



# December 2025 Quarterly Report

Submitted pursuant to Neb. Rev. Stat. §43-1303(4) Issued: December 1, 2025



**NEBRASKA**

FOSTER CARE REVIEW OFFICE

Good Life, Great Outcomes

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## EXECUTIVE SUMMARY

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

This report begins with a special study completed in partnership with UNL's Center on Children, Families, and the Law. The study shares insights about outcomes for youth aging out of the child welfare system in Nebraska. The report continues with the most recent data available on conditions and outcomes for children in out-of-home care through the child welfare and juvenile justice systems. Some key findings from the report include:

- In FY2025, 179 youth aged out of the child welfare system in Nebraska. Youth who aged out had four times as many placements as children and youth who returned to their parents. Additionally, youth who aged out were more likely to have a diagnosed mental health condition and less likely to be connected to family or kin when compared to all DHHS/CFS children reviewed. (page 8)
- 4,071 Nebraska children were in out-of-home or trial home visit placements under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division (hereinafter referred to as Probation) on 9/30/25, representing a 1.7% decrease from 9/30/24. (page 19)
- Of the 4,071 total children, 3,280 (80.6%) children were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation, a 4.3% decrease compared to children on 9/30/24. (page 21)
- Most DHHS/CFS wards in out-of-home placements or trial home visits (97.0%) were placed in a family-like, least restrictive setting. (page 25)
- Over half of the children in a least-restrictive foster home, excluding those in trial home visits, were placed with relatives or kin (53.4%). (page 25)
- There was an 8.8% decrease in the number of DHHS/CFS wards placed in congregate care facilities from the previous year to 9/30/25 (91 and 83, respectively). Of the 83 DHHS/CFS wards in congregate care, a majority were in Nebraska (81.9%); that is slightly less than the 82.4% in congregate care placed in Nebraska on 9/30/24. (page 26)
- Depending on the geographic area, between 7.4% and 27.1% of the children have had five or more CFS caseworkers since most recently entering the child welfare system. Furthermore, 94 children statewide had 10 or more workers in that timeframe, most of whom (92) were from the Eastern Service Area. This resulted in a decrease in the Eastern Service Area since 9/30/24 when 115

***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.*

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

children experienced 10 or more workers. While there has been recent progress, the Eastern Service Area has been disproportionately impacted by caseworker changes for several years. (page 27)

- 141 (3.5%) youths in out-of-home care were involved with DHHS/CFS and Probation simultaneously, representing a 6.8% increase compared to youths on 9/30/24. (page 29)
- There was a 4.9% decrease in the number of dually involved youth placed in congregate care facilities from the previous year to 9/30/25 (61 and 58, respectively). Of the 58 dually involved youth in congregate care, most were in Nebraska (81.0%); that is more than the 77.0% in congregate care placed in Nebraska on 9/30/24. (page 31)
- There were 512 (12.6%) youths that were in out-of-home care while supervised by Probation but were not simultaneously involved with DHHS/CFS or at the YRTCs, a 7.8% increase compared to youths on 9/30/24. (page 32)
- There was a 10.7% increase in the number of Probation supervised youth placed in congregate care facilities from the previous year to 9/30/25 (363 and 402, respectively). Probation most often utilized in-state placements; 89.1% of the 402 youths in congregate care were placed in Nebraska. (page 35)
- 129 youths (106 males and 23 females) from various counties across Nebraska were at a YRTC on 9/30/25 which is a 25.2% increase compared to the 103 such youths at the YRTCs at the same time last year. (page 36)
- Disproportionate rates for children of color in out-of-home care remain a critical issue to be examined and addressed, regardless of which agency or agencies are involved. No meaningful change or improvement has occurred in the last year; disproportionality rates for Black or African American youth have increased and disproportionate rates are most notable at the YRTCs. (pages 23, 30, 33, 37)
- The median age for Nebraska children in care on 9/30/25 by agency involvement: 8 years old for males and 9 years old for females for DHHS/CFS wards and 16 years old for dually involved youth and Probation only youth, regardless of gender. For youth at a YRTC the median age was 16 years old for females and 17 years old for males. (pages 23, 29, 33, 37)
- The average number of times in care on 9/30/25 by agency involvement: 1.3 for DHHS/CFS wards, 1.9 for dually involved youth, 2.0 for Probation only youth, and 2.6 for youth at a YRTC. (pages 24, 30, 34, 37)
- The median number of days in care on 9/30/25: 413 days for DHHS/CFS wards, 510 days for dually involved youth, 131 days for Probation only youth, and 414 days for youth placed at a YRTC. (pages 24, 30, 34, 37)
- The average number of lifetime placements as of 9/30/25 by agency involvement: 3.4 for DHHS/CFS wards, 9.3 for dually involved youth, 4.5 for Probation only youth, and 9.2 for youth at a YRTC. (pages 24, 30, 35, 37)
- Missing from care continues to be an issue. The following 35 children and youth were missing from care as of 9/30/25 by agency involvement: 15 DHHS/CFS wards, six dually involved youth, and 14 Probation only youth. (pages 26, 30, 35)

## RECOMMENDATIONS

### Current Priority Recommendations

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

1. The Special Study includes key research and statistics on youth who age out of the foster care system. It also includes FCRO case review findings from the final review done on youth who aged out of the Nebraska child welfare system to see how they were faring prior to aging out as compared to all DHHS/CFS children the FCRO reviewed during FY2025. Please refer to the Special Study beginning on page 8 for additional recommendations.
2. The child welfare and juvenile justice systems impact children, families, and communities of color at disproportionate rates. Disproportionality in child welfare and juvenile justice out-of-home populations has gotten worse in Nebraska. DHHS/CFS, Probation, courts, and stakeholders must do more to address racial and ethnic disparities. A critical step to address disproportionate rates is to shift focus from reactive, punitive interventions to proactive, community-based support that addresses the root causes of system involvement. By investing in families and communities, we can reduce the need for child welfare and juvenile justice interventions in the first place.
3. State and local governments and charitable organizations should allocate significant funding directly to community organizations, especially those led by and serving people of color. These organizations provide culturally responsive services, such as housing and financial assistance, behavioral health supports and treatment, parenting and family support programs to name a few. The FCRO encourages the Legislature to invest in more long-term residential substance abuse and mental health treatment programs statewide to support women and their children to avoid placing children in out-of-home care.
4. There has been an upward trend in the Northern Service Area's (NSA) average daily population of children and youth in out-of-home care within the child welfare system over the last year. The top three removal reasons in the NSA during FY2025 were parent drug use (other) (49.9%), neglect (49.2%), and substandard housing (20.2%). To address this increase in population, targeted prevention strategies should be implemented focusing on these top three removal reasons. The FCRO recommends increasing the availability and accessibility of substance use treatment for parents as well as expanding community-based prevention services. Additionally, the Legislature should consider policies related to increasing the availability of affordable housing for vulnerable families who need safe and adequate housing to prevent the removal of children.
5. The overall average daily population has decreased within the Western Service Area (WSA) over the last year; however, it continues to have a higher rate of children in out-of-home care per 1,000 children in the population compared to other service areas. More prevention services and substance use treatment services in Western Nebraska are necessary to reduce the rate of children entering out-of-home care in the WSA.



6. Of the children placed in family-like settings (not including trial home visits), over half were in a relative or kinship placement. DHHS must ensure effective training and in-home supports and resources for foster parents, especially relatives/kin, whether licensed or not. Prioritize the needs and experiences of children and families throughout the transition of bringing relative and kinship support in-house. The focus must be on making the process of becoming a relative or kinship foster home as accessible and supportive as possible, rather than simply replicating bureaucratic processes. This can be done by simplifying the process, offering immediate financial and material support to homes, insuring culturally informed home studies, maintaining dedicated and knowledgeable staff to help foster families navigate the process and system, creating a centralized support hub as a single point of contact for families to access 24/7 for questions and crises, offering regular communication with caseworkers to establish trust with families, and gathering relevant data to evaluate the program for continuous improvement of policies and practices.
7. Collaboration between DHHS, child placing agencies, and system partners is essential to recruit, train, support, and retain foster family homes able to meet the needs of children and youth with high needs, especially those with complex mental and/or behavioral health needs so that youth can remain safely in the least restrictive environments in their own communities. It is unclear whether and to what extent the additional tiers of foster care rates have been effective in meeting the complex and unique needs of certain children in foster care. Licensed foster family homes are needed in many communities across the state.
8. The continued high use of congregate care placements across all agencies is concerning. The FCRO is concerned not only because they are more restrictive settings, but they are often not in the child's home community. The state of Nebraska must invest in infrastructure and capacity to support community-based services, including treatment foster care and residential care facilities so children can receive necessary treatment and support close to home.
9. The FCRO recognizes the substantial progress DHHS has continued to make over the last three years in decreasing the number of children in the Eastern Service Area who have had five or more caseworkers in their most recent episode in out-of-home care (from 52.6% to 27.1%). While progress has been made, there remains an issue with children having five or more caseworkers across the state, and the Eastern Service Area is still disproportionately impacted given 27.1% of the children have had five or more caseworkers. When caseworker turnover is unavoidable, DHHS should ensure the case remains with the same supervisor to promote continuity of care and prevent the loss of case history. DHHS is encouraged to continue to make progress in workforce stability to prevent the unnecessary transfer of cases between caseworkers.
10. Youth dually involved with DHHS/CFS and Probation simultaneously have consistently had the longest median length of stay (510 days) as compared to youth involved with DHHS/CFS only (413 days) and Probation only (131 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 strength-based and evidence-informed interventions focused on meeting the complex needs of these vulnerable youth.<sup>2</sup> There is a continued need for collaboration between the child welfare and juvenile justice systems to address the complex needs of dually involved youth. Use of evidence-based practices and clearly outlined roles and responsibilities for both systems can help prevent youth from falling through the cracks or receiving conflicting guidance from different agencies.

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<sup>2</sup> The Children's Bureau, Dear Colleague Letter Addressing the Complex Needs of Dually Involved Youth, May 29, 2024, [Joint Letter on Dually Involved Youth](#)

11. Of the 512 Probation supervised youth in out-of-home care, 78.5% were in congregate care facilities and of those just over 20% were in detention facilities. The FCRO remains concerned about the number of youths placed in these facilities. This is a trend we believe warrants further investigation to understand this population of youth, what their needs are, and whether those needs are met. Youth placed in detention or other juvenile justice confinement must have access to appropriate treatment services and programming, including educational programming, to ensure that time spent in detention is not lost and youth can continue to make progress toward healing and rehabilitation. More needs to be done to develop prevention, diversion, and alternatives to detention to keep youth out of detention placements.
12. As the use of Youth Rehabilitation and Treatment Centers (YRTCs) increases, FCRO encourages DHHS to make program evaluation data and reports easily accessible to the public to ensure that the outcomes of the programming are transparent and used to achieve desired results through decision and policy development into the future. The FCRO also encourages the development of youth gang violence prevention programs and other community-based programs that engage families and youth to improve outcomes, increase public safety, and strengthen communities, as well as reentry programming focused on youth and family well-being.<sup>3</sup>
13. While the FCRO does not currently track which youth identify as LGBTQ+, DHHS, Probation, and system partners should explore ways in which the needs of LGBTQ+ youth can be met, and such youth can be supported. Develop safe and supportive contacts and resources within communities that LGBTQ+ youth can access. Ideally, this would include LGBTQ+ knowledgeable therapists who are willing to work with the juvenile probation system as well as the child welfare system.

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

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<sup>3</sup> See [ojjdp.ojp.gov/about/ojjdp-priorities](https://ojjdp.ojp.gov/about/ojjdp-priorities)



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# Special Study

## **Aging Out of Care in Nebraska: Key Findings and System Insights**

This special study compares youth who aged out of foster care in FY2025 with all other children in out-of-home care, prepared in partnership with UNL's Center on Children, Families & the Law to inform work on youth homelessness in Nebraska.

[fcro.nebraska.gov](https://fcro.nebraska.gov)



# Background

## Aging Out of Foster Care in Nebraska

Each year, youth in Nebraska exit foster care for many reasons: reunification, adoption, guardianship, and in some cases, by reaching the age of majority. **In FY2025, 179 youth “aged out” of the child welfare system.**

**Aging out represents a critical transition point**, where young people suddenly move into adulthood without the same safety net or permanent family connections that many of their peers rely on.

**179**  
Youth “Aged Out” in FY2025

## Why Focus on Youth Who Age Out?

Aging out is linked to higher risks of:

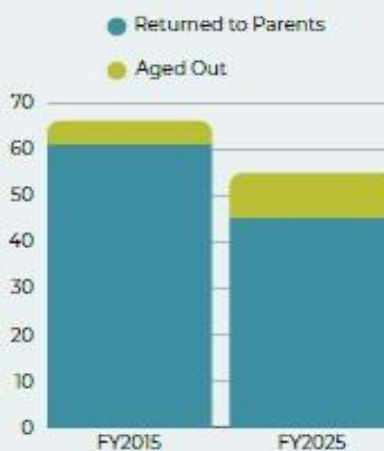
- Homelessness
- Unstable Housing
- Mental Health Challenges
- Lower Educational Attainment
- Employment Instability

## Key Background Research

These trends highlight why analyzing Nebraska’s aging-out population is crucial for preventing future housing instability.

