

2021



KIDS COUNT IN NEBRASKA REPORT



ACKNOWLEDGEMENTS

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Kids Count in Nebraska is a children's data and policy project of Voices for Children in Nebraska. Key indicators measure the well-being of children in five areas: health, education, economic stability, child welfare, and juvenile justice.

This research is funded in part by the Annie E. Casey Foundation. We thank them for their support and acknowledge that the findings and conclusions presented in this report are those of the author(s) alone, and do not reflect the opinions of this organization.

An important component of this project is the Technical Team of Advisors, members of which provide data and expertise on child well-being in our state. The *Kids Count* Technical Team, comprising representatives from numerous agencies and organizations in Nebraska and other research experts, provides invaluable information for this project each year. Without their interest, support, and partnership, *Kids Count* would be impossible to produce.

Kids Count in Nebraska Reports from 2008 to 2021 are available for download at www.voicesforchildren.com/data-research/kids-count.

Additional copies of the *Kids Count in Nebraska 2021 Report*, as well as reports from 1993 through 2020 are available from:

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Dear Kids Count Reader,

We are pleased to bring you this 29th edition of the *Kids Count in Nebraska Report*! This year's report brings with it all the updated data on child well-being in Nebraska that you have come to expect year after year. As always, we have added a few indicators and updated some to make them even more relevant, making this year's report our most comprehensive and in-depth look at the overall status of Nebraska's children.

At the time of last year's report release we had experienced less than a year of the COVID-19 pandemic. The Report highlighted the early impact of the pandemic on the well-being of Nebraska's children and families. Due to delays in data availability this year's report is being produced a year and a half later. By now we would have expected a return to normalcy and significant recovery in many areas. While we are thankful for the scientific and medical advances that have brought us closer to normalcy the road back has been longer and more challenging than any of us could have imagined.

The economic outlook for our country and our state is continuing to reveal itself. Much of the data in this report comes from 2020, during the early days of the COVID-19 pandemic and prior to a vaccine being available for most of the population – including all children. While there is much we still don't know about the overall effect of the COVID-19 pandemic on children's well-being, it remains clear that race matters when determining a child's pathway to opportunity. This is clearly presented in the Race and Opportunity Index.

We hope you find this year's edition of the Kids Count in Nebraska Report helpful. As always, we welcome your feedback. This report exists to help you - whether you are a policymaker, legislative staff member, administrator, child advocate, educator or anyone else who wants to help ensure all Nebraska's children have the opportunity to lead the happy and healthy life they deserve.

We want to extend our thanks to Chrissy Tonkinson, one of Voices' former Research Coordinators for stepping in and helping us get this year's *Kids Count Report* across the finish line and into your hands. Finally, to the many experts and data providers who lent their expertise to the production of this report, we extend endless gratitude. Thank you.

Please enjoy the *2021 Kids Count in Nebraska Report*!

Kind Regards,

JULIET SUMMERS, JD
EXECUTIVE DIRECTOR

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RESEARCH COORDINATOR

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TRANSITION CONSULTANT

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ABOUT VOICES FOR CHILDREN

Founded in 1987, Voices for Children in Nebraska has a 35-year track record of improving the lives of Nebraska's children and youth. As the independent, nonpartisan voice for children, we are not funded by state, federal, city, or county dollars. Our independence allows us to speak loud and clear and to shine the spotlight on the needs of children in our state.

MISSION:

Voices for Children in Nebraska is the independent voice building pathways to opportunity for all children and families through research, policy, and community engagement.

VISION:

We will engage the public and state leaders to build systems removing obstacles and promoting opportunities for ALL children to lead healthy, secure, and fulfilling lives.

VALUES:

All children deserve an equal opportunity to succeed in life. To ensure kids remain at the center of priorities and programs:

- Informed research drives our direction.
- When a policy is good, we support it; when it is harmful, we fight it; when it is missing, we can create it.
- Community engagement is how we promote systems change.

VOICES FOR CHILDREN IN NEBRASKA'S 2022 BOARD OF DIRECTORS:

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CHILDREN ARE OUR STATE'S GREATEST RESOURCE, AND THE DECISIONS OUR LEADERS MAKE ABOUT THEM IMPACT OUR COLLECTIVE FUTURE.

Voices for Children in Nebraska has developed the following Pro-Kid Policy Plan, focusing on the issues of health, economic stability, child welfare, and juvenile justice. Our policy priorities are guided by research, data, and proven best practices that improve child well-being. We pay close attention to the impact of race, socioeconomic status, and geography, and seek to remove barriers to opportunity within these areas. This plan represents our vision for a Nebraska where strong communities allow all children to thrive.

VOICES FOR CHILDREN WORKS TO ENSURE THAT:

HEALTH



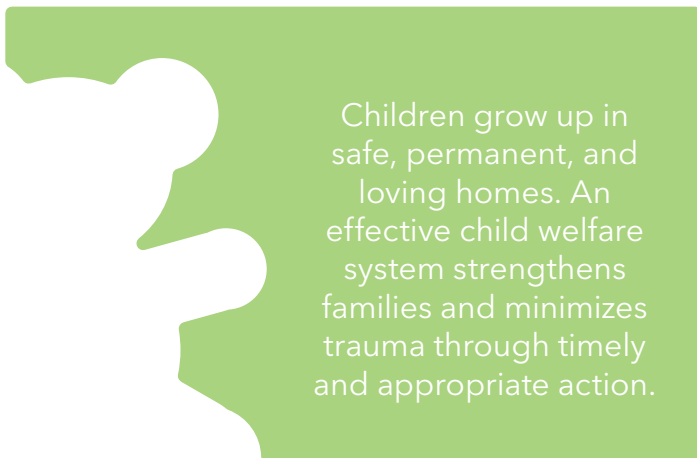
Children and families have access to affordable, quality physical and behavioral health care. Consistent and preventive health care gives children the best start to grow up to be healthy and productive adults.

ECONOMIC STABILITY



Families are able to achieve financial security, and children's basic needs are met. State economic policies support families in trying to build a better future and balance work and family life.

CHILD WELFARE



Children grow up in safe, permanent, and loving homes. An effective child welfare system strengthens families and minimizes trauma through timely and appropriate action.

JUVENILE JUSTICE



Youth are held accountable for their actions in developmentally appropriate ways that promote community safety and allow them to grow into responsible citizens.

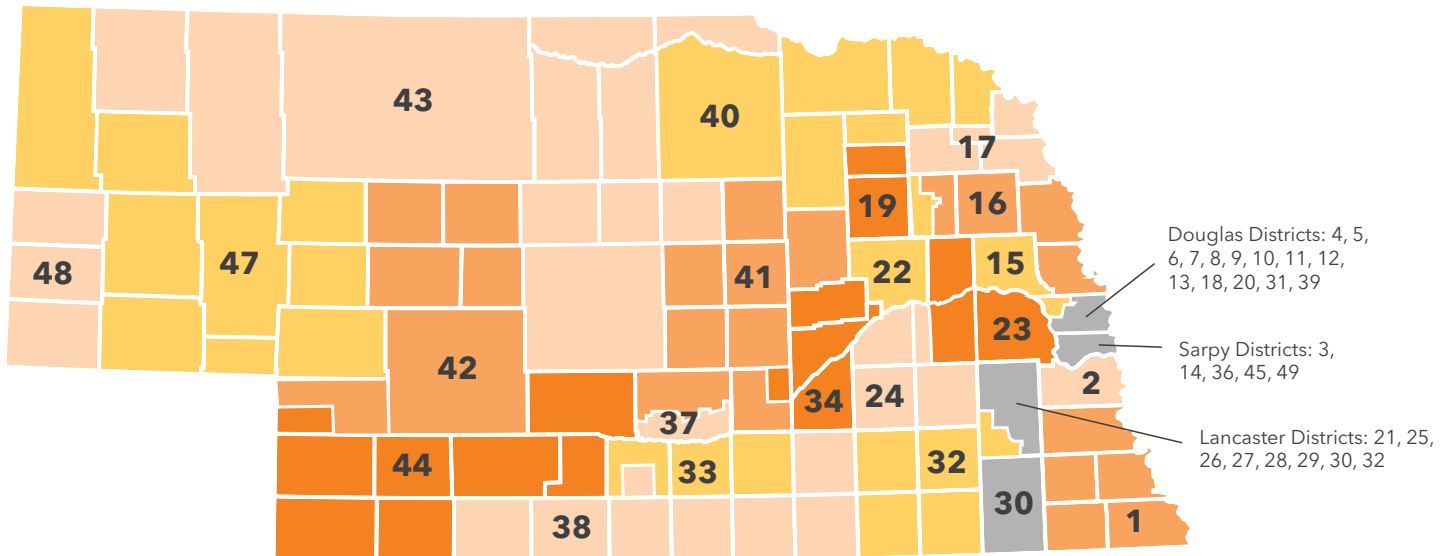


CONTACTING ELECTED OFFICIALS

HOW TO USE YOUR VOICE ON BEHALF OF CHILDREN

Do you have something to share with elected officials about children’s issues? It’s easy to contact policymakers using these tools– a legislative map, contact information for your representatives, and a wealth of information and data at your fingertips.

1 FIND YOUR DISTRICT



2 IDENTIFY YOUR ELECTED OFFICIAL OR OFFICIALS

2021 NEBRASKA LEGISLATURE			
SENATOR	DISTRICT	OFFICE PHONE	EMAIL
AGUILAR, RAYMOND	35	402-471-2673	raguilar@leg.ne.gov
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CONTACTING ELECTED OFFICIALS



2021 NEBRASKA LEGISLATURE (CONTINUED)

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NEBRASKA SECRETARY OF STATE: BOB EVNEN
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NEBRASKA ATTORNEY GENERAL: DOUG PETERSON
402-471-2682, WWW.AGO.NEBRASKA.GOV

NEBRASKA STATE TREASURER: JOHN MURANTE
402-471-2455, WWW.TREASURER.NEBRASKA.GOV

U.S. SENATOR: DEB FISCHER
202-224-6551, WWW.FISCHER.SENATE.GOV

U.S. SENATOR: BEN SASSE
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U.S. REPRESENTATIVE-2ND DISTRICT: DON BACON
202-225-4155, WWW.BACON.HOUSE.GOV

U.S. REPRESENTATIVE-3RD DISTRICT: ADRIAN SMITH
202-225-6435, WWW.ADRIANSMITH.HOUSE.GOV

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KNOW YOUR ISSUES, SHARE YOUR DATA

www.voicesforchildren.com contains a wealth of information including:

- Legislative Priority bills
- Blog
- *Kids Count NE* interactive data tool
- Electronic version of the *Kids Count in Nebraska Report*

To stay current on children's legislative issues, sign up for our free advoKID email alerts on our website to help you respond to the issues affecting children in the unicameral.

To access *Kids Count Nebraska* data on the go, visit www.kidscountnebraska.com for our interactive state data tool.

To use the KIDS COUNT Data Center - the interactive home of national, state, and county level data, visit www.datacenter.kidscount.org.

To view the legislative calendar, read bills, listen live, and more, visit www.nebraskalegislature.gov.



EVERY FAMILY DESERVES A LIVING WAGE

No child in Nebraska should go to bed hungry or wake up fearful of losing their home. No parent should have to work all year, without vacation or sick days, and still be unable to provide the basic necessities to keep their children safe and healthy. Our children, communities, and state are stronger when all Nebraska families are able to participate fully in the workforce and establish financial security. We must ensure that families are able to meet their children's basic needs and that our children have an opportunity to thrive.

It is well established that increasing the minimum wage leads to happier and healthier children who have a much better chance of economic security in adulthood. The financial well-being of a family impacts children in obvious ways, such as the ability to put food on the table and access safe, affordable housing. However, there are less obvious ways in which children benefit from increased wages as well. For example, increased household earnings can mean that parents can spend more quality time with their children, can provide additional educational opportunities for their children, and can afford extracurricular activities. Higher wages increase some job-related flexibilities, giving parents the ability to reduce work hours as needed or choose work schedules that coincide with school hours.¹ Higher wages lead to happier and healthier children and families, in many ways that are obvious and many more that are not.

In 2020, 78.1% of children in our state had all available parents in the workforce.² Unfortunately, having high labor force participation does not always translate into family economic stability. The Covid-19 pandemic and resulting economic fallout has caused significant hardship for families in Nebraska. The slow economic recovery is being complicated by record-setting inflation and significant escalation in the cost of living. As a result, Nebraska families continue to struggle to make ends meet. Raising the minimum wage would benefit workers in low-wage and essential jobs across the state. This is especially true for women, and particularly women of color, who are concentrated in jobs that pay at or just above the minimum wage. These jobs - cashiers and childcare providers, for example - were celebrated for their "essential" role in the height of the pandemic, but have not seen a corresponding focus on increasing their compensation.

