



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

December 31, 2025

The Honorable Jim Pillen
Governor of Nebraska
P.O. Box 94848
Lincoln, NE 68509

Mr. Brandon Metzler
Clerk of the Legislature
P.O. Box 94604
Lincoln, NE 68509

Subject: Child Welfare and Juvenile Caseloads Annual Report

Dear Governor Pillen and Mr. Metzler:

Nebraska Revised Statute § 68-1207.01 requires the Department of Health and Human Services to submit an annual report to the Governor and the Legislature, outlining child welfare and juvenile services caseloads, the factors considered in their establishment, and the fiscal resources needed to maintain them.

Hereunder, you will find the information to fulfill the State Fiscal Year 2025 requirements.

Sincerely,

Kathleen Stolz
Acting Director, Division of Children and Family Services

Attachment

Division of Children and Family Services

Child Welfare and Juvenile Caseloads Annual Report

December 2025

Neb. Rev. Stat. § 68-1207.01

Introduction

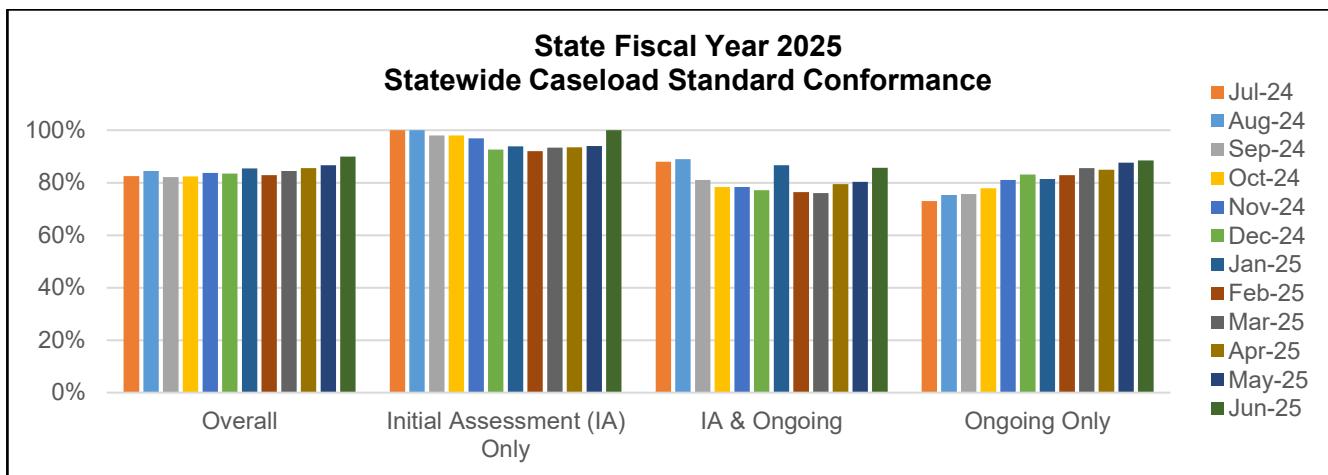
This report includes a comparison of caseloads established by the Department of Health and Human Services with the workload standards recommended by national child welfare organizations, the amount of fiscal resources necessary to maintain such caseloads, the number of child welfare case managers employed by the State of Nebraska, the average caseload of child welfare case managers, and the cost of training case managers.

Comparison of Caseloads to Standards

Nebraska utilized recommendations for caseloads from the Child Welfare League of America (CWLA) to establish standards for measuring caseloads in the state. The caseload recommendations were released in a CWLA report from January 2012 called "Direct Service Workers' Recommendations for Child Welfare and System Reform." The table below illustrates the caseload standards adopted by Nebraska.

Nebraska Caseload Standards		
Type of Work	Caseload Standard	Measurement/Count
Workers making initial CPS assessments	No more than 12 active reports per month	1 Report = 1 Case
Workers making both initial CPS assessments and providing ongoing support	No more than 14 active reports/cases per month	1 Report = 1 Case 1 In-Home Family = 1 Case 1 Out-of-Home Child = 1 Case
Workers providing ongoing support for in-home children/families	No more than 17 active cases per month	1 In-Home Family = 1 Case
Workers providing ongoing support for children placed out-of-home	No more than 16 active cases per month	1 Out-of-Home Child = 1 Case
Workers providing ongoing support for both in-home children/families and children placed out-of-home	No more than 17 active cases per month	1 In-Home Family = 1 Case 1 Out-of-Home Child = 1 Case

The following chart displays how Nebraska has compared to the caseload standards adopted for each month in the State Fiscal Year. It demonstrates overall conformance to the standards and compliance for Initial Assessment, Ongoing, or Combined caseloads.



