



# June 2026 Quarterly Report

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**NEBRASKA**

**FOSTER CARE REVIEW OFFICE**

Good Life, Great Outcomes

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## EXECUTIVE SUMMARY

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

This report begins with a special study comparing the demographics and outcomes of school-aged Nebraska children in foster care, analyzing differences between those in special education and their non-special education peers. The report continues with the most recent point-in-time data available on conditions and outcomes for children in out-of-home care through the child welfare and juvenile justice systems. Some key findings from the report include:

- Of the DHHS/CFS involved children reviewed by the FCRO in Fiscal Year 2025, 24.8% were in special education. This compares to 17.1% of all Nebraska students receiving special education services. (page 9)
- 3,951 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 3/31/26, representing a 4.6% decrease from 3/31/25. (page 24)
- Of the 3,951 total children, 3,183 (80.6%) children were DHHS/CFS wards in out-of-home care or trial home visits with no simultaneous involvement with Probation, a 5.8% decrease compared to children on 3/31/25. (page 26)
- Most DHHS/CFS wards in out-of-home placements or trial home visits (95.8%) were placed in a family-like, least restrictive setting. (page 30)
- Over half of the children in a least-restrictive foster home, excluding those in trial home visits, were placed with relatives or kin (52.1%). (page 30)
- There was a 41.3% increase in the number of DHHS/CFS wards placed in congregate care facilities from the previous year to 3/31/26 (80 and 113, respectively). Of the 113 DHHS/CFS wards in congregate care, a majority were in Nebraska (82.3%); similar to the 82.5% in congregate care placed in Nebraska on 3/31/25. (page 31)
- Depending on the geographic area, between 5.9% and 24.0% of the children have had five or more CFS caseworkers since most recently entering the child welfare system. Furthermore, 73 children statewide had 10 or more workers in that timeframe, most of whom (71) were from the Eastern Service Area. This resulted in a decrease in the Eastern Service Area since 3/31/25 when 112 children experienced 10 or more workers. While there has been continued progress, the Eastern Service Area continues to be disproportionately impacted by caseworker changes. (page 33)

***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.

- 147 (3.7%) youths in out-of-home care were involved with DHHS/CFS and Probation simultaneously, representing a 5.2% decrease compared to youths on 3/31/25. (page 34)
- There was a 6.7% increase in the number of dually involved youth placed in congregate care facilities from the previous year to 3/31/26 (60 and 64, respectively). Of the 64 dually involved youth in congregate care, most were in Nebraska (75.0%); that is less than the 81.7% in congregate care placed in Nebraska on 3/31/25. (page 36)
- There were 523 (13.2 %) 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 1.4% increase compared to youths on 3/31/25. (page 37)
- There was a 4.0% increase in the number of Probation supervised youth placed in congregate care facilities from 3/31/25 to 3/31/26 (396 and 412, respectively). Probation most often utilized in-state placements; 85.2% of the 412 youths in congregate care were placed in Nebraska. (page 40)
- 96 youths (72 males and 24 females) from various counties across Nebraska were at a YRTC on 3/31/26 which is a 9.1% increase compared to the 88 such youths at the YRTCs at the same time last year. (page 41)
- 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 Multiracial and/or Multiethnic youth have slightly increased for DHHS/CFS involved youth and disproportionate rates continue to be most notable for Black or African American and American Indian or Alaska Native youth at the YRTCs. (pages 28, 35, 38, 42)
- The median age for Nebraska children in care on 3/31/26 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 16.5 years old for females and 17 years old for males. (pages 28, 34, 38, 42)
- The average number of times in care on 3/31/26 by agency involvement: 1.3 for DHHS/CFS wards, 1.9 for dually involved youth, 2.0 for Probation only youth, and 2.9 for youth at a YRTC. (pages 29, 35, 39, 42)
- The median number of days in care on 3/31/26: 414 days for DHHS/CFS wards, 491 days for dually involved youth, 173 days for Probation only youth, and 426.5 days for youth placed at a YRTC. (pages 29, 35, 39, 42)
- The average number of lifetime placements as of 3/31/26 by agency involvement: 3.4 for DHHS/CFS wards, 10.2 for dually involved youth, 4.8 for Probation only youth, and 9.9 for youth at a YRTC. (pages 29, 35, 39, 42)
- Missing from care continues to be an issue. The following 48 children and youth were missing from care as of 3/31/26 by agency involvement: 19 DHHS/CFS wards, 10 dually involved youth, 18 Probation only youth, and 1 youth simultaneously involved with DHHS/OJS and Probation. (pages 31, 35, 40, 41)

# 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 volunteer review boards, and publicly available data.

1. The Special Study includes key research and education related outcomes for Nebraska children who had a FCRO case review during FY2025. More specifically, the study examines children in special education as compared to those not in special education. Please refer to the Special Study beginning on page 8 for additional recommendations.
2. Racial and ethnic disparities within Nebraska's child welfare and juvenile justice systems remain a critical 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 critical point, including hotline calls, investigations, and substantiation rates. Furthermore, Nebraska 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.
3. 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. In addition, 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.
4. Of the children placed in family-like settings (not including trial home visits), over half (52.1%) were in a relative or kinship placement. DHHS must ensure effective training and in-home supports and resources for foster parents, especially relatives/kin, whether licensed or not. Prioritize the needs and experiences of children and families throughout the transition of bringing relative and kinship support in-house. The focus must be on making the process of becoming a relative or kinship foster home as accessible and supportive as possible, rather than simply replicating bureaucratic processes. This can be done by simplifying the process, offering immediate financial and material support to homes, insuring culturally informed home studies, maintaining dedicated and knowledgeable staff to help foster families navigate the process and system, creating a centralized support hub as a single point of contact for families to access 24/7 for questions and crises, offering regular communication with caseworkers to establish trust with families, and gathering relevant data to evaluate the program for continuous improvement of policies and practices.

5. DHHS, child-placing agencies, and system partners must coordinate efforts to recruit, train, support, and retain foster families capable of caring for youth with high needs, particularly complex mental and behavioral health needs so that these youth remain safely in their own communities within the least restrictive environments. The need for licensed foster homes remains urgent across the state; Nebraska must leverage the federal Administration for Children and Families' "A Home for Every Child" initiative. This framework can be used to accelerate the recruitment, training, and licensure of foster families in every region, with an explicit, targeted focus on building a network of homes equipped to provide specialized, therapeutic care.
6. 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 (45.9%) of all Psychiatric Residential Treatment Facility (PRTF) out-of-home placement locations as of 3/31/26 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.
7. The FCRO recognizes the substantial progress DHHS has continued to make over the last three years in decreasing the number of children in the Eastern Service Area who have had five or more caseworkers in their most recent episode in out-of-home care (from 40.5% to 24.0%). Statewide improvements have not resolved caseworker turnover for foster youth, particularly in the Eastern Service Area, where nearly a quarter of all children (24.0%) have cycled through five or more workers. When caseworker turnover is unavoidable, DHHS should ensure the case remains with the same supervisor to promote continuity of care and prevent the loss of case history. DHHS is encouraged to continue to make progress in workforce stability to prevent the unnecessary transfer of cases between caseworkers.
8. Youth dually involved with DHHS/CFS and Probation simultaneously have consistently had the longest median length of stay (491 days) as compared to youth involved with DHHS/CFS only (414 days) and Probation only (173 days). The FCRO supports the development of prevention services for youth and families in crisis to reduce the number of youth entering either system. The FCRO also supports the development of strength-based and evidence-informed interventions focused on meeting the complex needs of these vulnerable youth.<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 cracks or receiving conflicting guidance from different agencies. This structural alignment is critical to closing systemic gaps and preventing youth from penetrating deeper into the justice system.
9. Of the 523 Probation supervised youth in out-of-home care, 78.8% were in congregate care facilities and of those 18.5% were in detention facilities. The FCRO remains concerned about the number of youth placed in these facilities. Future research should explore this trend to better understand this youth population, assess their needs, and determine if current support is sufficient. For youth placed in secure detention or juvenile justice confinement, Nebraska should ensure immediate, uninterrupted access to high-quality educational programming, evidence-based behavioral health

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

treatment, and rehabilitative services. Confinement must never result in a gap in a youth's academic or therapeutic progress. Additionally, Probation and local jurisdictions should work to scale diversion and community-based alternatives to detention. Safely diverting youth at the front end of the system minimizes institutional trauma, preserves community ties, and ensures that facilities such as secure detention are utilized strictly as a measure of last resort.

10. In light of increased reliance on Youth Rehabilitation and Treatment Centers (YRTCs) and allegations of staff sexual misconduct, DHHS must prioritize greater transparency. We recommend that in addition to participating in all FCRO case reviews of YRTC youth, DHHS make comprehensive program evaluation data and incident reporting publicly available to ensure that facility outcomes are transparently measured against rehabilitative goals. The data should then be used as the primary evidence base for future policy development, any facility relocation planning, and the implementation of enhanced safety protocols to protect system-involved youth.
11. To reduce reliance on YRTC commitments, we urge the State to align its funding priorities with frameworks which emphasize the creation of community-governed family resource and juvenile assessment centers. We specifically recommend the expansion of gang violence prevention and intervention programs that utilize a "public health" approach, addressing the systemic roots of violence through community resource navigators and family-centered supports. Nebraska must 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 LB962, the Youth Reentry and Transitional Support Act, is a good start to realizing successful reentry planning.
12. While the FCRO does not currently track which youth identify as LGBTQ+, DHHS, Probation, and system partners should identify strategies and develop safe and supportive contacts and resources to support these youth and meet their specific needs. Ideally, this would include LGBTQ+ knowledgeable therapists who are equipped to work with both the child welfare and juvenile justice systems.

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



NEBRASKA

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# Special Study

## **Learning Through Instability: The Intersection of Special Education and Out-of-Home Care in Nebraska**

This study examines Nebraska children and youth in out-of-home care reviewed by the Foster Care Review Office during Fiscal Year 2025, comparing those receiving special education services to those who were not.

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

# Background

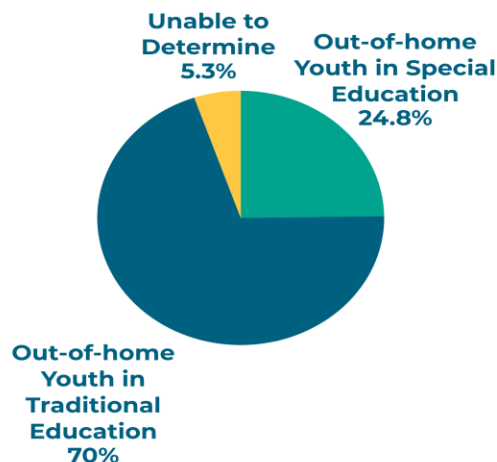
## SPECIAL EDUCATION AND OUT-OF-HOME CARE

### Findings Highlight the Importance of Individualized, Trauma-informed, and Supportive Educational Environments

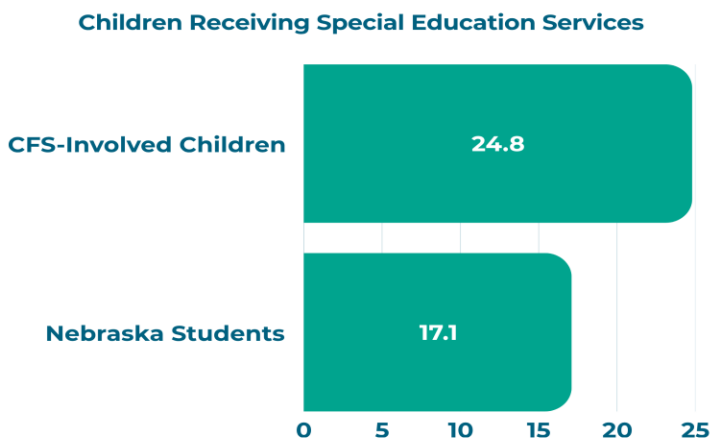
This special study examines the intersection of special education and out-of-home care for Nebraska children and youth reviewed by the Foster Care Review Office (FCRO) during Fiscal Year 2025 (FY2025). The comparative analysis explores how compounding system factors can create unique challenges for children with specialized learning needs.

The FCRO reviewed **533 school-aged children in special education** and **1,505 school-aged children not in special education** at the time of the review.

*Both groups were restricted to school-aged children ages 5 through 18 who had not yet graduated at the time of their review.*



### Special Education Services Are More Common Among Children Involved With Child Welfare

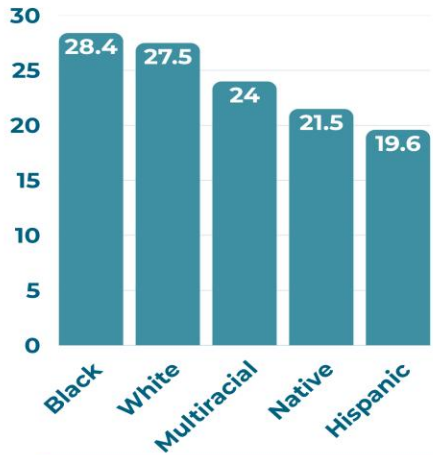


Statewide, **24.8% of Children and Family Services (CFS) involved school-aged children were receiving special education** services at the time of their most recent review. This varied significantly by service area, ranging from a low of 12.7% in the Western Service Area to a high of 38.6% in the Southeast Service Area.