FIGURE 1: MEDIAN INCOME FOR FAMILIES WITH CHILDREN (2020)³

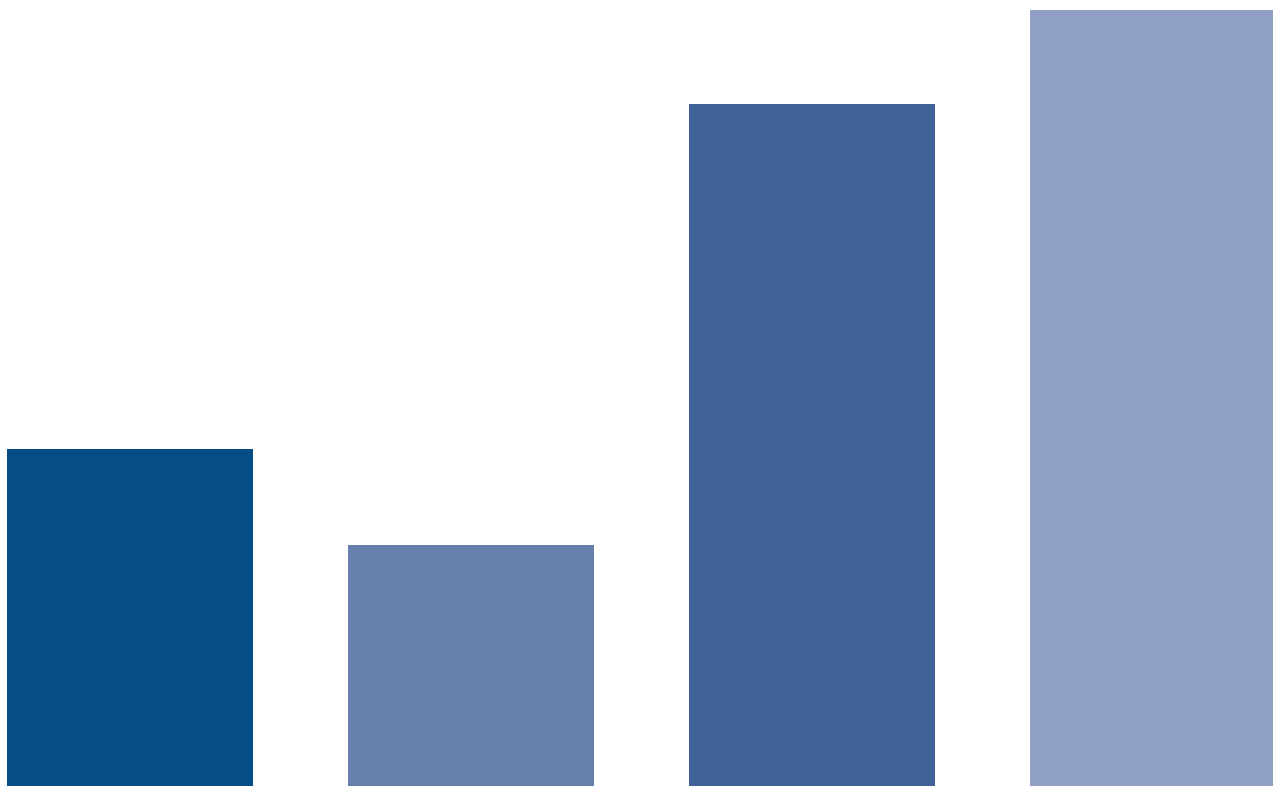
All families	\$80,125
Married couple	\$91,937
Male householder (no wife)	\$47,259
Female householder (no husband)	\$31,074



Currently, the federal minimum wage is just \$7.25 per hour, and Nebraska’s minimum wage is only slightly higher, at \$9 per hour. The subminimum wage for tipped workers and some other limited groups of workers is shockingly low, at \$2.13 per hour. The minimum wage in Nebraska is not currently tied to inflation; as a result, those working minimum wage jobs today have less money each year than they did the year before. The cost of basic necessities has increased each year, but the minimum wage has not. For a parent making just \$9 per hour, a 50 cent uptick in the cost of a gallon of milk may put a mealtime staple out of reach.⁴

The chart below illustrates the gap between low-wage earnings and the amount needed to provide for a two-parent family with two children. It assumes that both parents work full-time (40 hours per week), year round (52 weeks per year). That means no vacation, no sick time, just work.

FIGURE 2. ANNUAL EARNINGS FOR 2 ADULT, 1 INFANT, 1 TODDLER FAMILY⁵



100% Federal Poverty Level
 \$26,500.00 annual
 \$2,208.33 monthly
 \$6.37 hourly
 (per adult)

Minimum Wage
 \$18,720.00 annual
 \$1,560.00 monthly
 \$9.00 hourly
 (per adult)

200% Federal Poverty Level
 \$53,000 annual
 \$4,416.67 monthly
 \$12.74 hourly
 (per adult)

Family Economic Self-Sufficiency Standard
 \$60,320.79 annual
 \$5,026.74 monthly
 \$14.50 hourly
 (per adult)



COMMENTARY

According to the Center for American Progress, approximately 103,945 children in Nebraska live in a household with a worker making less than \$15 per hour (about \$31,000 per year) in 2020.⁶ It is estimated that over 50,000 Nebraska children live below the federal poverty level (FPL) and over 21,000 are growing up in extreme poverty. It is clear that the economic status quo is not working for families.⁷

Raising Nebraska's minimum wage would immediately reduce our state's tragically high child poverty level and promote better outcomes for children and families. As noted above, there is a substantial gap between low-wage earnings and the amount needed to provide for a two-parent family with two children. To address this issue, Raise the Wage Nebraska, a broad coalition of Nebraska individuals and organizations, is working to pass a ballot initiative to gradually raise Nebraska's minimum wage to \$15 per hour by 2026. In addition to raising the minimum wage, the proposed change would ensure the state's wage levels are responsive to the future economic needs of Nebraska families by setting the wage threshold to automatically adjust on an annual basis to account for increases in the cost of living. If the coalition gathers the required number of signatures in time, Nebraskans will have the opportunity to vote to gradually increase the minimum wage in the November 2022 election.

Figure 2 shows that Nebraska would need to increase the minimum wage to at least \$14.50 per hour effective immediately to ensure that most households in Nebraska have an income that meets the Family Economic Self-Sufficiency Standard. As shown in Figure 3, the Raise the Wage initiative would phase in the minimum wage increase over time.

FIGURE 3. RAISE THE WAGE PROPOSED TIMELINE

STATE MINIMUM WAGE WILL INCREASE AS FOLLOWS:	
1/1/2023	\$10.50
1/1/2024	\$12.00
1/1/2025	\$13.50
1/1/2026	\$15.00



Nebraska's economy is leaving too many families behind as wage growth year after year fails to keep pace with the increases in cost of living. As hard as parents try to insulate their children from economic hardship, often to their own detriment, too many children in Nebraska are living in poverty and suffering long-term harm because of it. Increasing the minimum wage is a critically important policy option that would immediately provide economic relief to those who need it most.

REFERENCES

1. White, G, "A Small Boost in Income Makes a Big Difference for Kids," *The Atlantic*, September 27, 2015.
2. U.S. Census Bureau, 2020 American Community Survey 5-year Estimates, Table B23008.
3. U.S. Census Bureau, 2020 American Community Survey 5-year Estimates, Table B19126.
4. USDA. Found at <https://www.ams.usda.gov/sites/default/files/media/RetailMilkPrices.pdf>.
5. *Voices for Children in Nebraska*, "2021 Kids Count in Nebraska Report", "Making Ends Meet", p. 47.
6. Center for American Progress, "Building an Economy that Supports All Children Requires Raising the Minimum Wage", 2/25/2021.
7. *Voices for Children in Nebraska*, "2021 Kids Count in Nebraska Report", "Poverty in Nebraska", p. 46.

ADDITIONAL SOURCES

- i. U.S. Bureau of Labor Statistics, *Characteristics of Minimum Wage Workers*, 2021.
- ii. Health and Human Services. 2021 Poverty Guidelines.
- iii. National Womens Law Center, *Tipped Workers State by State*, 2019, available at <https://nwlc.org/wp-content/uploads/2019/06/Tipped-workers-state-by-state-2019.pdf>.
- iv. Center for American Progress, "Raising the Minimum Wages Would Boost an Economic Recovery – and reduce Taxpayer Subsidization of Low-Wage Work", 1/17/2021.
- v. Center on Budget and Policy Priorities, "State Earned Income Tax Credits and Minimum Wages Work Best Together", 3/9/2020.
- vi. Center for American Progress, "Building an Economy that Support All Children Requires Raising the Minimum Wage", 2/25/2021.
- vii. Center for American Progress, "Raising the Minimum Wage Would Be TRansformative for Women", 2/23/2021.

RACE &

OPPORTUNITY

Nebraska was founded under values of opportunity and equality for all, but when looking at the data and research on Nebraska's children and families, a harsher reality is uncovered - one of disparity and lack of equitable chance of future success and opportunity for children of color. In response to this, the Index of Race & Opportunity for Nebraska Children was created.

Voices for Children is deeply committed to using our resources to combat White supremacy; to pursuing equitable justice in our state; and to being held accountable for acting. In past years, Kids Count provided the Index of Race & Opportunity for Nebraska Children. This composite index score consists of 13 indicators of child well-being in policy areas such as health, education, child welfare, juvenile justice, and economic stability. These data consistently revealed racial disparities and unequal opportunity for children and families of color.

Unfortunately, due to changes in the way some data were collected, we are unable to offer the index this year. The Kids Count team is searching for solutions to the problem and hopes to have the index back next year. In the meantime, 9 of the 13 statistics used in the past are still available. These data continue to show systemic racial inequities. Although we are unable to provide the Index of Race & Opportunity this year, Voices' policy work is still oriented toward addressing these gaps and ensuring Nebraska lives up to its founding motto, "Equality before the Law."



RACE & OPPORTUNITY INDEX

Indicators and the page numbers where the data can be found, as available:



EDUCATION

- 3- and 4-year-olds enrolled in school (N/A)
- Reading proficiently at 3rd grade (p. 39)
- 16-24-year-olds employed or attending school (N/A)



HEALTH

- Children with health insurance coverage (p. 26)
- Infants receiving adequate prenatal care (p. 22)



JUVENILE JUSTICE

- Youth who have completed a diversion program successfully (p.70)
- Youth who have completed probation successfully (N/A)



ECONOMIC STABILITY

- Children living above the Federal Poverty Level (p. 46)
- Median family income (p. 52)
- Children living in a low-poverty areas (N/A)



CHILD WELFARE

- Children not involved in the child welfare system (p.60)
- Children who are wards of the state, but are living at home (p. 60)
- Children who are living in out-of-home care, but have done so in three or fewer placements (p. 63)

7 KEY STEPS

Used to help advance and embed race equity and inclusion at all levels of policy creation

STEP 1

Establish an understanding of race equity and inclusion principles.

STEP 2

Engage affected populations and stakeholders.

STEP 3

Gather and analyze disaggregated data.

STEP 4

Conduct systems analysis of root causes of inequities.

STEP 5

Identify strategies and target resources to address root causes of inequities.

STEP 6

Conduct race equity impact assessment for all policies and decision making.

STEP 7

Continuously evaluate effectiveness and adapt strategies.

Source: Annie E. Casey Foundation, "Race Equity and Inclusion Action Guide", 2015.

POPULATION

The premise of Kids Count is and has always been that good data can help drive good decisions. Without knowing where children, families, and our communities stand now, we cannot know where the most effective solutions lie. Taken every ten years, the U.S. Census is one of the most important tools for learning how communities are faring, guiding policy makers and other leaders for the coming years.

The importance of participating in the Decennial Census cannot be overstated. Census results impact how much funding is received each year at the state and local level as well as how electoral boundaries are designed. It is estimated that every Nebraskan not counted in the Census results in a loss of nearly \$21,000 in federal funding.¹ When kids are not counted, communities do not get their fair share in electing leaders who make decisions impacting their future, or accurate funding for programs that work to ensure children get a fair start in life. Fortunately, Nebraska ranked 4th nationally in self-response rates with 71.9% of Nebraskan households responding to the 2020 Census online, by mail, or by phone.² Thank you to everyone who participated, promoted, and advocated so that every single Nebraskan is counted!

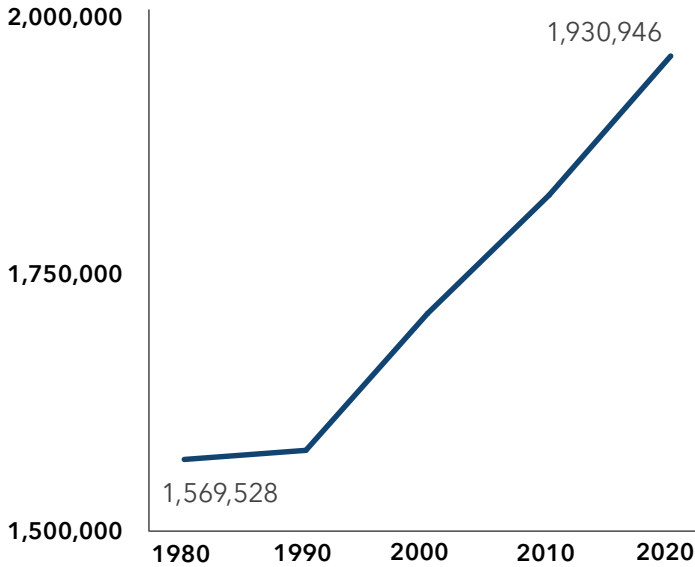
1. Reamer, A. (2020). *Counting for dollars 2020: The role of the decennial census in the geographic distribution of federal funds*. The George Washington Institute for Public Policy.

