was completed in only 31.3% of reviews, a slight increase from 30.3% the previous fiscal year. It could not be determined if the Ansell Casey was completed in 30.9% of cases reviewed.

	CSA	ESA	NSA	SESA	WSA
Assessment Complete	26.3%	34.4%	27.0%	23.5%	40.4%
Assessment NOT Complete	27.2%	36.1%	39.4%	58.8%	25.5%
Unable to Determine	46.5%	29.5%	33.6%	17.6%	34.0%

Transitional Living Plan. 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 as it 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.[25,26] It needs to be periodically updated as situations dictate.

For youth reviewed in FY2025-26, 74.8% had a current plan, an increase from 70.1% the previous year.

	CSA	ESA	NSA	SESA	WSA
Plan created and current	93.0%	62.5%	86.9%	86.0%	74.5%
Created but not current	5.3%	15.6%	1.5%	8.1%	17.0%

[23] Children's Bureau/ACYF/ACF/HHS. 2018. "Helping Youth Transition to Adulthood: Guidance for Foster Parents." Fact sheet. *FACTSHEET FOR FAMILIES*. https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/youth_transition.pdf.

[24] Nebraska Department of Health and Human Services. December 2020. "Nebraska's Five-Year Title IV-E Prevention Program Plan 2020 (3rd edition)". https://dhhs.ne.gov/Documents/NE%20FFPSA%205%20Year%20Plan.pdf#search=transitional%20living%20plan%20memo

[25] Neb. Rev. Stat. §43-1311.03. Available at: https://nebraskalegislature.gov/laws/statutes.php?statute=43-1311.03

[26] Children's Bureau/ACYF/ACF/HHS. 2018. "Working With Youth to Develop a Transition Plan." *BULLETIN FOR PROFESSIONALS*. https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/transitional_plan.pdf.

Youth Involved in Developing Their Own Transitional Living Plan. Youth who take an active role in the development of their own plan may be more invested in the process and outcome.[27] The youth in foster care have a motto "Nothing about, without us."

- For reviews completed in FY2025-26, 65.3% of youth were involved in developing their own plan. This varies widely by service area.

	CSA	ESA	NSA	SESA	WSA
Youth involved	50.0%	58.3%	72.7%	74.2%	88.4%

Relationships with Positive Adults. All youth need to have at least one positive adult, whether family or friend, who can assist them not only as minors but also as they transition into adulthood. In Nebraska youth should choose the important adults in their lives to invite to their transition-planning meetings. This practice is intended to help build strong, lifelong bonds that continue to support them well past the age of emancipation.

- Where possible to determine, statewide 88.2% of the older youth reviewed in FY2025-26 were found to be connected to at least one positive adult mentor. This again varies by service area.

	CSA	ESA	NSA	SESA	WSA
Has mentor	98.2%	81.4%	92.0%	94.1%	92.6%

Receiving Skills in Preparation for Adulthood. As part of the file review process, FCRO staff assess if the youth is being provided with the skills needed for adulthood.

- 81.5% of the youth reviewed in FY2025-26 were receiving at least some skills for adulthood, an increase from 77.6% the previous fiscal year.

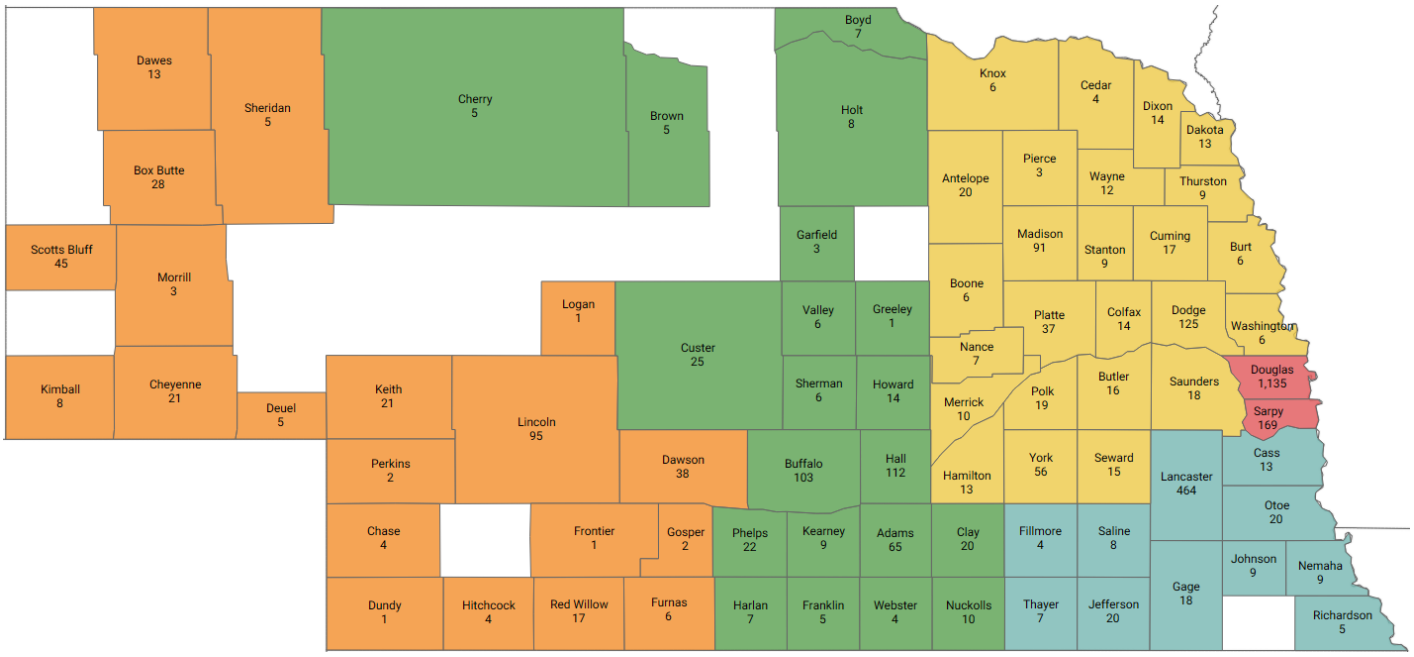
	CSA	ESA	NSA	SESA	WSA
Receiving most skills	78.1%	43.6%	70.1%	74.3%	77.7%
Partially receiving	14.9%	29.2%	16.8%	14.7%	10.6%

[27] Children's Bureau/ACYF/ACF/HHS and Child Welfare Information Gateway. 2025. "Working With Youth to Develop a Transition Plan." Journal-article. *BULLETINS FOR PROFESSIONALS*. https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/working-with-youth-develop-transition-plan.pdf?VersionId=G6mILeSuc7pqntucaMO5NYoCJA8U1DVI.

POINT-IN-TIME DEMOGRAPHICS AND PLACEMENTS

County. Figure 27 shows the county of court jurisdiction for the 3,184 children solely involved with DHHS/CFS in out-of-home care or a trial home visit on 6/30/2026. This compares to 3,363 on 6/30/2025.

Figure 27: County of Court Jurisdiction for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 6/30/2026, n=3,184



*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 28: Service Areas for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 6/30/2026, n=3,184

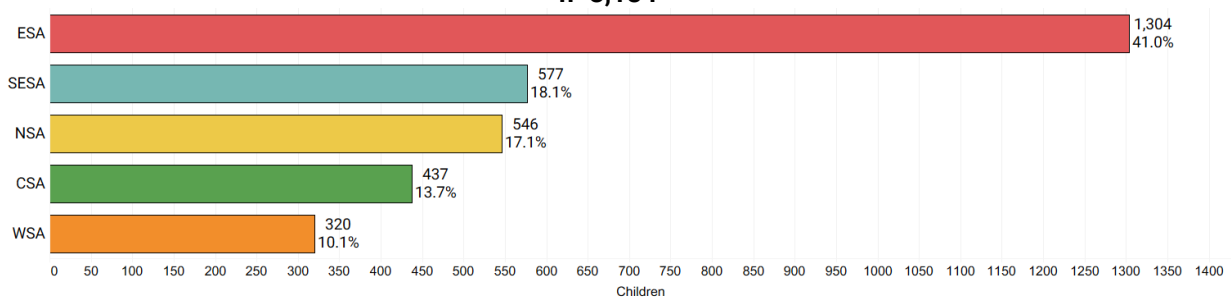


Figure 29 represents the top 10 counties by rate of DHHS/CFS wards in care per 1,000 children in the population, ages 0 up to 19, on 6/30/2026. While the three most populous counties in Nebraska (Douglas, Lancaster, and Sarpy) make up approximately 55% of DHHS/CFS wards, these counties are not within the top 10 counties with the highest rates. Some rural counties, like Dodge County (Fremont), which had the fourth highest count 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 29: Top 10 Counties by Rate of DHHS/CFS Wards in Care per 1,000 Children in the Population on 6/30/2026

County	Children in Care	Total Age 0-19[28]	Rate per 1,000 Children	Number of Families
Boyd	7	341	20.5	2
York	56	3,751	14.9	30
Polk	19	1,277	14.9	10
Deuel	5	393	12.7	2
Dodge	125	10,432	12.0	68
Clay	20	1,691	11.8	7
Antelope	20	1,698	11.8	14
Lincoln	95	8,076	11.8	61
Keith	21	1,806	11.6	10
Jefferson	20	1,733	11.5	9

Figure 30: Service Areas by Rate of DHHS/CFS Wards in Care per 1,000 Children in the Population on 6/30/2026

Service Area	Children in Care	Total Age 0-19[29]	Rate per 1,000 Children	Number of Families
CSA	437	62,436	7.0	232
ESA	1,304	221,417	5.9	715
NSA	546	92,428	5.9	303
SESA	577	115,252	5.0	309
WSA	320	46,100	6.9	198

Age. The median age was 8 years old for males and 9 years old for females who were DHHS/CFS wards in care on 6/30/2026.

- 35.0% of the children in out-of-home care or trial home visits on 6/30/2026 were age 5 and under.
- 35.2% of the children were age 6-12.
- 29.8% of the children were age 13-18.

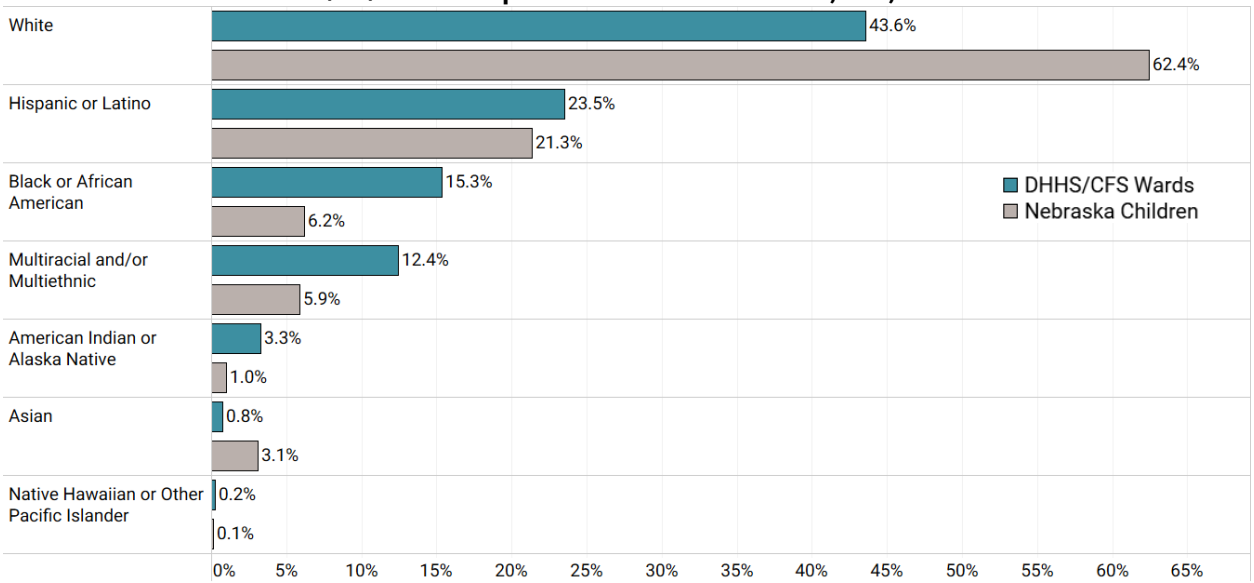
Gender. Males (50.0%) and females (50.0%) were equally represented in the number of DHHS/CFS wards in care.

Race. Figure 31 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

[28] U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2025.
[29] U.S. Census Bureau, Population Division, Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2025.