In comparison, Nebraska Department of Education data showed that **17.1% of Nebraska students statewide were receiving special education services** during the 2024-25 school year.<sup>1</sup>

## Special Education Involvement Varied by Gender, Race, and Ethnicity

Among reviewed school-aged children, **31.5% of males** were receiving special education services compared to **18.0% of females**.



**By race and ethnicity**, involvement in special education was highest among Black or African American children (**28.4%**), followed by White children (**27.5%**), Multiracial and/or Multiethnic children (**24.0%**), American Indian or Alaska Native children (**21.5%**), and Hispanic or Latino children (**19.6%**).

National research has found that **the racial composition of schools may influence special education identification rates**, with Black and Hispanic students facing a higher likelihood of overidentification in predominantly white schools and under-identification in schools with higher concentrations of students of color.<sup>2</sup>



## 5 Most Common Disability Categories

Nebraska Department of Education data showed that the five most common disability categories among Nebraska students receiving special education services during the 2024-25 school year were<sup>3</sup>:



# Key Research Findings

## EDUCATIONAL STABILITY & SCHOOL MOBILITY

### Individualized Education Program (IEP) Documentation

Of the children receiving special education services, **86.1%** had a current IEP; however, the status of the IEP could not be determined for **10.7%** of children. The IEP status was most frequently unable to be determined in the Eastern Service Area (14.2%).



### More Placement Changes

#### Children Receiving Special Education



#### Children Not Receiving Special Education



While the average number of times in out-of-home care remained consistent at 1.4 for both groups, children receiving special education services experienced a **greater average number of lifetime placements**. National research has similarly found that children in foster care with non-physical diagnosed disabilities experience significantly more placement changes than children without disabilities.<sup>4</sup>

### Placement Changes Disrupted School Stability

Children receiving special education services were **more likely to experience school changes** resulting from placement changes compared to children not receiving special education services (**40.4%** compared to **33.7%**, respectively).



**Educational records do not always consistently follow these children** when placement changes occur. Statewide, **90.2%** of foster placements for children receiving special education services received the child's educational records, though this varied significantly by service area from a low of 65.5% in the Northern Service Area to a high of 100% in the Western Service Area.

National research found that **78% of school changes for children in foster care occurred concurrently with placement changes**. Foster children were more likely to change schools during the school year and less likely to remain within the same school district.<sup>5</sup> **School changes can be detrimental to a child's academic success.**<sup>6</sup>



# ACADEMIC PROGRESS AND SCHOOL ENGAGEMENT

## Academic Progress Was More Difficult to Maintain

Frequent school changes and educational disruption may create additional barriers to maintaining academic progress and educational continuity. **Academic performance could not be determined for 17.5% of children receiving special education services**, varying from 0.0% in the Western Service Area to 24.2% in the Northern Service Area.

Children On Track Academically



For children whose academic performance could be determined, **45.4%** of children receiving special education services were on track in all core classes compared to **72.4%** of children not receiving special education services.

## School Attendance Remained High

Statewide, **88.9%** of children receiving special education services **were regularly attending classes** all day. Attendance rates ranged from a low of 84.4% in the Eastern Service Area to a high of 100.0% in the Western Service Area.



## Exclusionary Discipline Was More Common

Percentage of Children Who Experienced Exclusionary Discipline



Children receiving special education services were nearly **twice as likely to experience suspension or expulsion** compared to children not receiving special education services.

National data found that while students with disabilities represented **17%** of the K-12 student population, they accounted for **29%** of students who experienced at least one out-of-school suspension and **21%** of students who had been expelled.<sup>7</sup>



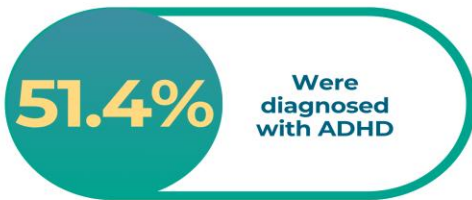
# MENTAL HEALTH AND BEHAVIORAL HEALTH NEEDS

## Diagnosed Mental Health Conditions Were More Common

Children receiving special education services were **more likely** to have a **diagnosed mental health condition** compared to children not receiving special education services. **Among teenagers** ages 13 through 18 receiving special education services, **88.0%** had a diagnosed mental health condition.



Of children with diagnosed mental health conditions, **only 34.0%** of children receiving special education services **were making substantial progress** toward their mental health goals compared to **48.0%** of children not receiving special education services.



Additionally, **51.4%** of children receiving special education services **were diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD)** compared to **22.9%** of children not receiving special education services.

## Developmentally Appropriate School Behaviors Were Less Common

Children receiving special education services were **less likely to demonstrate age and developmentally appropriate behaviors in school** compared to children not receiving special education services (**27.8%** compared to **63.8%**, respectively).



## PLACEMENT PATTERNS & TIME IN CARE

### More Time Spent in Out-of-Home Care

Children receiving special education services spent a **longer median amount of time in out-of-home care** compared to children not receiving special education services. The median length of time in care for children receiving special education services in Nebraska varied significantly by service area, ranging from 516.5 days in the Northern Service Area to 947 days in the Eastern Service Area.

Median Number of Days Spent in Out-of-home Care in Nebraska



National research similarly found that children with diagnosed disabilities in foster care experienced **longer periods in care** compared to children in foster care without diagnosed disabilities.<sup>8</sup>

### Placement Types Varied Between Groups

Children receiving special education services were most often placed with non-relatives (44.2%), while children not receiving special education services were most often placed with relatives or kin (47.7%).



### Children in Restrictive Placement Settings Were More Likely to Receive Special Education Services

Among children in the most restrictive placement settings, including Psychiatric Residential Treatment Facilities (PRTF), detention centers, and Youth Rehabilitation and Treatment Centers (YRTC), **37.3% were receiving special education services**. However, this percentage is likely higher because special education status could not be determined for **13.3%** of children reviewed in those settings.



# 7 Recommendations

## *For Strengthening Outcomes*

Children and youth in out-of-home care who receive special education services may experience multiple intersecting forms of instability that can impact academic progress, behavioral health, and long-term outcomes. The following recommendations can help strengthen outcomes.



### **1. Educational Stability Planning**

- In alignment with the Every Student Succeeds Act (ESSA), local education agencies (LEAs) and the Department of Health and Human Services (DHHS) should formalize a shared process to determine a child's best educational interest during out-of-home placement, including an educational stability plan.
- Student-centered factors should include the preferences of the child and educational decision maker, sibling school placement, and access to supports and services necessary to meet the child's academic, social, and emotional needs.



### **2. Strengthen School Transition Procedures**

- School instability is a significant disruptor to educational success for system-involved children. When a school transfer is unavoidable, the child's existing Individualized Education Program (IEP) should be securely shared and implemented immediately upon enrollment.
- The IEP should then be reviewed within 45 to 60 days to allow for necessary adjustments.
- DHHS and the Nebraska Department of Education (NDE) should ensure effective, legally enforceable mechanisms for information sharing across child welfare and educational systems.



### **3. Require Regular Multidisciplinary Team Evaluations**

- To prevent ineffective or outdated special education accommodations, DHHS and NDE should universally require Multidisciplinary Team (MDT) evaluations for foster children receiving special education services at least every three years. Regular evaluations help ensure the student's IEP reflects current cognitive, behavioral, and academic functioning rather than historical baselines shaped by past trauma.



#### 4. Establish Permanent Educational Decision Makers

- Courts should establish clear procedures for assigning a new educational decision maker when termination of parental rights (TPR) is ordered.
- This responsibility should not fall to the school district, which may lack insight into the child's history, relationships, and needs.
- To prevent gaps in educational advocacy, the Legislature should require juvenile courts to appoint a long-term educational decision maker — such as a family member, kinship caregiver, or long-term Court Appointed Special Advocate (CASA) — at the time TPR is finalized.



#### 5. Strengthen Educational Accountability in Restrictive Placements

- To bridge the achievement gap in more restrictive placement environments, NDE should strengthen accountability and reporting frameworks for interim and alternative educational programs under the Rule 18 framework.
- Rule 18 schools should adhere to statewide curriculum standards that support the educational trajectory of children and youth in restrictive placement settings.
- Structured online and hybrid learning models should be incorporated to expand access to advanced, elective, and remedial coursework.
- Career, technical, vocational, and life skills training should also be strengthened across the system, along with opportunities for extracurricular engagement.



#### 6. Expand Cross-System Training

- NDE and DHHS should develop a cross-system training curriculum for individuals involved in the lives of foster children, including parents, foster parents, caseworkers, teachers, residential staff, educational decision makers, Guardians ad Litem (GALs), attorneys, judges, and CASA volunteers.
- Training should address trauma-informed educational strategies, educational stability planning, educational consent rights, and streamlined cross-agency collaboration.



#### 7. Coordinate Transition Planning for Youth Aging Out

- Youth with special education needs who are aging out of foster care face significant barriers to completing high school and pursuing post-secondary opportunities. DHHS and NDE should coordinate Independent Living Plans and transition-focused IEPs to ensure necessary adult developmental disability (DD) waivers, vocational training, supportive housing, and related services are in place before the youth exits the system at age 19.

# Study References

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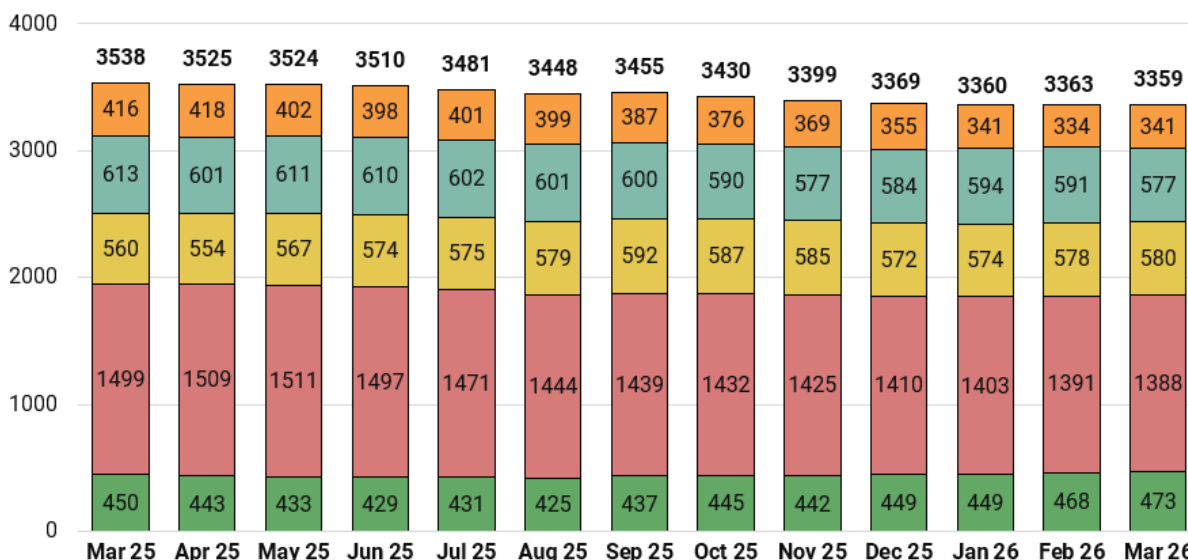
# OUT-OF-HOME TRENDS

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

## CHILD WELFARE TRENDS

**Average Daily Population.** Figure 1 represents the average daily population per month of all DHHS-involved children in out-of-home care or a trial home visit, including those simultaneously served by Probation, from March 2025 to March 2026. There was a 5.1% decrease in DHHS wards in out-of-home care on average in March 2026 compared to March 2025.

**Figure 1: Average Daily Population of DHHS Wards, March 2025- March 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.