2. U.S. Census Bureau. (2020). *Census Self-Response Rankings*.

POPULATION



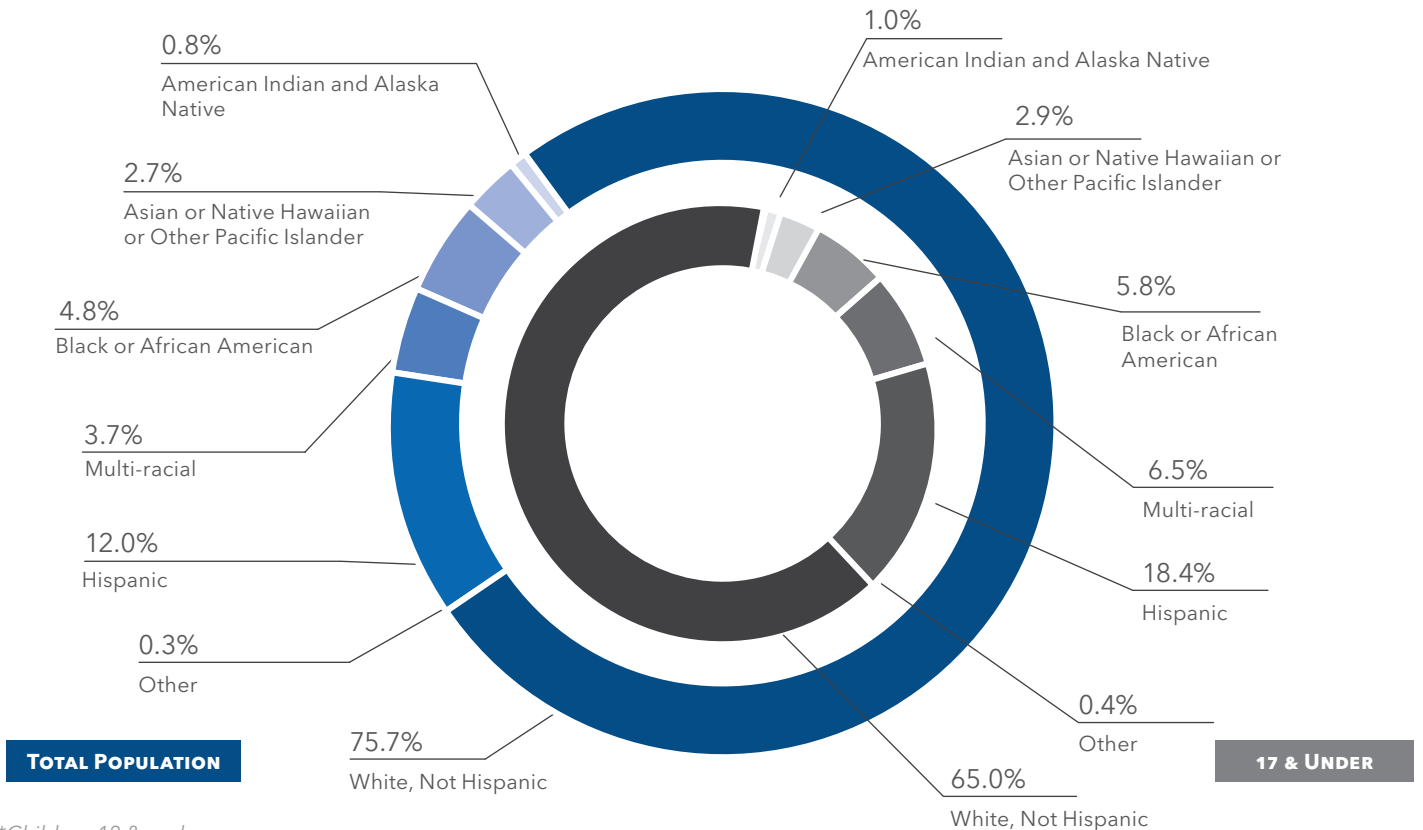
NEBRASKA TOTAL RESIDENT POPULATION (1980-2020)¹



1,930,946 people
including
500,510 children*
lived in Nebraska in 2020.²

24.3%
OF NEBRASKANS WERE OF COLOR
IN 2020.² THIS IS EXPECTED TO
INCREASE TO 38% BY 2050.³

NEBRASKA POPULATION BY RACE/ETHNICITY (2019)²



*Children 18 & under

1. <https://data.census.gov/cedsci>.

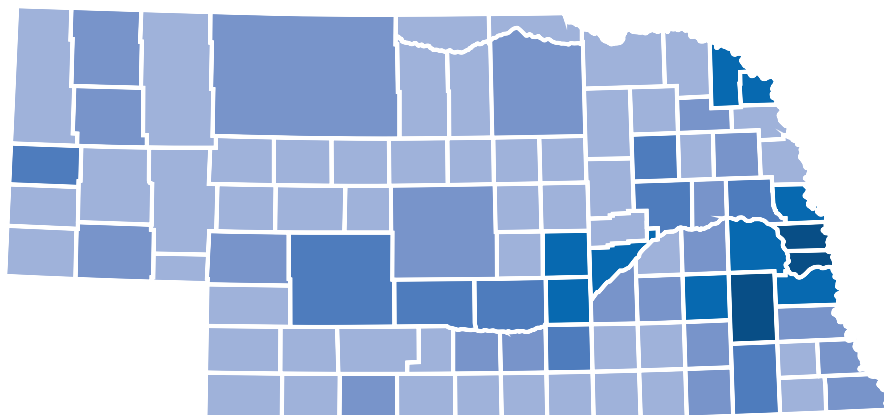
2. <https://www.census.gov/data/datasets.html>.

3. Center for Public Affairs Research, UNO, Nebraska County Population Projections: 2010 to 2050.



POPULATION

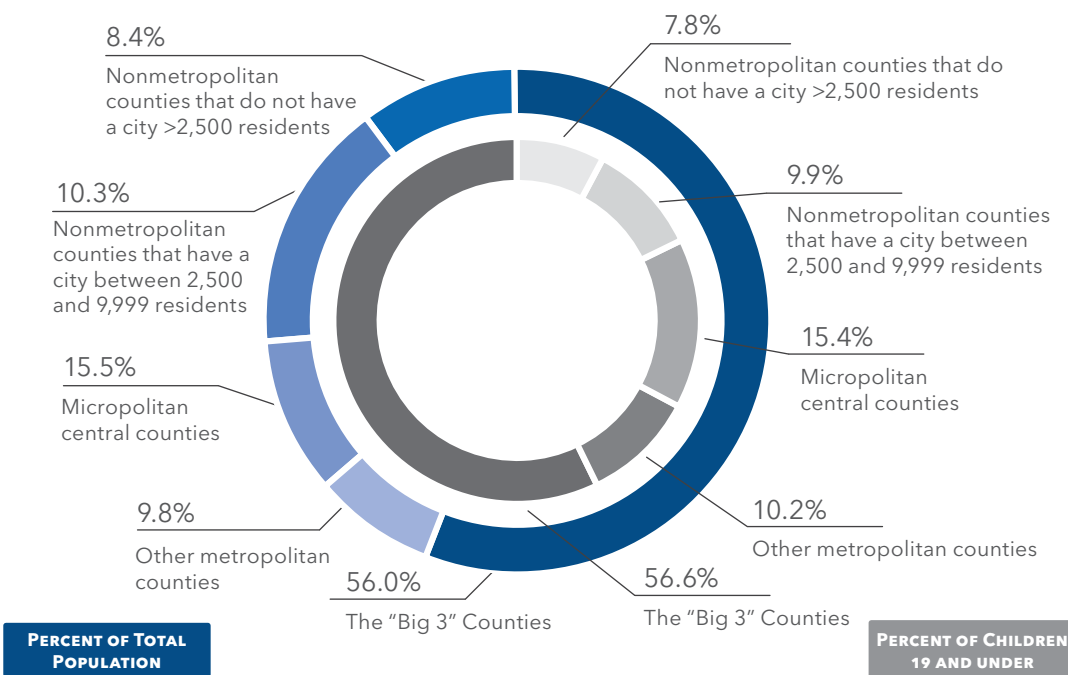
NEBRASKA RURALITY CLASSIFICATIONS (2020)¹



Based on the current population distribution of Nebraska, counties are split into five categories:

- **The "Big 3":** Douglas, Lancaster, Sarpy
- **10 Other metropolitan counties:** Cass, Dakota, Dixon, Hall, Hamilton, Howard, Merrick, Saunders, Seward, Washington
- **9 Micropolitan central counties:** Adams, Buffalo, Dawson, Dodge, Gage, Lincoln, Madison, Platte, Scotts Bluff
- **20 Nonmetropolitan counties** that have a city between 2,500 and 9,999 residents
- **51 Nonmetropolitan counties** that do not have a city >2,500 residents

NEBRASKA POPULATION BY RURALITY CLASSIFICATION (2020)¹



56.6%

OF NEBRASKA KIDS LIVE IN THE "BIG 3" COUNTIES.²

16.5%

OF NEBRASKANS WERE 65 OR OLDER IN 2020.² THIS IS EXPECTED TO INCREASE TO 21.0% BY 2050.¹

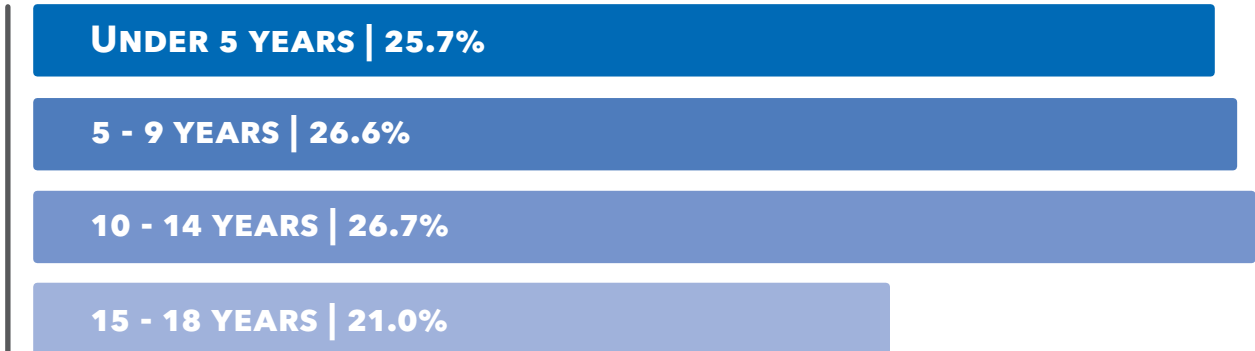
NEBRASKA POPULATION BY AGE (2020)²



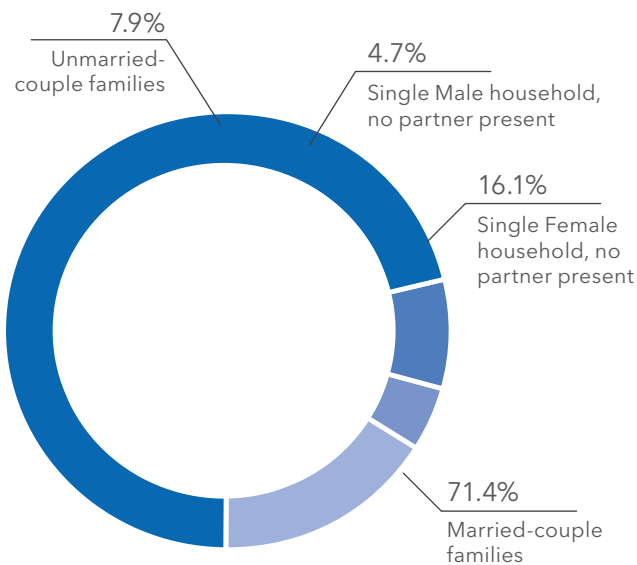
1. <https://www.whitehouse.gov/wp-content/uploads/2020/03/Bulletin-20-01.pdf>; <https://www.census.gov/data/datasets.html>
 2. <https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-state-detail.html>



NEBRASKA CHILDREN BY AGE (2020)¹



NEBRASKA HOUSEHOLDS WITH CHILDREN BY HOUSEHOLD TYPE (2020)²



1,762

OF NEBRASKA KIDS WERE LIVING IN GROUP QUARTERS* IN 2020.³

28.6%

OF NEBRASKA KIDS WERE LIVING WITH AN UNMARRIED PARENT IN 2020,² AN INCREASE FROM 13% IN 1980.²

4,070

NEBRASKA CHILDREN WERE LIVING WITH THEIR GRANDPARENT(S) WITHOUT A PARENT PRESENT IN 2019.⁴

*Group quarters is defined as institutional or non-institutional group living quarters like correctional facilities, college dormitories, group homes, or shelters.