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 31: Race and Ethnicity of DHHS/CFS Wards in Out-of-Home Care and Trial Home Visits on 6/30/2026 Compared to Nebraska Children, n=3,184



Times in Care Over Lifetime. The average number of times in care over their lifetime for current DHHS/CFS wards as of 6/30/2026 was 1.3.

Median Number of Days in Care. For those in care on 6/30/2026, the median number of days in care for DHHS/CFS wards was 410 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.[30] However, children who have experienced consistent, stable, and loving caregivers are more likely to have better long-term mental and physical health outcomes.[31]

On 6/30/2026, DHHS/CFS wards had an average of 3.4 placements in their lifetime.

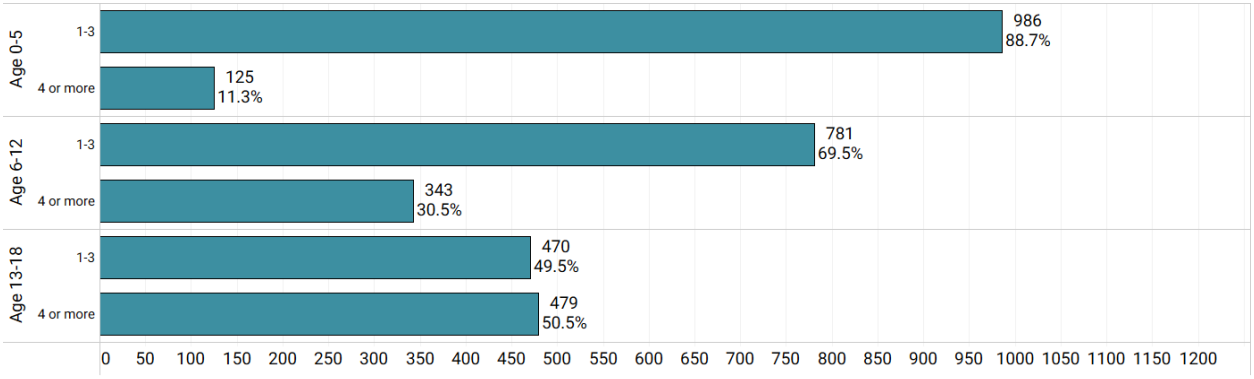
Figure 32 shows the number of lifetime placements for DHHS/CFS wards by age group. It is unacceptable that 11.3% of children ages 0-5, and 30.5% of children ages 6-12 have been moved between caregivers four or more times. This has implications for children's health and safety at the time of review and throughout their lifetime.

By the time children reach their teen years, just over half (50.5%) have exceeded four lifetime placements.

[30] "Placement Stability Impacts." 2023. Casey Family Programs. https://www.casey.org/placement-stability-impacts/.

[31] "Placement Stability Impacts". Casey Family Programs. 2023.

Figure 32: Lifetime Placements for DHHS/CFS Wards in Care on 6/30/2026, n=3,184



The percentage of children with four or more lifetime placements varies by service area, as shown in Figure 33.

Figure 33: DHHS/CFS Wards with Four or More Lifetime Placements by Service Area on 6/30/2026, n=3,184

Age Group	CSA	ESA	NSA	SESA	WSA
0-5	10.3%	11.3%	12.7%	10.0%	12.2%
6-12	30.3%	37.9%	25.0%	19.7%	32.2%
13-18	38.5%	55.2%	49.0%	47.2%	53.7%

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 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 (96.3%) of DHHS/CFS state wards in care on 6/30/2026 were placed in the least restrictive placement, well above the 2024 national average of 87%.[32] This is a continuing trend.
    - Of the children placed in family-like settings (not including trial home visits), 51.4% were in a relative or kinship placement.[33]

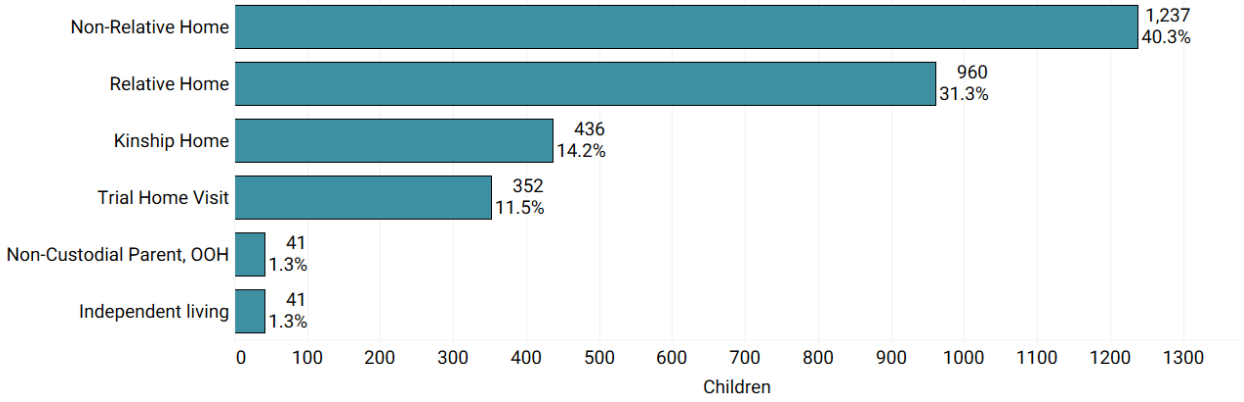
Formalized relative and kinship care helps children maintain important bonds with family members or close family friends. Children suffer less disruption when placed with familiar people, though a pre-existing relationship is not strictly required.

When considering Figure 34, remember that some children in out-of-home care may have limited adult relatives available for placement consideration, and some relatives are not suitable or able to provide care.

[32] "Children in Foster Care by Placement Type in United States." 2026. *The Annie E. Casey Foundation Kids Count Data Center*. April 2026. Accessed July 7, 2026. https://datacenter.aecf.org/data/tables/6247-children-in-foster-care-by-placement-type?loc=1&loct=1#detailed/1/any/true/1096/2622,2621,2620,2624,2626/12995.

[33] 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. Available at: https://nebraskalegislature.gov/laws/statutes.php?statute=71-1901.

Figure 34: Additional Details on Least Restrictive Placement Type for DHHS/CFS Wards in Out-of-Home Care or a Trial Home Visit on 6/30/2026, n=3,067

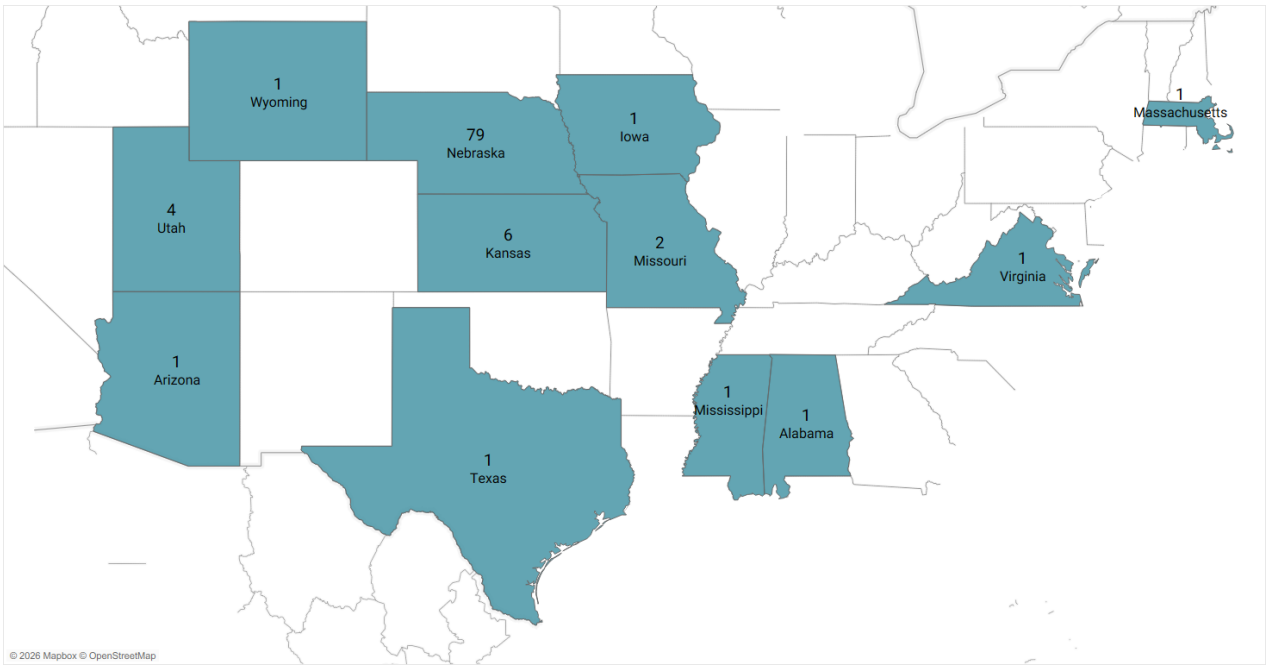


Missing from Care. On 6/30/2026, there were 18 DHHS/CFS wards missing from care. Of those missing, 12 were female and six were male. This is always a serious safety issue that deserves special attention. While unaccounted for, these children have a higher likelihood of experiencing sex trafficking, exploitation, and victimization.

Congregate Care. A majority (79.8%) of DHHS/CFS wards in congregate care facilities[34] were placed in Nebraska (Figure 35).

- DHHS/CFS had 99 children in congregate care, resulting in a 19.3% increase from 83 on 6/30/2025.

Figure 35: DHHS/CFS Wards in Congregate Care on 6/30/2026 by State of Placement, n=99



[34] 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.

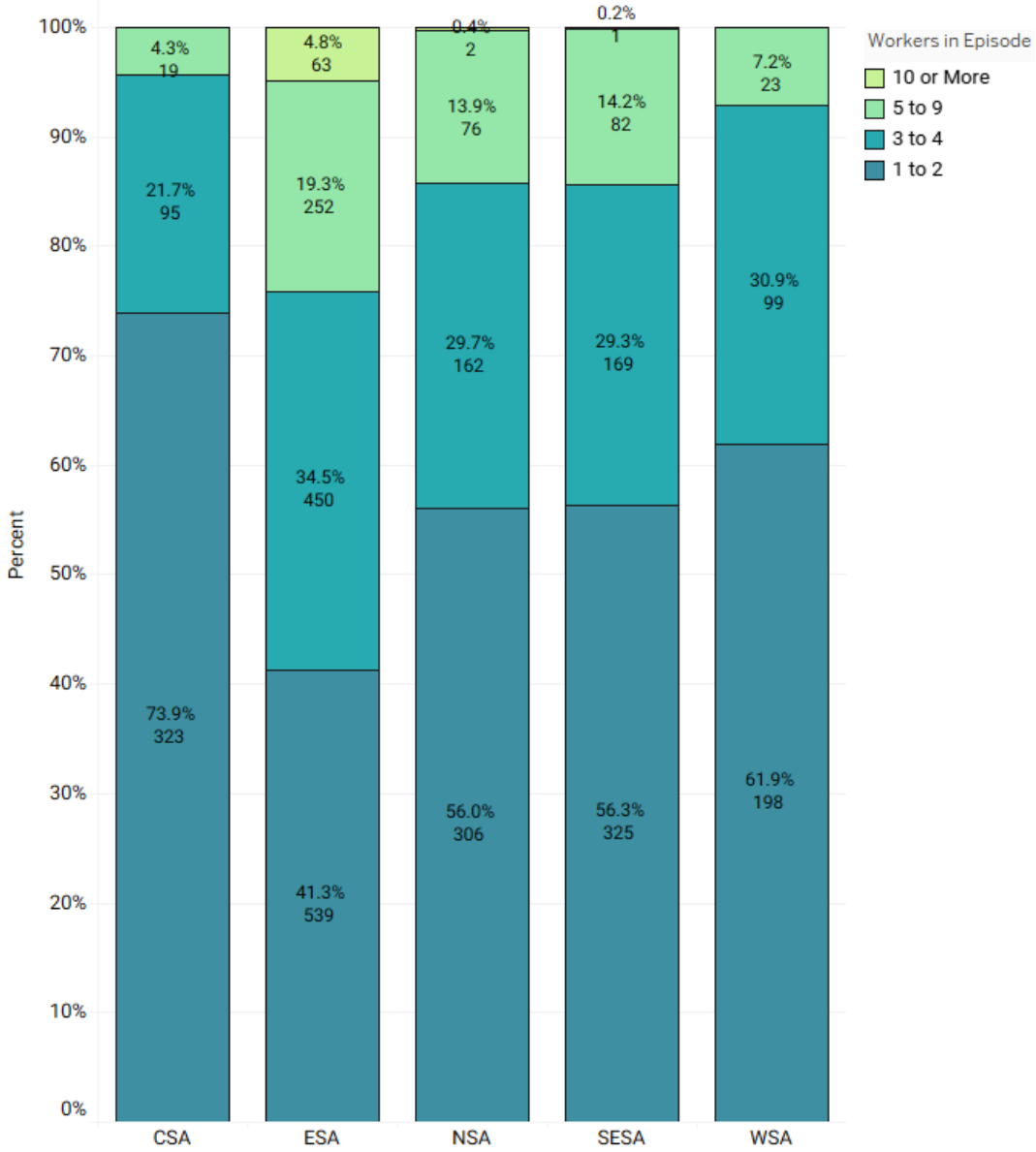
A study still frequently quoted from Milwaukee County, Wisconsin, found that children who only had one caseworker achieved timely permanency in 74.5% of the cases, as compared with 17.5% of those with two workers, and 0.1% of those having six workers.[35] Caseworker turnover has been associated with more placement disruptions, time in foster care, incidents of maltreatment, and re-entries into foster care.[36] 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.[37]

The FCRO receives information from DHHS/CFS about the caseworkers children have had while in out-of-home care or trial home visits during their current episode.[38] Due to system changes over the past few 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.[39]
- In the rest of the state, the data represents the number of DHHS/CFS Case Managers assigned to a case.