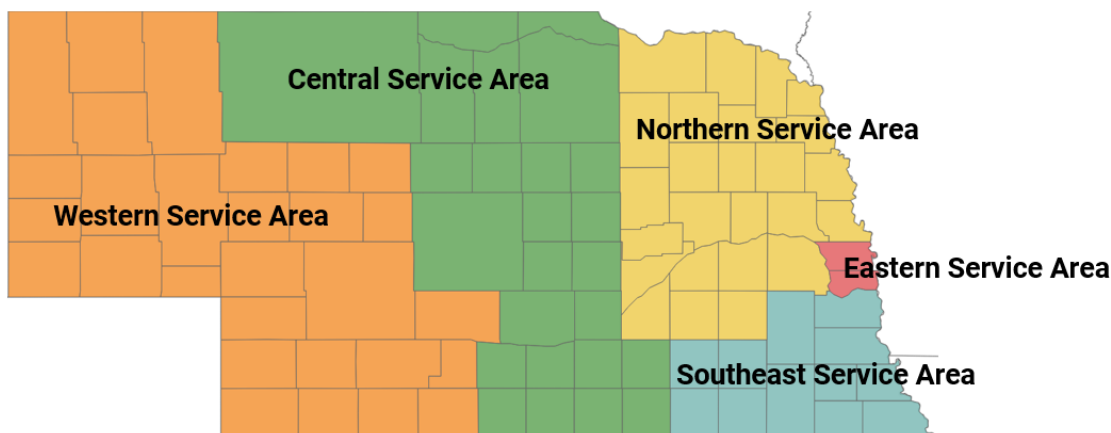


Figure 2 indicates the percent change in average daily population varied throughout the state and illustrates the differences between service areas (geographic regions).

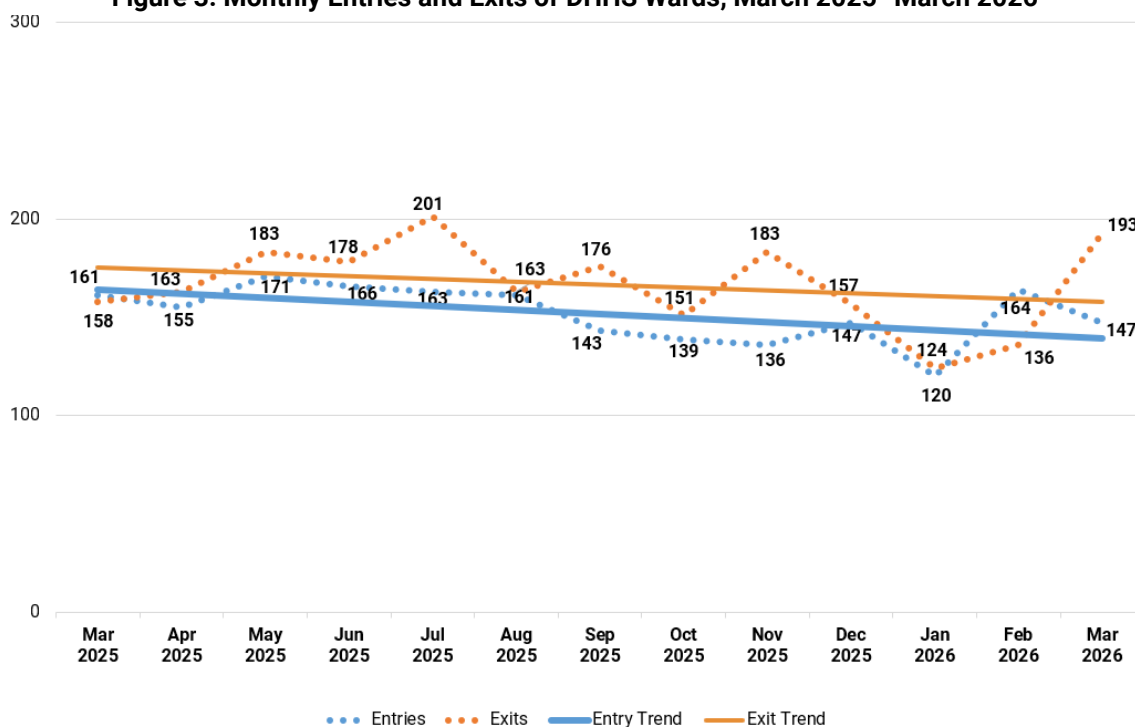
**Figure 2: Percent Change in Average Daily Population of DHHS Wards by Service Area, March 2025 to March 2026<sup>3</sup>**

Service Area (SA)	Mar-25	Mar-26	% Change
Central SA	450	473	5.1%
Eastern SA	1,499	1,388	-7.4%
Northern SA	560	580	3.6%
Southeast SA	613	577	-5.9%
Western SA	416	341	-18.0%
<b>Statewide</b>	<b>3,538</b>	<b>3,359</b>	<b>-5.1%</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 March 2025 to March 2026.

**Figure 3: Monthly Entries and Exits of DHHS Wards, March 2025- March 2026**

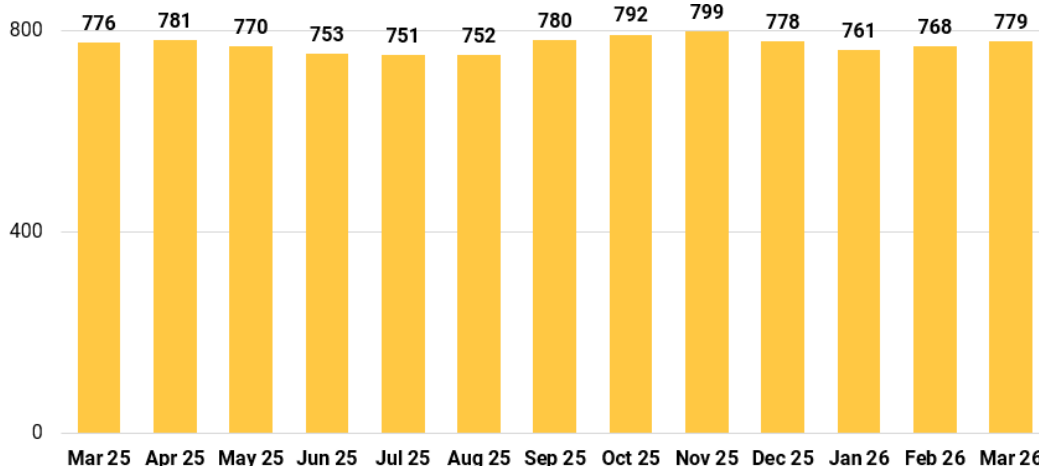


<sup>3</sup> Averages for each column may not be exactly equal to the sum of the service areas due to rounding.

### JUVENILE JUSTICE-PROBATION TRENDS

**Average Daily Population.** Figure 4 below represents the average daily population per month of all Probation supervised youth in out-of-home care, including those simultaneously served by DHHS, from March 2025 to March 2026. The average daily population slightly increased over the last year. There were 0.4% more Probation supervised youth in out-of-home care on average in March 2026 compared to March 2025.

**Figure 4: Average Daily Population of Probation Supervised Youth in Out-of-Home Care, March 2025 to March 2026**



Six 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, March 2025 to March 2026<sup>4</sup>**

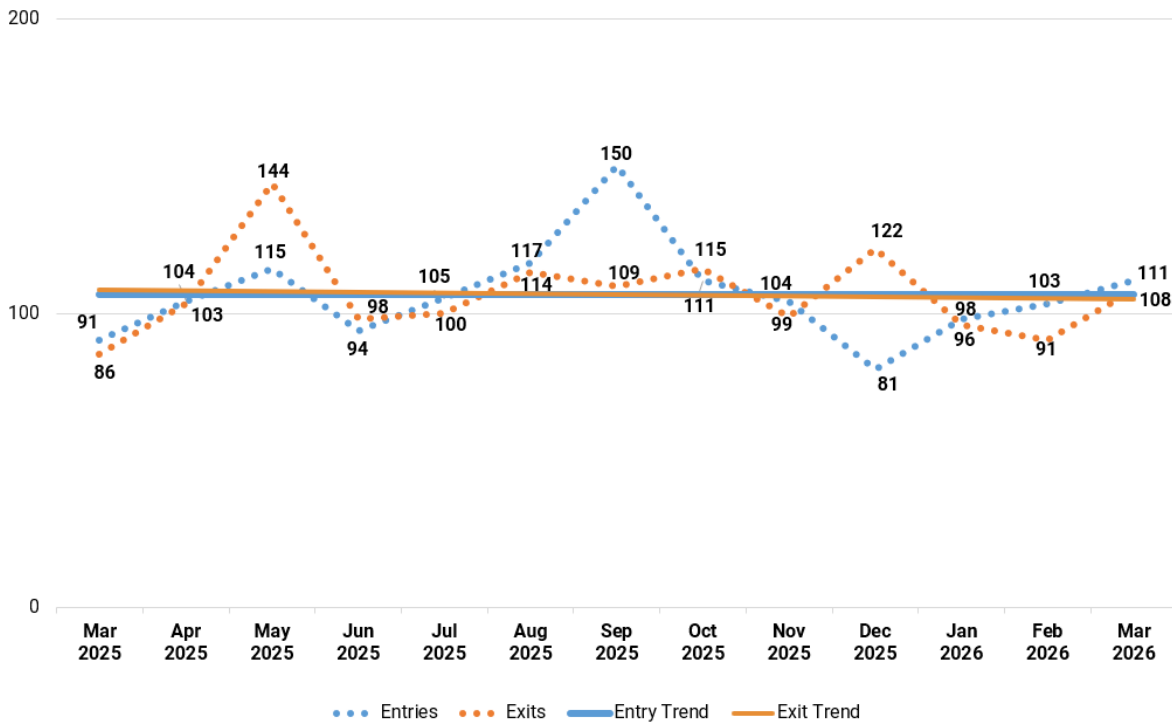
Probation District	Mar-25	Mar-26	% Change
District 1	13	20	53.8%
District 2	39	27	-30.8%
District 3J	142	148	4.2%
District 4J	285	265	-7.0%
District 5	52	48	-7.7%
District 6	43	50	16.3%
District 7	47	39	-17.0%
District 8	6	11	83.3%
District 9	46	58	26.1%
District 10	23	38	65.2%
District 11	49	47	-4.1%
District 12	31	27	-12.9%
<b>State</b>	<b>776</b>	<b>779</b>	<b>0.4%</b>

<sup>4</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, March 2025- March 2026**



### 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	6/30/2024	9/30/2024	12/31/2024	3/31/2025	6/30/2025	9/30/2025	12/31/2025	3/31/2026
Statewide	3,446	3,426	3,397	3,378	3,363	3,280	3,216	3,183
CSA	407	404	428	424	410	424	426	442
ESA	1,496	1,458	1,424	1,426	1,412	1,366	1,337	1,319
NSA	521	533	550	531	558	558	549	550
SESA	589	590	570	579	587	565	566	545
WSA	433	441	425	418	396	367	338	327

- For children and youth involved only with DHHS/CFS, the most recent point-in-time data shows a 1.0% statewide decrease over the previous quarter.
- Three of the five service areas experienced a decrease with the largest decrease occurring in the SESA at 3.7%; whereas CSA increased by 3.8% and NSA had effectively no change.

Dually Involved	6/30/2024	9/30/2024	12/31/2024	3/31/2025	6/30/2025	9/30/2025	12/31/2025	3/31/2026
Statewide	119	132	141	155	142	141	140	147
CSA	12	16	12	15	21	19	21	22
ESA	58	67	79	81	67	61	60	62
NSA	20	24	24	27	25	24	23	31
SESA	17	16	19	17	15	20	17	18
WSA	12	9	7	15	14	17	19	14

- For youth who were dually involved with DHHS/CFS and Probation, the most recent point-in-time data shows a 5.0% statewide increase over the previous quarter.
- One of the five service areas (WSA) experienced a decrease, and the other four service areas (CSA, ESA, NSA and SESA) experienced an increase over the previous quarter, with the largest increase occurring in the NSA at 34.8%.

## Out-of-Home Trends

Probation	6/30/2024	9/30/2024	12/31/2024	3/31/2025	6/30/2025	9/30/2025	12/31/2025	3/31/2026
Statewide	486	475	479	516	467	512	495	523
District 1	19	13	8	7	12	16	13	16
District 2	29	30	28	30	26	27	26	23
District 3J	77	84	85	109	90	107	101	111
District 4J	163	154	156	162	155	156	155	164
District 5	29	31	32	37	38	39	35	27
District 6	30	30	33	36	25	32	35	40
District 7	26	20	28	23	25	27	22	19
District 8	4	6	6	6	5	9	7	7
District 9	37	40	34	33	28	37	36	40
District 10	27	19	17	15	17	19	21	28
District 11	31	28	35	35	26	18	26	28
District 12	14	20	17	23	20	25	18	20

- For youth who were only involved with Probation, the most recent point-in-time data shows a 5.7% statewide increase over the previous quarter.
- Three of the 12 probation districts had a decrease, with the largest decrease occurring in District 5 at 22.9%, followed by District 7 at 13.6%, and District 2 at 11.5%.
- Eight probation districts had an increase over the previous quarter, with the largest increase occurring in District 10 at 33.3%, followed by District 1 at 23.1%, District 6 at 14.3%, Districts 9 and 12 at 11.1%, District 3J at 9.9%, District 11 at 7.7%, and District 4J at 5.8%.
- District 8 had no change over the previous quarter.