1. U.S. Census Bureau, 2020 Population Estimates.

2. U.S. Census Bureau, 2020 American Community Survey 5-year Estimates, Table B09005.

3. U.S. Census Bureau, 2020 American Community Survey 5-year Estimates, Table B09001.

4. U.S. Census Bureau, 2020 American Community Survey 5-year Estimates, Table B10002.



HEALTH

Every child and family deserves access to affordable, quality physical and behavioral health care.

Quality and consistent preventive health care, beginning even before birth, gives children the best chance to grow up to be healthy and productive adults.

Children and families must be able to access and maintain affordable health insurance, and policies should maximize availability and robust investment in Medicaid and the Children’s Health Insurance Program. Our health care systems and policies should prioritize preventive services including immunization, developmental screenings, early intervention, and home visiting. Policies should promote timely and equitable access to a complete range of health care services within a health home and community-based environments for children and families across the lifespan.

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Births.....	22
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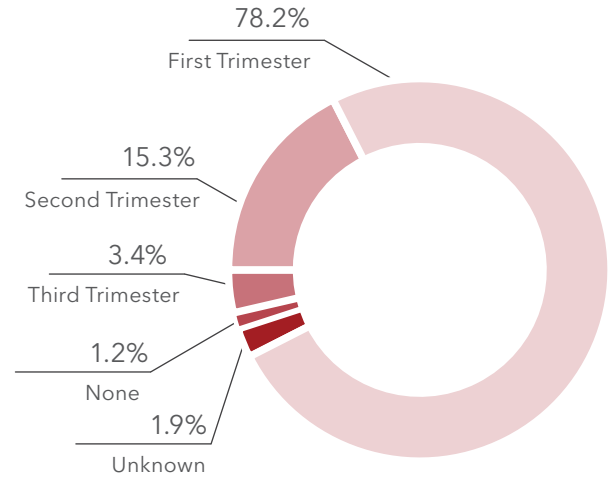
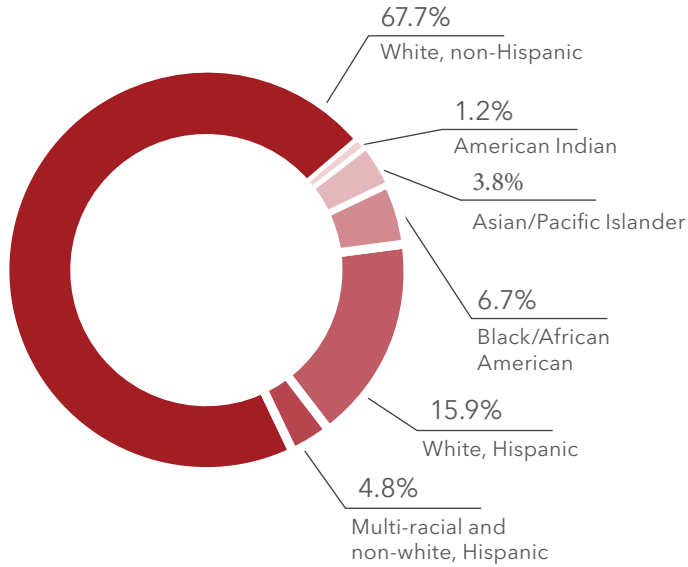


BIRTHS

24,291 BABIES WERE BORN IN 2020.¹

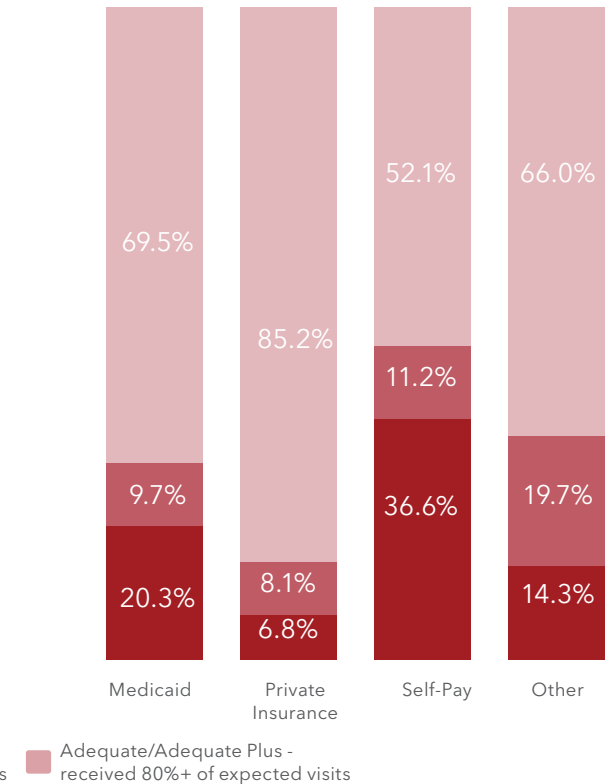
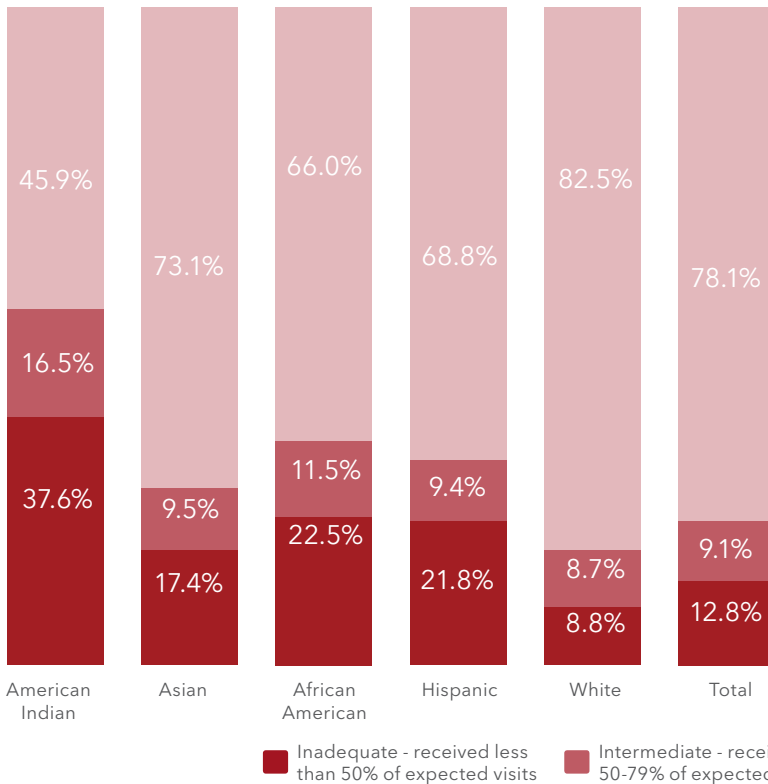
BIRTHS BY RACE & ETHNICITY (2020)²

TRIMESTER PRENATAL CARE BEGAN (2020)²



ADEQUACY OF PRENATAL CARE BY RACE/ETHNICITY (2018-2020)³

ADEQUACY OF PRENATAL CARE BY HEALTH INSURANCE TYPE (2020)³



■ Inadequate - received less than 50% of expected visits
 ■ Intermediate - received 50-79% of expected visits
 ■ Adequate/Adequate Plus - received 80%+ of expected visits

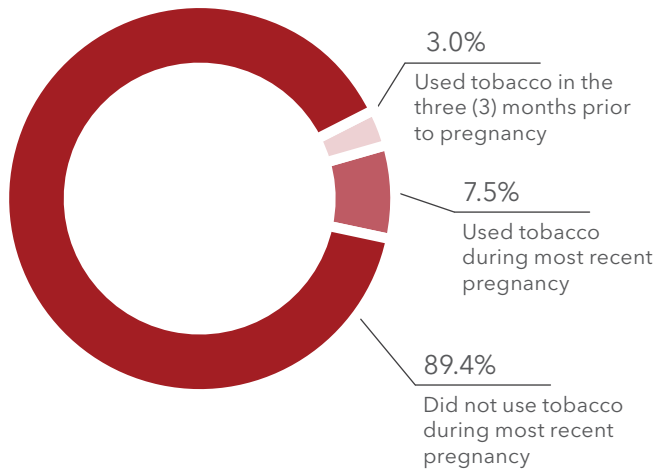
1. Vital Statistics, Department of Health and Human Services (DHHS).

2. "United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS), Natality on CDC WONDER Online Database, for years 2016-2019 available October 2020."

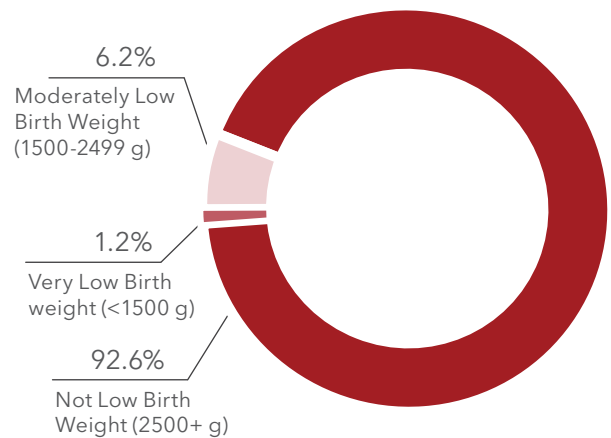
3. National Center for Health Statistics, Natality Data, 2020, Prepared by March of Dimes, Perinatal Data Center.



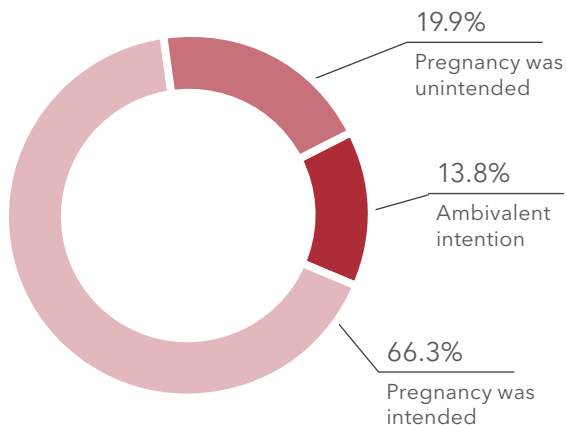
TOBACCO USE (2020)¹



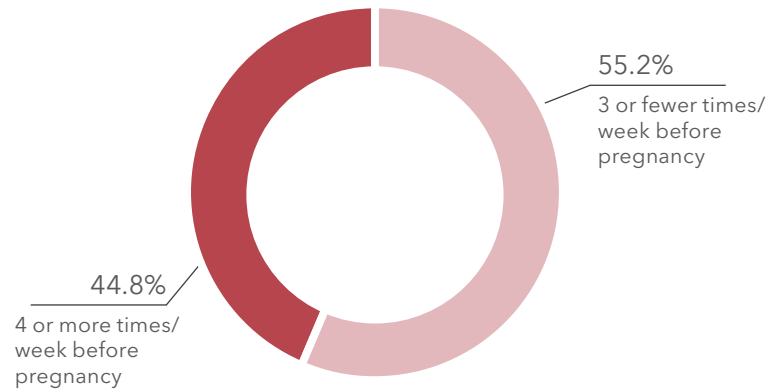
LOW BIRTH WEIGHT (2020)¹



PREGNANCY INTENDEDNESS (2020)²



FOLIC ACID USE PRIOR TO PREGNANCY (2020)²



BREASTFEEDING (2020)²

MOTHERS WHO BREASTFED AT ANY TIME | 90.9%

MOTHERS WHO EXCLUSIVELY BREASTFED AT 4 WEEKS | 61.7%

12.1% of new mothers experienced postpartum depression symptoms related to their most recent pregnancy.²

2.2% of women had a home visitor during pregnancy to help prepare for the new baby.²

1. "United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS), Natality on CDC WONDER Online Database, for years 2016-2019 available October 2020."