[35] Flower, Connie, Jess McDonald, and Michael Sumski. 2005. "Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff." https://www.uh.edu/socialwork/_docs/cwep/national-iv-e/turnoverstudy.pdf?t.
[36] "How Does Turnover in the Child Welfare Workforce Impact Children and Families?" 2026. Casey Family Programs. August 29, 2023. https://www.casey.org/turnover-costs-and-retention-strategies/.
[37] "How Does Turnover Affect Outcomes". Casey Family Programs. 2023.
[38] 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."
[39] 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 36: Number of Caseworkers This Episode for DHHS/CFS Wards in Care on 6/30/2026, n=3,184



While there has been a recent downward trend, 16.3% 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 (24.2%) in the ESA had five or more workers, and of those, 63 children (4.8% 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.

CHILDREN INVOLVED IN APPROVED INFORMAL LIVING ARRANGEMENTS

Approved Informal Living Arrangements (AILAs) occur when a family that has come to the attention of DHHS/CFS is involved in a non-court voluntary case, and as part of the safety plan the parent places their child(ren) with a relative or friend for various lengths of time based on case specifics. Placement with a relative or family friend should be less difficult for the children and enable the parent(s) to concentrate on correcting or addressing whatever issue brought the family to the attention of DHHS/CFS.

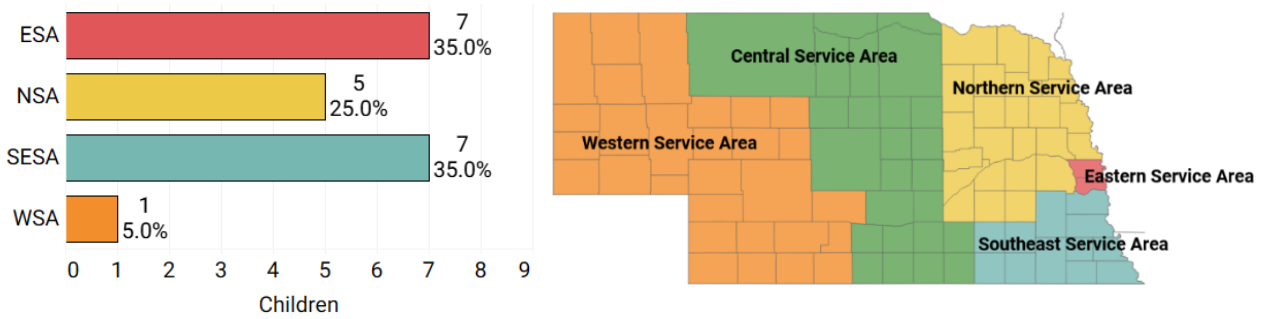
Under Nebraska statutes, the FCRO has legal authority to receive data and to review all children and youth in the child welfare system that are placed outside of the parental home whether due to a court order or voluntarily by a parent (Neb. Rev. Stat. §43-1301(4)).

- On 6/30/2026, there were 20 children in an approved informal living arrangement, a decrease from 28 on 6/30/2025.

POINT-IN-TIME DEMOGRAPHICS FOR AILAS

Service Area. Figure 37 shows the children in an AILA by service area.

Figure 37: All Children in an AILA on 6/30/2026 by Service Area, n=20



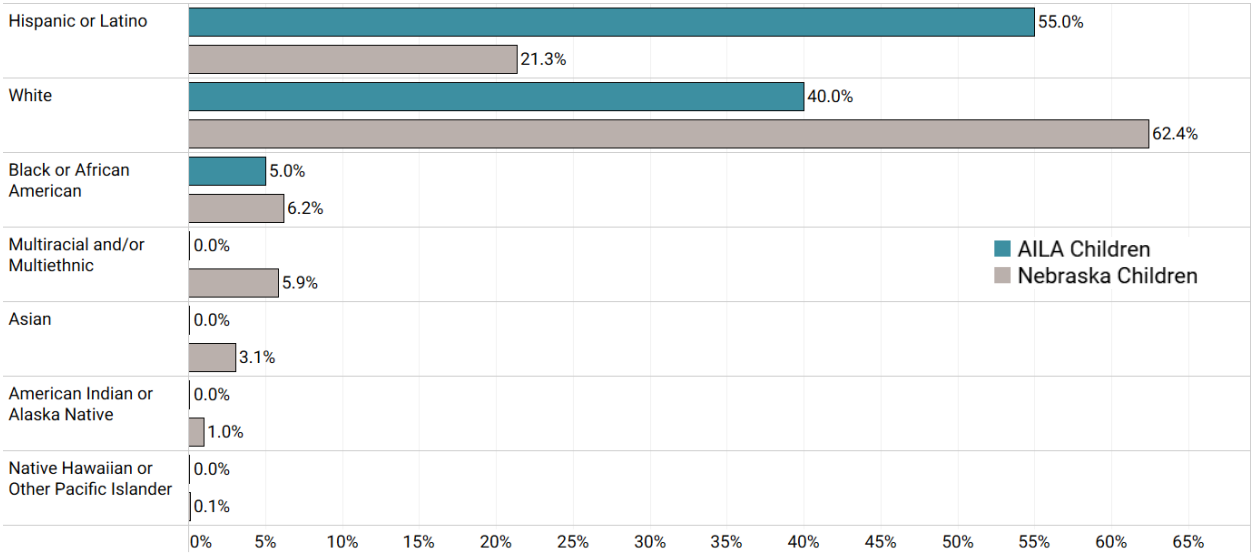
Age. The age of children in approved informal living arrangements varies by gender. The median age for females was five years old and for males it was four and a half years old.

- 11 (55.0%) were age 0-5.
- 6 (30.0%) were age 6-12.
- 3 (15.0%) were age 13-18.

Gender. There were slightly more females than males in AILAs, 12 females (60.0%) and eight males (40.0%).

Race and Ethnicity. Children involved in AILAs have different racial and ethnic make-ups compared to children who are court ordered into out-of-home care through DHHS/CFS (see Figure 31, page 50).

Figure 38: Race of All Children in an AILA on 6/30/2026, as Reported to the FCRO Compared to Percent of Nebraska Children, n=20



Median Number of Days in AILA. For those in an AILA on 6/30/2026, the median number of days in care was 44 days.

EXITS FROM AILAS

Exits from an AILA. Exits from an approved informal living arrangement were typically either to return to a parent or it become an involuntary case. The top reasons for children exiting an AILA in FY2025-26 were:

- 64.9% returned to parents.
- 28.2% became court involved due to safety concerns.
- 4.0% had a guardianship established.
- 2.9% exited the AILA for some other reason.

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 tracking and FY2025-26 review data broken out specifically for dually involved youth. These youth are court-involved youth in out-of-home care, or a trial home visit, and simultaneously involved in the Child Welfare System (abuse and neglect) and supervised by the Administrative Office of Courts and Probation – Juvenile Services Division. In FY2025-26, the FCRO reviewed 143 cases of youth who were dually involved at the time of their review.

PLACEMENTS

Placement Safety and Appropriateness. The state's primary responsibility is to ensure every youth in custody is safe. Under both federal regulations and state law, the FCRO is required to make findings on the safety and appropriateness of the placement of each youth in foster care during each case file review.

The FCRO does not assume youth to be safe in the absence of documentation. If documentation does not exist, the "unable to determine" category is utilized. For those placements determined to be unsafe, the FCRO immediately advocates for a change in placement. A youth who is missing from care is automatically deemed unsafe, and the FCRO responds accordingly.

The FCRO found that:

- 93.7% of the youth reviewed were determined to be in a safe placement at time of review, and the placement safety could not be determined for 4.9% of dually involved youth.
- Of the youth determined to be safe,
  - 95.5% were found to be in an appropriate placement,
  - 3.7% were in an inappropriate placement, and for
  - 0.7% the appropriateness could not be determined.

Placement Changes Resulting in School Changes. Multiple changes in caregivers can result in youth simultaneously coping with changes in caregiver, rules, and persons the youth are living with, plus new teachers, schools, and classmates when a school change is required.

- Statewide, 69.2% of youth reviewed in FY2025-26 changed school due to their most recent placement. School changes were most common for youth in the Southeast and Western Service Areas.

	CSA	ESA	NSA	SESA	WSA
School changed	62.5%	63.3%	68.0%	81.3%	87.5%

BEHAVIORAL HEALTH

Mental Health and Substance Use Diagnosis and Progress. In FY2025-26, the FCRO found the following for reviewed youth:

- 90.9% of dually involved Nebraska youth in foster care had a mental health diagnosis. 53.1% of the youth with a diagnosis were at least partially improving their mental health, a decrease from 62.1% making progress the previous fiscal year.
- 39.9% of dually involved youth in foster care had diagnosed substance use issues, an increase from 30.5% the previous fiscal year. 49.1% of youth with a diagnosis were at least partially improving their substance use disorder, a decrease from 57.5% the previous fiscal year.

DIAGNOSED CONDITIONS

Diagnosed Conditions. In FY2025-26, the FCRO identified 106 (74.1%) dually involved youth who had one or more (potentially disabling) conditions diagnosed by a qualified professional. While five of those youth were eligible for Developmental Disabilities Services, only two of the eligible youth were receiving services as funded through the DHHS Division of Disability and Aging rather than child welfare.

Regarding the type of conditions (multiple can be diagnosed for a single youth), among the top were attention-deficit/hyperactivity disorder (ADHD) (60.4%), oppositional defiant disorder (ODD) (32.1%), post-traumatic stress disorder (PTSD) (29.3%), conduct disorder (28.3%), and adjustment disorder (17.0%).

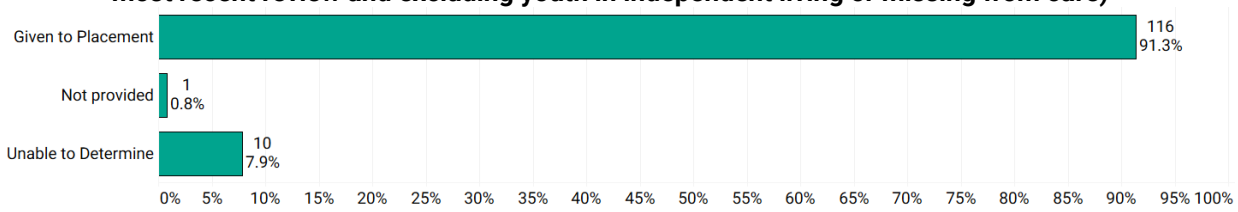
EDUCATION

Youth in foster care may begin their formal education at a particularly significant disadvantage. Further, youth separated from their parents (and possibly from siblings), adjusting to a new living environment, and possibly adjusting to a new school, may be coping with too much stress to properly concentrate on their education.

Education Records Shared with Caregiver. Foster parents, group homes and other placements are charged with ensuring that youth placed with them receive all necessary educational services. Having critical educational information about each youth in their care is essential for this to occur.

Figure 39 depicts whether education information was shared with the foster caregiver and does not include youth in independent living or who were missing from care at the time of review. There was no documentation that important educational information was shared for 7.9% of youth.