YRTC	6/30/2024	9/30/2024	12/31/2024	3/31/2025	6/30/2025	9/30/2025	12/31/2025	3/31/2026
Statewide	95	103	91	88	128	129	107	96
Females	29	22	15	12	24	23	19	24
Males	66	81	76	76	104	106	88	72

- For youth who were placed at a YRTC, the most recent point-in-time data shows a 10.3% total population decrease over the previous quarter.
- The population of females at the YRTCs increased by 26.3% and the population of males decreased by 18.2% over the previous quarter.

# SYSTEM-WIDE TRENDS

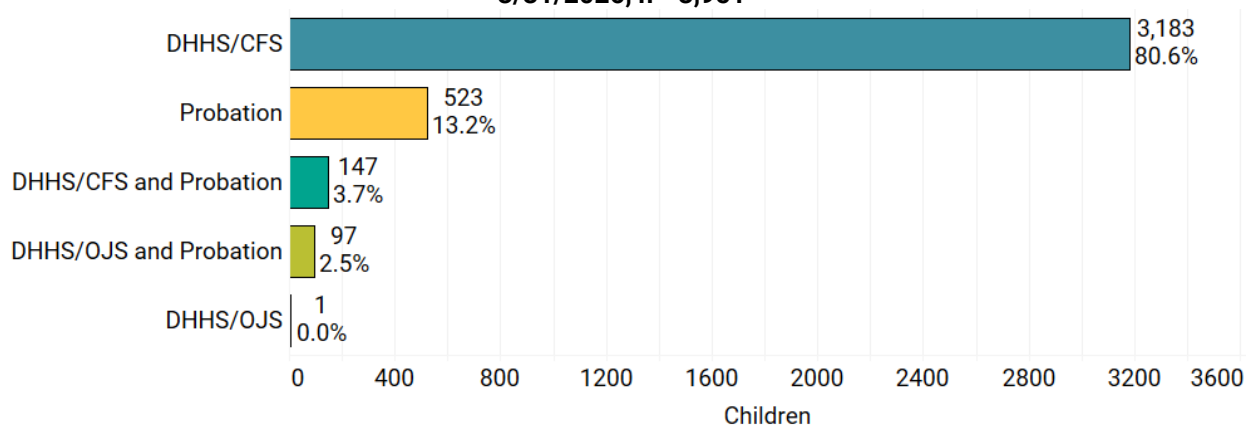
This section includes point-in-time data for court-involved children and youth under DHHS/CFS, DHHS/OJS, and/or the Administrative Office of the Courts and Probation – Juvenile Services Division (hereafter referred to as Probation) in out-of-home care or a trial home visit.

On 3/31/2026, 3,951 Nebraska children were in an out-of-home or trial home visit placement<sup>5</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 3/31/2026.

**Figure 7: All Court-Involved Children in Out-of-Home Care or a Trial Home Visit by Agency Involved on 3/31/2026, n<sup>6</sup>=3,951**

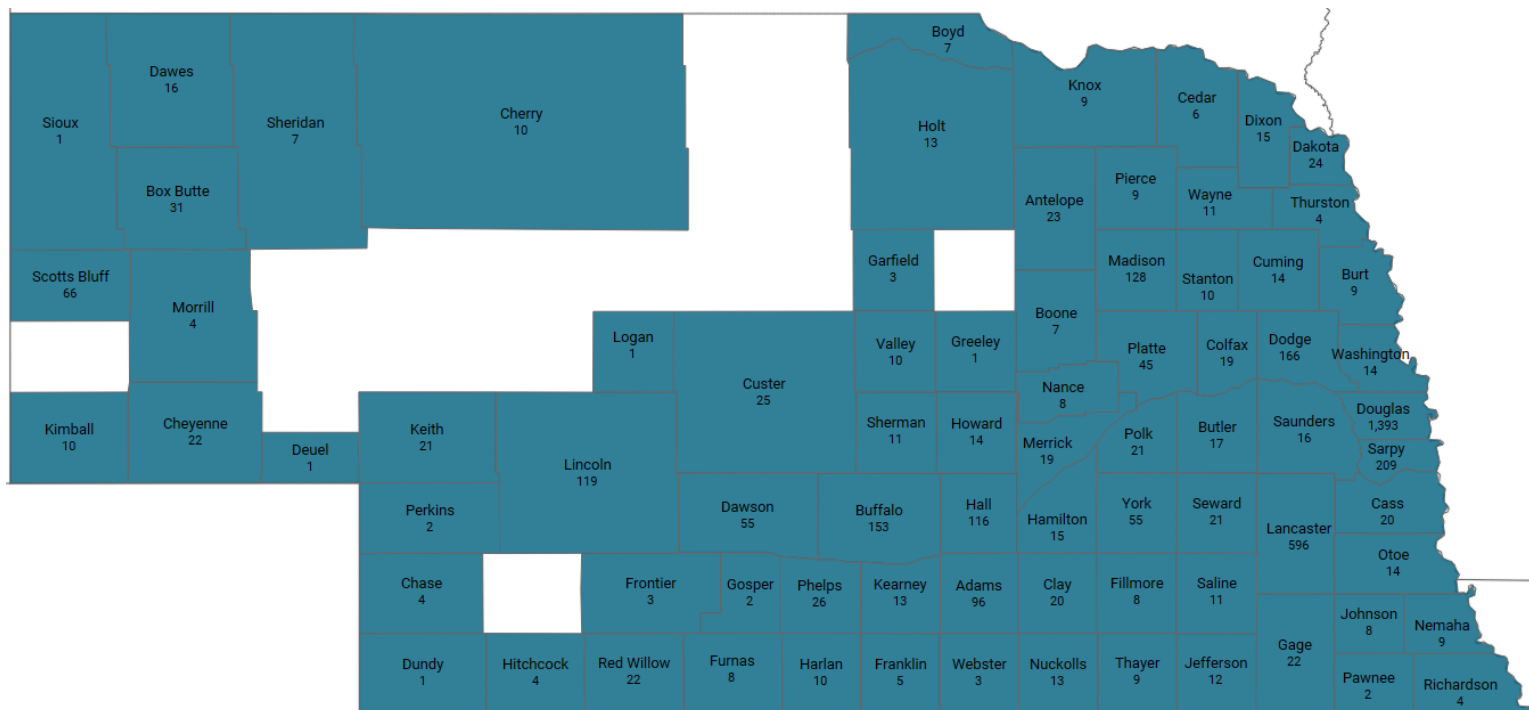


<sup>5</sup> This section does not include children in non-court Approved Informal Living Arrangements, tribal wards, or children that have never had a removal from the home.

<sup>6</sup> See Appendix B for a glossary of terms and a description of acronyms.

Children in out-of-home care come from across the entire state of Nebraska. Figure 8 represents the county of court jurisdiction for the 3,951 court-involved children who were in out-of-home care on 3/31/2026 (which excludes AILAs).<sup>7</sup>

**Figure 8: County of Court Jurisdiction for all Nebraska Court-Involved Children in Out-of-Home Care or a Trial Home Visit on 3/31/2026, n=3,951**



\*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 3,951 shown above is a 4.6% decrease compared to 3/31/2025 when 4,142 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.

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



**Figure 10: Service Areas for DHHS/CFS Wards in Out-of-Home Care or Trial Home Visit on 3/31/2026, n=3,183**

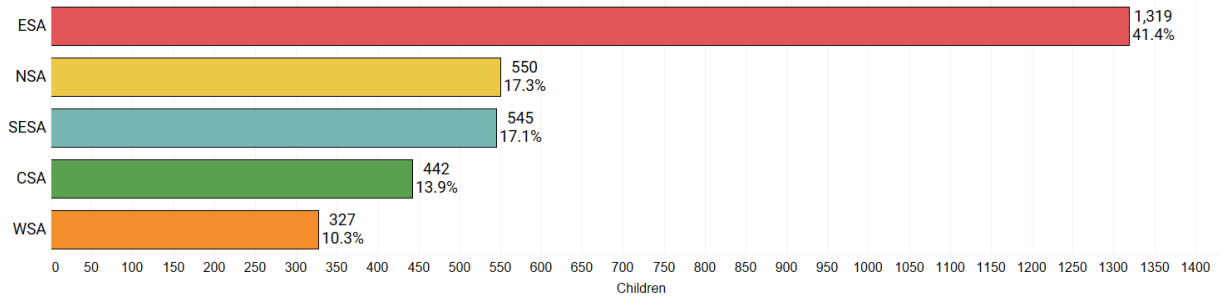


Figure 11 represents the top 10 counties by rate of DHHS/CFS wards in care per 1,000 children in the population, ages 0 up to 19, on 3/31/2026. While the three most populous counties in Nebraska (Douglas, Lancaster, and Sarpy) make up approximately 56% of DHHS/CFS wards, these counties are not within the top 10 counties with the highest rates. Some rural counties, like Dodge County (Fremont), which had the fourth highest counts of children who are DHHS/CFS wards, have higher rates of children in out-of-home care. Statewide, the rate of DHHS/CFS wards in care per 1,000 children was 5.9.

**Figure 11: Top 10 Counties by Rate of DHHS/CFS Wards in Care per 1,000 Children in the Population on 3/31/2026**

County	Children in Care	Total Age 0-19 <sup>8</sup>	Rate per 1,000 Children	Number of Families
Boyd	7	345	20.3	2
Polk	20	1,298	15.4	10
Sherman	10	706	14.2	6
York	52	3,829	13.6	28
Antelope	21	1,673	12.6	14
Harlan	9	727	12.4	4
Nuckolls	11	900	12.2	7
Dodge	127	10,474	12.1	72
Lincoln	93	8,147	11.4	59
Kimball	8	714	11.2	6

<sup>8</sup> U.S. Census Bureau. "State Population Totals and Components of Change: 2020-2024." March 2025. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html>.

**Figure 12: Service Areas by Rate of DHHS/CFS Wards in Care per 1,000 Children in the Population on 3/31/2026**

Service Area	Children in Care	Total Age 0-19 <sup>9</sup>	Rate per 1,000 Children	Number of Families
CSA	442	62,827	7.0	227
ESA	1,319	223,029	5.9	730
NSA	550	92,310	6.0	307
SESA	545	115,730	4.7	306
WSA	327	46,702	7.0	200

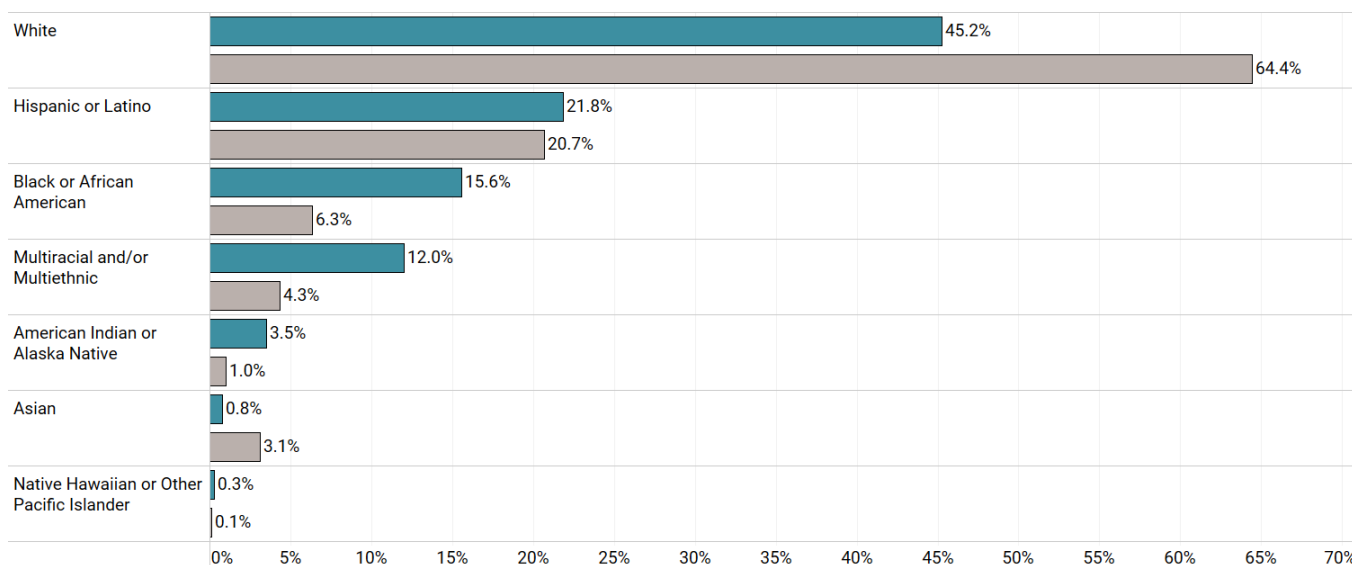
**Age.** The median age was 8 years old for males and 9 years old for females who were DHHS/CFS wards in care on 3/31/2026.