2. PRAMS, 2020.

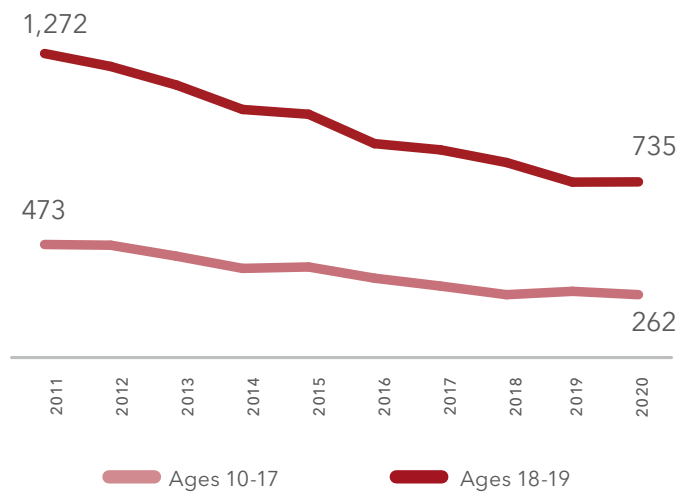


TEEN BIRTHS & SEXUAL BEHAVIOR

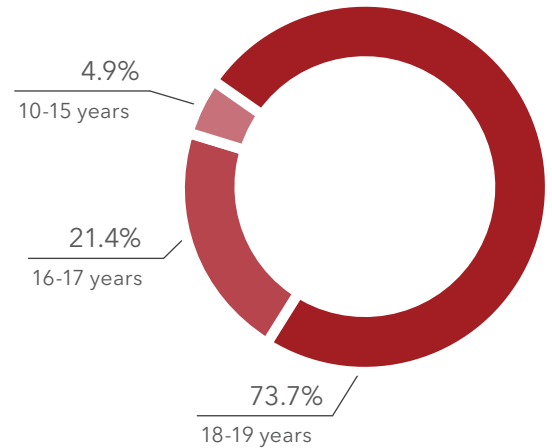
TEEN BIRTHS

Teen births are at the lowest point in a decade. In 2020 there were **997** babies born to teen mothers, **262** to mothers who were 10-17 years old, **735** to mothers who were 18 or 19.¹

TEEN BIRTHS (2011-2020)¹



TEEN BIRTHS BY AGE (2020)¹



HIV/AIDS³

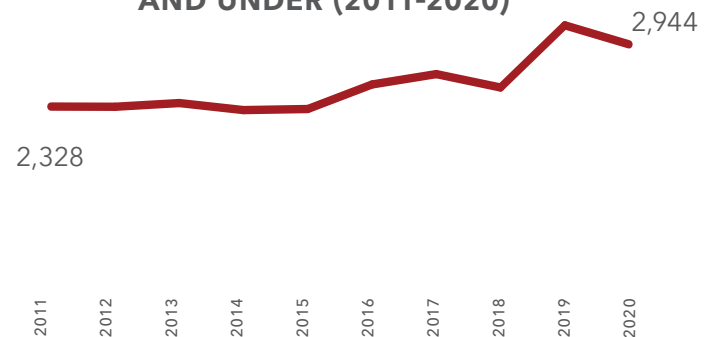
2020 Prevalence: **less than five** children ages 0-11 and **12** children ages 12-19

Since 2008, one child in Nebraska with a diagnosis of HIV or AIDS has died from the disease.

TEEN SEXUAL BEHAVIOR² 2019

Ever had sexual intercourse	33.7%
Reported having sexual intercourse before age 13	2.2%
Had sex with four or more people	9.0%
Had sex in the past three months	25.0%
Drank alcohol or used drugs before last sexual intercourse	16.5%
Did not use a condom during last sexual intercourse	48.6%
Did not use any method to prevent pregnancy during last sexual intercourse	13.2%

NUMBER OF SEXUALLY TRANSMITTED INFECTIONS (STIs) AMONG THOSE 19 AND UNDER (2011-2020)⁴



1. "United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS), Natality on CDC WONDER Online Database, for years 2016-2019 available October 2020."

2. Center for Disease Control and Prevention, Youth Risk Behavior Survey, 2019.

3. HIV Surveillance, Nebraska Department of Health and Human Services (DHHS); Kids Count, 2020.

4. STD Prevention Program, Department of Health and Human Services (DHHS); Kids Count, 2020.

INFANT & CHILD DEATHS



CAUSES OF INFANT DEATHS (2020)¹

Maternal and Perinatal	22	15.9%
Birth Defects	33	23.9%
SIDS/SUDI	14	10.1%
Heart/Cardiovascular and Respiratory	18	13.0%
Accident	13	9.4%
Prematurity	11	8.0%
Infection	0	0.0%
Homicide	-	-
Other	27	19.6%
Total	137	

INFANT MORTALITY

increased from 2019 at **5.6 per 1,000** births in 2020.

6 WOMEN

died in 2020 due to a cause related to or aggravated by pregnancy or its management.¹

INFANT MORTALITY BY RACE/ETHNICITY PER 1,000 BIRTHS (2019)²

AMERICAN INDIAN | 12.4

ASIAN | 3.4

BLACK | 13.9

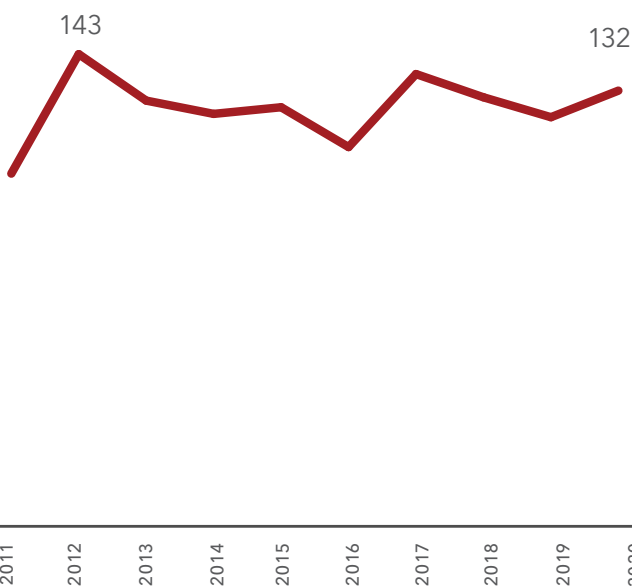
HISPANIC | 6.2

OTHER | 1.6

WHITE, NON-HISPANIC | 3.7

TOTAL | 4.9

CHILD DEATHS, AGES 1-19 (2011-2020)¹



CAUSES OF CHILD DEATHS (2020)¹

ACCIDENTS	38	28.8%
SUICIDE	20	15.2%
CANCER	16	12.1%
BIRTH DEFECTS	4	3.0%
HOMICIDE	10	7.6%
COVID-19	2	1.5%
OTHER	42	31.8%
TOTAL	132	

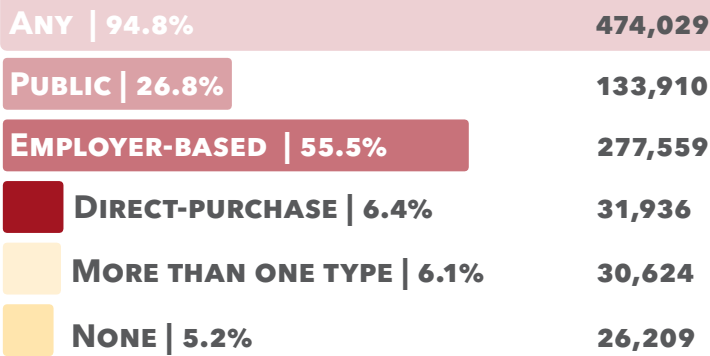
1. Vital Statistics, Department of Health and Human Services (DHHS); Kids Count, 2020.

2. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics.

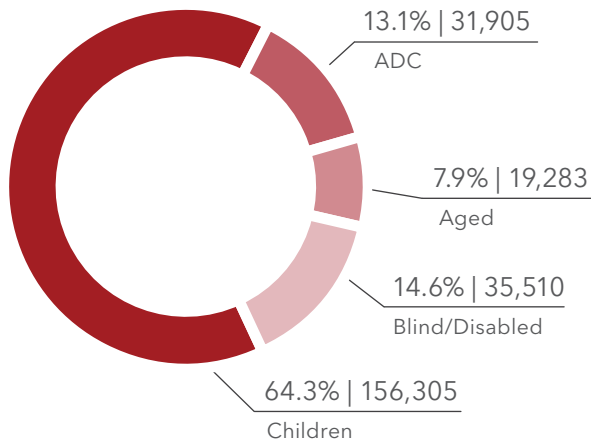


HEALTH INSURANCE

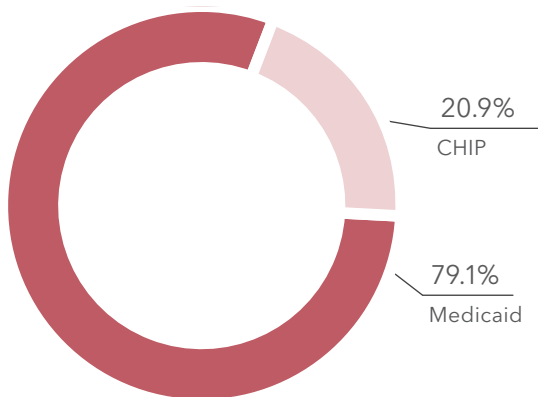
HEALTH COVERAGE FOR KIDS 18 & UNDER BY TYPE (2020)¹



MEDICAID/CHIP ELIGIBILITY BY CATEGORY (2020)^{2*}



MEDICAID/CHIP ENROLLMENT (2020)²



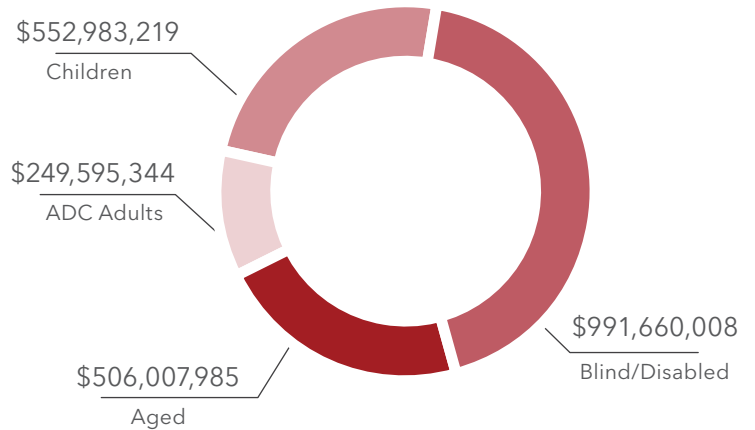
ACCESS TO HEALTH CARE

In 2020, there were **26,209 (5.2%)** uninsured children in Nebraska. Of those, **13,724 (52.4%)** were low-income (below 200% of the federal poverty level) and likely eligible, yet unenrolled in the Children's Health Insurance Program (CHIP).¹

156,305 (31.2%) CHILDREN WERE ENROLLED IN MEDICAID/CHIP IN SFY 2020.¹

64.3% OF THOSE ELIGIBLE FOR MEDICAID/CHIP ARE CHILDREN, BUT CHILDREN ONLY MAKE UP 24% OF MEDICAID COSTS.¹

MEDICAID/CHIP EXPENDITURES BY CATEGORY (2020)^{2*}



UNINSURED CHILDREN BY RACE/ETHNICITY (2020)³

AMERICAN INDIAN	978	15.6%
ASIAN/PACIFIC ISLANDER	668	5.3%
BLACK/AFRICAN AMERICAN	1,681	5.8%
HISPANIC	9,791	11.0%
OTHER/2+	5,548	10.0%
WHITE, NON-HISPANIC	12,060	3.5%

1. U.S. Census Bureau, 2020 American Community Survey 5-year estimates, Table B27010.

2. Nebraska Medicaid Annual Report for State Fiscal Year 2020.

3. U.S. Census Bureau, 2020 American Community Survey 5-year estimates, Table C27001C.

* "Children" category combines Medicaid and CHIP coverage. "Adults" are those aged 19-64 receiving Aid to Dependent Children, or temporary cash assistance through the state of Nebraska.



An estimated **10.3% (51,542)** Nebraska children have been diagnosed with a mental/behavioral condition needing treatment.¹

Many children in Nebraska deal with behavioral health problems that may affect their ability to participate in normal childhood activities.

The National Survey of Children's Health estimates the number of Nebraska children facing the following disorders:¹

- ANXIETY: **34,093**
- ADD/ADHD: **29,194**
- DEPRESSION: **17,912**
- AUTISM SPECTRUM DISORDER: **10,441**

64.9% OF CHILDREN needing mental health counseling actually received it.¹

CHILDREN RECEIVING COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES THROUGH DHHS (2020)³

MENTAL HEALTH SERVICES | 3,550

SUBSTANCE ABUSE SERVICES | 120

REGIONAL CENTERS (2020)³

104 YOUTH

received services at Hastings Regional Center, a chemical dependency program for youth from the Youth Rehabilitation & Treatment Center (YRTC) in Kearney.

139 YOUTH

received services from Lincoln Regional Center at the Whitehall Campus.

1. 2019-2020 National Survey of Children's Health, National Outcome Measures 17.3.