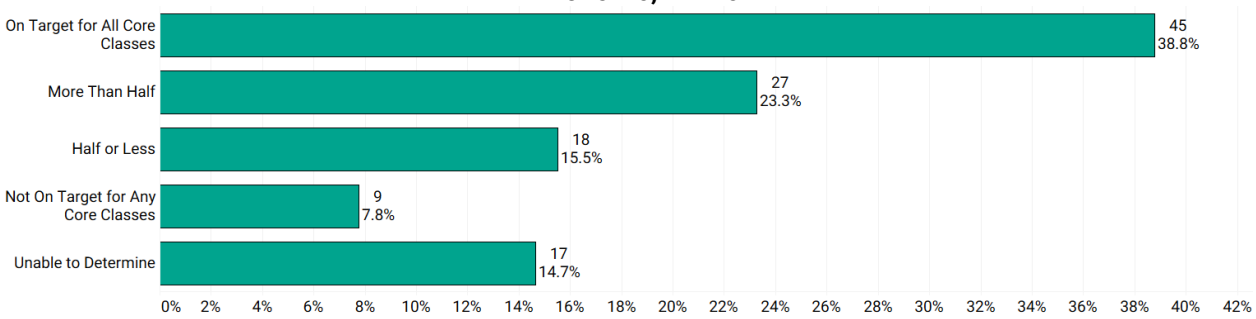
Figure 39: Education Information Given Foster Placement, Reviewed in FY2025-26, n=127 (based on most recent review and excluding youth in independent living or missing from care)



School Attendance. In FY2025-26, the FCRO found that 75.0% of the youth reviewed that were enrolled in school attended regularly, an increase from 63.1% the previous fiscal year. School attendance could not be determined for 3.4% of enrolled youth.

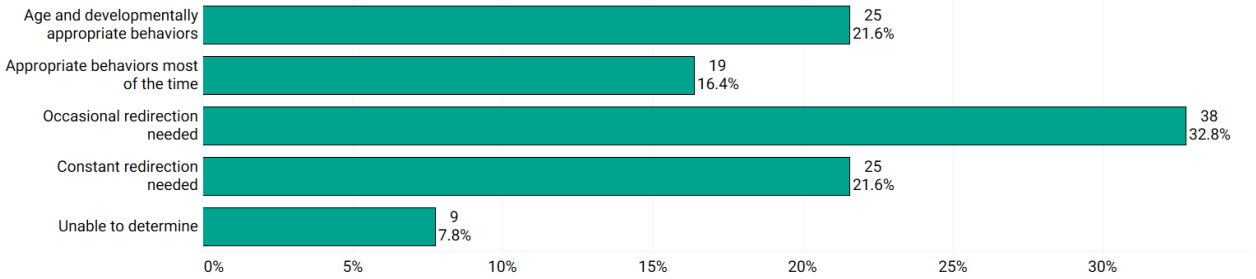
Academic Performance. For many youth who experienced a transient lifestyle and trauma before removal, being academically on target can be difficult to achieve. As shown in the last row in the following chart, the degree to which this information is unavailable is concerning.

Figure 40: Academic Performance at Time of FCRO Review for Children Enrolled in School, Reviewed in FY2025-26, n=116



Behaviors at School. For youth who continue to be academically behind their peers, there can be more stressors that manifest themselves as poor behaviors. But many youth in foster care respond well to the structure and discipline that occurs in school.

Figure 41: Behaviors at School for Children Enrolled in School, Reviewed in FY2025-26, n=116



Additional Education-Related Data. During the review process, the FCRO also considers some other indications of youth's educational needs:

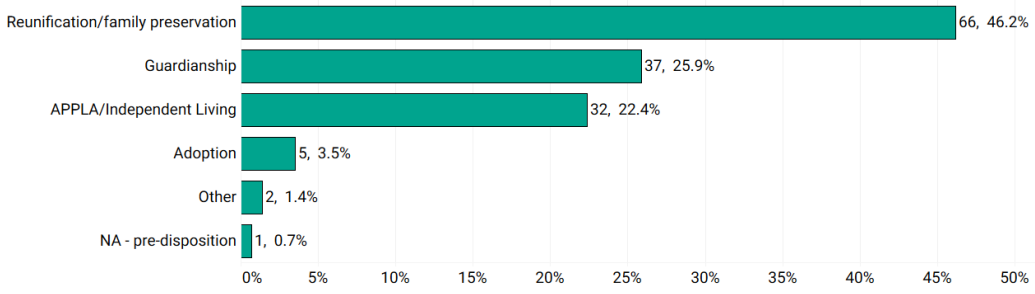
- 64.0% of the school-aged youth reviewed had a current Individualized Education Program (IEP).
- It could not be determined if there was a current IEP for 25.8% of reviewed youth.

CASE PROGRESS

Court-Ordered Primary Permanency Objective. The court-ordered permanency plan contains one of several possible primary objectives and the means to achieve it. Typical objectives include reunification, adoption, guardianship, or APPLA (another planned permanent living arrangement). Courts have the authority to order two different permanency objectives – a primary permanency objective and an optional concurrent objective.

Figure 42 shows the primary objective ordered by the court for dually involved youth at the time of review.

Figure 42: Primary Permanency Plan at the Last Review Conducted in FY2025-26, n=143

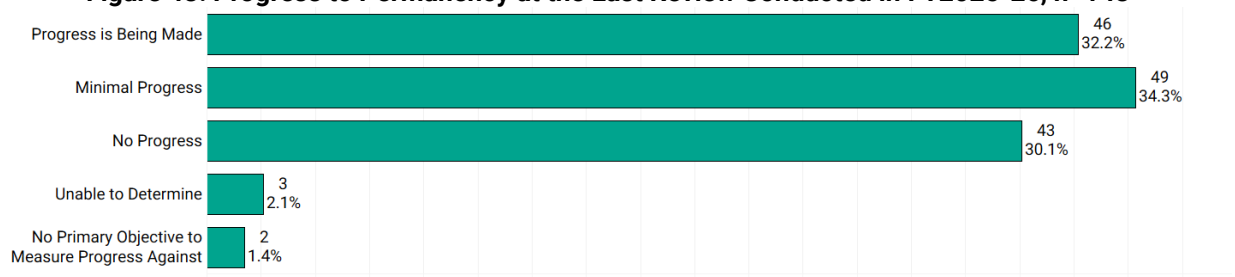


Continued Need for Care. Statute requires the FCRO to determine if there is a continued need for state oversight at every review conducted.

- In 98.6% of reviews of youth placed out-of-home at the time of review in FY2025-26, it was found that continuation in care was still needed.

Progress to Primary Permanency Objective. Another finding (Figure 43) made by local volunteer review boards during case file reviews is whether progress is being made towards achieving the permanency objective. This finding is made after considering all the available documentation and stakeholder information. Over half of the youth reviewed (64.4%) were found to have minimal to no progress towards permanency.

Figure 43: Progress to Permanency at the Last Review Conducted in FY2025-26, n=143



Reasonable efforts. Juvenile courts make determinations of reasonable efforts on a case-by-case basis. A finding that the state failed to provide reasonable efforts has significant consequences to DHHS/CFS, such as disqualification from eligibility of receipt of federal foster care maintenance payments.

The FCRO makes an independent finding at each case review on whether reasonable efforts are being made towards achieving permanency. In FY2025-26, the FCRO found reasonable efforts were made 93.0% of the time statewide. This can also be seen broken out by service area below.

	CSA	ESA	NSA	SESA	WSA
Reasonable efforts made	100%	90.9%	92.3%	100%	87.5%

One element in reasonable efforts is for DHHS/CFS or its contractors to develop a complete plan for case progression. The FCRO found there was a complete plan in 97.9% of cases reviewed.

NORMALCY

Normalcy in foster care lets youth join in normal social and school activities, such as sleepovers, birthday parties, etc. Foster parents are asked to apply a "reasonable and prudent parent standard" to help balance safety with healthy growth, per federal and state law.[40,41]

- For cases reviewed by the FCRO in FY2025-26, 73.4% of dually involved youth participated in extra-curricular normalcy activities, an increase from 60.3% the previous fiscal year.

Relationships with Positive Adults. All youth need to have at least one positive adult, whether family or friend, who can assist them not only as minors but also as they transition into adulthood. In Nebraska youth

[40] U.S. Department of Health and Human Services Administration on Children, Youth and Families. 2014. "Information Memorandum." Report. https://acf.gov/sites/default/files/documents/cb/im1403.pdf.
[41] Neb. Rev. Stat. §43-4706. Available at: https://nebraskalegislature.gov/laws/statutes.php?statute=43-4706

choose the important adults in their lives to invite to their transition-planning meetings. This practice is intended to help build strong, lifelong bonds that continue to support them well past the age of emancipation.

- Where possible to determine, statewide 75.9% of the dually involved youth reviewed in FY2025-26 were connected to at least one positive adult mentor, however this varied by service area.

	CSA	ESA	NSA	SESA	WSA
Has mentor	93.3%	65.2%	90.9%	78.6%	81.3%

***Receiving Skills in Preparation for Adulthood*.** As part of the file review process, FCRO staff assess if the youth are being provided with the skills needed for adulthood.

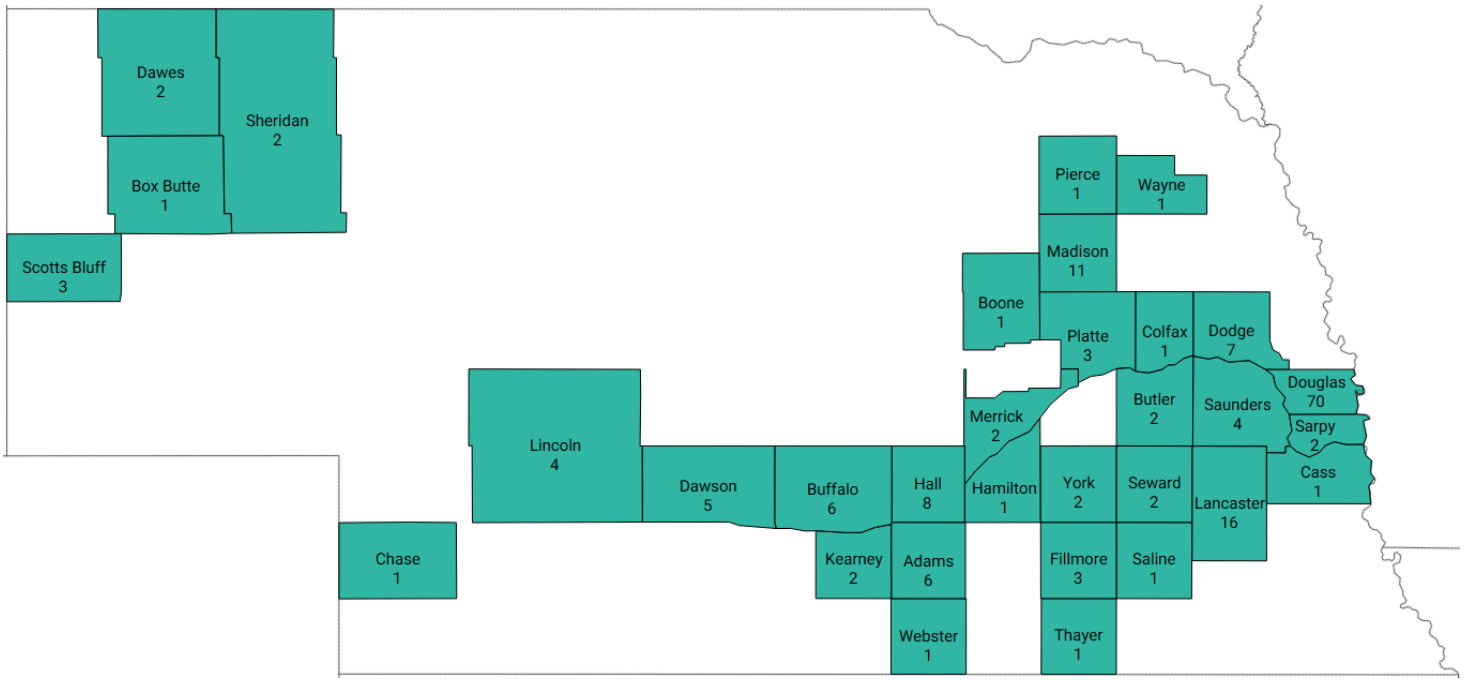
- 78.2% of the dually involved youth reviewed in FY2025-26 were receiving at least some skills for adulthood, an increase from 64.5% the previous fiscal year.