**This special study compares youth who aged out in FY2025 to all DHHS/CFS-involved youth** reviewed by FCRO to understand the patterns, disparities, and system barriers contributing to these outcomes.

In FY2025, less than half (45.5%) of DHHS/CFS-involved children returned to their parents, and 9.3% aged out of foster care. A decade earlier, in FY2015, 61.0% of children returned home and only 5.0% aged out.



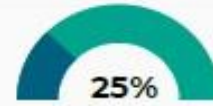
**This shift reflects a decline in reunification and an increase in aging out**, underscoring the need for stronger supports and systems designed to help older youth transition safely into adulthood.



In 2023, 8% of youth nationwide exited foster care by aging out.



25–33% of young adults experiencing homelessness have a history in foster care.



25% of youth who age out will experience homelessness within four years.

# Key Research Findings



## Placement Instability

Placement instability is a well-established risk factor for homelessness.

### Youth Who Aged Out

**2x** *had* **4x**  
as many placements as all FCRO-reviewed children. | as many placements as youth who returned home.

## Time Spent in Care

Youth who aged out spent significantly more time in care:

Median  
**926 Days**  
(2.5 years)



Average  
**1,294 Days**  
(3.5 years)



**Both are substantially longer than all reviewed children** (median 601 days). Extended time in care and frequent placement changes are indicators of challenges to achieving stable, lasting permanency options for youth.



## Missing From Care

Youth who aged out:

- **Went missing** more often
- **Stayed missing** longer (notably in the Southeast Service Area)

Missing from care is another strong predictor of housing insecurity.

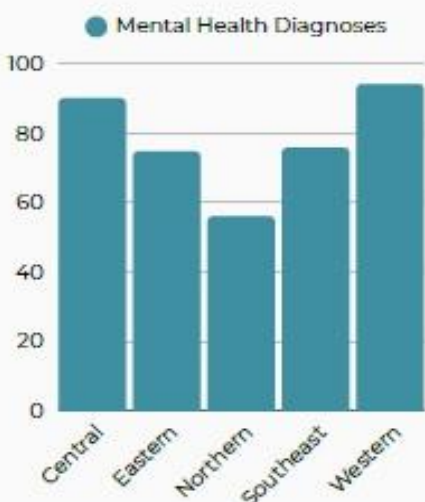


## Placement Safety & Appropriateness

Compared to all reviewed CFS youth:

- Youth who aged out were **less likely** to have a placement deemed **safe**.
- They were also **less likely** to have a placement deemed **appropriate**.

This suggests that the environments intended to support older youth are not consistently meeting their needs.



## Mental Health

Youth who aged out were significantly more likely to have a diagnosed mental health condition across all service areas.

National research links mental health challenges with increased homelessness risk.

## Preparation for Adulthood

Youth who aged out were **more likely** to:



- Have completed an Ansell Casey assessment
- Have a current Transitional Living Plan
- Have received Skills for Adulthood training

But **less likely** to:



- Be connected to family or kin

These findings show strong effort in skill-building — yet **persistent gaps in relational support**, which is one of the strongest buffers against later homelessness.

# 6 Recommendations

## For Strengthening Outcomes

Based on both the data and national best practices, the following actions can **reduce homelessness risk** and **improve long-term well-being**:



### 1. Expand Extended Foster Care (Bridge to Independence)

- Extend b2i eligibility beyond age 21
- Use an opt-out rather than opt-in model so youth do not unintentionally lose support
- Ensure all eligible youth have access to safe, stable housing while enrolled



### 2. Strengthen Housing Supports

- Expand models like Dana Village
- Guarantee a housing plan for all youth approaching age 19
- Maximize housing voucher access for Foster Youth to Independence and the Family Unification Program



### 3. Increase Emergency Financial Supports

- Expand funds like the Support Services Fund to cover urgent needs (rent, utilities, work expenses)
- Make supports available to young adults 18–26 navigating instability



### 4. Ensure Dedicated Professional Support

- Provide access to Connected Youth Initiative coordinators through age 26
- Ensure mental health providers are accepting new clients
- Facilitate “warm handoffs” to supportive adults and service systems before exiting care and b2i



### 5. Prioritize Trauma-Informed, Youth-Centered Practice

- Embed youth voice in service delivery
- Ensure all programs are trauma-informed
- Require complete Independent Living Assessments and current Transitional Living Plans for all youth ages 14–18



### 6. Build Permanent Connections

- Expand formal mentoring models
- Strengthen permanency options such as Kansas SOUL, connecting youth to lifelong supportive adults

Connections are foundational — far more than skills alone.

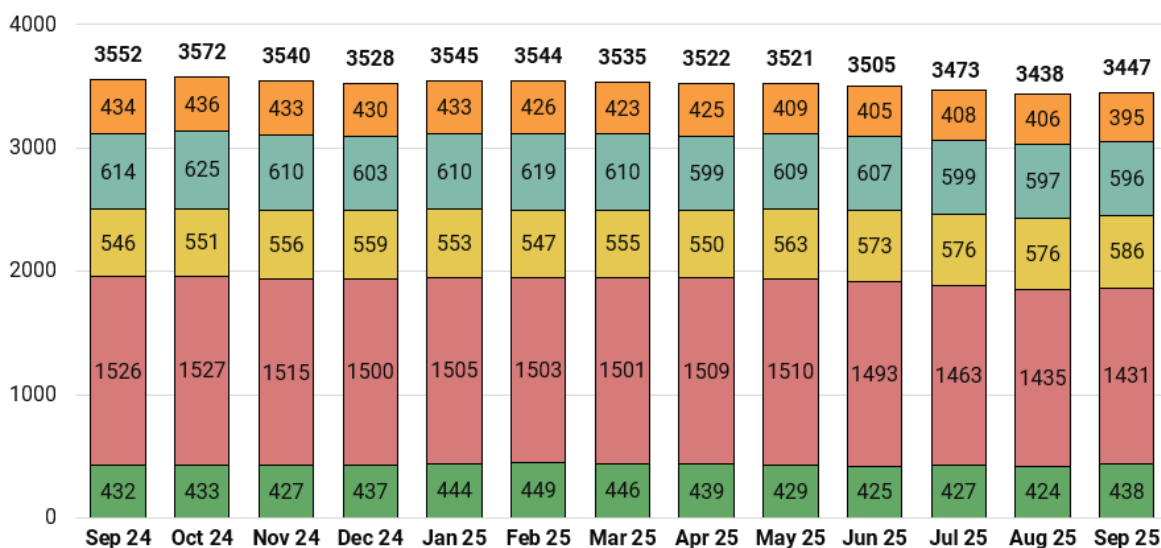
## OUT-OF-HOME TRENDS

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.

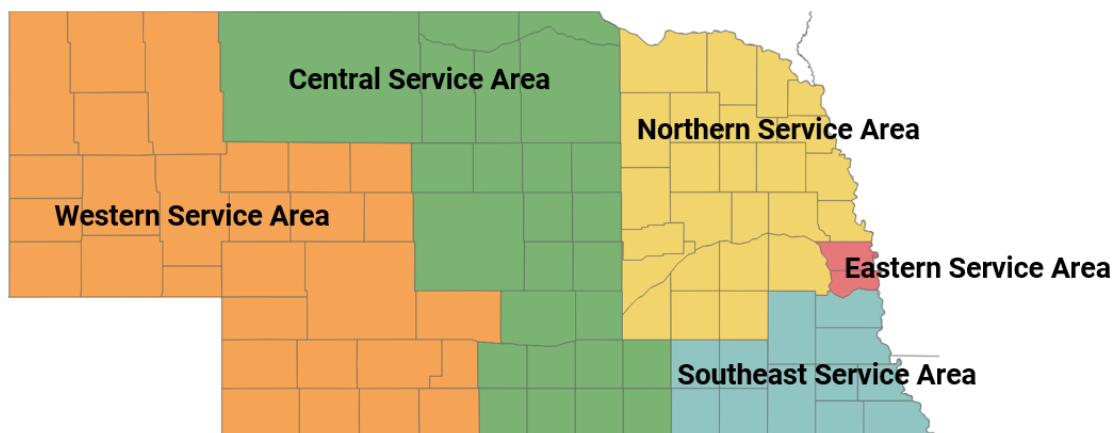
### CHILD WELFARE TRENDS

**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 September 2024 to September 2025. There was a 3.0% decrease in DHHS wards in out-of-home care on average in September 2025 compared to September 2024.

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



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





## Out-of-Home Trends

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

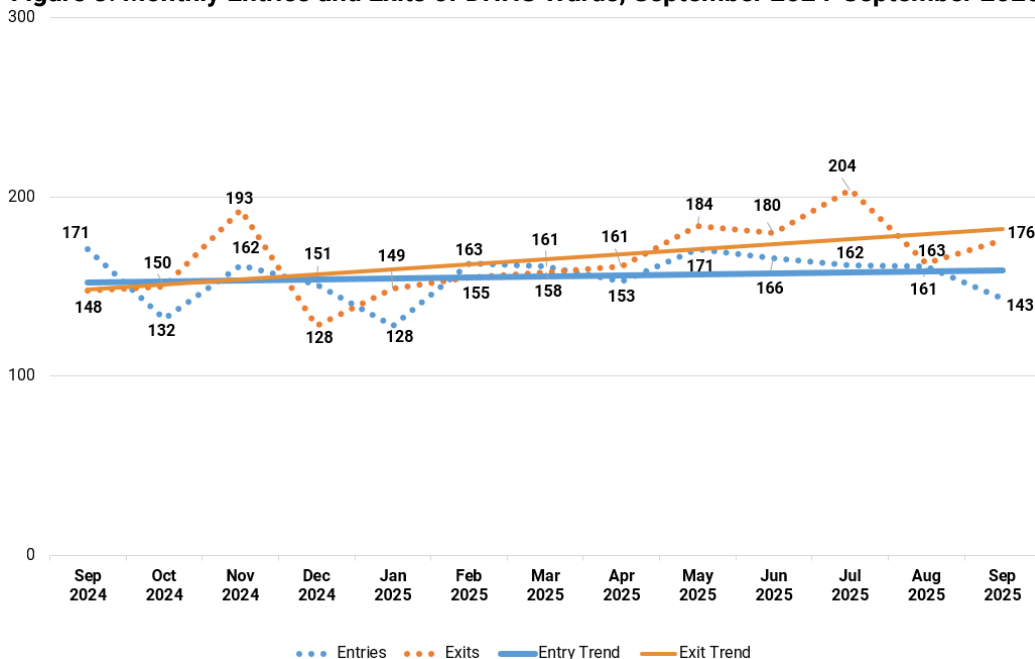
**Figure 2: Percent Change in Average Daily Population of DHHS Wards by Service Area, September 2024 to September 2025<sup>4</sup>**

Service Area (SA)	Sept-24	Sept-25	% Change
Central SA	432	438	1.4%
Eastern SA	1,526	1,431	-6.2%
Northern SA	546	586	7.3%
Southeast SA	614	596	-2.9%
Western SA	434	395	-9.0%
<b>Statewide</b>	<b>3,552</b>	<b>3,447</b>	<b>-3.0%</b>

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

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

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

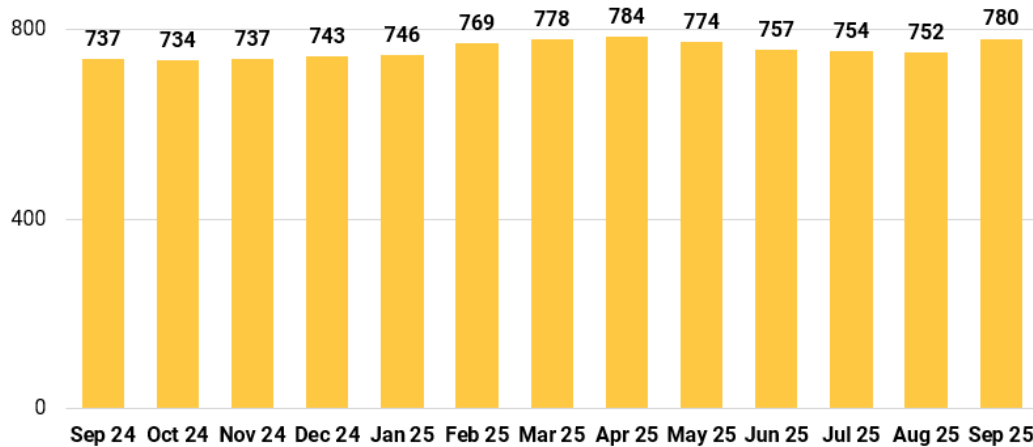


<sup>4</sup> Averages for each column may not be exactly equal to the sum of the service areas due to rounding.

## JUVENILE JUSTICE-PROBATION TRENDS

**Average Daily Population.** Figure 4 below represents the average daily population (ADP) per month of all Probation supervised youth in out-of-home care, including those simultaneously served by DHHS, from September 2024 to September 2025. The average daily population increased over the last year. There were 5.8% more Probation supervised youth in out-of-home care on average in September 2025 compared to September 2024.