- 34.5% of the children in out-of-home care or trial home visits on 3/31/2026 were age 5 and under.
- 34.7% of the children were age 6-12.
- 30.8% 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 3/31/2026 Compared to Nebraska Children, n=3,183**



<sup>9</sup> U.S. Census Bureau. "State Population Totals and Components of Change: 2020-2024." March 2025. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html>.

**Times in Care Over Lifetime.** The average number of times in care over their lifetime for current DHHS/CFS wards as of 3/31/2026 was 1.3.

**Median Number of Days in Care.** For those in care on 3/31/2026, the median number of days in care for DHHS/CFS wards was 414 days.

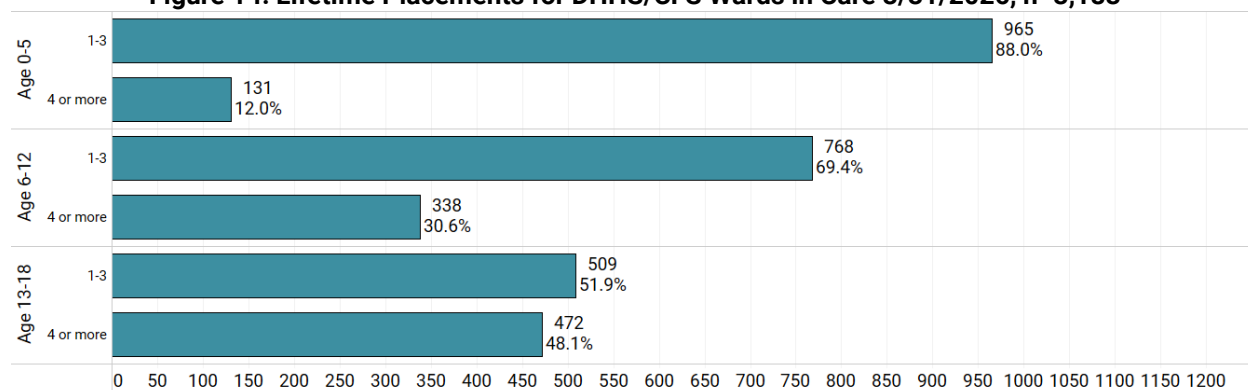
**Number of Placements.** Research indicates that children experiencing multiple placements over their lifetime puts them at greater risk for negative outcomes, such as delays in permanency, academic challenges, and difficulties forming meaningful attachments.<sup>10</sup> However, children who have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

On 3/31/2026, 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 12.0% of children ages 0-5, and 30.6% 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 (48.1%) have exceeded four lifetime placements.

**Figure 14: Lifetime Placements for DHHS/CFS Wards in Care 3/31/2026, n=3,183**



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 3/31/2026, n=3,183**

Age Group	CSA	ESA	NSA	SESA	WSA
0-5	11.9%	10.9%	14.5%	8.3%	17.6%
6-12	29.4%	37.6%	24.6%	24.7%	25.6%
13-18	38.2%	52.6%	44.1%	44.8%	53.8%

<sup>10</sup> Casey Family Programs. “What Impacts Placement Stability?” May 12, 2023. <https://www.casey.org/placement-stability-impacts/>.

<sup>11</sup> Casey Family Programs. “What Impacts Placement Stability?” May 12, 2023. <https://www.casey.org/placement-stability-impacts/>.

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

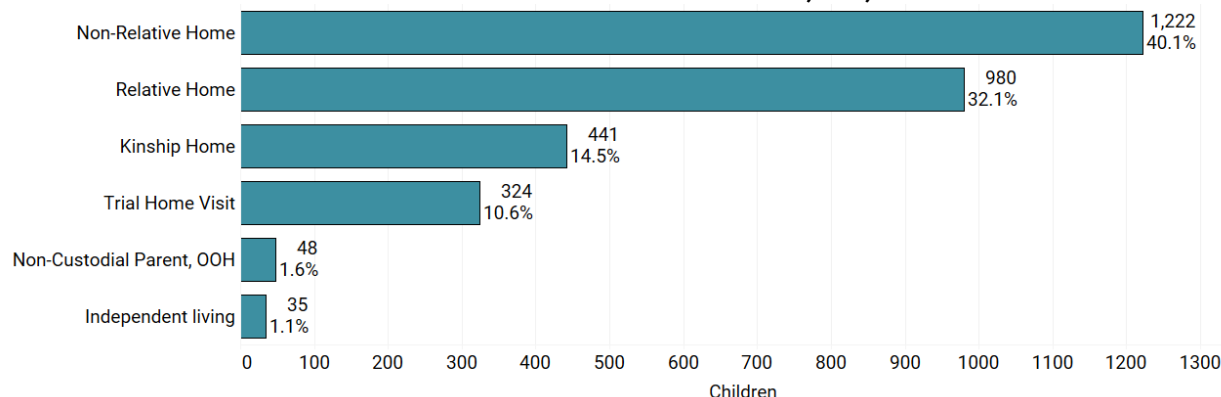
- The vast majority (95.8%) of DHHS/CFS state wards in care on 3/31/2026 were placed in the least restrictive placement, well above the 2023 national average of 87%.<sup>12</sup> This is a continuing trend.
  - Of the children placed in family-like settings (not including trial home visits), 52.1% were in a relative or kinship placement.<sup>13</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 in order for the child 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 3/31/2026, n=3,050**



**Licensing of Relative and Kinship Foster Homes.** DHHS/CFS has reported that 97.2% of current relative and 92.5% of kinship homes are approved, rather than licensed.<sup>14</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 funding accessed by the state.<sup>15</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

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

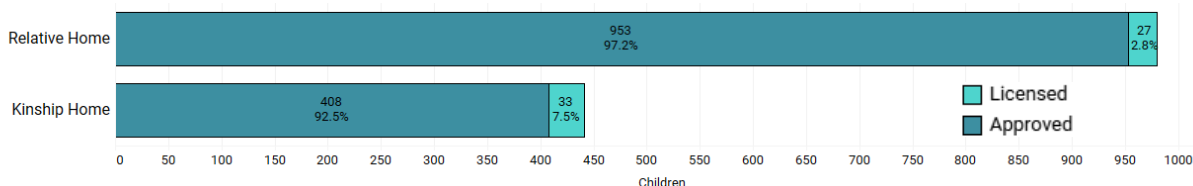
<sup>13</sup> Neb. Rev. Stat. §71-1901 defines relative care as placement with a relative of the child or of the child’s sibling through blood, marriage, or adoption. Kinship care is with a fictive relative, someone with whom the child has had a significant relationship prior to removal from the home.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

<sup>14</sup> LB1078 (2018), required DHHS to report the license status of relative and kinship placements to the FCRO effective July 2018.

<sup>15</sup> Nebraska Department of Health and Human Services. “ACF Approved Nebraska’s Relative and Kinship Caregiver Plan.” dhhs.ne.gov, 2016. <https://dhhs.ne.gov/Pages/ACF-Approved-Nebraska%E2%80%99s-Relative-and-Kinship-Caregiver-Plan.aspx>.

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 3/31/2026, n=980 (Relatives) and n=441 (Kinship)**

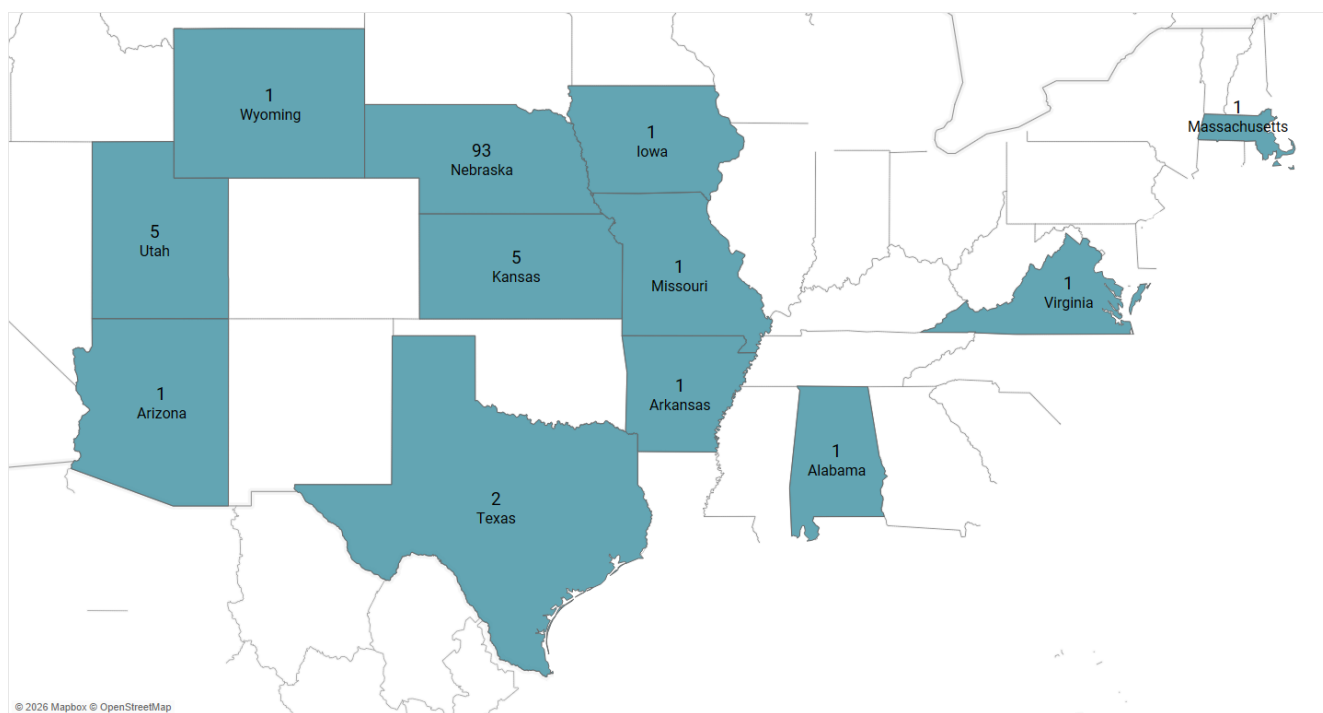


**Missing from Care.** On 3/31/2026, there were 19 DHHS/CFS wards missing from care. Of those missing, 12 were female and seven were male. This is always a serious safety issue that deserves special attention. While unaccounted for, these children have a higher likelihood of experiencing sex trafficking, exploitation, and victimization.

**Congregate Care.** A majority (82.3%) of DHHS/CFS wards in congregate care facilities<sup>16</sup> were placed in Nebraska (Figure 18).

- DHHS/CFS had 113 children in congregate care, resulting in a 41.3% increase from 80 on 3/31/2025.

**Figure 18: DHHS/CFS Wards in Congregate Care on 3/31/2026 by State of Placement, n=113**



<sup>16</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>17</sup> Caseworker turnover has been associated with more placement disruptions, time in foster care, incidents of maltreatment, and re-entries into foster care.<sup>18</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>19</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>20</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>21</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>17</sup> Flower, Connie, Jess McDonald, and Michael Sumski. "Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff," 2005. [https://www.uh.edu/socialwork/\\_docs/cwep/national-iv-e/turnoverstudy.pdf](https://www.uh.edu/socialwork/_docs/cwep/national-iv-e/turnoverstudy.pdf).