2. Center for Disease Control and Prevention, Youth Risk Behavior Survey, 2019.

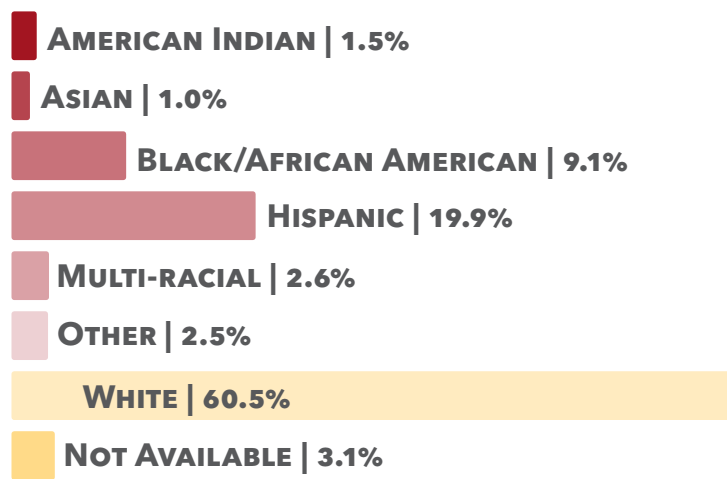
3. Division of Behavioral Health, Department of Health and Human Services.

4. Financial and Program Analysis Unit, Nebraska Department of Health and Human Services. Data for FY 2020 was not available.

SUICIDE IN THE LAST 12 MONTHS (2019)²

SERIOUSLY CONSIDERED SUICIDE	17.7%
SUICIDE PLAN	15.5%
SUICIDE ATTEMPT	8.6%

CHILDREN RECEIVING COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES BY RACE/ETHNICITY (2020)³



82.3% OF CHILDREN SIX MONTHS TO FIVE YEARS MET ALL FOUR MEASURES OF FLOURISHING.¹

- BOUNCES BACK QUICKLY WHEN THINGS DON'T GO THEIR WAY
- ARE AFFECTIONATE AND TENDER WITH THEIR PARENT(S)
- SHOW INTEREST AND CURIOSITY IN LEARNING NEW THINGS
- SMILE AND LAUGH A LOT

37,887 CHILDREN received behavioral health services through Medicaid/CHIP from 1,376 providers (FY 2019).⁴

32.0% OF TEENS felt sad or hopeless (everyday for 2+ weeks so that activity was stopped in last 12 months).²

207 CHILDREN received developmental services through Medicaid/CHIP (FY 2020).⁴



HEALTH RISKS

7.4% OF HIGH SCHOOLERS RARELY OR NEVER WORE A SEAT BELT.¹

MOTOR VEHICLE CRASHES AND SEAT BELT USE¹

2019

IN THE PAST 30 DAYS, RODE IN A VEHICLE DRIVEN BY SOMEONE WHO HAD BEEN DRINKING ALCOHOL **14.6%**

IN THE PAST 30 DAY, DROVE A VEHICLE AFTER DRINKING ALCOHOL **5.8%**

TEXTED OR EMAILED WHILE DRIVING A CAR OR OTHER VEHICLE IN THE LAST 30 DAYS **50.7%**

MOTOR VEHICLE CRASHES (2020)²

15 CHILDREN died and **190 CHILDREN** suffered disabling injuries in motor vehicle accidents.

60.0% CHILDREN who died were not wearing a seatbelt, **38.9%** of those with disabling injuries were not wearing a seatbelt.

Alcohol was involved in crashes resulting in **1 DEATHS** and **10 DISABLING INJURIES.**

INJURIES AND VIOLENCE¹

2019

WERE IN A PHYSICAL FIGHT IN THE PAST 12 MONTHS **19.1%**

IN THE PAST 12 MONTHS, WAS PHYSICALLY HURT ON PURPOSE BY SOMEONE THEY WERE DATING **6.9%**

WERE THREATENED OR INJURED WITH A WEAPON ON SCHOOL PROPERTY **8.0%**

BULLIED AT SCHOOL **21.3%**

ELECTRONICALLY BULLIED **15.7%**

EXPERIENCED SEXUAL VIOLENCE **11.6%**

1. Center for Disease Control and Prevention, Youth Risk Behavior Survey, 2019.

2. Nebraska Department of Transportation.

3. Childhood Lead Poisoning Prevention Program, Nebraska Department of Health and Human Services.

4. Nebraska Hospital Information System.

BLOOD LEAD LEVEL TESTING (2020)³

Exposure to lead may harm a child's brain and central nervous system. Even low blood lead concentrations can cause irreversible damage such as:

- impaired physical and cognitive development,
- delayed development,
- behavioral problems,
- hearing loss, and
- malnutrition.

The Centers for Disease Control uses a reference level of five micrograms per deciliter to identify children as having an elevated blood lead level.

In 2020:

33,747 CHILDREN aged 0-6 had a blood lead level test.

296 had elevated blood lead levels, representing **0.9%** of all children tested.

92 NEBRASKA CHILDREN ages 1-18 were injured by a firearm necessitating an emergency department visit in 2020.⁴

64 were due to accidental discharge.

20 were due to assault.

2 were due to self-harm.

3 were due to legal intervention involving rubber bullet.

3 were undetermined.



TEEN ALCOHOL AND OTHER DRUG USE (2019)¹

IN THE PAST 30 DAYS HAD AT LEAST ONE (1) DRINK OF ALCOHOL	21.0%
IN THE PAST 30 DAY HAD 5 OR MORE DRINKS IN A ROW WITHIN A COUPLE HOURS	8.2%
EVER USED MARIJUANA	25.6%
EVER USED ANY FORM OF COCAINE	3.5%
EVER USED ANY FORM OF HEROIN	1.9%
EVER USED INHALANTS TO GET HIGH	6.0%
EVER USED METH	2.1%
EVER USED ECSTASY OR MDMA	3.4%
EVER TOOK PRESCRIPTION DRUGS WITHOUT A DOCTOR'S PERMISSION	14.7%
IN PAST 12 MONTHS, OFFERED, SOLD, OR GIVEN ILLEGAL DRUGS BY SOMEONE ON SCHOOL PROPERTY	24.0%

TEEN TOBACCO USE (2019)¹

CURRENTLY SMOKES CIGARETTES, CIGARS, SMOKELESS TOBACCO, OR ELECTRONIC VAPOR PRODUCT	18.8%
CURRENTLY SMOKES CIGARETTES	4.2%
CURRENTLY USES SMOKELESS TOBACCO	3.6%
CURRENTLY USES AN ELECTRONIC VAPOR PRODUCT	17.1%

DOMESTIC VIOLENCE & SEXUAL ASSAULT²

Nebraska's Network of Domestic Violence/Sexual Assault Programs includes 20 community-based programs. There are also four (4) tribal programs which comprise the Nebraska Tribal Coalition Ending Family Violence.

DOMESTIC VIOLENCE/SEXUAL ASSAULT SERVICES (2021)²

SERVICES	Children	Women	Men	Total
PEOPLE	1,708	9,719	748	12,557
CHILDREN RECEIVED DOMESTIC VIOLENCE SHELTER SERVICES				693
CHILDREN RECEIVED DOMESTIC VIOLENCE NON-SHELTER SERVICES				1,015
CHILDREN RECEIVED DOMESTIC VIOLENCE GROUP SERVICES				288
CHILDREN RECEIVED VICTIM ADVOCACY SERVICES				1,394
CHILDREN RECEIVED DOMESTIC VIOLENCE CRISIS INTERVENTION AND ADVOCACY SERVICES				733

1. Center for Disease Control and Prevention, Youth Risk Behavior Survey, 2019.

2. Nebraska Coalition to End Sexual and Domestic Violence.

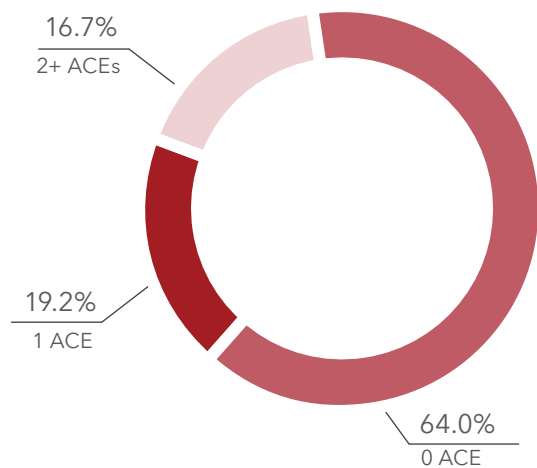


ADVERSE CHILDHOOD EXPERIENCES

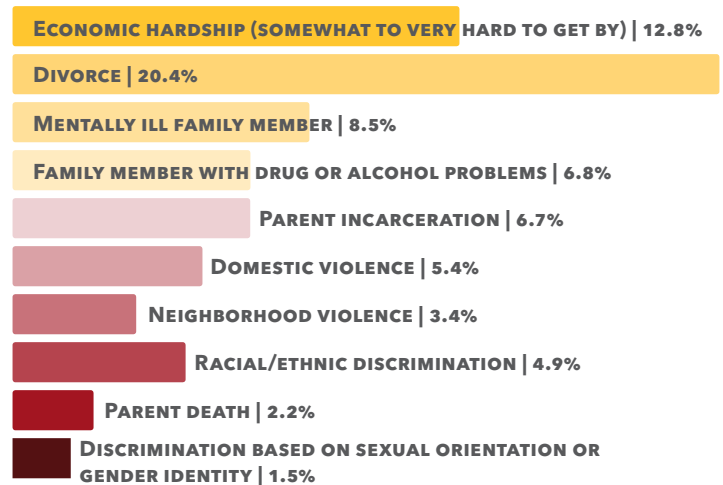
ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. Experiencing multiple ACEs results in compounding effects, and there is growing evidence that it is the general experience of multiple ACEs, rather than the specific individual impact of any one experience that matters. The experience of ACEs extends beyond the child and can cause consequences for the whole family and community.

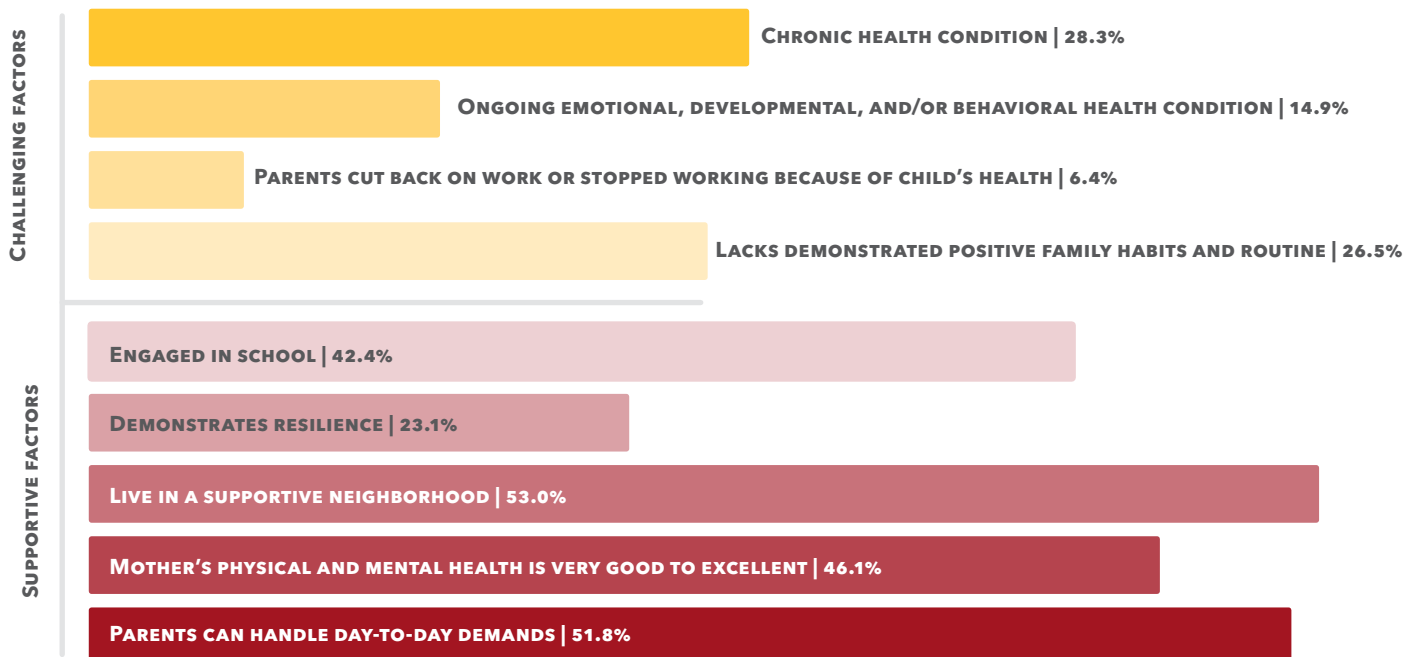
NUMBER OF ACEs CHILDREN EXPERIENCE (2020)¹



TYPE OF ACE (2020)¹



AMONG CHILDREN WITH 1 OR MORE ACE, THE FOLLOWING WERE DISPLAYED (2020)²



1. 2019-2020 National Survey for Children's Health, Family Health and Activities, Indicator 6.13.
2. 2020 National Survey of Children's Health.