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



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

**Figure 5: Percent Change in Average Daily Population of Probation Supervised Youth by Probation District, September 2024 to September 2025<sup>5</sup>**

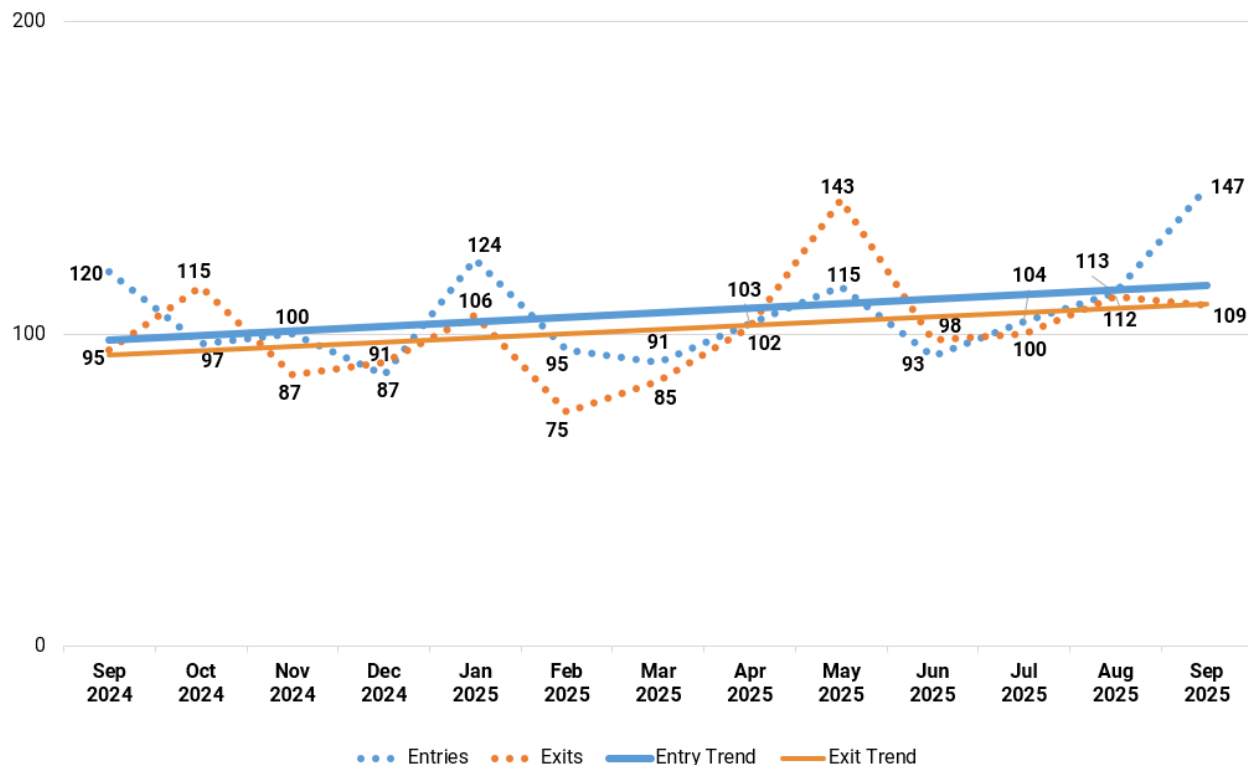
Probation District	Sept-24	Sept-25	% Change
District 1	18	18	0.0%
District 2	34	36	5.9%
District 3J	132	145	9.8%
District 4J	263	271	3.0%
District 5	42	52	23.8%
District 6	46	45	-2.2%
District 7	45	47	4.4%
District 8	13	12	-7.7%
District 9	52	49	-5.8%
District 10	26	30	15.4%
District 11	39	45	15.4%
District 12	27	31	14.8%
<b>State</b>	<b>737</b>	<b>780</b>	<b>5.8%</b>

<sup>5</sup> Averages for each column may not be exactly equal to the sum of the probation district due to rounding.

## Out-of-Home Trends

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

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



### POINT-IN-TIME TREND OVERVIEW BY AGENCY

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

DHHS/CFS	12/31/23	3/31/24	6/30/24	9/30/24	12/31/24	3/31/25	6/30/25	9/30/25
Statewide	3,398	3,388	3,446	3,426	3,397	3,378	3,363	3,280
CSA	378	393	407	404	428	424	410	424
ESA	1,536	1,503	1,496	1,458	1,424	1,426	1,412	1,366
NSA	489	503	521	533	550	531	558	558
SESA	570	585	589	590	570	579	587	565
WSA	425	404	433	441	425	418	396	367

- For children and youth involved only with DHHS/CFS, the most recent point-in-time data shows a 2.5% statewide decrease over the previous quarter.
- Three of the five service areas experienced a decrease with the largest decrease occurring in the WSA at 7.3%; whereas CSA had the only increase at 3.4%.

Dually Involved	12/31/23	3/31/24	6/30/24	9/30/24	12/31/24	3/31/25	6/30/25	9/30/25
Statewide	138	138	119	132	141	155	142	141
CSA	18	17	12	16	12	15	21	19
ESA	62	63	58	67	79	81	67	61
NSA	14	20	20	24	24	27	25	24
SESA	28	24	17	16	19	17	15	20
WSA	16	14	12	9	7	15	14	17

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

## Out-of-Home Trends

Probation	12/31/23	3/31/24	6/30/24	9/30/24	12/31/24	3/31/25	6/30/25	9/30/25
Statewide	483	480	486	475	479	516	467	512
District 1	18	18	19	13	8	7	12	16
District 2	35	34	29	30	28	30	26	27
District 3J	82	72	77	84	85	109	90	107
District 4J	151	155	163	154	156	162	155	156
District 5	32	35	29	31	32	37	38	39
District 6	28	25	30	30	33	36	25	32
District 7	28	30	26	20	28	23	25	27
District 8	6	4	4	6	6	6	5	9
District 9	29	38	37	40	34	33	28	37
District 10	24	25	27	19	17	15	17	19
District 11	34	30	31	28	35	35	26	18
District 12	16	14	14	20	17	23	20	25

- For youth who were only involved with Probation, the most recent point-in-time data shows a 9.6% statewide increase over the previous quarter.
- 11 of the 12 probation districts had an increase, with the largest increase occurring in District 8 at 80.0%, followed by District 1 at 33.3%, District 9 at 32.1%, District 6 at 28.0%, District 3J at 18.9%, District 10 at 11.8%, District 7 at 8.0%, District 2 at 3.8%, District 5 at 2.6%, and District 4J at 0.6%.
- District 11 was the only probation district with a decrease over the previous quarter at 30.8%.

YRTC	12/31/23	3/31/24	6/30/24	9/30/24	12/31/24	3/31/25	6/30/25	9/30/25
Statewide	74	96	95	103	91	88	128	129
Females	14	25	29	22	15	12	24	23
Males	60	71	66	81	76	76	104	106

- For youth who were placed at a YRTC, the most recent point-in-time data shows a 0.8% total population increase over the previous quarter.
- The population of females at the YRTCs decreased by 4.2% and the population of males increased by 1.9% over the previous quarter.



## SYSTEM-WIDE TRENDS

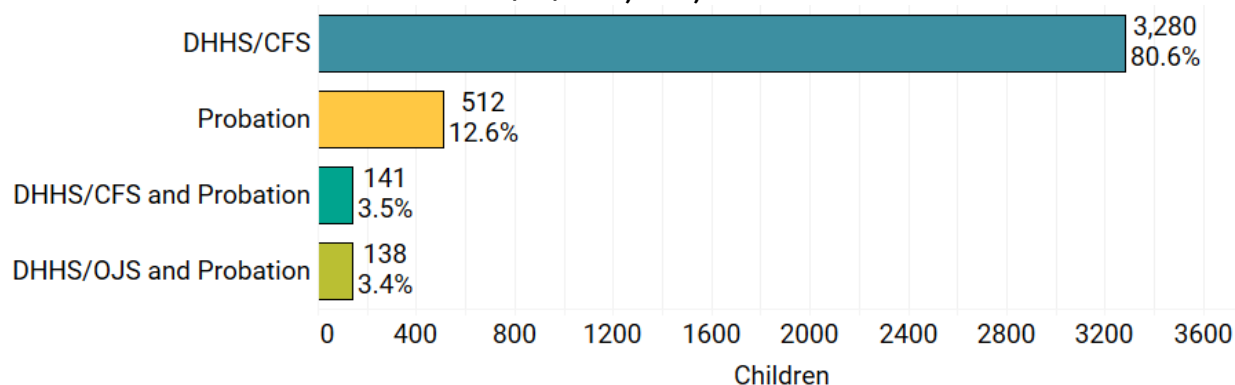
This section includes point-in-time data for court-involved children and youth under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division (hereafter referred to as Probation) in out-of-home care or a trial home visit.

On 9/30/2025, 4,071 Nebraska children were in an out-of-home or trial home visit placement<sup>6</sup> under DHHS/CFS, DHHS/OJS, and/or Probation.

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

Figure 7 provides a snapshot of the agency involvement of non-duplicated children in out-of-home care on 9/30/2025.

**Figure 7: All Court-Involved Children in Out-of-Home Care or a Trial Home Visit by Agency Involved on 9/30/2025, n<sup>7</sup>=4,071**



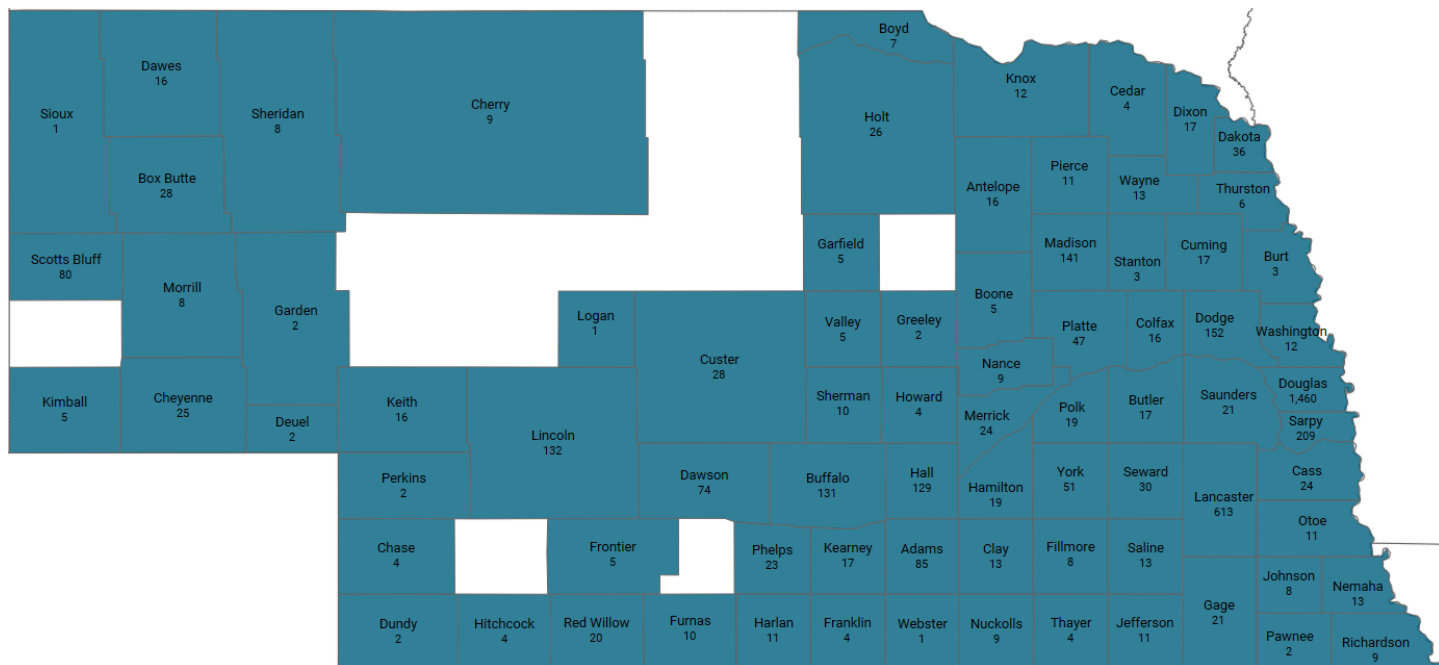
<sup>6</sup> This section does not include children in non-court Approved Informal Living Arrangements, tribal wards, or children that have never had a removal from the home.

<sup>7</sup> See Appendix B for a glossary of terms and a description of acronyms.