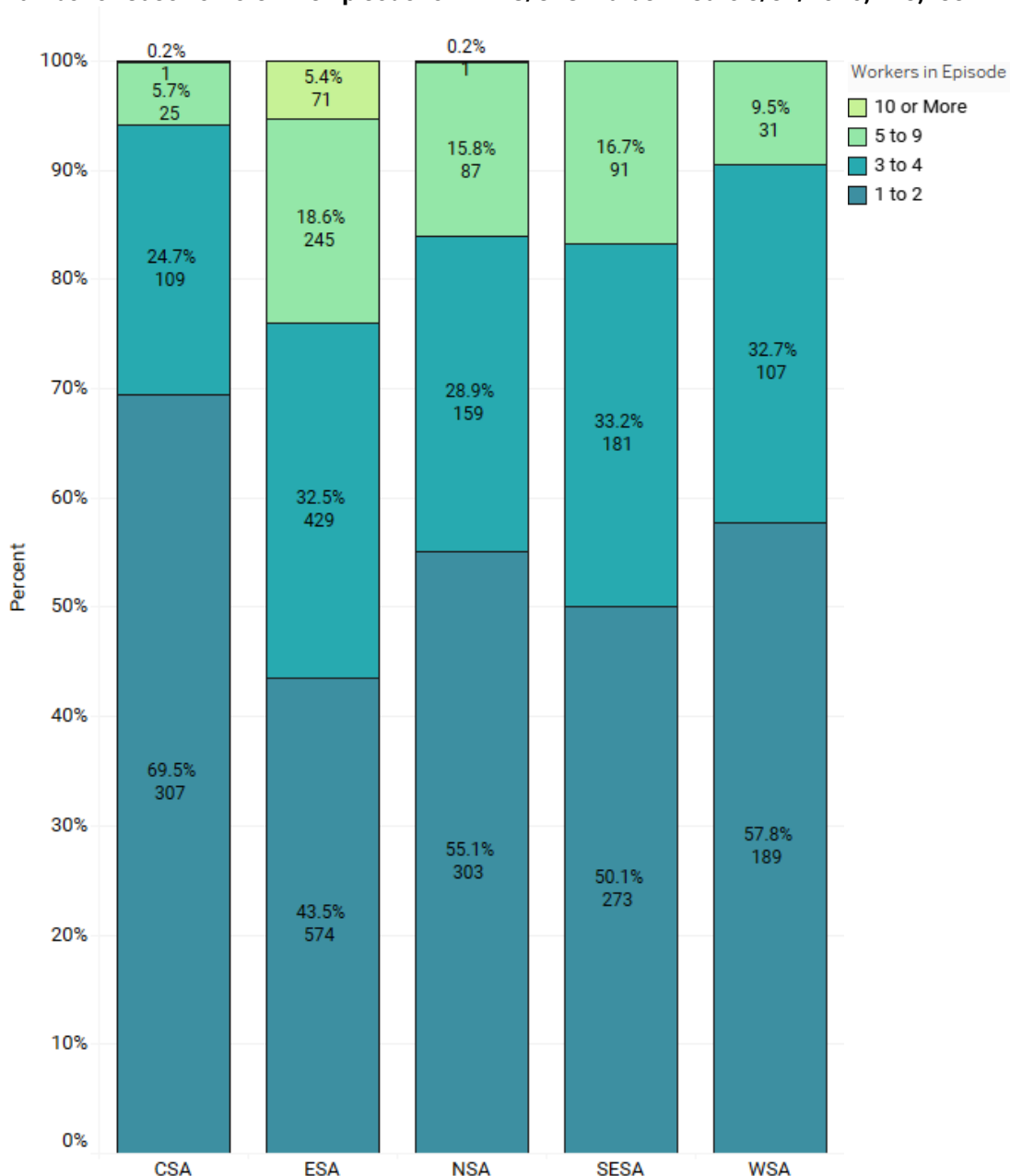
<sup>18</sup> Casey Family Programs. "How Does Turnover in the Child Welfare Workforce Impact Children and Families?" August 29, 2023. <https://www.casey.org/turnover-costs-and-retention-strategies/>.

<sup>19</sup> Casey Family Programs. "How Does Turnover in the Child Welfare Workforce Impact Children and Families?" August 29, 2023. <https://www.casey.org/turnover-costs-and-retention-strategies/>.

<sup>20</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>21</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 3/31/2026, n=3,183**



While there has been a recent downward trend, 17.3% 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 (24.0%) in the ESA had five or more workers, and of those, 71 children (5.4% 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.

# DUALY INVOLVED YOUTH

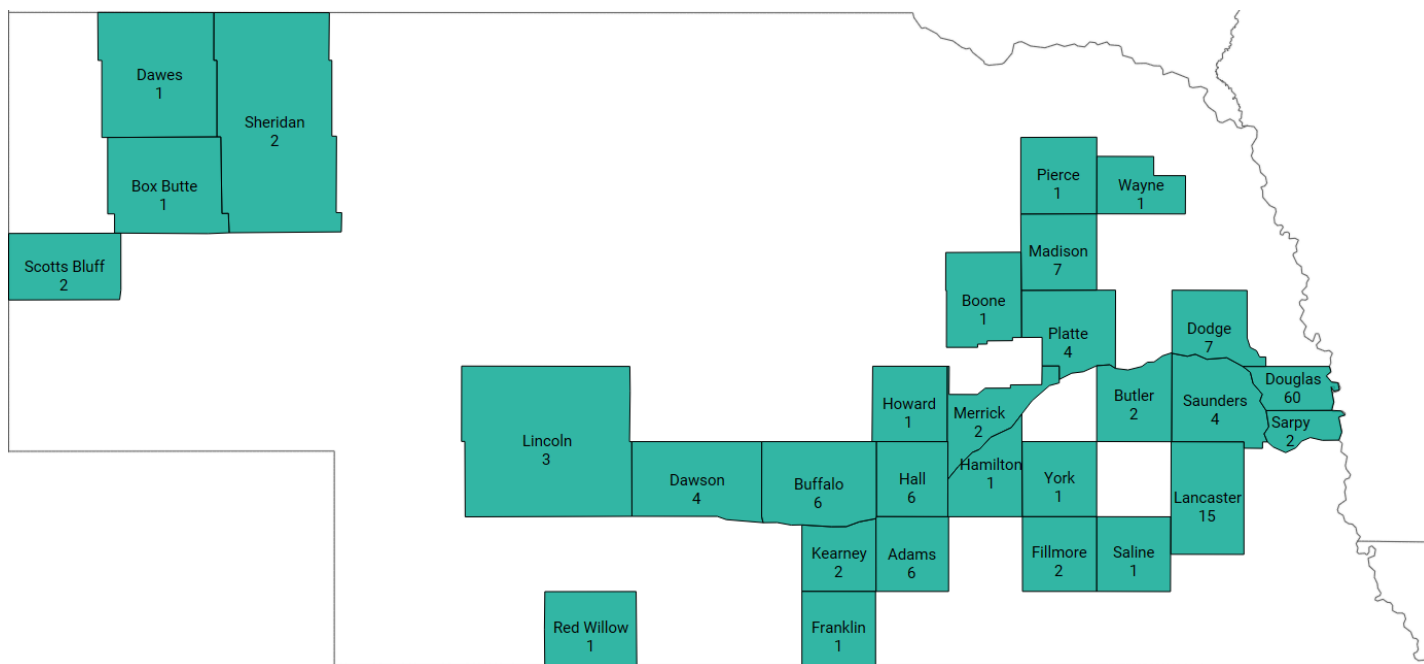
## COURT-INVOLVED YOUTH IN CARE THROUGH CHILD WELFARE AND SUPERVISED BY THE ADMINISTRATIVE OFFICE OF COURTS AND PROBATION – JUVENILE SERVICES DIVISION

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 3/31/2026, there were 147 dually involved youths in out-of-home care, which is a 5.2% decrease from the 155 youths on 3/31/2025. (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 3/31/2026, n=147**



\*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.

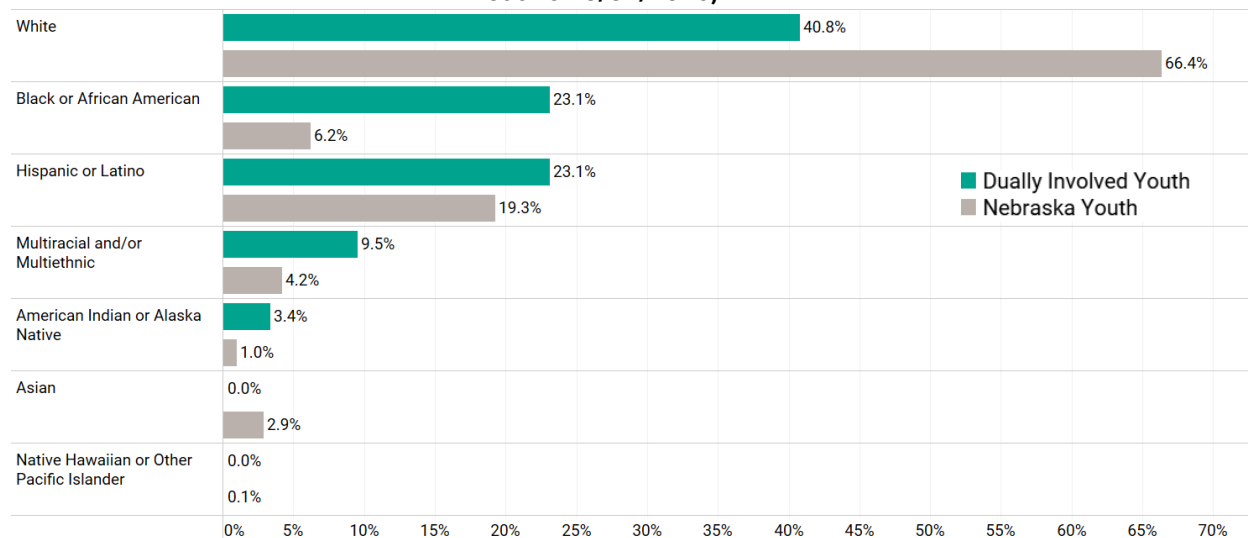
**Age.** The median age for dually involved youth was 16 years old for both males and females.

- 9 (6.1%) were age 11-12.
- 20 (13.6%) were age 13-14.
- 57 (38.8 %) were age 15-16.
- 61 (41.5%) were age 17-18.

**Gender.** Males outnumbered females among dually involved youth (62.6% to 37.4%, 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.<sup>22</sup>

**Figure 21: Race and Ethnicity of Dually Involved Youth in Out-of-Home Care Compared to Nebraska Youth on 3/31/2026, n=147**



**Times in Care Over Lifetime.** The average number of times in care over their lifetime for current dually involved youth as of 3/31/2026 was 1.9.

**Median Number of Days in Care.** For those in care on 3/31/2026, the median number of days in care for dually involved youth was 491 days.

**Number of Placements.** The average number of placements over their lifetime for dually involved youth on 3/31/2026 was 10.2.

**Placement Types.** On 3/31/2026:

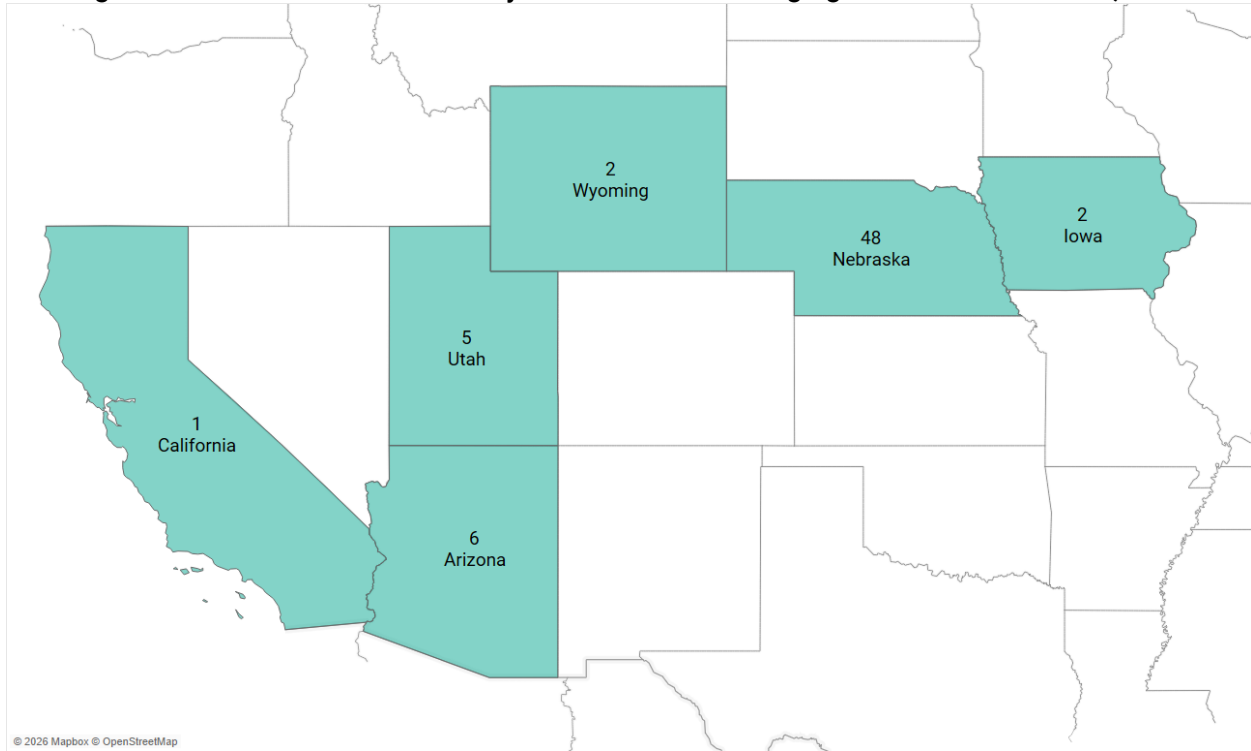
- Under half (46.3%) were in family-like settings (relative, kin, or non-relative foster care).
- 22.4% were in non-treatment congregate care, excluding corrections related placements (see below).
- 12.9% were in a corrections related placement.
- 8.2% were in treatment congregate care.
- 6.8% were missing from care.
- 3.4% were in independent living.