NUMBER OF MEDICAL PROVIDER SHORTAGES BY COUNTY (2020)¹

	# OF SHORTAGES
PRIMARY	79
MENTAL	74
DENTAL	70

Health professional shortage areas are designations that indicate a shortage of health care providers in the areas of primary care, mental health care, or dental health care. Shortages fall into 3 categories:¹

- 1. Geographic areas** - a shortage of providers for the entire population within an area
- 2. Population groups** - a shortage of providers within an area for a specific high need population
- 3. Facilities** - health care facilities within an area have a shortage of health professionals to meet their needs

IMMUNIZATION SERIES COVERAGE (2011-2020)^{2,3}



2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

— Healthy People 2020 Goal
 — Nebraska Coverage
 — National Coverage

IMMUNIZATIONS (2020)^{2,3}

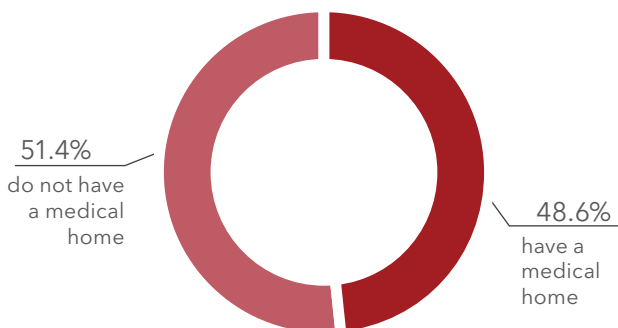
77.7% of Nebraska children had received the primary immunization series* by age three.

87.3% of Nebraska teens were immunized against meningitis caused by types A, C, W, and Y.

62.2% of Nebraska teen girls and **67.3%** of Nebraska teen boys completed their HPV vaccine series.

CHILDREN WITH A MEDICAL HOME (2020)³

A patient-centered medical home is a primary care physician or provider that serves as a child's usual source of care. It is an important mechanism for coordination of all segments of health - physical, behavioral, and oral.



82.4% of children had a preventive dental visit in the past year.⁴

36.4% of children had one or more current health conditions.⁴

91.6% of children are in very good to excellent health.⁴

76.9% of children had a preventive medical visit in the past year.³

1. Health Resources & Services Administration, Health Professional Shortage Areas.
 2. National Immunization Survey-Child, 2020.; Kids Count 2020.
 *Series 4:3:1:3:3:1:4
 3. Centers for Disease Control and Prevention, National Immunization Survey - Child, 2018, 2019, 2020.
 4. 2019-2020 National Survey of Children's Health.
 5. 2019 National Survey of Children's Health.



EDUCATI

Education is the surest way to build a pathway to lifelong success, and the early years of a child’s life are imperative to laying a solid foundation for success. Establishing the conditions that promote educational achievement for children is critical. With a strong and healthy early beginning, children can more easily stay on track to remain in school, graduate on time, pursue postsecondary education and training and enjoy a successful transition into adulthood. Closing gaps in educational access and quality is key to ensuring the future workforce can compete and build or continue the cycle of success and independence.

When reviewing the data reported in this section, it is important to note that due to the onset of the COVID-19 pandemic, schools were closed to in-person learning during the 4th quarter of the 2019/20 school year.

WHERE ARE THE DATA?

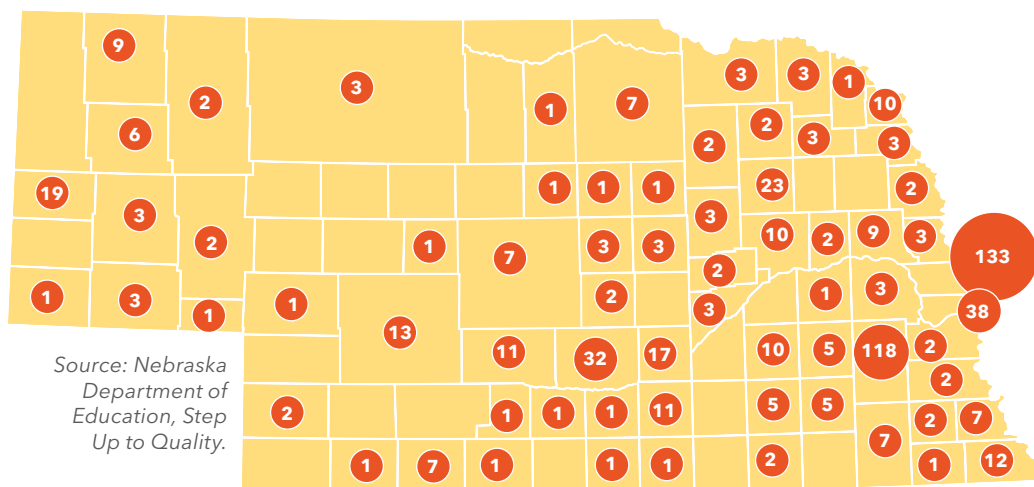
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STEP UP TO QUALITY

NEBRASKA STEP UP TO QUALITY PROGRAMS BY COUNTY (AS OF 10/21/2021)

STEP UP TO QUALITY PROGRAMS	
614 PROGRAMS (10/21/2021)	
STEP 1	240
STEP 2	225
STEP 3-5	149



Nebraska Step Up to Quality is an Early Childhood Quality Rating and Improvement System (QRIS), passed by the Nebraska Legislature in 2013. The primary goal of Nebraska Step Up to Quality is to improve early care and education quality and increase positive outcomes for young children. This is done through informing parents about quality early care and education programs in understandable and measurable ways. In addition, it improves teacher and director effectiveness through training and professional development, formal education, and coaching. It also emphasizes strengthening the understanding and use of standards, assessment processes, and using data to improve quality.

AS OF 10/21/2021 NEBRASKA HAD

614 STEP UP TO QUALITY PROGRAMS

STEP UP TO QUALITY PROGRAM PROVIDERS BY STEP (10/21/2021)

240 PROVIDERS - STEP 1: The program has completed the application to participate in Step Up to Quality, staff members have submitted a professional record, and the program’s director has completed orientation.

225 PROVIDERS - STEP 2: The program director completed several trainings related to safety, child health and early learning and management as well as several self assessments related to child development knowledge.

149 PROVIDERS - STEPS 3-5: Once programs achieve Step 2 they are eligible for coaching services. Early childhood coaches help guide programs as they set goals to make program improvements. During the rating process, programs earn points in the following standard areas, curriculum, learning environments & interactions, Child outcomes, Professional development and training, Family engagement & partnerships, and Program administration. Step 3-5 ratings are determined by the number of points achieved.

EARLY CHILDHOOD EDUCATION

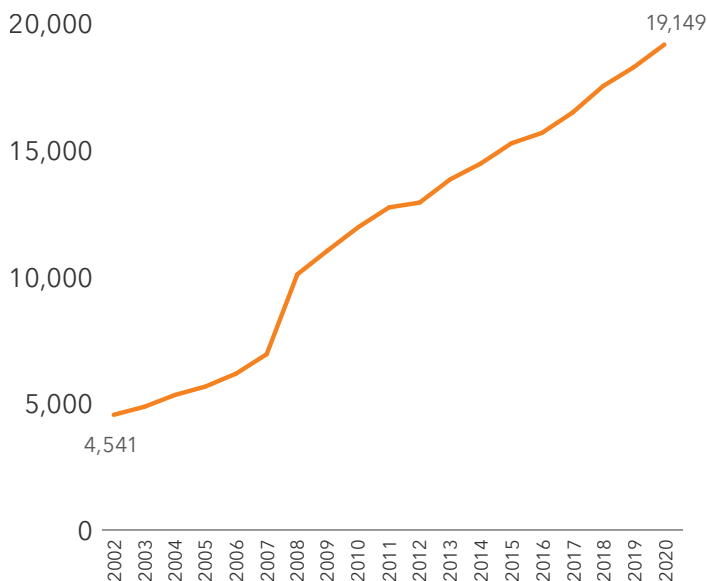


SCHOOL-BASED PRESCHOOL (2019/20)¹

19,149

children were enrolled in public school-based preschool.

PUBLIC SCHOOL PRESCHOOL ENROLLMENT (2001/02 - 2019/20)¹



EARLY DEVELOPMENT NETWORK (2019/20)

The Early Development Network (EDN) serves families with children born with disabilities.

2,301

infants and toddlers had an Individualized Family Service Plan through EDN.

- 1,979 with a developmental delay
- 95 with a speech language impairment
- 75 with a hearing impairment
- 39 with autism
- 113 with some other disability

Source: Early Development Network, Annual Performance Report, FFY 2019-20.

SIXPENCE (2019/20)³

Sixpence serves children birth to age three who are at risk of failure in school and is funded through public and private dollars. There were **31** Sixpence programs in the state of Nebraska in the 2019/20 program year serving:

886
families

88
pregnant moms

1,038
children

5,484

children were served in 20 Early Head Start and 19 Head Start Programs in the 2020/21 program year.²

7.6%

of children served in early head start/Head Start Program experiencing homelessness.²

133

pregnant women were served in Early Head Start in the 2020/21 program year.²

3.9%

of children served by Head Start/Early Head Start were living in foster care.²

1. Nebraska Department of Education.

2. Office of Head Start, Program Information Report; Kids Count 2020.

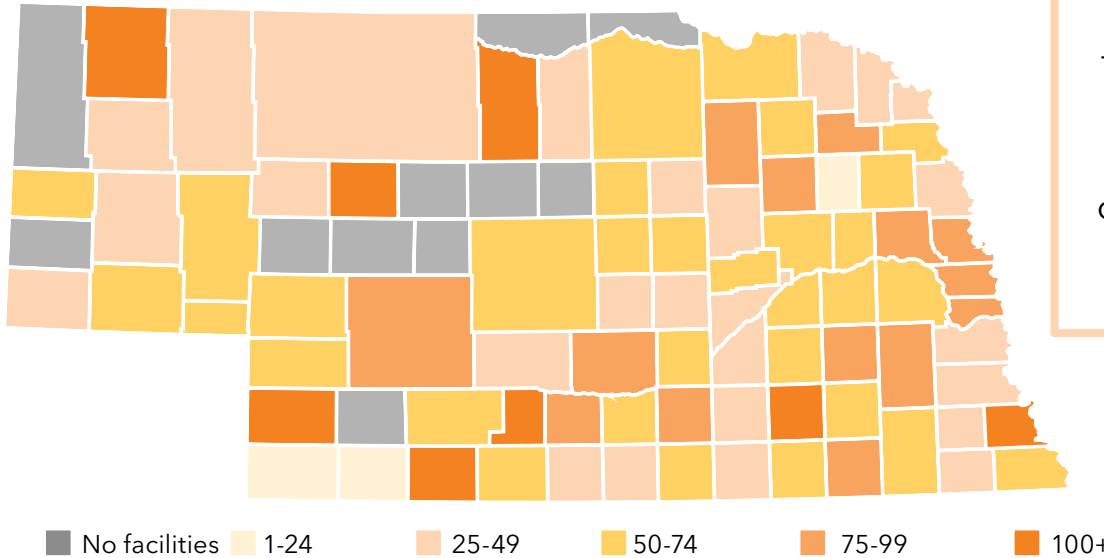
3. Sixpence Early Learning Fund 2019-20 Evaluation Report, UNMC.



CHILD CARE

CAPACITY OF LICENSED CHILD CARE FACILITY PER 100 CHILDREN UNDER 6 WITH ALL AVAILABLE PARENTS WORKING BY COUNTY¹

NOTE: DOES NOT INCLUDE SCHOOL-AGE-ONLY CHILD CARE CENTERS.



LICENSED CHILD CARE FACILITIES (2021)¹

2,905

TOTAL LICENSED CHILD CARE FACILITIES

112,914

CHILDREN UNDER 6 ARE ESTIMATED TO NEED CHILD CARE

6.2% (9,330)

NEBRASKA PARENTS OF CHILDREN 0-5 QUIT, DID NOT TAKE, OR GREATLY CHANGED THEIR JOB BECAUSE OF CHILD CARE PROBLEMS IN 2019/20.²

ANNUAL CHILD CARE COSTS (2020)³

CENTER-BASED CARE

INFANT \$11,960

4-YEAR-OLD \$11,440

HOME-BASED CARE

INFANT \$10,660

4-YEAR-OLD \$10,140

CHILD CARE SUBSIDIES (SFY 2020)⁴

- There were **25,217** children in Nebraska who received child care subsidies in SFY 2020. **1,739** children were in the care of a license-exempt facility.
- An average of **15,143** children received a subsidy each month for an average of **7 months**. **10,938** were below school age, and **5,399** were school age.
- **11,649** children receiving a subsidy were from a family living below 100% FPL, **3,398** were from families between 100%-130% FPL and **1,772** were from families between 130%-185% FPL.
- **\$42,500,397** in state and **\$59,695,235** in federal funds were spent on the child care subsidy program.

1. Roster of Licensed Child Care and Preschool Programs in Nebraska; U.S. Census 2019 American Community Survey 5-Year Estimates, Table B23008.