## System-Wide Trends

Children in out-of-home care come from across the entire state of Nebraska. Figure 8 represents the county of court jurisdiction for the 4,071 court-involved children who were in out-of-home care on 9/30/2025 (which excludes AILAs).<sup>8</sup>

**Figure 8: County of Court Jurisdiction for all Nebraska Court-Involved Children in Out-of-Home Care or a Trial Home Visit on 9/30/2025, n=4,071**



## CHILD WELFARE CHILDREN

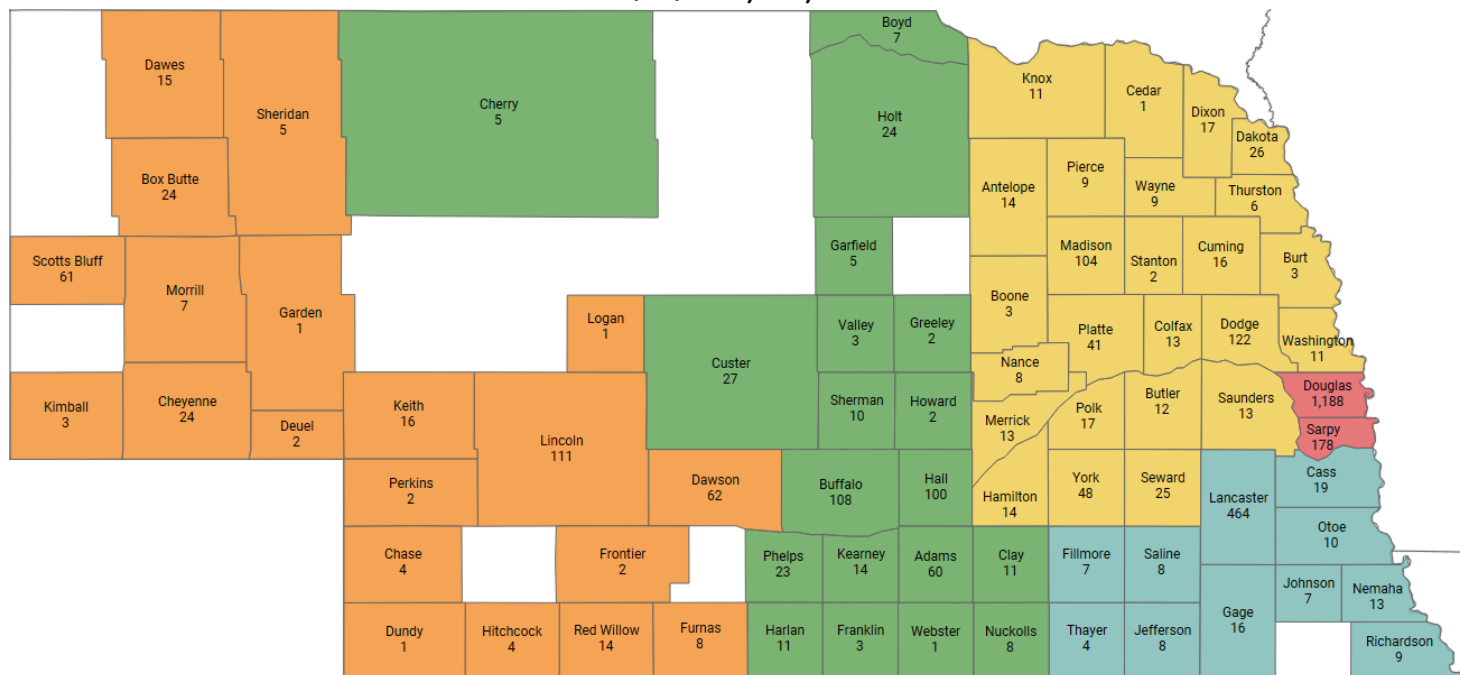
### DHHS/CFS COURT-INVOLVED CHILDREN IN CARE THROUGH THE CHILD WELFARE SYSTEM

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

#### POINT-IN-TIME DEMOGRAPHICS AND PLACEMENTS

**County.** Figure 9 shows the county of court jurisdiction for the 3,280 children solely involved with DHHS/CFS in out-of-home care or a trial home visit on 9/30/2025. This compares to 3,426 on 9/30/2024.

**Figure 9: County of Court Jurisdiction for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 9/30/2025, n=3,280**



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

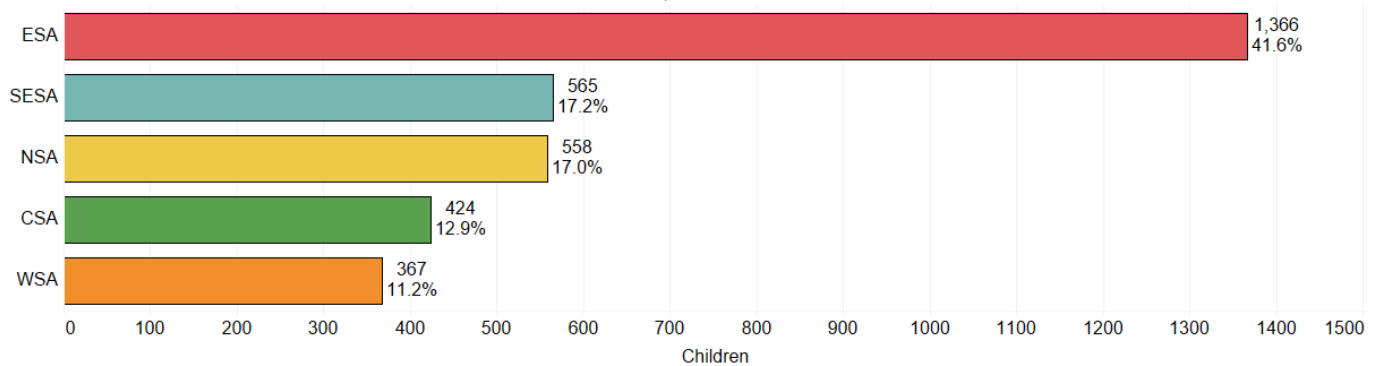
**Figure 10: Service Areas for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 9/30/2025, n=3,280**

Figure 11 represents the top 10 counties by rate of DHHS/CFS wards in care per 1,000 children in the population, ages 0 up to 19, on 9/30/2025. While the three most populous counties in Nebraska (Douglas, Lancaster, and Sarpy) make up approximately 56% of DHHS/CFS wards, these counties are not within the top 10 counties with the highest rates. Some rural counties, like Lincoln County (North Platte) which had the fifth highest counts of children who are DHHS/CFS wards, have higher rates of children in out-of-home care. Statewide, the rate of DHHS/CFS wards in care per 1,000 children was 6.1.

**Figure 11: Top 10 Counties by Rate of DHHS/CFS Wards in Care per 1,000 Children in the Population on 9/30/2025**

County	Children in Care	Total Age 0-19 <sup>9</sup>	Rate per 1,000 Children	Number of Families
Boyd	7	345	20.3	2
Harlan	11	727	15.1	4
Sherman	10	709	14.2	6
Lincoln	111	8,147	13.6	72
Garfield	5	368	13.6	3
Polk	17	1,298	13.1	9
York	48	3,829	12.5	27
Dodge	122	10,474	11.6	75
Dixon	17	1,525	11.1	8
Madison	104	9,956	10.4	52

<sup>9</sup> U.S. Census Bureau, Population Division, County Characteristics Datasets: Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2024.

**Figure 12: Service Areas by Rate of DHHS/CFS Wards in Care per 1,000 Children in the Population on 9/30/2025**

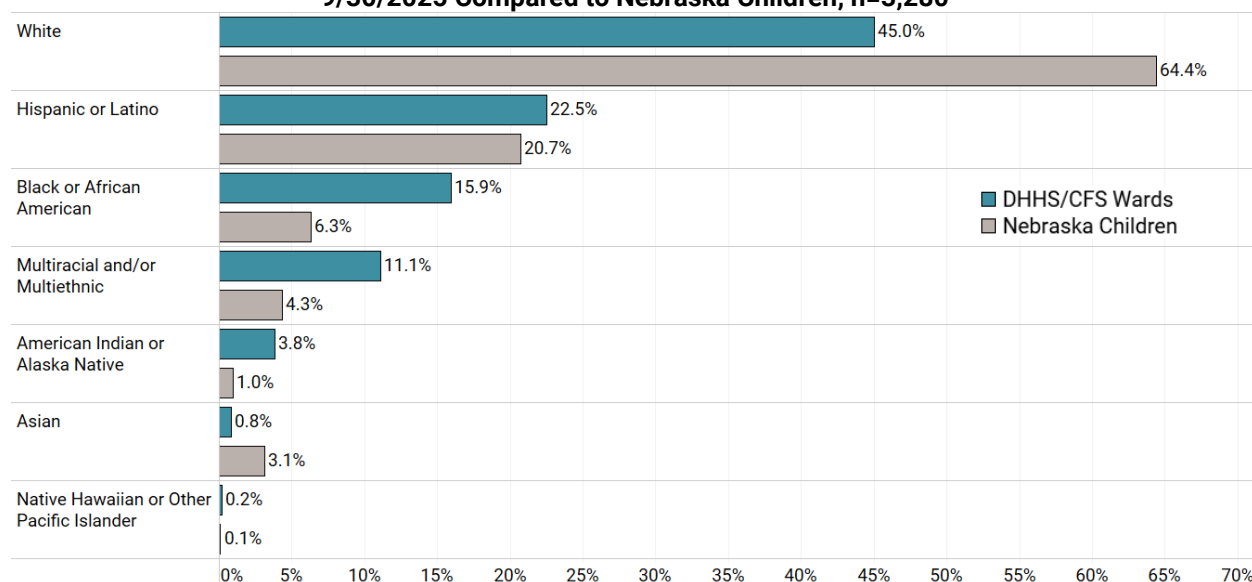
Service Area	Children in Care	Total Age 0-19 <sup>10</sup>	Rate per 1,000 Children	Number of Families
CSA	424	62,827	6.7	227
ESA	1,366	223,029	6.1	741
NSA	558	92,310	6.0	321
SESA	565	115,730	4.9	313
WSA	367	46,702	7.9	219

**Age.** The median age was 8 years old for males and 9 years old for females who were DHHS/CFS wards in care on 9/30/2025.

- 34.8% of the children in out-of-home care or trial home visits on 9/30/2025 were age 5 and under.
- 35.2% of the children were age 6-12.
- 29.9% of the children were age 13-18.

**Gender.** Males (49.7%) and females (50.3%) are nearly equally represented in the number of DHHS/CFS wards in care.

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

**Figure 13: Race and Ethnicity of DHHS/CFS Wards in Out-of-Home Care and Trial Home Visits on 9/30/2025 Compared to Nebraska Children, n=3,280**

<sup>10</sup> U.S. Census Bureau, Population Division, Population Estimates by Age, Sex, Race, and Hispanic Origin: July 1, 2024.



**Times in Care Over Lifetime.** The average number of times in care over their lifetime for current DHHS/CFS wards as of 9/30/2025 was 1.3.

**Median Number of Days in Care.** For those in care on 9/30/2025, the median number of days in care for DHHS/CFS wards was 413 days.

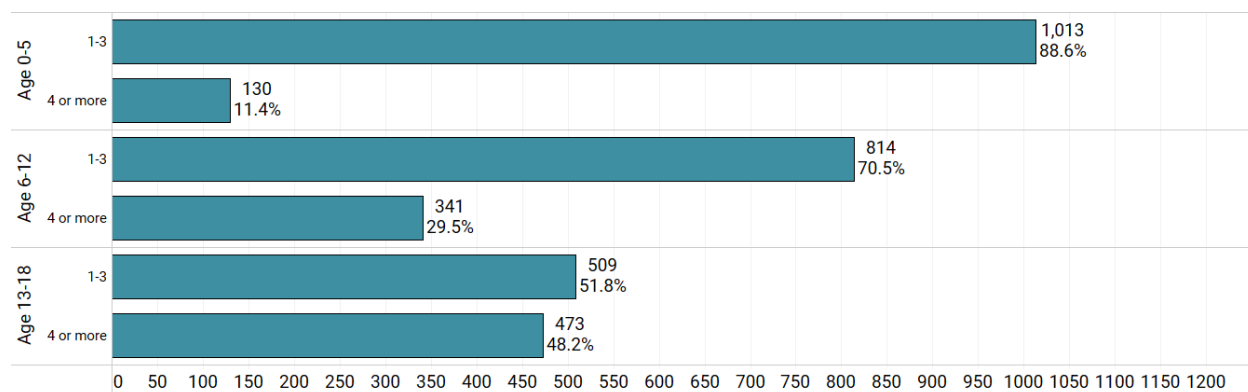
**Number of Placements.** Research indicates that children experiencing multiple placements over their lifetime puts them at greater risk for negative outcomes, such as delays in permanency, academic challenges, and difficulties forming meaningful attachments.<sup>11</sup> However, children who have experienced consistent, stable, and loving caregivers are more likely to have better long-term mental and physical health outcomes.<sup>12</sup>

On 9/30/2025, DHHS/CFS wards had an average of 3.4 placements in their lifetime.

Figure 14 shows the number of lifetime placements for DHHS/CFS wards by age group. It is unacceptable that 11.4% of children ages 0-5, and 29.5% 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 teens, just under half (48.2%) have exceeded four lifetime placements.

**Figure 14: Lifetime Placements for DHHS/CFS Wards in Care 9/30/2025, n=3,280**



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

**Figure 15: DHHS/CFS Wards with Four or More Lifetime Placements by Service Area 9/30/2025, n=3,280**

Age Group	CSA	ESA	NSA	SESA	WSA
0-5	8.8%	11.0%	11.4%	10.5%	16.9%
6-12	33.6%	35.5%	24.3%	25.5%	19.4%
13-18	37.4%	55.2%	44.4%	45.1%	43.0%

<sup>11</sup> sbrown@casey.org. 2024. "Placement Stability Impacts - Casey Family Programs." Casey Family Programs. May 22, 2024. <https://www.casey.org/placement-stability-impacts>

<sup>12</sup> sbrown@casey.org. "Placement Stability Impacts - Casey Family Programs." 2024.