	CSA	ESA	NSA	SESA	WSA
Receiving most skills	80.0%	40.9%	63.6%	42.9%	81.3%
Partially receiving	20.0%	27.3%	22.7%	21.4%	18.8%

POINT-IN-TIME DEMOGRAPHICS AND PLACEMENTS

County. On 6/30/2026, there were 173 dually involved youths in out-of-home care, which is a 21.8% increase from the 142 youths on 6/30/2025. (See Appendix A for a list of counties and their respective judicial districts and service areas).

Figure 44: County of Origin for Dually Involved Youth on 6/30/2026, n=173



*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.

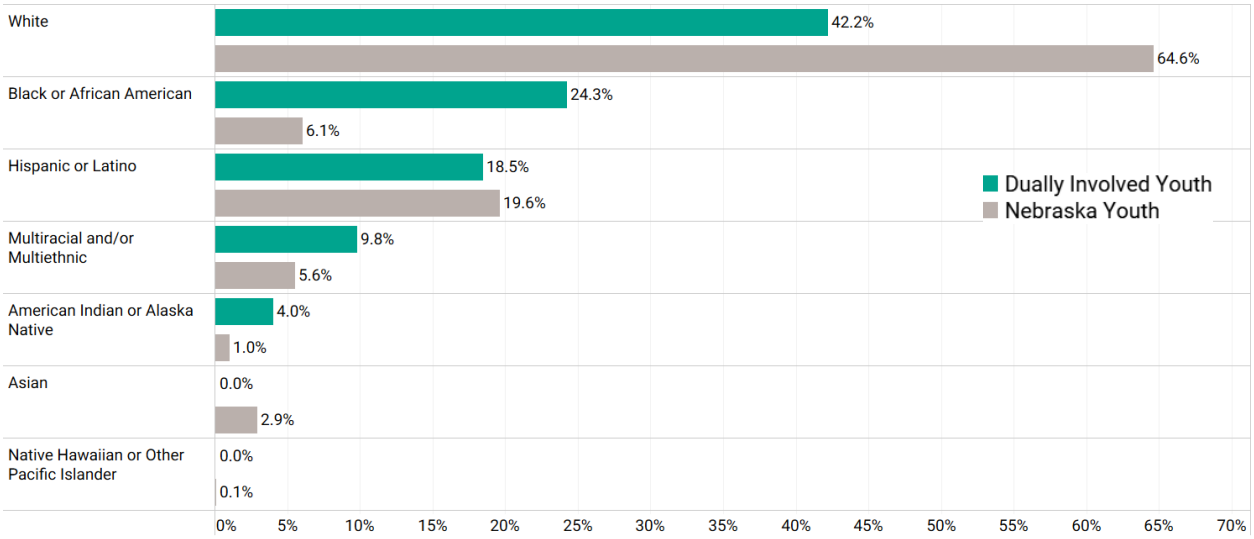
Age. The median age for dually involved youth was 16 years old for both males and females.

- 7 (4.0%) were age 11-12.
- 27 (15.6%) were age 13-14.
- 64 (37.0 %) were age 15-16.
- 75 (43.4%) were age 17-18.

Gender. Males outnumbered females among dually involved youth (59.0% to 41.0%, 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.

Figure 45: Race and Ethnicity of Dually Involved Youth in Out-of-Home Care Compared to Nebraska Youth on 6/30/2026, n=173



Times in Care Over Lifetime. The average number of times in care over their lifetime for current dually involved youth as of 6/30/2026 was 1.8.

Median Number of Days in Care. For those in care on 6/30/2026, the median number of days in care for dually involved youth was 511 days.

Number of Placements. The average number of placements over their lifetime for dually involved youth on 6/30/2026 was 9.7.

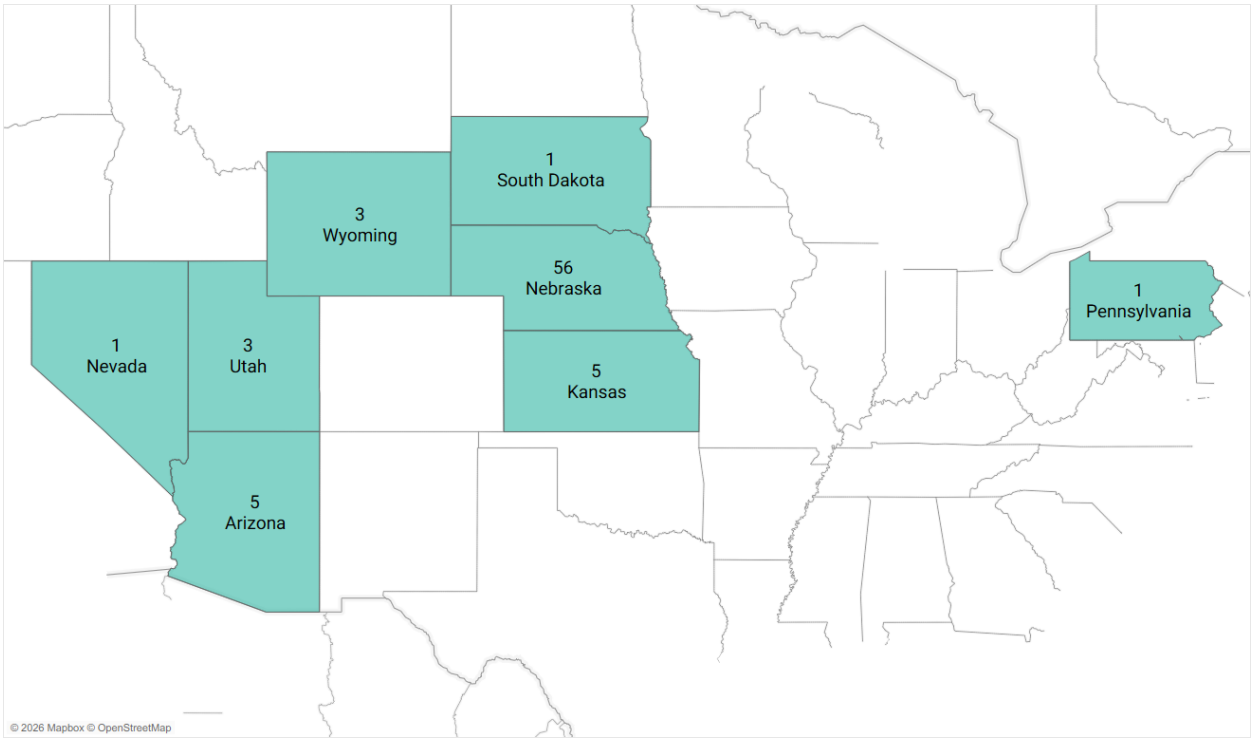
Placement Types. On 6/30/2026:

- Less than half (47.4%) were in family-like settings (relative, kin, or non-relative foster care).
- 16.8% were in non-treatment congregate care, excluding corrections related placements (see below).
- 15.6% were in a corrections related placement.
- 11.0% were in treatment congregate care.
- 5.8% were missing from care.
- 2.3% were in independent living.
- 1.2% were on a trial home visit.

Missing from Care. On 6/30/2026, there were 10 dually involved youth missing from care. Of the missing youth, five were female and five were male.

Congregate Care. Most (74.7%) dually involved youth in congregate care were placed in Nebraska.

Figure 46: Placement State for Dually Involved Youth in Congregate Care on 6/30/2026, n=75



PROBATION YOUTH

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

This section includes tracking and FY2025-26 review data for court-involved youth in out-of-home care supervised by Probation. In FY2025-26, 243 reviews were completed by the FCRO on 226 youth who were under Probation supervision. Of the 226 youth, 176 were only under the supervision of Probation and 50 youth were at a Youth Rehabilitation Treatment Center (YRTC) at the time of review. Outcomes for youth placed at a YRTC are included in the YRTC reporting section.

PLACEMENT SAFETY AND APPROPRIATENESS

Placement Safety. Assessing the safety of placement is one of the primary functions of FCRO volunteer review boards.

- Of the 176 youth supervised only by Probation, the placement was evaluated as safe for 94.9% of FY2025-26 reviews, up from 90.2% in the previous fiscal year.

Placement Appropriateness. In assessing the appropriateness of a placement, the volunteer review board evaluates whether it can meet the immediate needs of the youth and if the placement is the least restrictive possible to meet those needs.

- In 94.3% of reviews, the volunteer review board found the placement to be appropriate, an increase from 87.0% the previous year.
    - Placements were inappropriate for 1.8% of the females and 4.2% of the males. This is a decrease from the 3.5% for females and 10.3% of males reviewed in FY2024-25.

OFFENSE TYPE

Offense Types. Youth in out-of-home care in the juvenile justice system can be adjudicated for delinquency or status offenses. *Delinquency* refers to offenses that constitute criminal behavior in adults – misdemeanors, felonies, or violations of a city ordinance. A *status offense* applies to conduct that would not be considered criminal if committed by an adult, such as truancy or leaving home without permission.

The following shows the active adjudication types for youth at the time of FY2025-26 review. Multiple offense types are possible.

Offense Type	Males	Females	All
Non-violent misdemeanor	62.2%	57.9%	60.8%
Non-violent felonies	17.6%	1.8%	12.5%
Violent misdemeanor	32.8%	40.4%	35.2%
Violent felonies	22.7%	3.5%	16.5%

PLANS AND SERVICES

Transition Plans. Each youth in Probation supervised out-of-home care should have a plan for transition into the community with goals and steps toward achieving those goals; however, based on the number of cases where the plan was not provided for the FCRO's review, it appears that this is not done consistently.

- The FCRO was provided a written plan for review in 73.6% of the cases where the goal was to return home; however, a written plan to transition home was not provided in 26.4% of cases. Of those youth with a plan to transition home, 35.9% of the plans had enough information and were determined to be appropriate, a significant decrease from 51.2% the previous fiscal year.

- 30.2% of the mothers involved were inconsistent, resistant, or unwilling to engage with the youth's transition plan. This compared to 42.9% of involved fathers who were inconsistent, resistant, or unwilling to engage with the youth's transition plan.

There were regional differences whether a plan to transition home was provided for review, as stated below.

- Districts 3J and 4J (Lancaster and Douglas counties, respectively) have the highest population of youth and provided plans for 76.6% and 70.0% of the youth. District 3J had a decrease while District 4J had no change from the previous year (88.0% and 70.0%, respectively).

***Plan Objectives*.** Even in situations where a written plan is provided, the plan's objective was not always clear. Plan objectives for youth at the time of review in FY2025-26 included:

- Return to parent/guardian (62.7%).
- Unable to determine (18.7%).
- Independent living (9.0%).
- Other (8.2%).
- Permanent placement with relative or kin (1.5%).

***Services*.** Whether there is a written plan or not, most youth eventually return to the family and/or the community. To prevent future acts of delinquency and increase community safety, juveniles in state care must be provided with the appropriate services. An assessment of the services offered to Probation supervised youth in out-of-home care extends beyond the scope of what is written into the plan and looks at the overall status of the case and the feedback provided by review participants.

For services offered for Probation supervised youth at the time the case was reviewed in FY2025-26:

- In 80.1% of cases all needed services were offered, an increase from 70.5% the previous year.
- An additional 13.1% had some services offered.

COURT AND LEGAL SYSTEM FACTORS

***Court-Appointed Attorneys*.** When involved in a court case, it is critical to have adequate legal representation. All (100%) Probation supervised youth in out-of-home care were represented by an attorney at time of review.

***Guardians Ad Litem (GALs)*.** A 'guardian ad litem' is an attorney appointed to represent the best interest of the youth, which is not the same as representing the youth's expressed wishes like court appointed attorneys do.

- 43.8% of youth reviewed had a GAL, an increase from 39.4% the previous year.

PROBATION YOUTH EXPERIENCE AND WELL-BEING

CONTACT WITH FAMILY

Contact with Family. Contact with parents or siblings can be an indicator of future success reintegrating into families and communities.[42,43]

- 19.6% of the females and 11.4% of the males were not having contact with their biological mothers at the time of review; 43.6% of the females and 35.2% of the males were not having contact with their biological fathers.
- 41.6% of those with siblings were having contact with all siblings and another 11.2% were having contact with at least some of their siblings.

BEHAVIORAL HEALTH

Mental Health Diagnosis. There is a complex relationship between mental health conditions and involvement in the juvenile justice system.[44] Thus, it is not surprising that 81.3% of Probation supervised youth reviewed in FY2025-26 were diagnosed with at least one mental health condition. This decreased from 92.7% in FY2024-25.

- 80.4% with a diagnosis were making at least partial progress on their mental health, whereas 12.6% were making minimal or no progress.