**Missing from Care.** On 3/31/2026, there were 10 dually involved youth missing from care. Of the missing youth, four were female and six were male.

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

**Congregate Care.** Most (75.0%) dually involved youth in congregate care were placed in Nebraska.

**Figure 22: Placement State for Dually Involved Youth in Congregate Care on 3/31/2026, n=64**



# PROBATION YOUTH

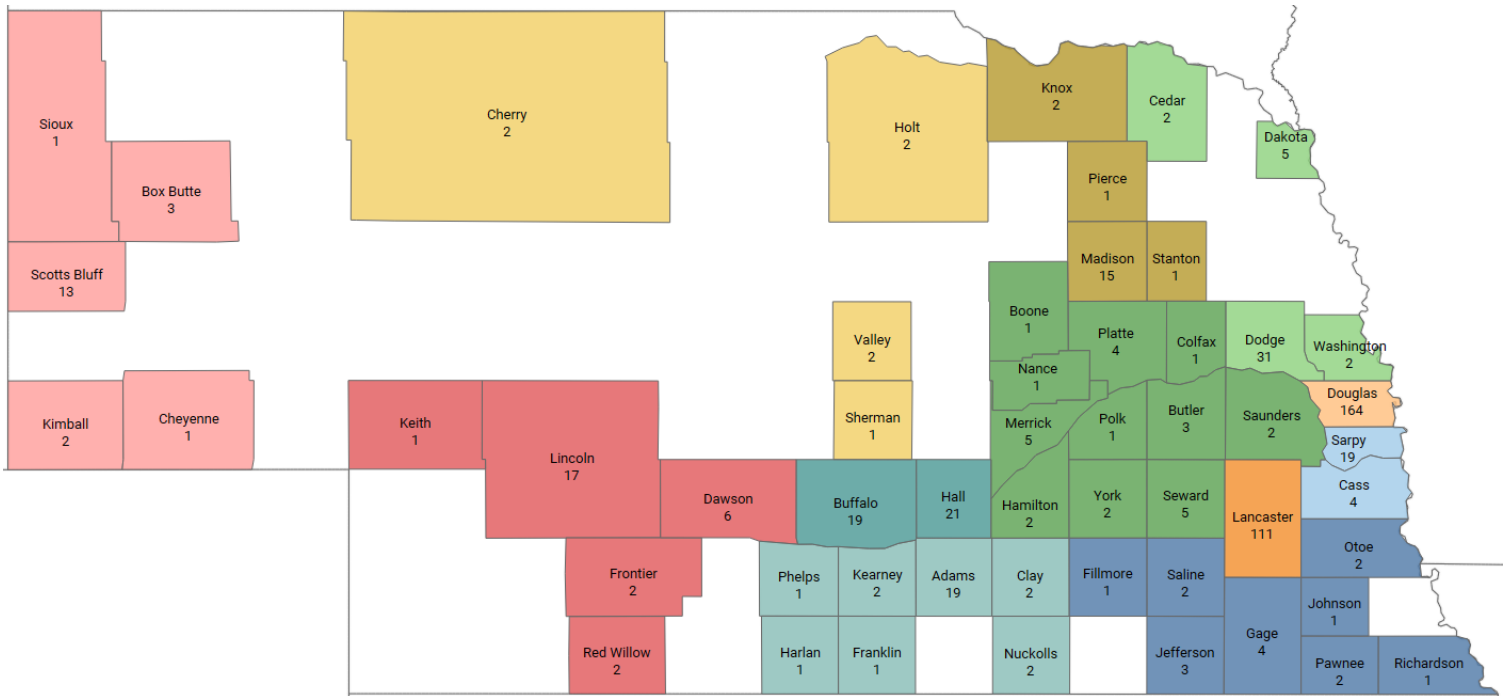
## YOUTH IN OUT-OF-HOME CARE SUPERVISED BY THE ADMINISTRATIVE OFFICE OF THE COURTS AND PROBATION – JUVENILE SERVICES DIVISION

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

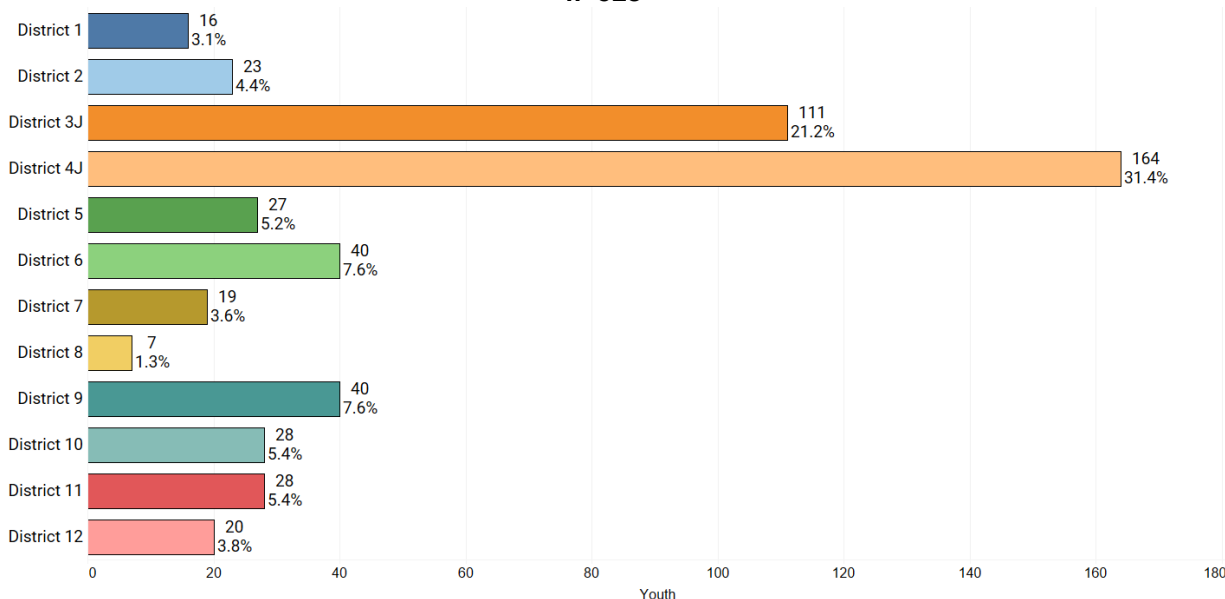
**County.** Figure 23 shows the county of court jurisdiction for Probation supervised youth in out-of-home care on 3/31/2026, based on the judicial district. On 3/31/2026, there were 523 youths in out-of-home care supervised by Probation compared to 516 on 3/31/2025, a 1.4% increase. (See Appendix A 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 3/31/2026, n=523**



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

**Figure 24: Probation Districts for Probation Supervised Youth in Out-of-Home Care on 3/31/2026, n=523**



**Age.** The median age of Probation supervised youth in out-of-home care on 3/31/2026 was 16 years old for both males and females.

- 6 (1.1%) were age 11-12.
- 71 (13.6%) were age 13-14.
- 228 (43.6%) were age 15-16.
- 218 (41.7%) were age 17-18.

**Gender.** Males were 71.7% of the population of Probation supervised youth in out-of-home care, females were 28.3%.

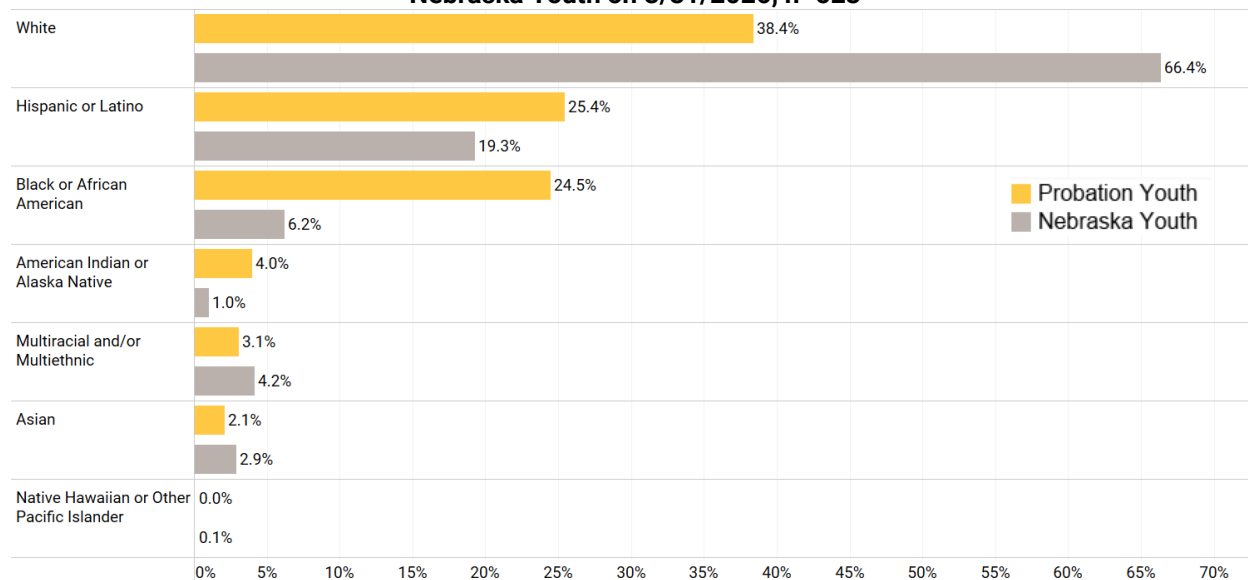
**Race.** Black or African American and American Indian or Alaska Native youth were disproportionately represented in the population of Probation supervised youth in out-of-home care.

- As shown in Figure 25, Black or African American youth make up 6.2% of Nebraska’s youth population but represent 24.5% 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 4.0% of the Probation supervised youth in out-of-home care.<sup>23</sup>

The disproportionality for Black or African American youth and American Indian or Alaska Native youth have both slightly decreased from the previous year (26.7% and 5.4%, 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.

**Figure 25: Race and Ethnicity of Probation Supervised Youth in Out-of-Home Care Compared to Nebraska Youth on 3/31/2026, n=523**

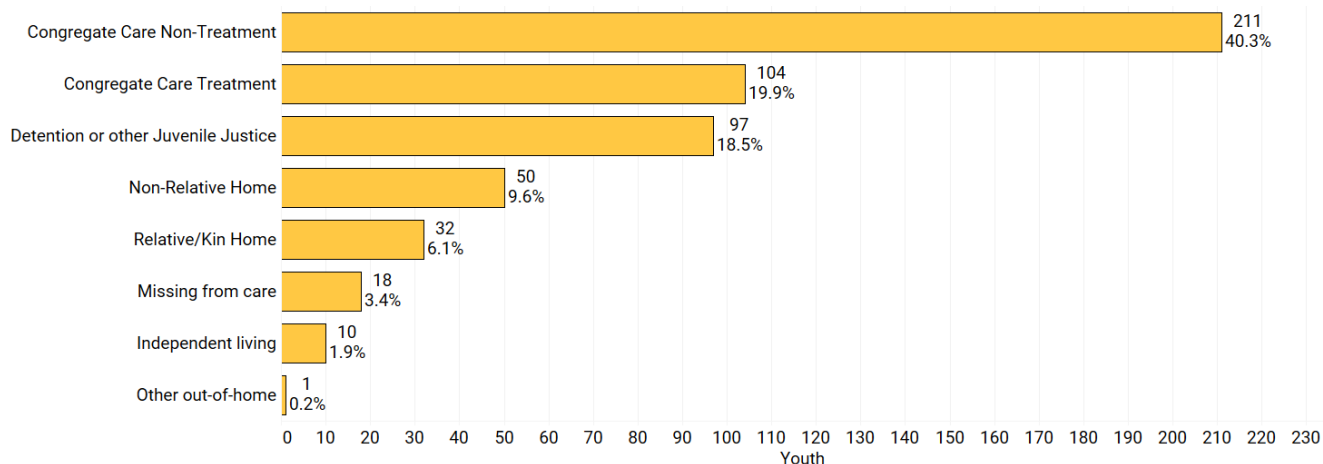


**Times in Care Over Lifetime.** The average number of times in care over their lifetime for Probation supervised youth as of 3/31/2026 was 2.0.

**Median Number of Days in Care.** For those in care on 3/31/2026, the median number of days in care for Probation supervised youth was 173 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, 18.5% were in a corrections or detention-type setting and only 19.9% were in a treatment facility.