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

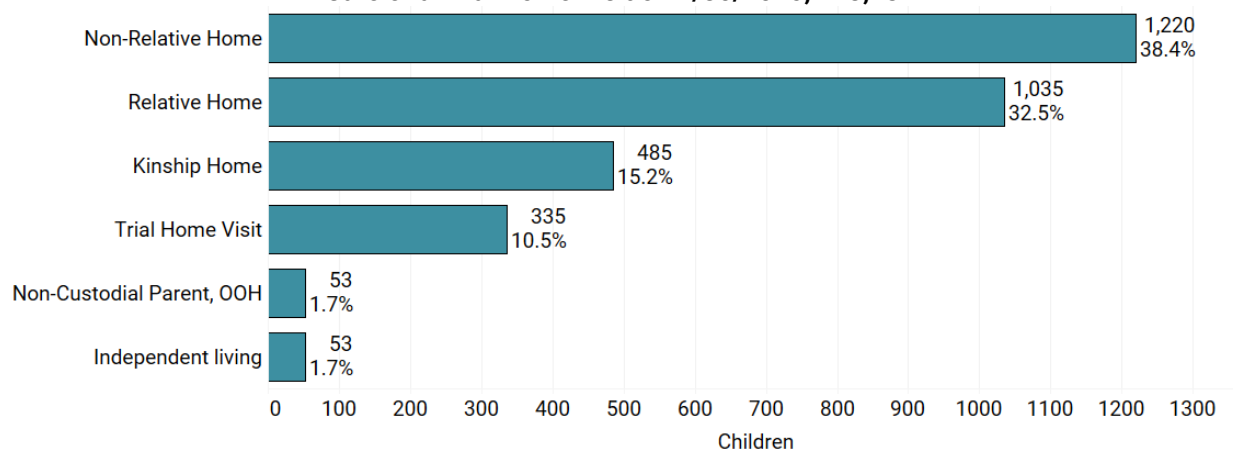
- The vast majority (97.0%) of DHHS/CFS state wards in care on 9/30/2025 were placed in the least restrictive placement, well above the 2021 national average of 90%.<sup>13</sup> This is a continuing trend.
  - Of the children placed in family-like settings (not including trial home visits), 53.4% were in a relative or kinship placement.<sup>14</sup>

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

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

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

**Figure 16: Additional Details on Least Restrictive Placement Type for DHHS/CFS Wards in Out-of-Home Care or a Trial Home Visit on 9/30/2025, n=3,181**



**Licensing of Relative and Kinship Foster Homes.** DHHS/CFS has reported that 95.9% of current relative and 91.3% of kinship homes are approved, rather than licensed.<sup>15</sup> Compliance to the new DHHS relative and kinship foster home approval process approved by the Administration for Children and Families (ACF) is crucial to ensure placement safety and stability, as well as to increase the amount of federal Title IV-E

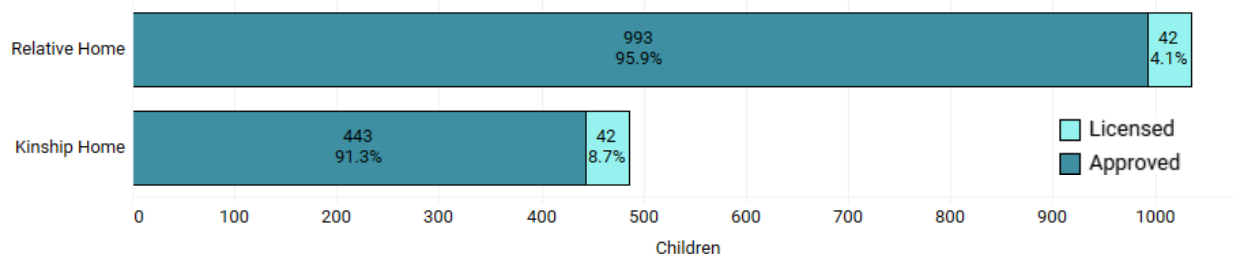
<sup>13</sup> Children in foster care by placement type: Kids Count Data Center. Children in foster care by placement type | KIDS COUNT Data Center. (n.d.). <https://datacenter.aecf.org/data/line/6247-children-in-foster-care-by-placement-type?loc=1&loc=1#1/any/true/2048/asc/2622,2621,2623,2620,2625,2624,2626/12995>

<sup>14</sup> 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.

<sup>15</sup> LB1078 (2018), required DHHS to report the license status of relative and kinship placements to the FCRO effective July 2018.

funding accessed by the state.<sup>16</sup> Completion of the Reasonable and Prudent Parenting Standards training should support these approved caregivers so they are better able to cope with the types of behaviors that children with a history of abuse or neglect can exhibit, along with intra-familial issues present in relative care that are not present in non-family situations. These approved caregivers will also need ample information on the workings of the foster care system and supports available to them and the children.

**Figure 17: Licensing for DHHS/CFS Wards in Relative or Kinship Foster Homes on 9/30/2025, n=1,035 (Relatives) and n=485 (Kinship)**

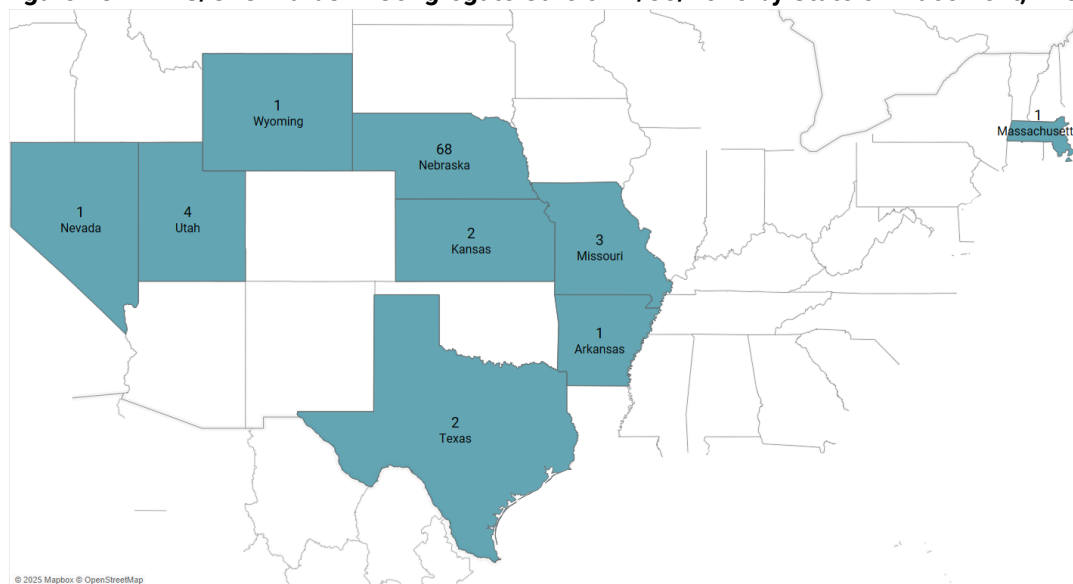


**Missing from Care.** On 9/30/2025, there were 15 DHHS/CFS wards missing from care. Of those missing, 13 were female and two were male. This is always a serious safety issue that deserves special attention. While unaccounted for, these children have a higher likelihood of experiencing sex trafficking, exploitation, and victimization.

**Congregate Care.** A majority (81.9%) of DHHS/CFS wards in congregate care facilities<sup>17</sup> were placed in Nebraska (Figure 18).

- DHHS/CFS had 83 children in congregate care, resulting in a decrease from 91 on 9/30/2024.

**Figure 18: DHHS/CFS Wards in Congregate Care on 9/30/2025 by State of Placement, n=83**



<sup>16</sup> Per a DHHS news release from May 8, 2024: On April 17, 2024, the Administration for Children and Families (ACF) approved Nebraska's plan to utilize a separate relative and kinship approval process. The process will allow Nebraska to draw additional federal dollars for child welfare services.

<sup>17</sup> 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.<sup>18</sup> Caseworker turnover has been associated with more placement disruptions, time in foster care, incidents of maltreatment, and re-entries into foster care.<sup>19</sup> 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.<sup>20</sup>

The FCRO receives information from DHHS/CFS about the caseworkers assigned to children's cases while in out-of-home care or trial home visits during their current episode.<sup>21</sup> Due to system changes over the years, the following explanations are necessary:

- In the Eastern Service Area, ongoing casework was done by lead agency (contractor) Family Permanency Specialists (FPS) until March 2022. Since then, it has been conducted by DHHS/CFS Case Managers. Thus, the count for the Eastern Service Area may include workers in each category. The FCRO was careful not to duplicate the counts for previous lead agency workers who were hired by DHHS/CFS if they continued to serve the same family.<sup>22</sup>
- In the rest of the state, the data represents the number of DHHS/CFS Case Managers assigned to a case.

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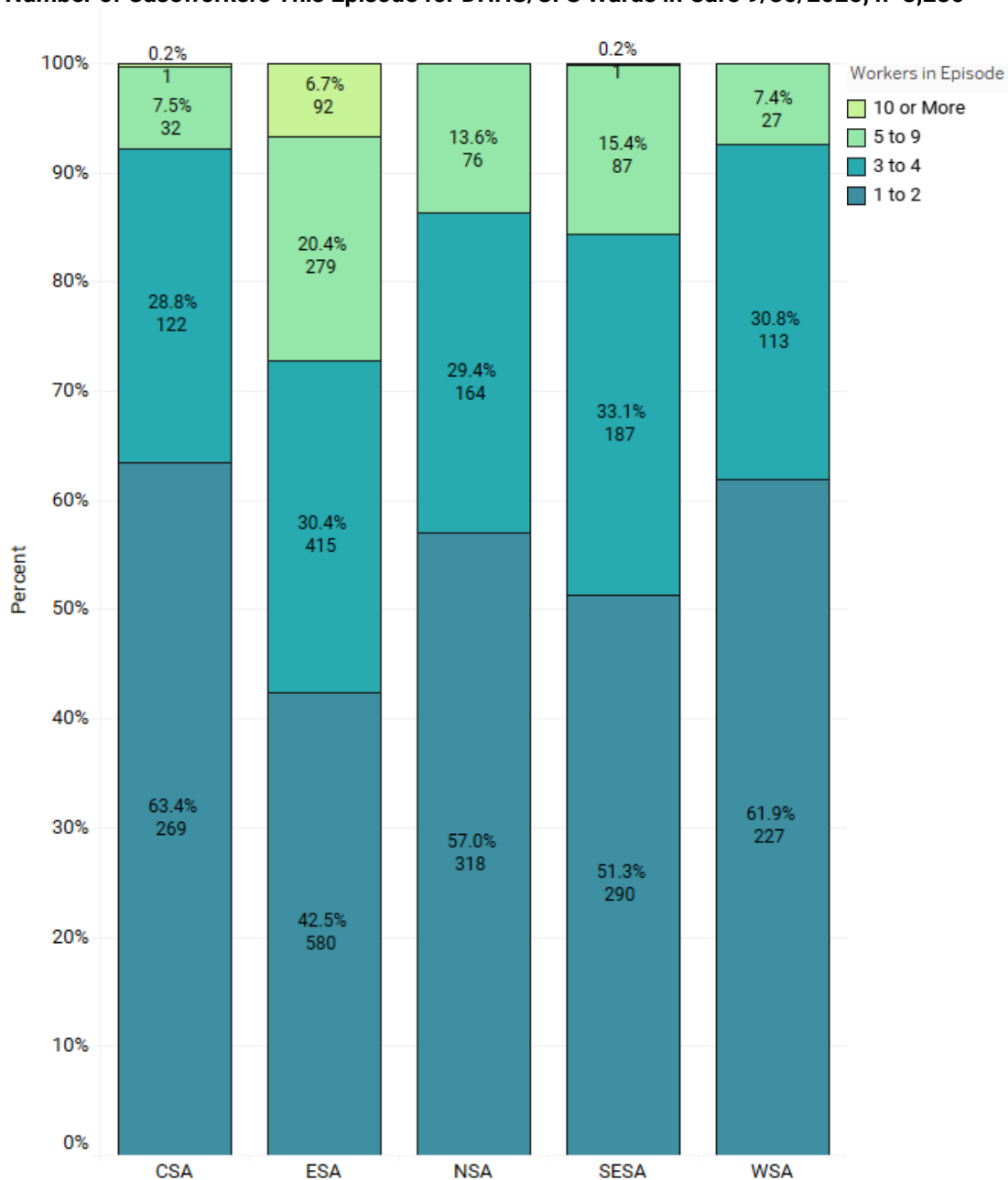
<sup>18</sup> Flower, Connie, Jess McDonald, and Michael Sumski. 2005. "Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff." <https://www.uh.edu/socialwork/docs/cwep/national-iv-e/turnoverstudy.pdf?t>.

<sup>19</sup> "How Does Turnover Affect Outcomes - Casey Family Programs." 2017. Casey Family Programs. December 29, 2017. <https://www.casey.org/turnover-costs-and-retention-strategies/>.

<sup>20</sup> "How Does Turnover Affect Outcomes - Casey Family Programs." 2017.

<sup>21</sup> 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."

<sup>22</sup> PromiseShip held the lead agency contract with DHHS until 2019 when DHHS rebid the contract and awarded it to Saint Francis Ministries. Cases transferred in the fall of 2019. Many former PromiseShip caseworkers were subsequently employed by Saint Francis. Then in spring 2022 the contract was discontinued, and many Saint Francis workers were hired as DHHS/CFS Case Managers. Throughout those transfers if the same worker remained with the child's case without a break of service, the FCRO ensured that the worker count was not increased. Counts were only increased during each transfer period if a new person became involved with the child and family.