Psychotropic medications. Psychotropic medications are a commonly prescribed treatment for certain types of mental health conditions.[45] While not all conditions respond to or require medications, 52.4% of the youth with a mental health condition were prescribed a psychotropic medication at the time of review.

Substance Use. Substance use diagnoses are common amongst the Probation supervised population.

- Over half of the youth reviewed (52.3%) had a substance use diagnosis. This decreased from 56.0% from the previous year.
    - 73.9% with a diagnosis were making at least partial progress with their substance use treatment, whereas 18.5% were making minimal or no progress.

TRAFFICKING

Trafficking. There was indication of suspected sex trafficking of two males; and a record of documented sex trafficking of one female. There were two cases of suspected labor trafficking of males.

[42] Burke, Jeffrey D., Edward P. Mulvey, Carol A. Schubert, and Sara R. Garbin. 2014. "The Challenge and Opportunity of Parental Involvement in Juvenile Justice Services." Journal-article. *Child Youth Serv Rev*. Elsevier Ltd. https://doi.org/10.1016/j.childyouth.2014.01.007.
[43] Garfinkel, Lili. 2010. "Improving Family Involvement for Juvenile Offenders With Emotional/Behavioral Disorders and Related Disabilities." *Behavioral Disorders* 36 (1): 52–60. https://doi.org/10.1177/019874291003600106.
[44] Underwood, Lee, and Aryssa Washington. 2016. "Mental Illness and Juvenile Offenders." *International Journal of Environmental Research and Public Health* 13 (2): 228. https://doi.org/10.3390/ijerph13020228.
[45] See Appendix B for a glossary of terms and a description of acronyms.

EDUCATION

Education. Whether involved with juvenile justice or not, education plays a major role in the lives and development of all youth. Many youth have significant educational deficits prior to involvement with Probation, and youth can find their education further disrupted by out-of-home placement.

For juvenile justice involved youth, educational achievement has a role in preventing re-entry into the system. It is with this in mind that the FCRO considers several educational outcome measures for this population:

- 64.5% of the youth reviewed were passing all core classes.
- 78.7% were maintaining regular attendance.
- 32.9% rarely or only occasionally had behaviors in school that impeded learning; an additional 42.6% had no disruptive behaviors.

APPROPRIATE INTERVENTIONS FOR YOUTH WITH SPECIAL NEEDS

IQ testing results are included here not to stigmatize youth, but because it has major implications regarding obtaining and utilizing the best tools to help this substantial segment of youth law violators to self-regulate their behaviors and keep communities safe.

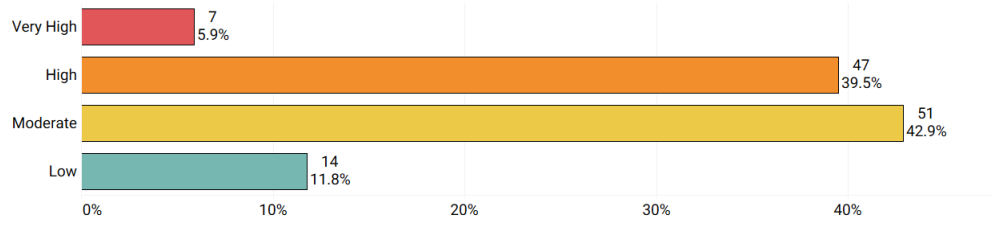
- IQ test scores were available for 37 youth reviewed in FY2025-26.
    - There were four youth who had a score of less than 70 (extremely low), 14 youth who scored between 70-79 (very low), 10 youth who scored between 80-89 (low average); whereas eight youth scored between 90-109 (average) and one youth scored above 110 (high average to very high).

RISK TO REOFFEND: YLS SCORES

Most Recent YLS Score. The Youth Level of Service (YLS) is an evidence-based scoring tool that indicates the youth's likelihood to reoffend. It is not designed to measure the risk of a youth to sexually reoffend but does cover other types of offenses. It is given at different stages of the youth's Probation case to help gauge progress.

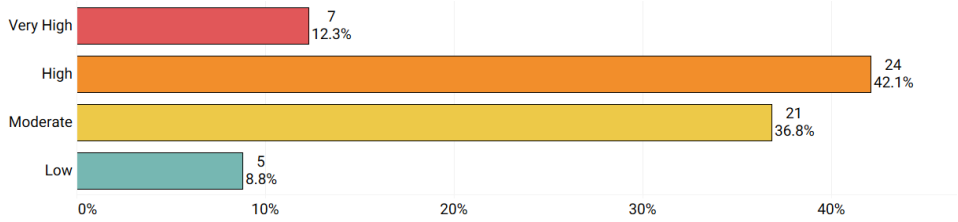
The higher the numerical score on the YLS, the higher the likelihood to re-offend. Ideally, the score would decrease as services are used and internalized by the youth. There are slight differences in the categories for females and males,[46] so they are presented separately below.

Figure 47: Most Recent YLS Score Category for Probation Supervised Males, Reviewed in FY2025-26, n=119



[46] YLS 2.0 was implemented in February 2021. In that version, for males a score of 0-9 is considered low, 10-21 is moderate, 22-31 is high, 32-42 is very high risk to reoffend; for females a score of 0-8 is considered low, 9-19 is moderate, 20-28 is high, and 29-42 is very high risk to reoffend.

Figure 48: Most Recent YLS Score Category for Probation Supervised Females, Reviewed in FY2025-26, n=57

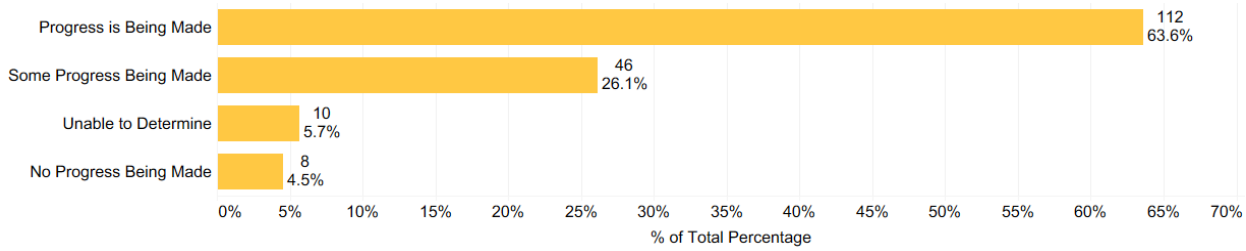


Risk of reoffending is one reason that a youth might remain out-of-home or on Probation. Other times, there are specific challenges – some the youth may have control over and some they cannot control – that may delay their successful completion of Probation.

CASE PROGRESS

Progress Toward Successful Completion of Probation. As shown in Figure 49, 63.6% of youth reviewed were making consistent progress towards the completion of the terms of their probation. This is up from last year's 59.6%.

Figure 49: Progress toward Successful Completion of Probation at Time of Review for Probation Supervised Youth, Reviewed in FY2025-26, n=176



6.7% of the males had made no progress towards completing Probation when last reviewed. This is a decrease from 8.1% of males reviewed in FY2024-25. When progress could be determined, all females reviewed were showing at least some progress.

Need for Continued Out-of-Home Placement. Progress is not the same as being currently ready to transition from out-of-home placement back to the community. Time may be needed for the youth to benefit from the services and programming received.

- In 97.2% of the cases reviewed, there was a recognized need to continue out-of-home placement.

Need for Continued Probation Supervision. Need for out-of-home placement and need for Probation supervision are distinct. Continued supervision can provide youth returning to their homes and communities with the services needed to ease the transition and improve the chances for continued success.

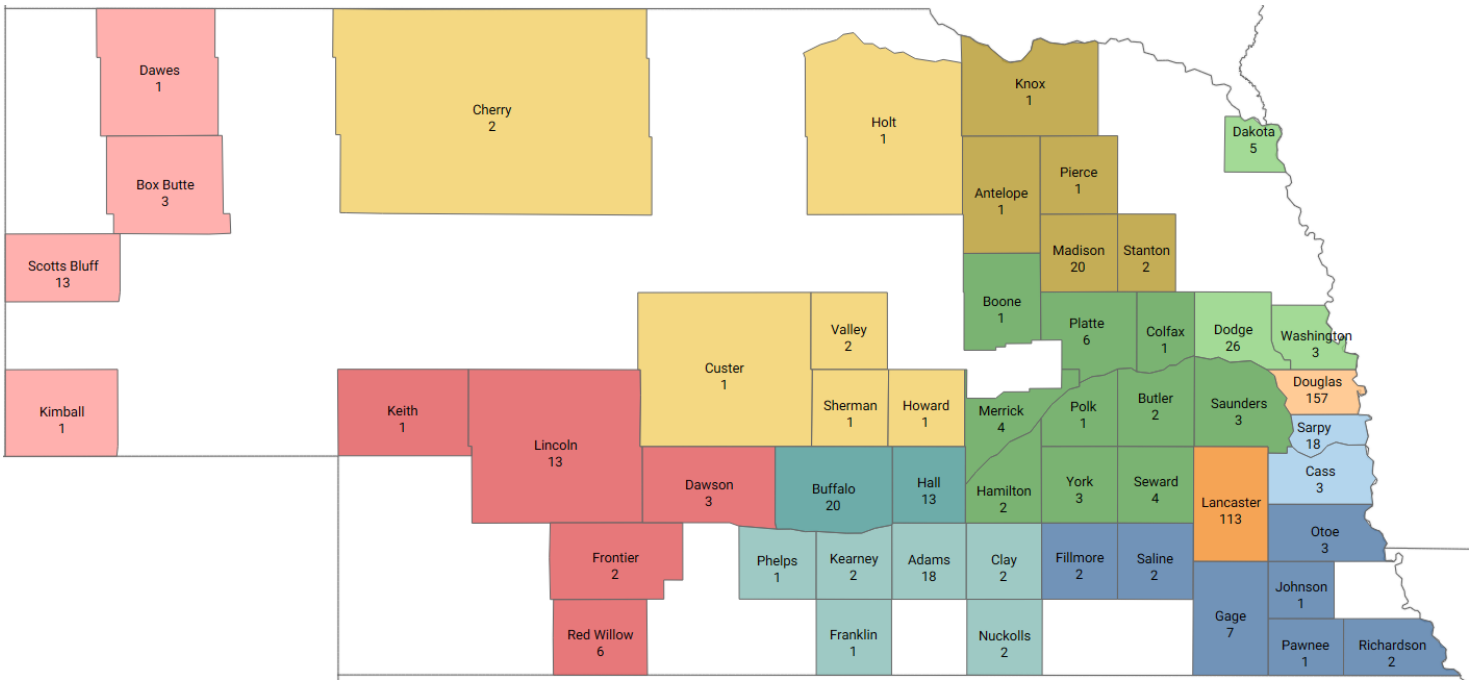
- In 98.9% of reviewed cases, the FCRO found that Probation supervision needed to continue.

There are many factors that must be considered to determine if a youth should or should not continue in out-of-home placement or Probation supervision. One of the most important factors is the risk to reoffend.

POINT-IN-TIME DEMOGRAPHICS AND PLACEMENTS

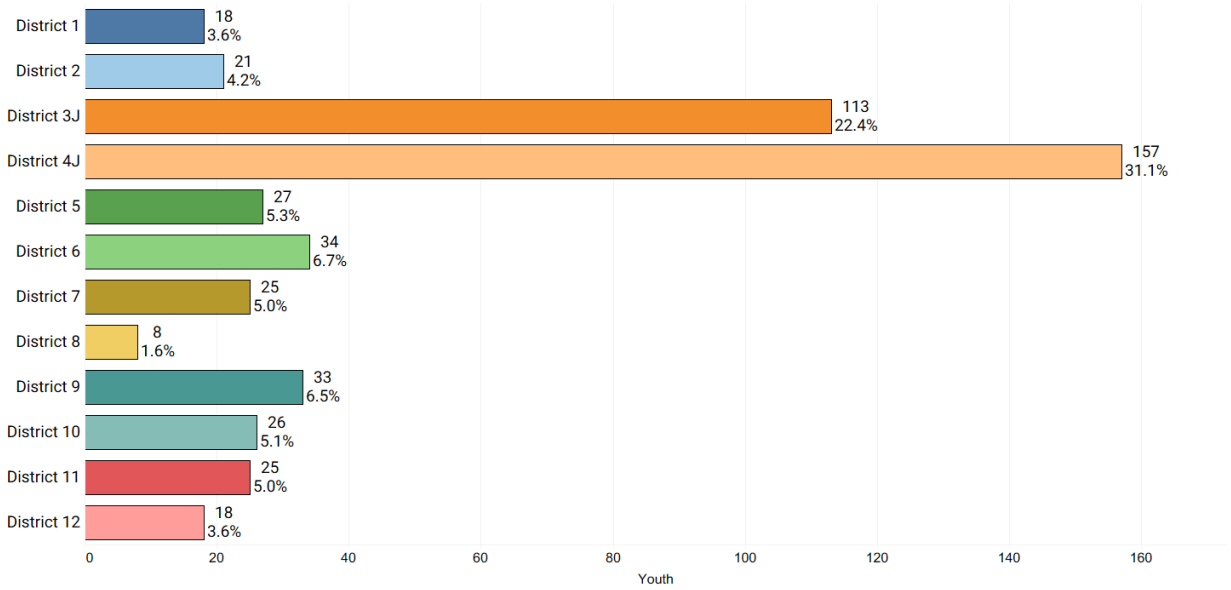
***County*.** Figure 50 shows the county of court jurisdiction for Probation supervised youth in out-of-home care on 6/30/2026, based on the judicial district. On 6/30/2026, there were 505 youths in out-of-home care supervised by Probation compared to 467 on 6/30/2025, an 8.1% increase. (See Appendix A for a list of counties and their respective districts).