**Figure 26: Probation Supervised Youth in Out-of-Home Care on 3/31/2026 by Placement Type, n=523**

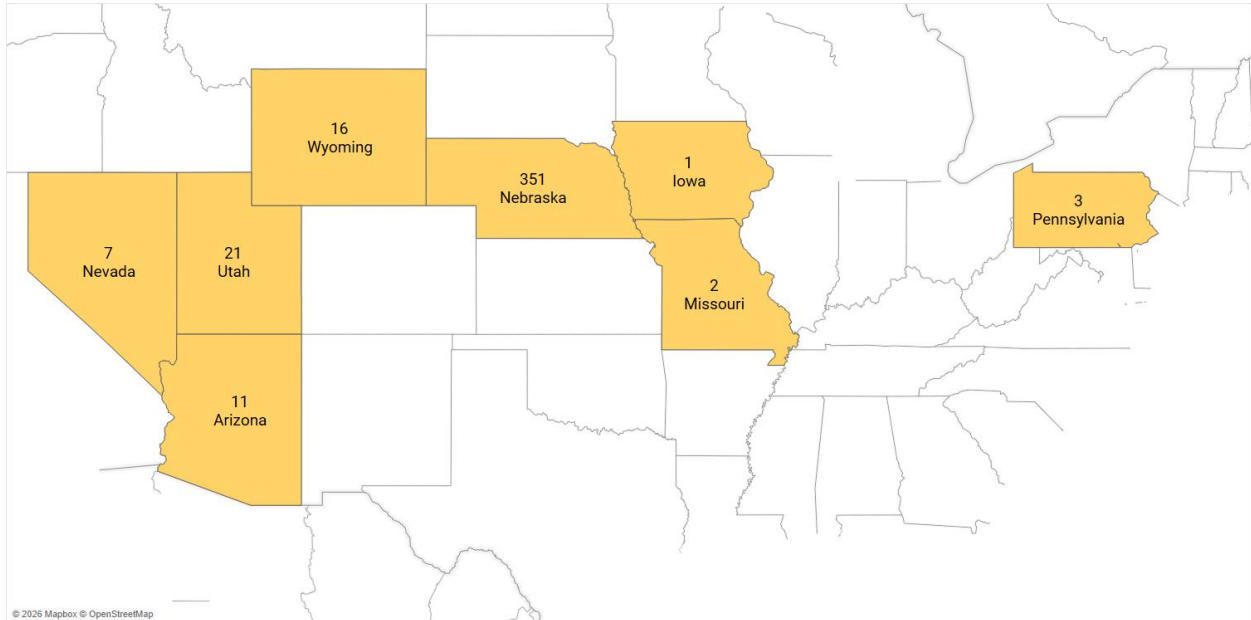


**Number of Placements.** The average number of lifetime placements as of 3/31/2026 for Probation supervised youth was 4.8 placements.

**Missing from Care.** On 3/31/2026, there were 18 Probation supervised youth missing from care. Of the missing youth, five were female and 13 were male.

**Congregate Care.** Comparing 3/31/2026 to 3/31/2025, there was a 4.0% increase in the number of Probation supervised youth placed in congregate care facilities (412 and 396, respectively). On 3/31/2026, 85.2% were placed in Nebraska.

**Figure 27: Probation Supervised Youth in Congregate Care on 3/31/2026 by State of Placement, n=412**



# YRTC YOUTH

## YOUTH PLACED AT THE YOUTH REHABILITATION AND TREATMENT CENTERS

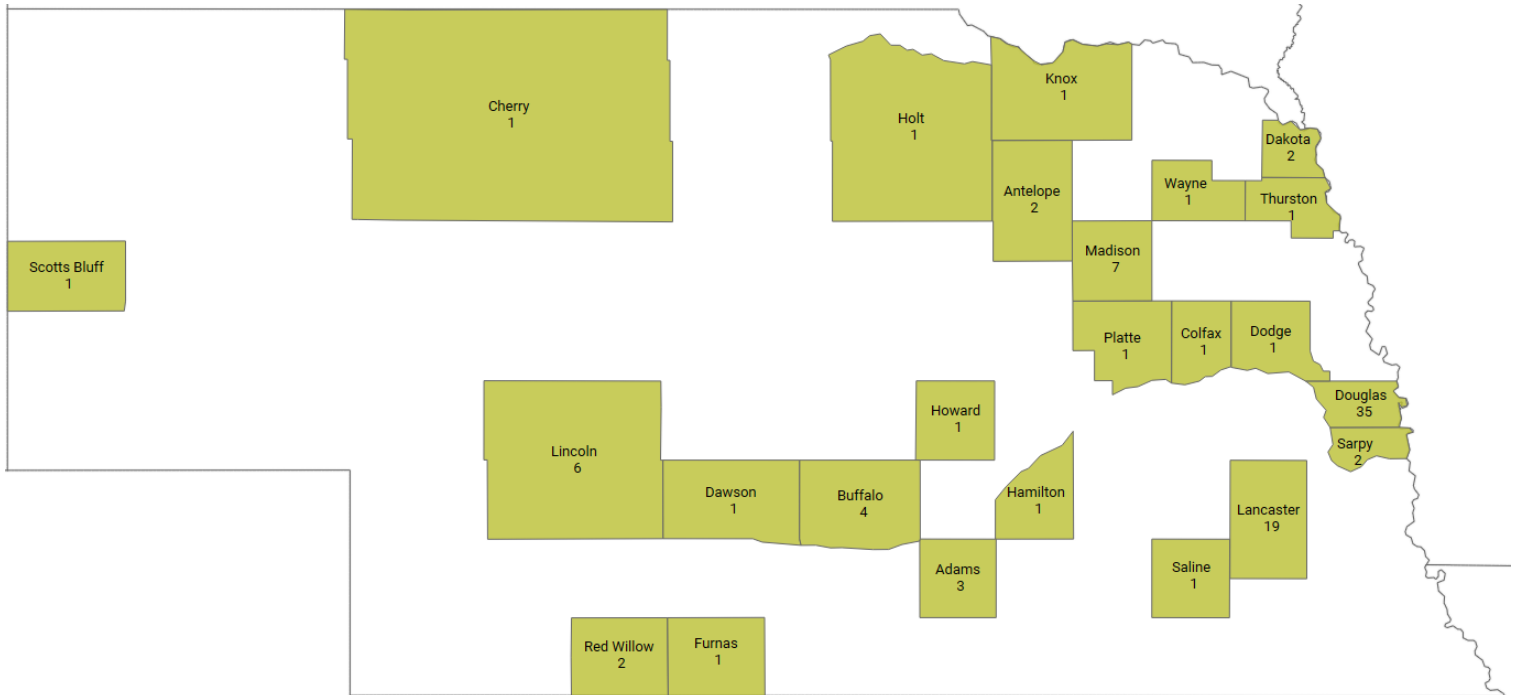
This section includes point-in-time data for youth placed at a Youth Rehabilitation and Treatment Center (YRTC). There are currently three YRTC facilities in the state; they are located in Lincoln, Hastings, and Kearney. Data describes population trends, snapshot distributions, and point-in-time data 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 3/31/2026, there were 98 youth involved with OJS and Probation; 96 of these youth were placed at a YRTC. Of the two remaining youths not at a YRTC, one was placed at a detention center or juvenile justice facility, and one was missing from care. Figure 28 illustrates the county of court of each of the 96 youths placed at a YRTC.

**Figure 28: Youth Placed by a Juvenile Court at a YRTC on 3/31/2026 by County of Court, n=96**



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

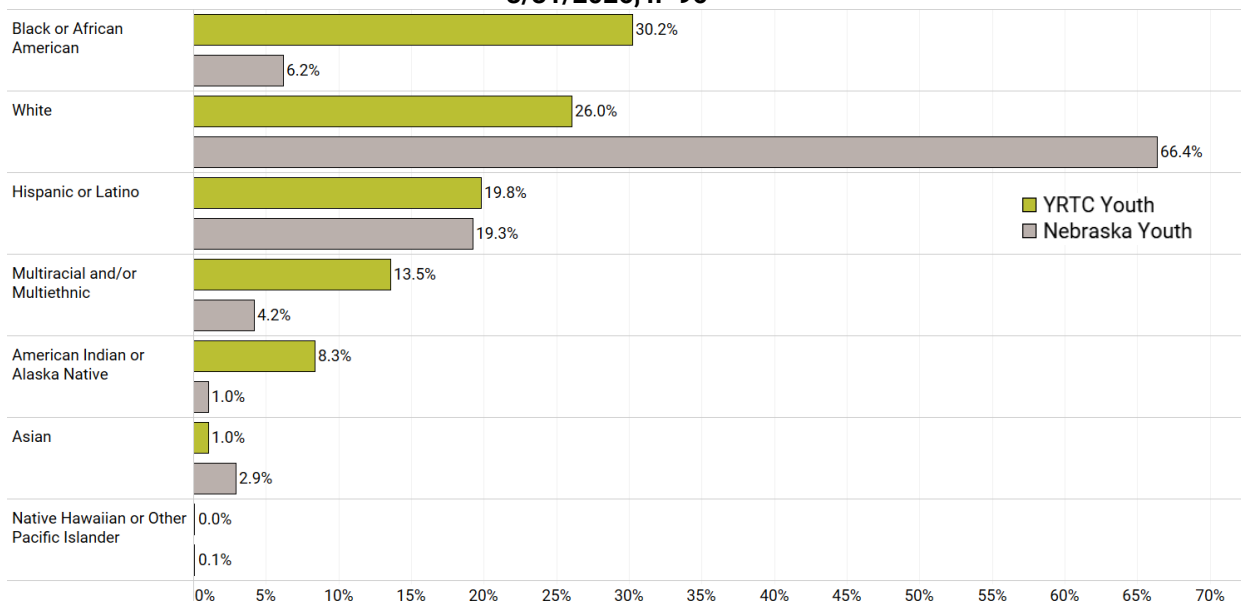
**Age.** By law, youth placed at a YRTC range in age from 14 to 18. On 3/31/2026, the median age for males was 17 years old and for females it was 16.5 years old.

**Gender.** On 3/31/2026, there were 72 males, and 24 females placed at a YRTC.

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

- Black or African American, American Indian or Alaska Native, and Multiracial and/or Multiethnic youth were disproportionately represented in the YRTC population on 3/31/2026.
  - Black or African American youth make up 6.2% of Nebraska’s youth population but were 30.2% of the YRTC population on 3/31/2026. This is an overrepresentation of nearly five times their census population.
  - American Indian or Alaska Native youth make up only 1.0% of Nebraska’s youth population but were 8.3% of the YRTC population on 3/31/2026, meaning they are overrepresented by eight times their census population.

**Figure 29: Race and Ethnicity of Youth Placed at a YRTC Compared to Nebraska Youth on 3/31/2026, n=96**



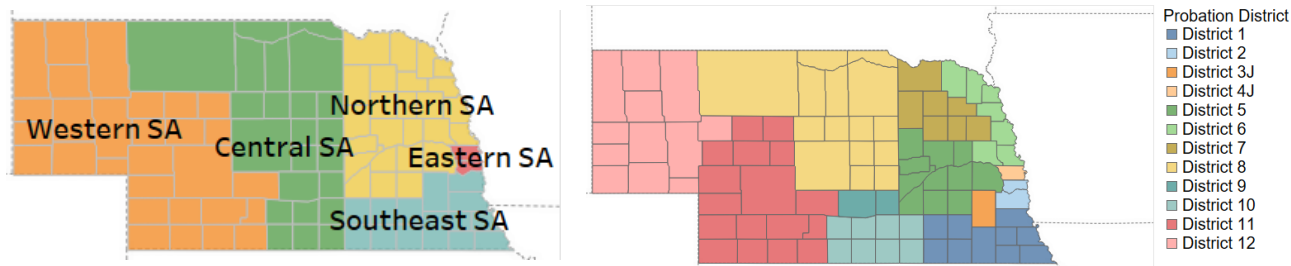
**Times in Care Over Lifetime.** The average number of times in care over their lifetime for youth at a YRTC on 3/31/2026 was 2.9.

**Median Number of Days in Care.** For those in care on 3/31/2026, the median number of days in care for youth at a YRTC was 426.5 days.

**Number of Placements.** The average number of placements over their lifetime for youth at a YRTC on 3/31/2026 was 9.9.

## 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. "A Guide for Community Child Serving Agencies on Psychotropic Medications for Children and Adolescents a Guide for Public Child Serving Agencies on Psychotropic Medications for Children and Adolescents," 2012. [https://www.aacap.org/App\\_Themes/AACAP/docs/press/guide\\_for\\_community\\_child\\_serving\\_agencies\\_on\\_psychotropic\\_medications\\_for\\_children\\_and\\_adolescents\\_2012.pdf](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 Tallahassee. "Guidelines for the Use of Psychotherapeutic Medications in State Mental Health Treatment Facilities." October 15, 2018. [https://www.myflfamilies.com/sites/default/files/2022-12/cfop\\_155-01\\_guidelines\\_for\\_the\\_use\\_of\\_pschotherapeutic\\_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_pschotherapeutic_medications_in_state_mental_health_treatment_facilities.pdf).

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

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

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

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

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

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

## Appendix C

### The Foster Care Review Office

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

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

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

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.<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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