**Figure 19: Number of Caseworkers This Episode for DHHS/CFS Wards in Care 9/30/2025, n=3,280**

Nearly a fifth (18.1%) 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 (27.1%) in the ESA had five or more workers, and of those, 92 children (6.7% of the ESA total) had 10 or more workers in their current episode in care, representing a decrease over the previous year. This does not include caseworkers that may have worked with the child during a previous episode in out-of-home care or a non-court, voluntary case. The FCRO encourages DHHS/CFS to continue to decrease the number of children who have had five or more caseworkers in their most recent episode in care.



## DUALLY INVOLVED YOUTH

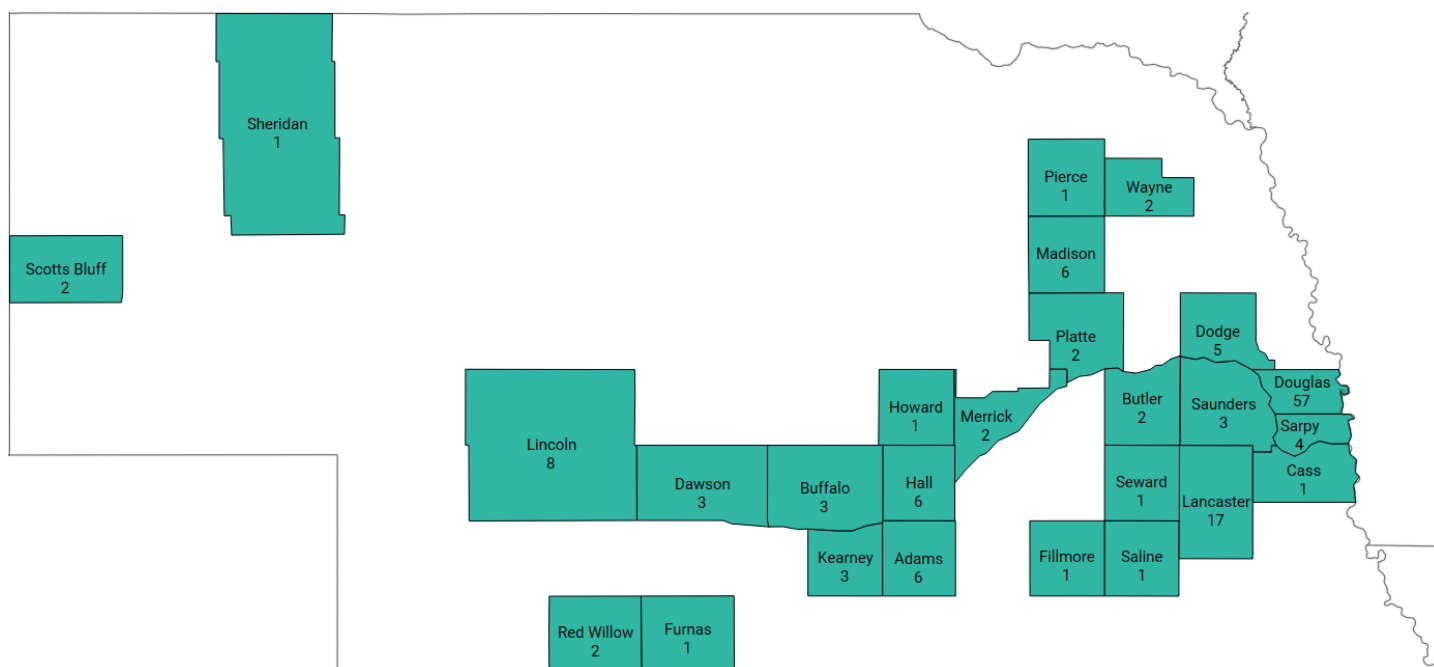
### COURT-INVOLVED YOUTH IN CARE THROUGH CHILD WELFARE AND SUPERVISED BY THE ADMINISTRATIVE OFFICE OF COURTS AND PROBATION – JUVENILE SERVICES DIVISION

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

#### POINT-IN-TIME DEMOGRAPHICS AND PLACEMENTS

**County.** On 9/30/2025, there were 141 dually involved youths in out-of-home care, which is a 6.8% increase from the 132 youths on 9/30/2024. (See Appendix A for a list of counties and their respective judicial districts and service areas).

**Figure 20: County of Origin for Dually Involved Youth on 9/30/2025, n=141**



\*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.

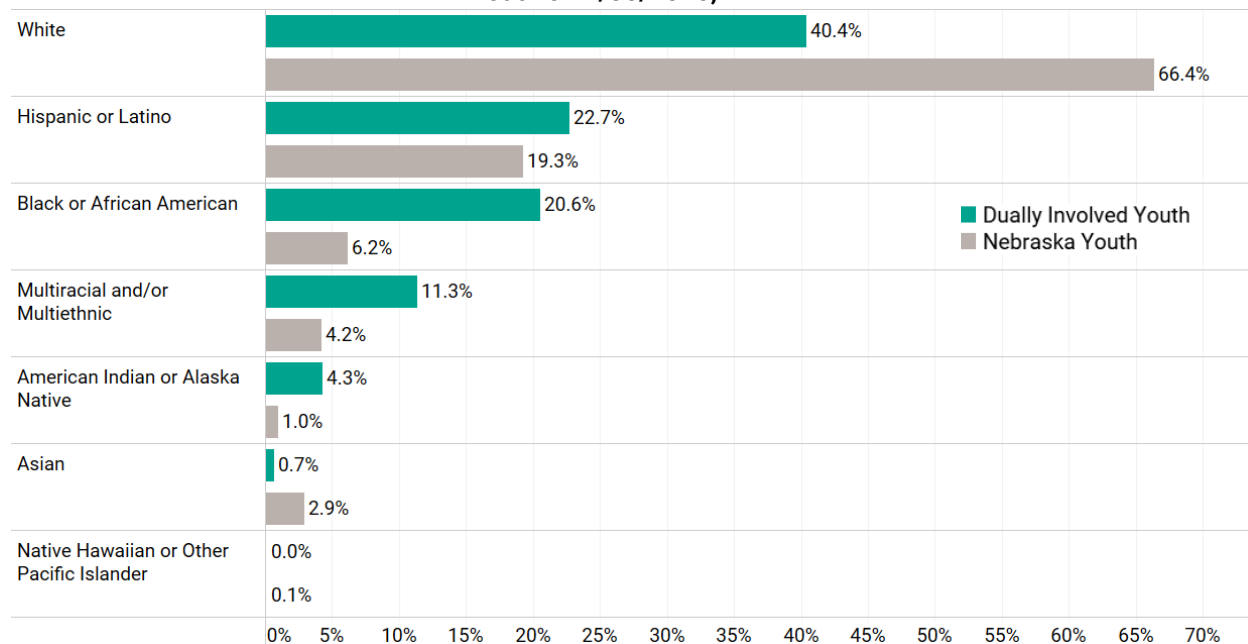
**Age.** The median age for dually involved youth was 16 years old for both males and females.

- 3 (2.1%) were age 11-12.
- 23 (16.3%) were age 13-14.
- 64 (45.4 %) were age 15-16.
- 51 (36.2%) were age 17-18.

**Gender.** Males outnumbered females among dually involved youth (64.5% to 35.5%, 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 21: Race and Ethnicity of Dually Involved Youth in Out-of-Home Care Compared to Nebraska Youth on 9/30/2025, n=141**



**Times in Care Over Lifetime.** The average number of times in care over their lifetime for current dually involved youth as of 9/30/2025 was 1.9.

**Median Number of Days in Care.** For those in care on 9/30/2025, the median number of days in care for dually involved youth was 510 days.

**Number of Placements.** The average number of placements over their lifetime for dually involved youth on 9/30/2025 was 9.3.

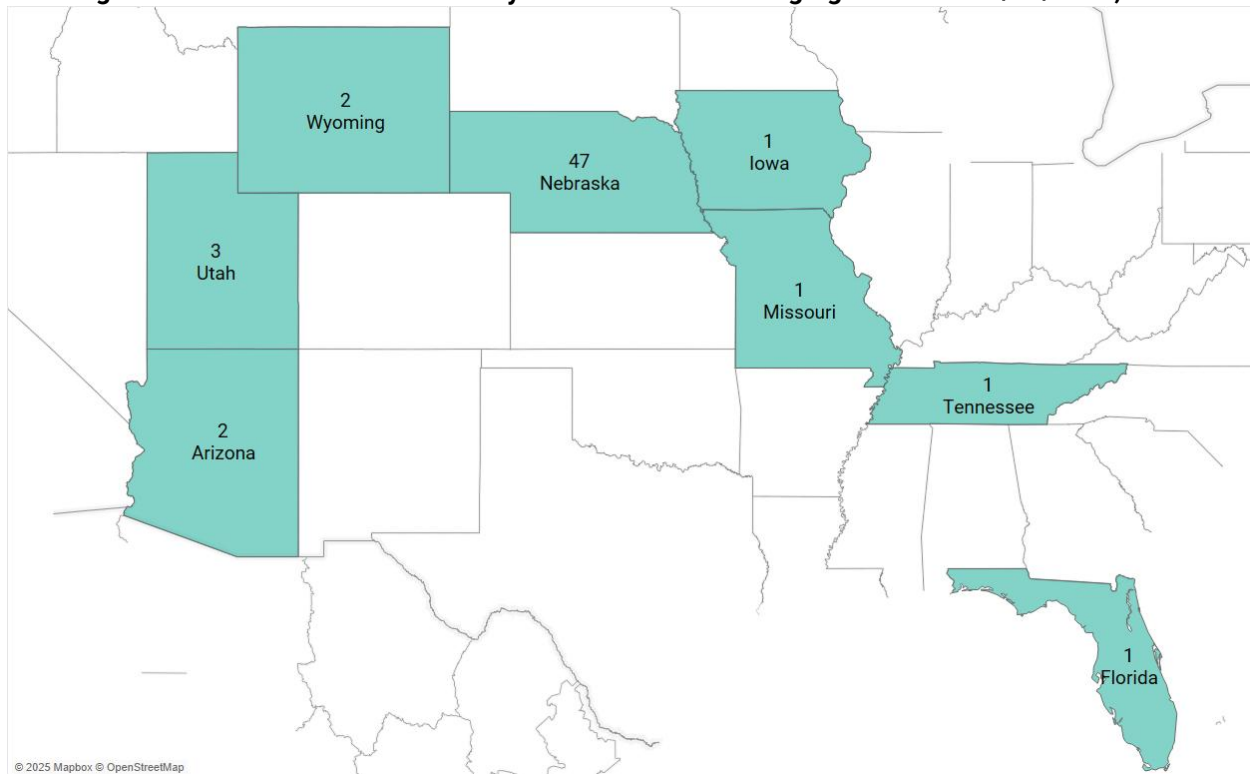
**Placement Types.** On 9/30/2025:

- Just over half (50.4%) were in family-like settings (relative, kin, or non-relative foster care).
- 16.3% were in a corrections related placement.
- 14.9% were in non-treatment congregate care, excluding corrections related placements (see above).
- 9.9% were in treatment congregate care.
- 4.3% were missing from care.
- 3.5% were in independent living.
- 0.7% were with a non-custodial parent.

**Missing from Care.** On 9/30/2025, there were six dually involved youth missing from care. Of the missing youth, two were female and four were male.