Figure 50: County of Court Jurisdiction for Probation Supervised Youth in Out-of-Home Care on 6/30/2026, n=505



*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 51: Probation Districts for Probation Supervised Youth in Out-of-Home Care on 6/30/2026, n=505



Age. The median age of Probation supervised youth in out-of-home care on 6/30/2026 was 16 years old for both males and females.

- 7 (1.4%) were age 11-12.
- 69 (13.7%) were age 13-14.
- 212 (42.0%) were age 15-16.
- 217 (43.0%) were age 17-18.

Gender. Males were 71.1% of the population of Probation supervised youth in out-of-home care, females were 28.9%.

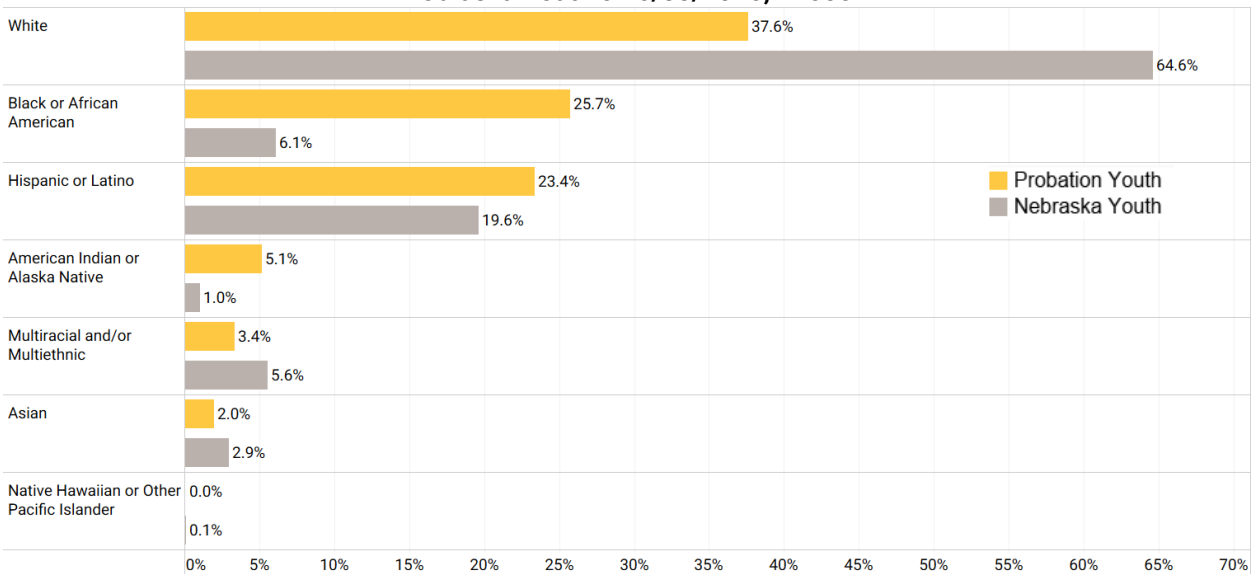
Race. Black or African American and American Indian or Alaska Native youth were disproportionately represented in the population of Probation supervised youth in out-of-home care.

- As shown in Figure 52, Black or African American youth make up 6.1% of Nebraska's youth population but represent 25.7% 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 5.1% of the Probation supervised youth in out-of-home care.[47]

The disproportionality for Black or African American youth has decreased 1.3% and the disproportionality for American Indian or Alaska Native youth has not changed from the previous year (27.0% and 5.1%, respectively).

[47] 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 52: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Care Compared to Nebraska Youth on 6/30/2026, n=505

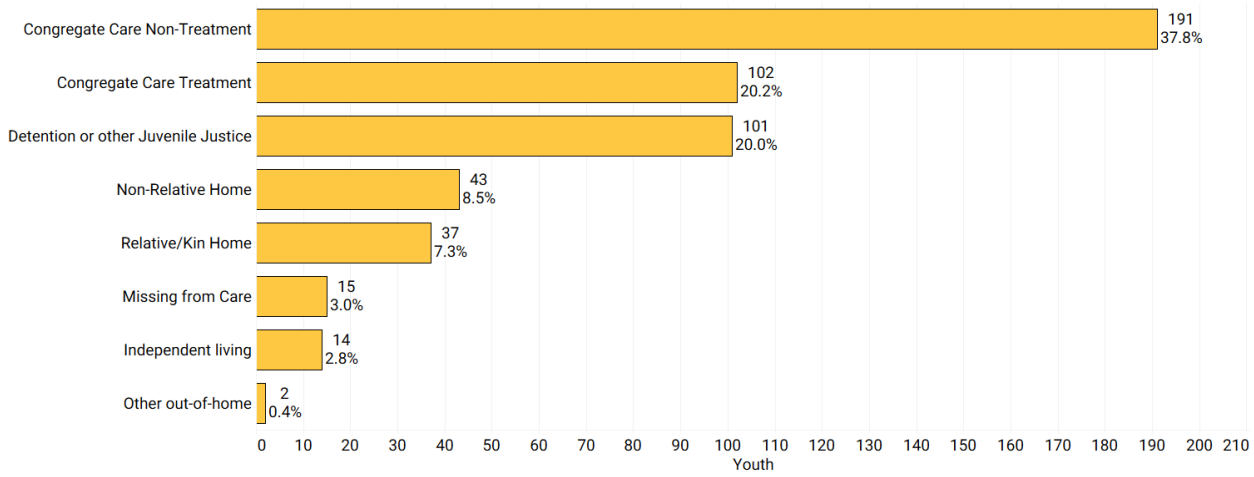


Times in Care Over Lifetime. The average number of times in care over their lifetime for Probation supervised youth as of 6/30/2026 was 2.1.

Median Number of Days in Care. For those in care on 6/30/2026, the median number of days in care for Probation supervised youth was 161 days.

Placement Type. Probation supervised youth in out-of-home care were most frequently placed in a non-treatment group care facility (Figure 53). Of note, 20.0% were in a detention-type setting and 20.2% were in a treatment facility.

Figure 53: Probation Supervised Youth in Out-of-Home Care on 6/30/2026 by Placement Type, n=505

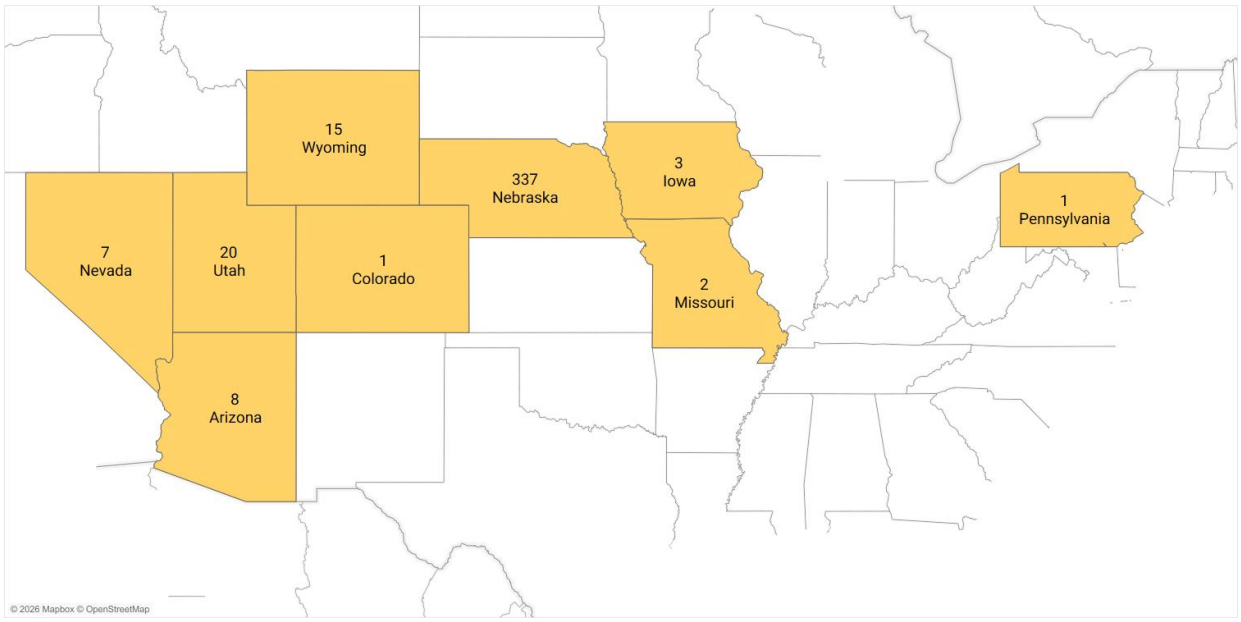


Number of Placements. The average number of lifetime placements as of 6/30/2026 for Probation supervised youth was 5.0 placements.

Missing from Care. On 6/30/2026, there were 15 Probation supervised youth missing from care. Of the missing youth, five were female and 10 were male.

Congregate Care. Comparing 6/30/2026 to 6/30/2025, there was an 8.8% increase in the number of Probation supervised youth placed in congregate care facilities (394 and 362, respectively). On 6/30/2026, 85.5% were placed in Nebraska.

Figure 54: Probation Supervised Youth in Congregate Care on 6/30/2026 by State of Placement, n=394



YRTC YOUTH

YOUTH PLACED AT THE YOUTH REHABILITATION AND TREATMENT CENTERS

This section includes tracking and review data for youth placed at a Youth Rehabilitation and Treatment Center (YRTC). There are currently three YRTC facilities in the state; located in Lincoln, Hastings, and Kearney. Data describes population trends, snapshot distributions, and data only available on youth the FCRO has reviewed. Only the most pertinent measures are included in this section.

YRTC YOUTH EXPERIENCE AND WELL-BEING

PLACEMENT SAFETY AND APPROPRIATENESS

Placement Safety. Regardless of which agencies are involved with children and youth placed out-of-home, it is imperative that children's safety is a primary concern.

- In FY2025-26, FCRO volunteer review boards found 100% of the 50 youth (41 males and nine females) at a YRTC at the time of review appeared safe.

Placement Appropriateness. A placement cannot be determined appropriate if it cannot be evaluated as safe.

- Of the youth found safe, most (96.0%) were found to be in an appropriate placement.

OFFENSE TYPE

Offenses. Many people are surprised to learn that youth can be committed to a YRTC for reasons other than felony charges and may be committed for non-violent offenses. Youth may also have more than one offense type.

Offense Type	Males	Females	All
Non-violent misdemeanor	65.9%	44.4%	62.0%
Non-violent felony	31.7%	11.1%	28.0%
Violent misdemeanor	36.6%	66.7%	42.0%
Violent felony	36.6%	44.4%	38.0%

BEHAVIORAL HEALTH

Mental Health. There are estimations that up to 75 percent of youth involved with the juvenile justice system meet the criteria for at least one mental health condition.[48] There is a complex relationship between mental health and juvenile justice involvement. Certain mental health conditions may increase a youth's risk, and involvement in the juvenile justice system can intensify existing mental health issues.

[48] Underwood, Lee, and Aryssa Washington. 2016. "Mental Illness and Juvenile Offenders." *International Journal of Environmental Research and Public Health* 13 (2): 228. https://doi.org/10.3390/ijerph13020228.

- 88.0% of the youth placed at a YRTC who were reviewed in FY2025-26 had been diagnosed with a mental health condition. 75.0% were making at least partial progress with their mental health, an increase from 54.5% the previous fiscal year.
- 61.4% of the youth had a psychotropic medication prescribed.