Fiscal Resources

The following table displays the fiscal resources the Division of Children and Family Services (CFS) needs to maintain its active staff, staff in training, and fill vacant positions. The table displays only the fiscal resources CFS needs to retain its direct case management staff as of June 2025. This count includes all staff with the position title of Child & Family Services Specialist (CFSS) or CFSS Trainee, encompassing Adult Protective Services, Bridge to Independence (b2i), Hotline, and Protection and Safety (Both Ongoing and Initial Assessments). This data excludes all levels of supervision and excludes staff whose positions do not include front-line case management activities.

CFSS Positions June 2025					
Role	Count	Average Salary	Benefits	Total Costs Per Role	Total Costs
CFSS	532	\$55,016	\$19,146	\$74,162	\$39,453,954
CFSS Trainee	57	\$44,731	\$15,566	\$60,297	\$3,436,951
CFSS Lead Worker	26	\$59,608	\$20,744	\$80,352	\$2,089,141
CFSS Vacancies	104	\$52,089	\$18,127	\$70,216	\$7,302,461
CFSS Lead Worker Vacancies	4	\$55,996	\$19,487	\$75,483	\$301,930
Total	723				\$52,584,438

Case Managers Employed

The following table displays the count of CFSS employed as of June 2025. This count includes all staff with the position title of CFSS or CFSS Trainee, which includes Protection and Safety, Adult Protective Services, b2i, and the Hotline.

Filled CFSS Positions June 2025								
Role	Central Service Area	Eastern Service Area	Northern Service Area	Southeast Service Area	Western Service Area	Hotline	b2i	Total
CFSS	59	206	69	97	59	35	7	532
CFSS Trainee	5	27	6	12	5	2	0	57
CFSS Lead Worker	2	13	3	6	2	0	0	26
Total	66	246	78	115	66	37	7	615

Average Length of Employment

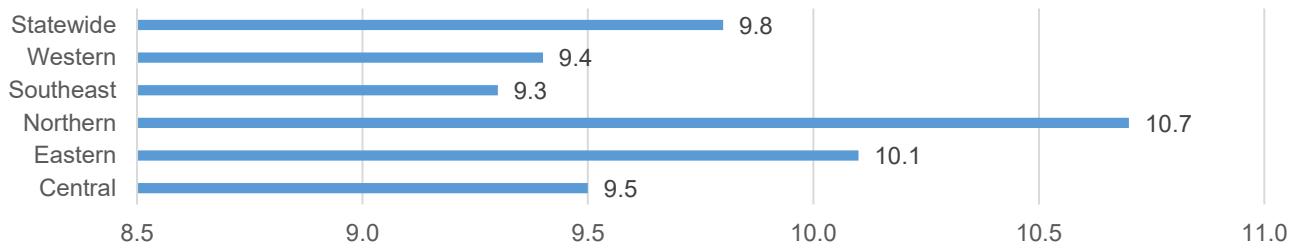
The following table illustrates the average tenure in years for all CFSS employees as of June 2024. This count includes all staff with the position title of CFSS or CFSS Trainee, which includes Protection and Safety, Adult Protective Services, b2i, and the Hotline.

Average Tenure (Years) CFSS Positions June 2025								
Role	Central Service Area	Eastern Service Area	Northern Service Area	Southeast Service Area	Western Service Area	Hotline	b2i	Total
CFSS	4.7	2.8	4.1	3.4	4.8	7.6	12.1	4.0
CFSS Trainee	0.3	0.1	0.1	0.1	0.1	0.1	(N/A)	0.1
CFSS Lead Worker	8.0	3.3	7.4	4.2	12.0	(N/A)	(N/A)	5.0
Total	4.5	2.5	4.0	3.1	4.7	7.2	12.1	3.7

Average Caseloads

The following chart illustrates the average caseload for CFSS statewide and by service area. This measure includes all cases for out-of-home youth, in-home families, Initial Assessment families, and Alternative Response families that were active as of June 30, 2025. The measurement for these cases is the same as used for the caseload standard conformance: 1 report = 1 case, 1 in-home family = 1 case, and 1 out-of-home child = 1 case. This chart only includes CFSS and does not include supervisors, lead workers, or trainees who may have been assigned minimal cases.