**Congregate Care.** Most (81.0%) dually involved youth in congregate care were placed in Nebraska.

**Figure 22: Placement State for Dually Involved Youth in Congregate Care on 9/30/2025, n=58**



## PROBATION YOUTH

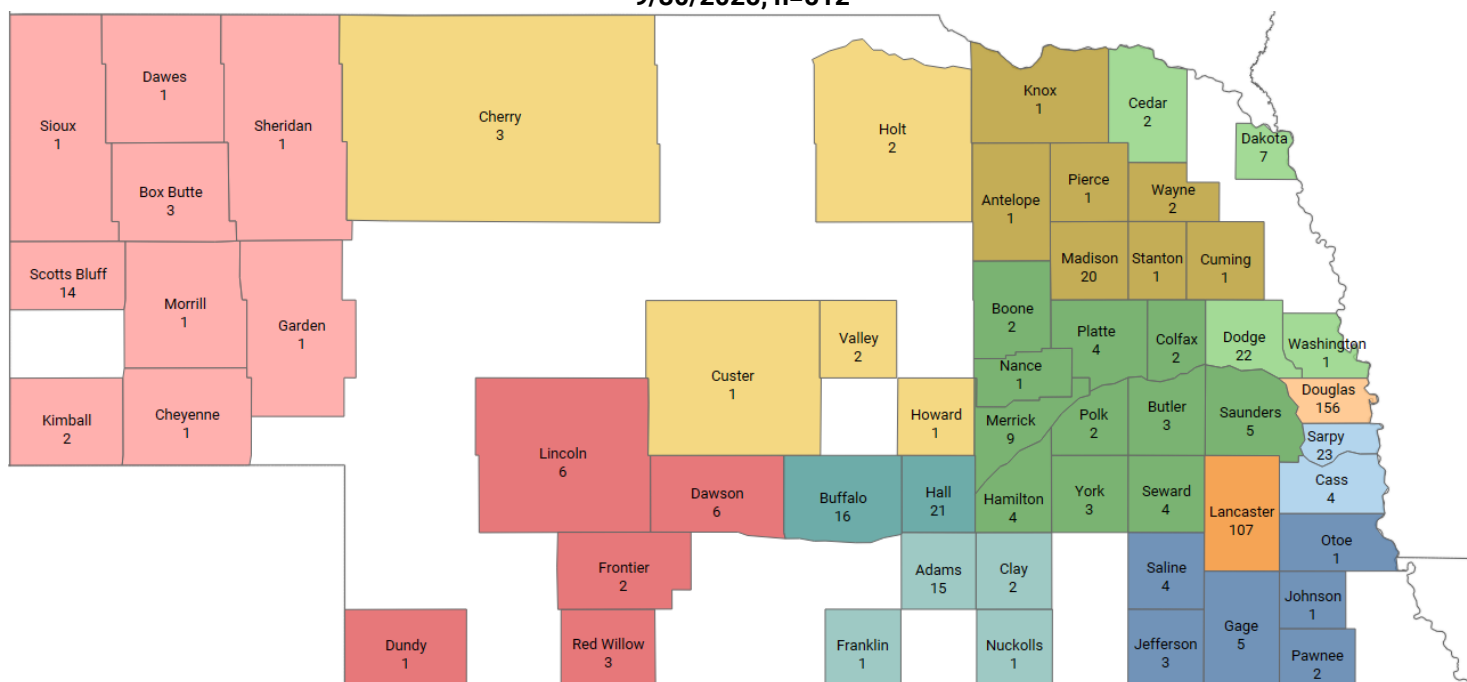
### YOUTH IN OUT-OF-HOME CARE SUPERVISED BY THE ADMINISTRATIVE OFFICE OF THE COURTS AND PROBATION – JUVENILE SERVICES DIVISION

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

#### POINT-IN-TIME DEMOGRAPHICS AND PLACEMENTS

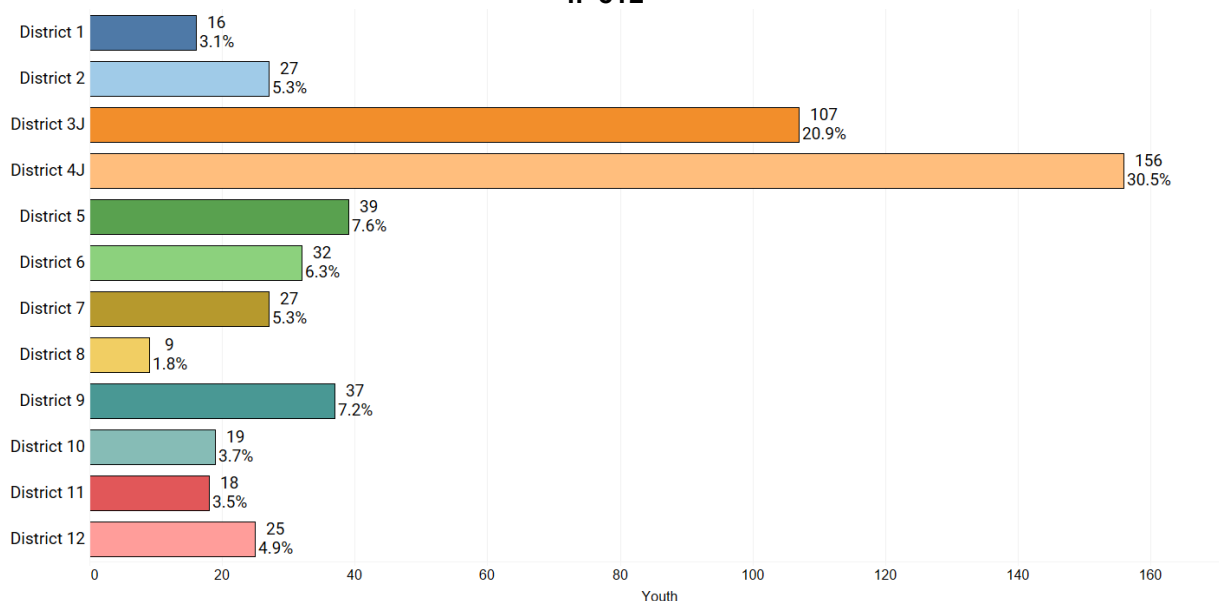
**County.** Figure 23 shows the county of court jurisdiction for Probation supervised youth in out-of-home care on 9/30/2025, based on the judicial district. On 9/30/2025, there were 512 youths in out-of-home care supervised by Probation compared to 475 on 9/30/2024, a 7.8% increase. (See Appendix A for a list of counties and their respective districts).

**Figure 23: County of Court Jurisdiction for Probation Supervised Youth in Out-of-Home Care on 9/30/2025, n=512**



\*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.

## Juvenile Probation

**Figure 24: Probation Districts for Probation Supervised Youth in Out-of-Home Care on 9/30/2025, n=512**

**Age.** The median age of Probation supervised youth in out-of-home care on 9/30/2025 was 16 years old for both males and females.

- 11 (2.1%) were age 11-12.
- 76 (14.8%) were age 13-14.
- 215 (42.0%) were age 15-16.
- 210 (41.0%) were age 17-18.

**Gender.** Males were 69.1% of the population of Probation supervised youth in out-of-home care, females were 30.9%.

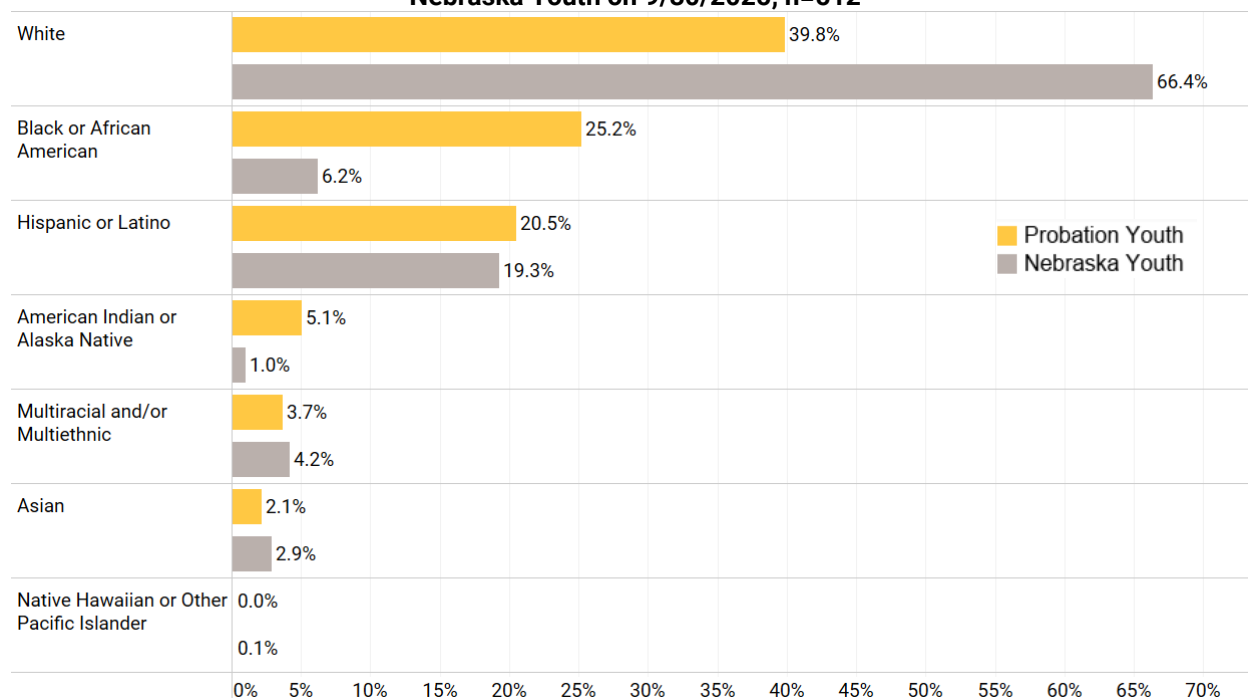
**Race.** Black or African American and American Indian or Alaska Native youth were disproportionately represented in the population of Probation supervised youth in out-of-home care.

- As shown in Figure 25, Black or African American youth make up 6.2% of Nebraska's youth population but represent 25.2% 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.<sup>23</sup>

The disproportionality for Black or African American youth has essentially remained the same and the disproportionality for American Indian or Alaska Native youth has slightly increased from the previous year (25.1% and 4.8%, respectively).

<sup>23</sup> 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.

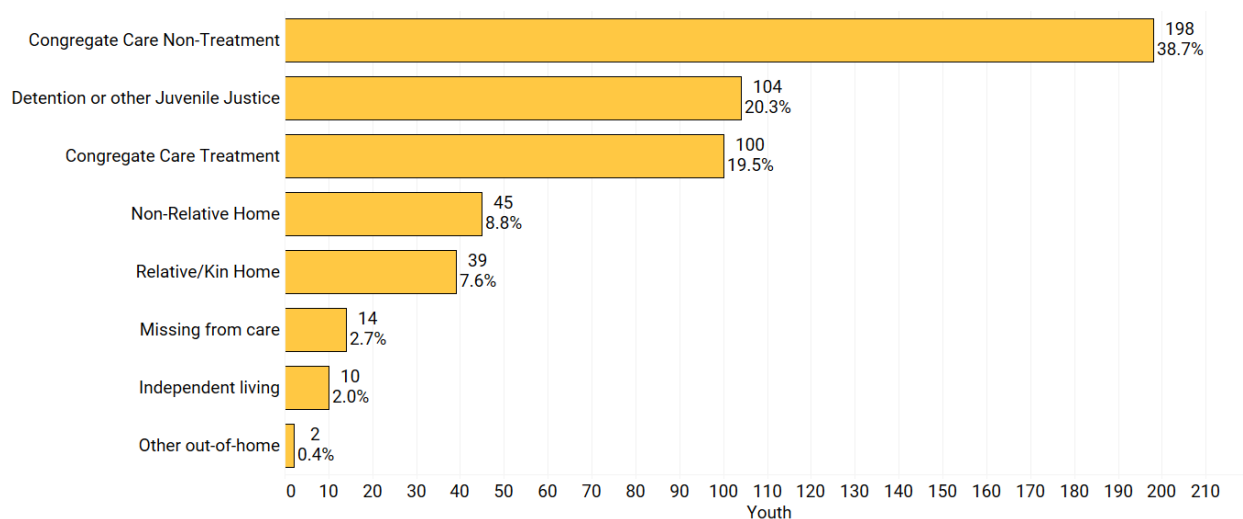
## Juvenile Probation

**Figure 25: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Care Compared to Nebraska Youth on 9/30/2025, n=512**

**Times in Care Over Lifetime.** The average number of times in care over their lifetime for Probation supervised youth as of 9/30/2025 was 2.0.

**Median Number of Days in Care.** For those in care on 9/30/2025, the median number of days in care for Probation supervised youth was 131 days.

**Placement Type.** Probation supervised youth in out-of-home care were most frequently placed in a non-treatment group care facility (Figure 26). Of note, 20.3% were in a corrections or detention-type setting and only 19.5% were in a treatment facility.

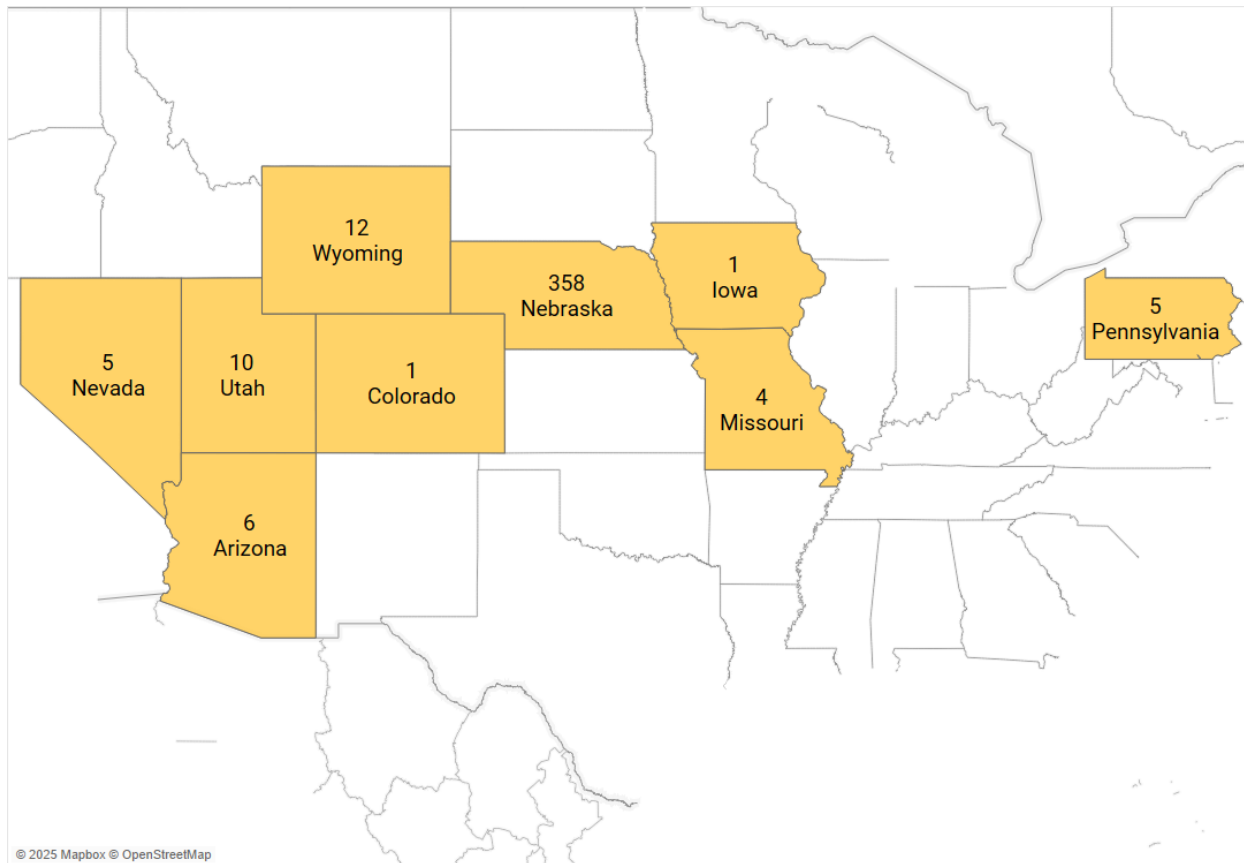
**Figure 26: Probation Supervised Youth in Out-of-Home Care on 9/30/2025 by Placement Type, n=512**

**Number of Placements.** The average number of lifetime placements as of 9/30/2025 for Probation supervised youth was 4.5 placements.