Substance Use. Nearly two-thirds (64.0%) of youth reviewed that were placed at a YRTC were diagnosed with a substance use disorder.

- Of those youth with a substance use disorder diagnosis, 56.3% were making at least partial progress with their substance use.

EDUCATION

Academic performance. In FY2025-26 reviews, the FCRO found:

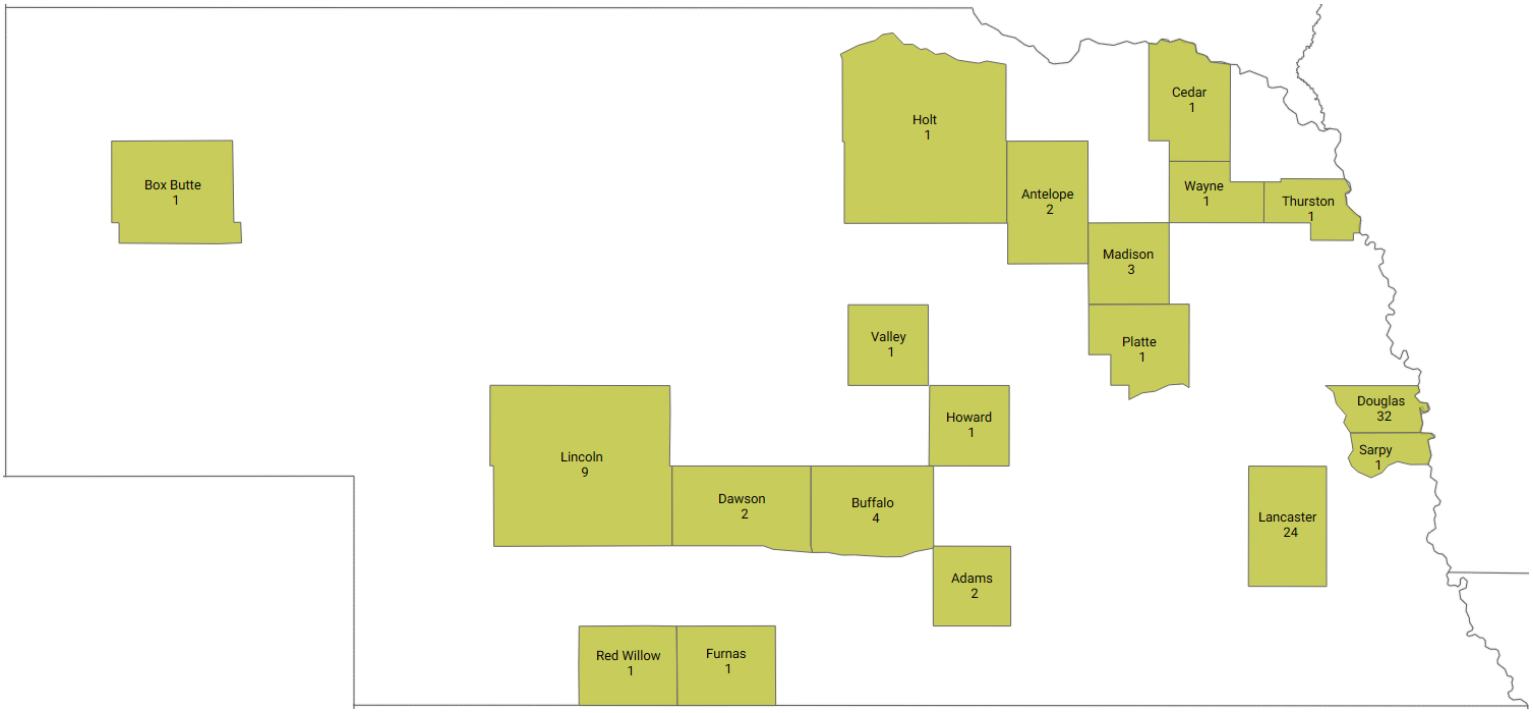
- 56.8% of youth were passing all core classes.
- Academic performance could not be determined for 25.0% of youth; most commonly because a youth was just recently placed at a YRTC.

Behaviors at School. 43.2% of youth had no negative behaviors impacting learning. These behaviors cannot be untangled from mental health diagnosis and trauma resulting from abuse/neglect removals and multiple placement changes.

POINT-IN-TIME DEMOGRAPHICS

County. On 6/30/2026, there were 92 youth involved with OJS and Probation; 89 of these youth were placed at a YRTC. Of the three remaining youths not at a YRTC, two were placed at a detention center or juvenile justice facility and one was missing from care. Figure 55 illustrates the county of court of each of the 89 youths placed at a YRTC.

Figure 55: Youth Placed by a Juvenile Court at a YRTC on 6/30/2026 by County of Court, n=89



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

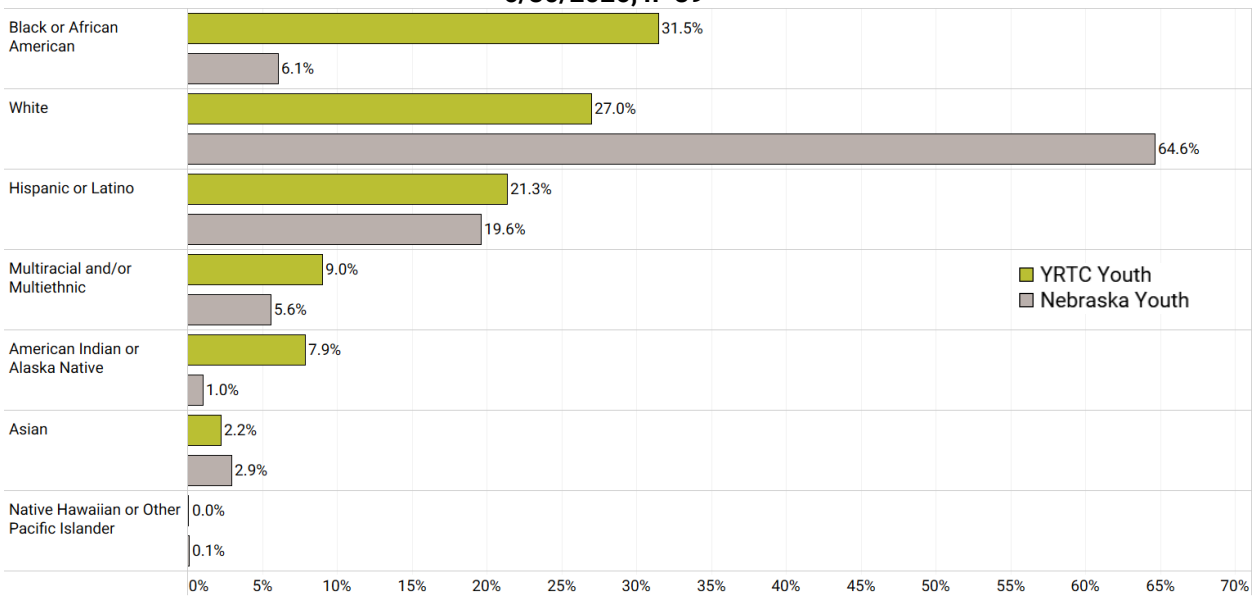
Age. By law, youth placed at a YRTC range in age from 14 to 18. On 6/30/2026, the median age was 17 years old for both males and females.

Gender. On 6/30/2026, there were 66 males, and 23 females placed at a YRTC.

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

- Black or African American and American Indian or Alaska Native youth were disproportionately represented in the YRTC population on 6/30/2026.
    - Black or African American youth make up 6.1% of Nebraska's youth population but were 31.5% of the YRTC population on 6/30/2026. This is an overrepresentation of over five times their census population.
    - American Indian or Alaska Native youth make up only 1.0% of Nebraska's youth population but were 7.9% of the YRTC population on 6/30/2026, meaning they are overrepresented by nearly eight times their census population.

Figure 56: Race and Ethnicity of Youth Placed at a YRTC Compared to Nebraska Youth on 6/30/2026, n=89



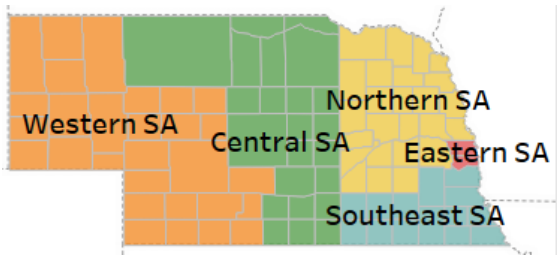
Times in Care Over Lifetime. The average number of times in care over their lifetime for youth at a YRTC on 6/30/2026 was 2.7.

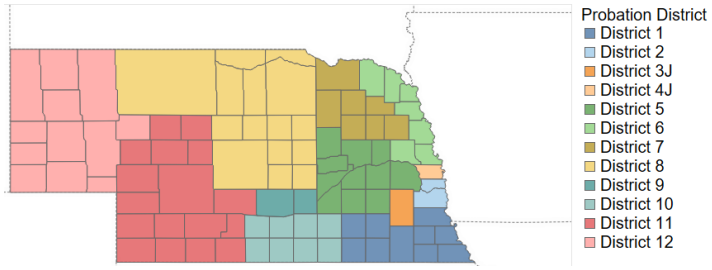
Median Number of Days in Care. For those in care on 6/30/2026, the median number of days in care for youth at a YRTC was 378 days.

Number of Placements. The average number of placements over their lifetime for youth at a YRTC on 6/30/2026 was 9.3.

Appendix A

County to DHHS Service Area and Judicial (Probation) District[49]





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

[49] 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 trial home visit 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 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.[50,51]

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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[50] Chenven, Mark, Kaye McGinty, Gordon R. Hodas, Robert L. Klaehn, Justine Larson, Peter Metz, Michael Naylor, et al. 2012. "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*. https://www.aacap.org/App_Themes/AACAP/docs/press/guide_for_community_child_serving_agencies_on_psychotropic_medications_for_children_and_adolescents_2012.pdf.

[51] Ernstmeyer, Kimberly, and Elizabeth Christman. 2022. "Chapter 6 Psychotropic Medications." In *Nursing: Mental Health and Community Concepts*. https://www.ncbi.nlm.nih.gov/books/NBK590034/.

System Oversight Specialists (S0S) are FCRO staff members that perform reviews, facilitate volunteer review 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 whom the child was removed and during which the Court and DHHS/CFS remain involved. This applies only to DHHS wards, not to youth who are only under Probation supervision.

Youth is a term used by the FCRO in deference to the developmental stage of 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 44 years of service on July 1, 2026. 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.[52]

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.[53]

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.

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

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

Appendix D

Understanding and Interpreting the Data

As previously mentioned, the FCRO collects, analyzes, and interprets a substantial amount of data on children in out-of-home care or a trial home visit from multiple sources over time. The following information is important to understand how and why data is presented in different formats and covers different populations throughout this report.

Tracking Data. Tracking data from the FCRO includes which state agencies (DHHS/CFS, Probation, DHHS/OJS, or any combination thereof) are involved in a child's case, their case managers and/or probation officers, their placements, their total time in out-of-home care, when they leave care, and the reason why.

This data may be presented as an aggregate for the fiscal year or snapshot data on the last day of the fiscal year (6/30/2026) as appropriate. Annual aggregated data (such as average daily population) will contain duplicated children across agencies if a child is involved with DHHS/CFS, Probation, or DHHS/OJS simultaneously. Snapshot data (or point-in-time) counts each child only once, regardless of their agency involvement.

Review Data. Review data from the FCRO includes information on the status of the case and the child's overall well-being at the point of case review. The data collected for reviews is different for children who are involved with DHHS/CFS (child welfare system) than for youth who are involved with Probation and/or DHHS/OJS (juvenile justice).

Child welfare reviews focus on the safety of the child, progress towards permanency for the child, rehabilitation of the family (if applicable), and overall child well-being. Juvenile justice reviews focus on the safety of the youth and community, rehabilitation of the youth, and overall youth well-being. Youth who are involved in both the child welfare and juvenile justice systems at the time of their review receive a child welfare review. Some, but not all, data points are present in both review types.

Review data is extensive, and not all questions are applicable to all children. For example, questions about educational status are asked only for children enrolled in school. Questions about independent living are only asked of youth 14-18 years old, and questions about Early Development Network (EDN) are only asked for children 3 and under. The report describes the pertinent population for each data point as clearly as possible.

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 features on the FCRO's data dashboard:

https://fcro.nebraska.gov/reports-data/data-dashboards

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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