Average CFS Specialist Caseload June 30, 2025



Outcomes of Cases

The following chart illustrates the outcomes for youth in cases managed by CFSS statewide, as well as by service area. This includes the counts and percentage of state wards exiting care who reunited with their families, were adopted, achieved independent living, entered or returned to guardianships, or had another permanent resolution.

Outcomes for State Wards Exiting Care During SFY 2025												
Outcome	Central Service Area		Eastern Service Area		Northern Service Area		Southeast Service Area		Western Service Area		Statewide	
Reunification	185	48.18%	436	56.40%	226	61.25%	239	53.71%	221	65.77%	1307	56.65%
Adoption	55	14.32%	185	23.93%	77	20.87%	120	26.97%	55	16.37%	492	21.33%
Guardianship	32	8.33%	73	9.44%	40	10.84%	40	8.99%	29	8.63%	214	9.28%
Independent Living	102	26.56%	67	8.67%	25	6.78%	40	8.99%	17	5.06%	251	10.88%
Other Reason	10	2.6%	12	1.55%	*	0.27%	6	1.35%	14	4.17%	43-48	1.86%
Total	384		773		369-375		445		336		2307-2312	

* All values between 1-5 are masked to protect privacy. See Appendix A.

Cost of Training

The table below depicts the cost of training CFSS employed by the State of Nebraska. Previously, training was provided through a contracted partnership between CFS and the Center on Children, Families, and the Law (CCFL) at the University of Nebraska-Lincoln. CFS now has an internal Learning & Development team and has transitioned training in-house.

Training Costs for SFY 2025		
CCFL	\$	3,245,154.90
Trainees - All Service Areas	\$	15,938,364.98
Learning & Development	\$	586,232.54
TOTAL	\$	19,769,752.42

APPENDIX A

Report De-identification Standard

DHHS is a fully covered entity under the Health Insurance Portability and Accountability Act (HIPAA). Covered entities are prohibited from the release of protected health information. As a fully covered entity, all DHHS data that is individually identifiable is protected health information, subject to HIPAA protection. Information that has been de-identified is not protected health information and can be lawfully released. HIPAA allows for two methods of de-identification, safe harbor, or expert statistical analysis. De-identification under safe harbor requires the removal of 18 identifiers. When data cannot be de-identified under safe harbor, the data must be reviewed by a statistical expert to determine that it has been sufficiently de-identified.

DHHS' Data Governance Team serves as the statistical experts for the department. When assessing a report to determine if the information has been sufficiently de-identified, DHHS uses a probability calculation that considers the following factors:

- Data source and the associated nuances.
- Demographic characteristics, which include age, gender, race, ethnicity, and language spoken.
- Geographic location for both the service received and residence of the person receiving services.
- Time period of the report. (If the time period of the report is shorter than a year, such as quarterly, this increases the probability of identification.)

In addition to an overarching HIPAA requirement, DHHS is subject to numerous statutory requirements that protect the identity and personal information of the youth served by DHHS. For example, Neb. Rev. Stat. §§ 28-725 and 28-726 require records related to child abuse and neglect reports and investigations to be confidential. Neb. Rev. Stat. § 43-2,108 governs the confidentiality of juvenile court and probation records. This statute specifically identifies records provided to the juvenile court by agencies and institutions as confidential record information. The same de-identification standards apply to meet the confidentiality requirement of the above-referenced statutes and the HIPAA de-identification statutes.

For these reports, the information being released (1) relates to the last quarter, (2) relates to a population that is between the ages of 14-18 years, (3) relates to a population served in three specific facilities in Nebraska and (4) relates to incidences experienced by the population that may have occurred between one and five times during the period. The probability of identifying the individuals involved in the incidents being reported is high when using other publicly available information in combination with the information released. As such, the release of the actual number would allow for the re-identification of the individuals when the instance is between one and five. However, knowing that there were more than zero is still meaningful when interpreting this information. Masking those counts between one and five offers privacy protection for those children who were involved, while still releasing a level of meaning about those specific occurrences in the report population.