**Missing from Care.** On 9/30/2025, there were 14 Probation supervised youth missing from care. Of the missing youth, two were female and 12 were male.

**Congregate Care.** Comparing 9/30/2025 to 9/30/2024, there was a 10.7% increase in the number of Probation supervised youth placed in congregate care facilities (402 and 363, respectively). On 9/30/2025, 89.1% were placed in Nebraska.

**Figure 27: Probation Supervised Youth in Congregate Care on 9/30/2025 by State of Placement, n=402**





## YRTC YOUTH

### YOUTH PLACED AT THE YOUTH REHABILITATION AND TREATMENT CENTERS

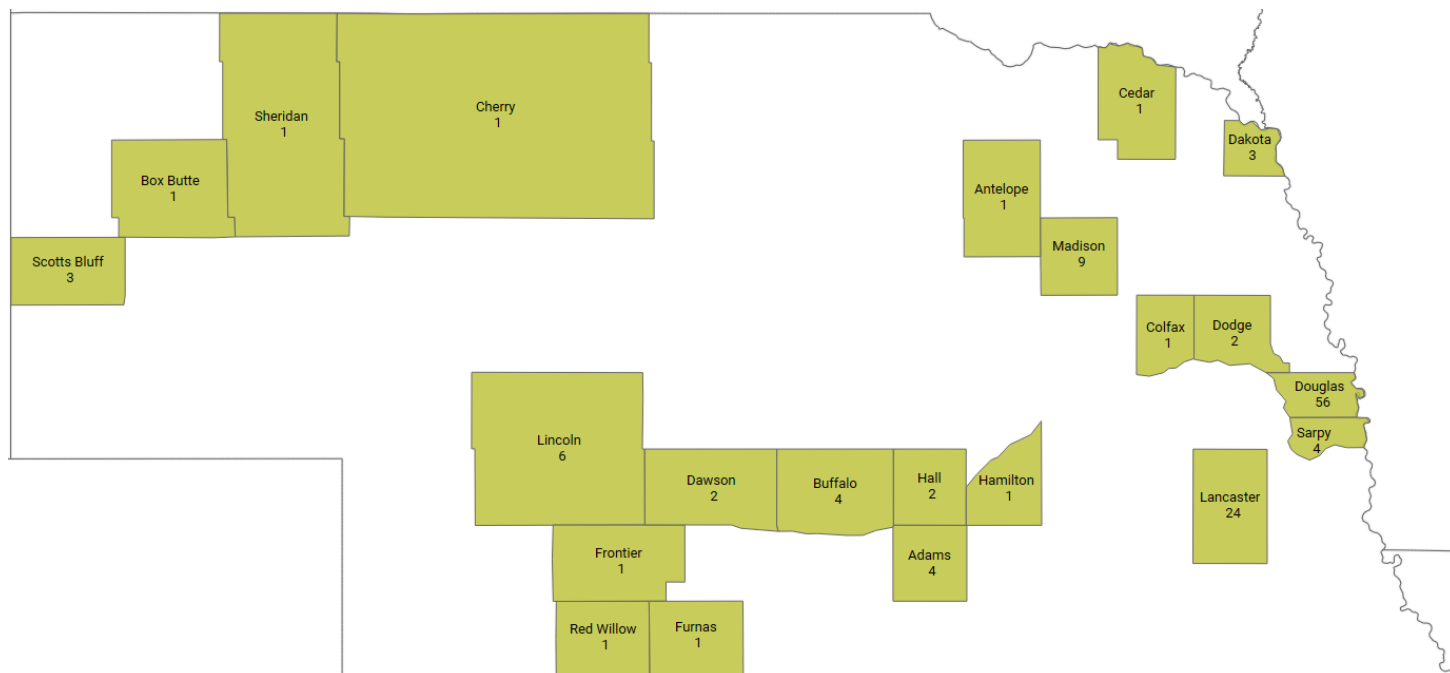
This section includes point-in-time data for youth placed at a Youth Rehabilitation and Treatment Center (YRTC). There are currently three YRTC facilities in the state; they are located in Lincoln, Hastings, and Kearney. Data describes population trends, snapshot distributions, and point-in-time data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

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

#### POINT-IN-TIME DEMOGRAPHICS

**County.** On 9/30/2025, there were 138 youth involved with OJS and Probation; 129 of these youth were placed at a YRTC. Of the nine remaining youths not at a YRTC, five were placed at a detention center or juvenile justice facility, and four were either in an emergency shelter center, foster family home, Psychiatric Residential Treatment Facility, or in a relative/kinship placement. Figure 28 illustrates the county of court of each of the 129 youths placed at a YRTC.

**Figure 28: Youth Placed by a Juvenile Court at a YRTC on 9/30/2025 by County of Court, n=129**



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

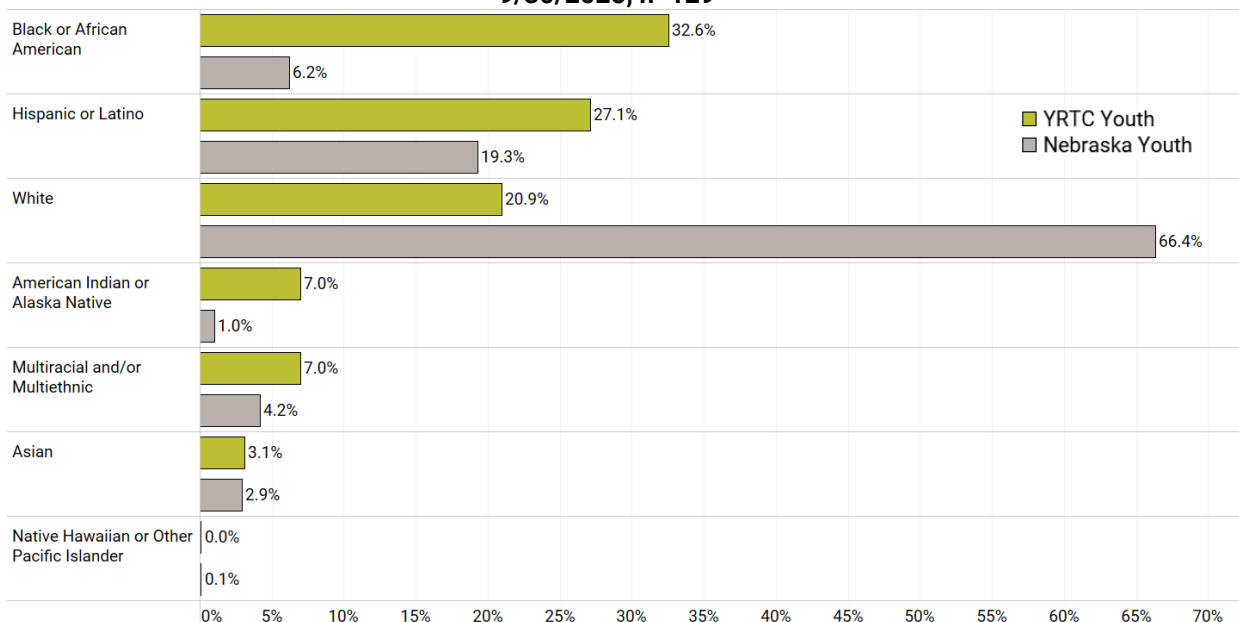
**Age.** By law, youth placed at a YRTC range in age from 14 to 18. On 9/30/2025, the median age for males was 17 years old and for females it was 16 years old.

**Gender.** On 9/30/2025, there were 106 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, American Indian or Alaska Native, and Hispanic or Latino youth were disproportionately represented in the YRTC population on 9/30/2025.
  - Black or African American youth make up 6.2% of Nebraska's youth population but were 32.6% of the YRTC population on 9/30/2025. 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 7.0% of the YRTC population on 9/30/2025, meaning they are overrepresented by seven times their census population.

**Figure 29: Race and Ethnicity of Youth Placed at a YRTC Compared to Nebraska Youth on 9/30/2025, n=129**



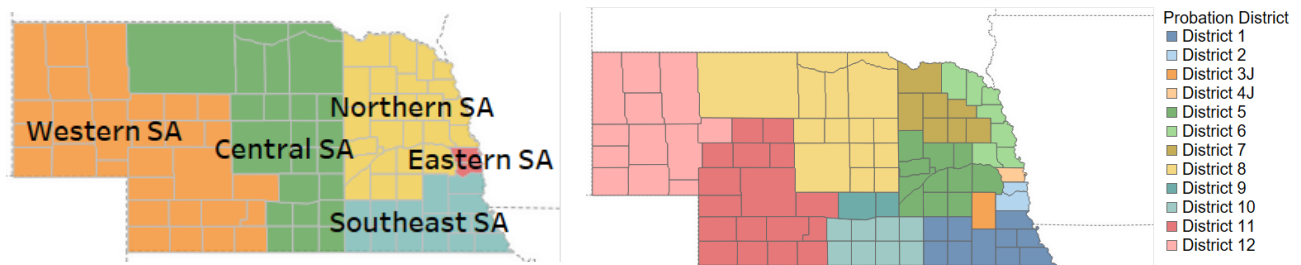
**Times in Care Over Lifetime.** The average number of times in care over their lifetime for youth at a YRTC on 9/30/2025 was 2.6.

**Median Number of Days in Care.** For those in care on 9/30/2025, the median number of days in care for youth at a YRTC was 414 days.

**Number of Placements.** The average number of placements over their lifetime for youth at a YRTC on 9/30/2025 was 9.2.

## Appendix A

### County to DHHS Service Area and Judicial (Probation) District<sup>24</sup>



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

<sup>24</sup> 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 19<sup>th</sup> birthday.

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

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

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

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

**DHHS/OJS** is the Department of Health and Human Services (DHHS) Office of Juvenile Services. **OJS** oversees the **YRTCs**, which are the Youth Rehabilitation and Treatment Centers for delinquent youth.

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

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

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

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

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

**ICWA** refers to the Indian Child Welfare Act.

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

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

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

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

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

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

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

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

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

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

**Relative placement.** Neb. Rev. Stat. §71-1901(9) defines "relative placement" as one in which the foster caregiver has a blood, marriage, or adoption relationship to the child or a sibling of the child; and for 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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<sup>25</sup> American Academy of Child and Adolescent Psychiatry. February 2012. "A Guide for Community Child Serving Agencies on Psychotropic Medications for Children and Adolescents. Available at: [https://www.aacap.org/App\\_Themes/AACAP/docs/press/guide\\_for\\_community\\_child\\_serving\\_agencies\\_on\\_psychotropic\\_medications\\_for\\_children\\_and\\_adolescents\\_2012.pdf](https://www.aacap.org/App_Themes/AACAP/docs/press/guide_for_community_child_serving_agencies_on_psychotropic_medications_for_children_and_adolescents_2012.pdf)

<sup>26</sup> State of Florida Department of Children and Families Operating Procedure. October 2018. "Guidelines for the Use of Psychotherapeutic Medications in State Mental Health Treatment Facilities." Available at: [https://www.myflfamilies.com/sites/default/files/2022-12/cfop\\_155-01\\_guidelines\\_for\\_the\\_use\\_of\\_psychotherapeutic\\_medications\\_in\\_state\\_mental\\_health\\_treatment\\_facilities.pdf](https://www.myflfamilies.com/sites/default/files/2022-12/cfop_155-01_guidelines_for_the_use_of_psychotherapeutic_medications_in_state_mental_health_treatment_facilities.pdf)

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

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

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

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

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



## Appendix C

### The Foster Care Review Office

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

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

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

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

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

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

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

<sup>28</sup> Children and youth are typically reviewed at least once every six months for as long as they remain in care.

## **ADDITIONAL INFORMATION IS AVAILABLE**

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

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

[https://fcro.nebraska.gov/data\\_dashboards.html](https://fcro.nebraska.gov/data_dashboards.html)

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

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