2. 2019/20 National Survey of Children's Health.

3. ChildCare Aware of America, 2020 State Child Care Facts in the State of Nebraska.

4. Nebraska Department of Health and Human Services.

FREE/REDUCED COST SCHOOL MEALS



MEAL PROGRAM PARTICIPATION (2019/20)¹

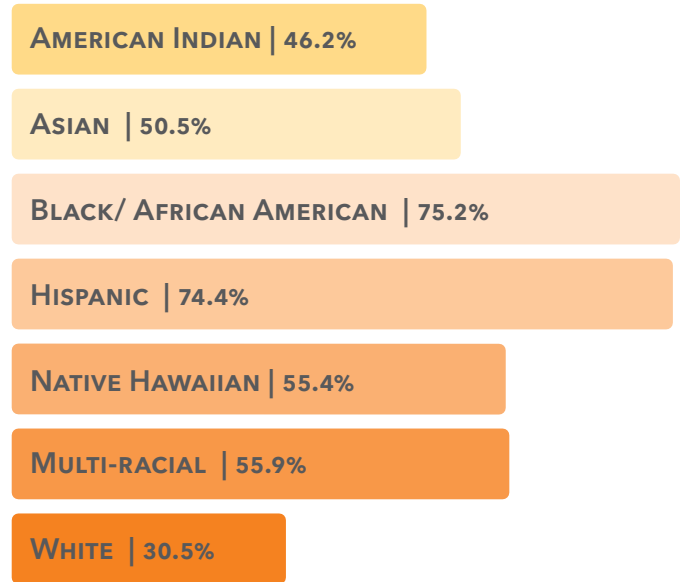
BREAKFAST	LUNCH
269 DISTRICTS	374 DISTRICTS
770 SCHOOLS/SITES	932 SCHOOLS/SITES

COMMUNITY ELIGIBILITY (2019/20)¹

	SITES	CHILDREN
ELIGIBLE	138	191,538
SERVED	467	62,192

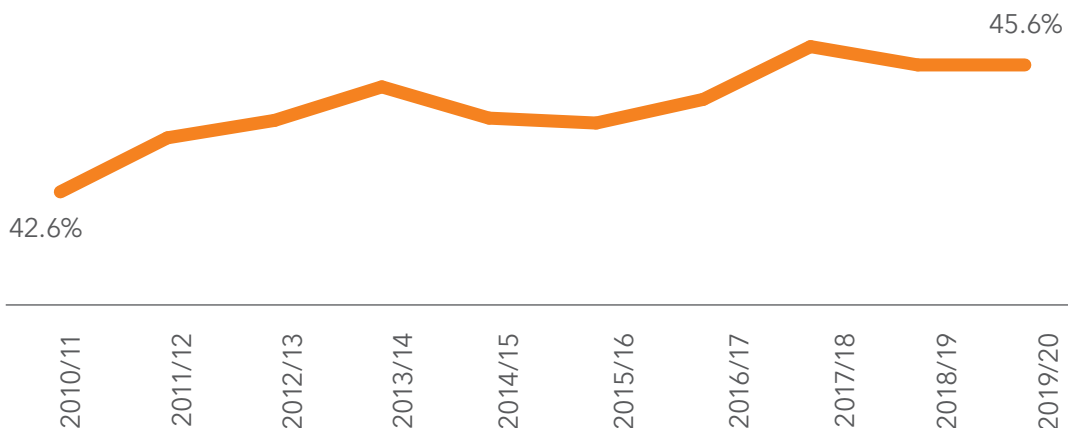
The Community Eligibility Provision allows high poverty schools to serve school meals at no cost to all enrolled students without collecting households applications. The number of children eligible for the Community Eligibility Program is based on proxy data.

PERCENT CHILDREN ELIGIBLE FOR FREE OR REDUCED PRICE SCHOOL MEALS BY RACE/ETHNICITY (2019/20)¹



There were **958** Summer Food Participation sites in 2020, each serving an average of **147** meals daily.¹

PERCENT STUDENTS ELIGIBLE FOR FREE OR REDUCED PRICE SCHOOL MEALS (2010/11 - 2019/20)^{1,2}

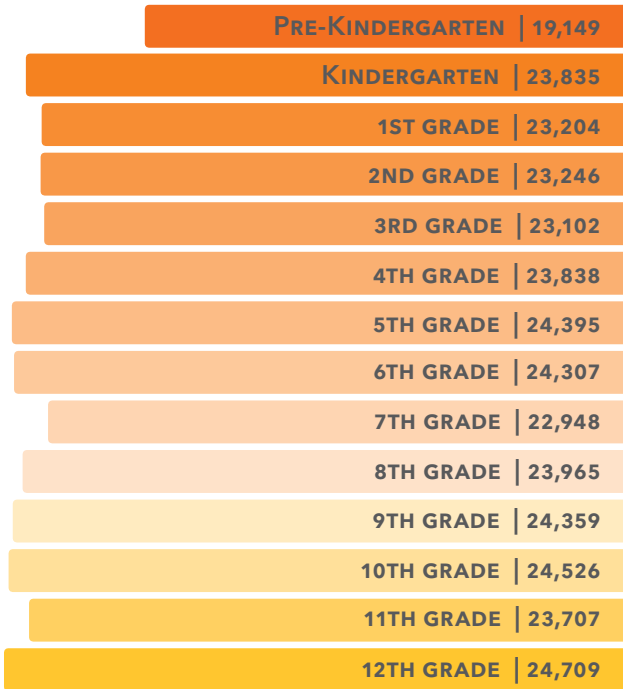


1. Nebraska Department of Education.
2. Kids Count 2020.



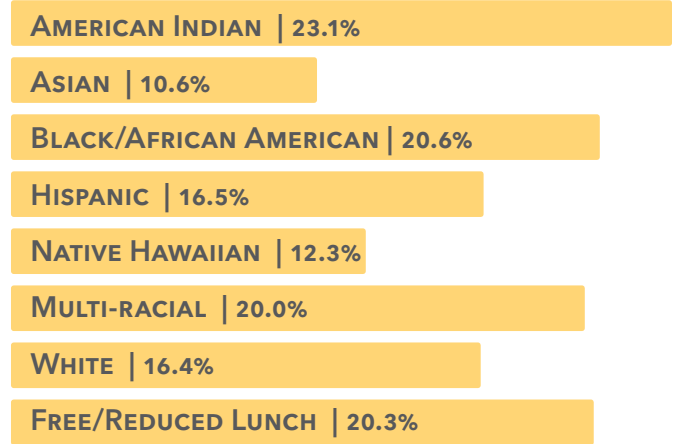
K-12 STUDENT CHARACTERISTICS

SCHOOL MEMBERSHIP BY GRADE (2019/20)¹



329,290 children were enrolled in public school in 2019/20.¹

SPECIAL EDUCATION CLASSIFICATION (2019/20)^{1*}



*Includes Pre-Kindergarten

3.7%

of Nebraska school students were highly mobile, meaning they enrolled in two or more public schools during the 2019/20 school year. Higher school mobility is correlated with lower achievement.¹

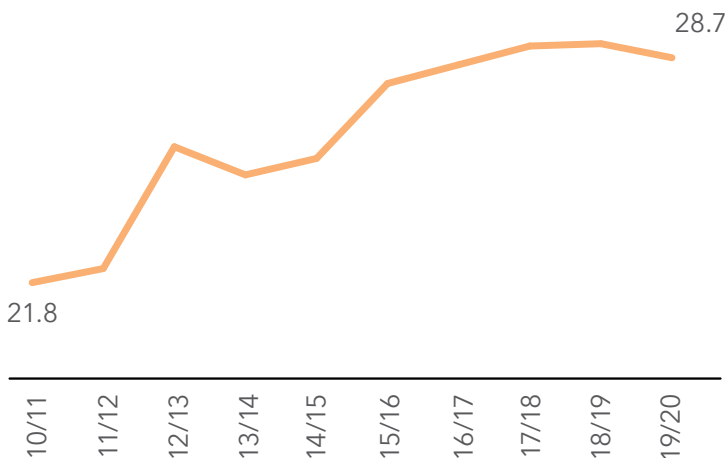
15.6%

of students were classified as Special Education (2019/20).¹

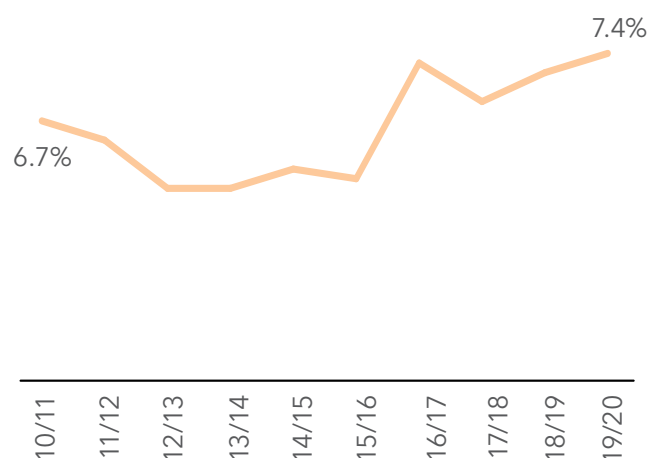
13.4%

of students were classified as High Ability Learners (2019/20).¹

RATE OF HOME SCHOOLED STUDENTS PER 1,000 STUDENTS (2010/11 - 2019/20)^{1,2}



PERCENT OF STUDENTS WHO WERE ENGLISH LANGUAGE LEARNERS (2010/11 - 2019/20)^{1,2}



1. Nebraska Department of Education.
2. Kids Count 2020.

ENGLISH LANGUAGE ARTS PROFICIENCY



Reading is a fundamental skill that affects learning experiences and school performance of children and teens. The ability to read proficiently translates to a greater likelihood of performing well in other subjects. Children with lower reading achievement are less likely to be engaged in the classroom, graduate high school, and attend college.

Source: Child Trends, Reading Proficiency.

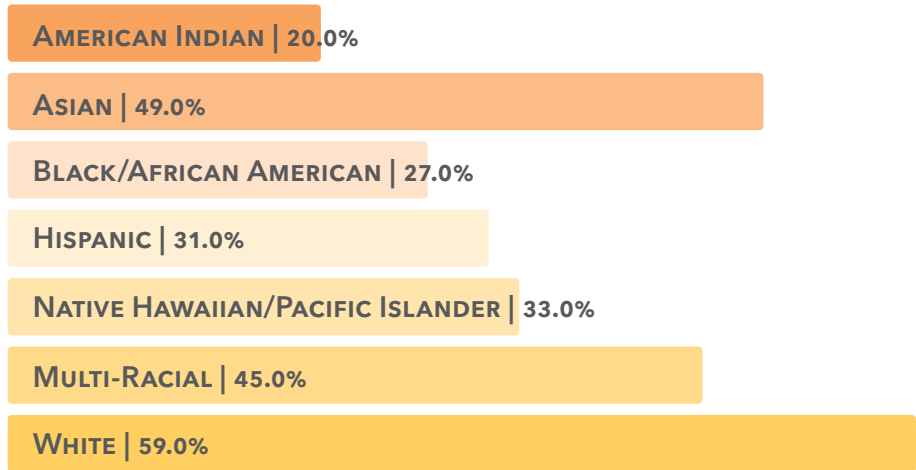
3RD GRADE (2020/21)

50.0%

of children overall
proficient in English
Language Arts

34.0%

of low-income children
proficient in English
Language Arts



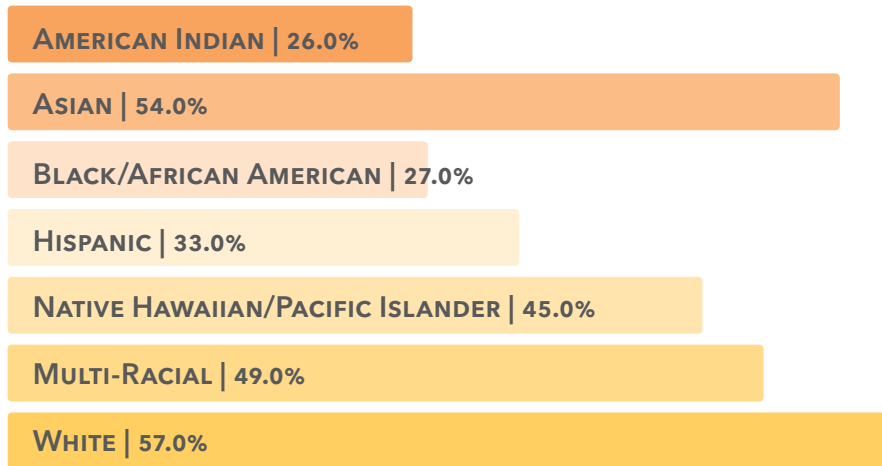
8TH GRADE (2020/21)

50.0%

of children overall
proficient in English
Language Arts

36.0%

of low-income children
proficient in English
Language Arts



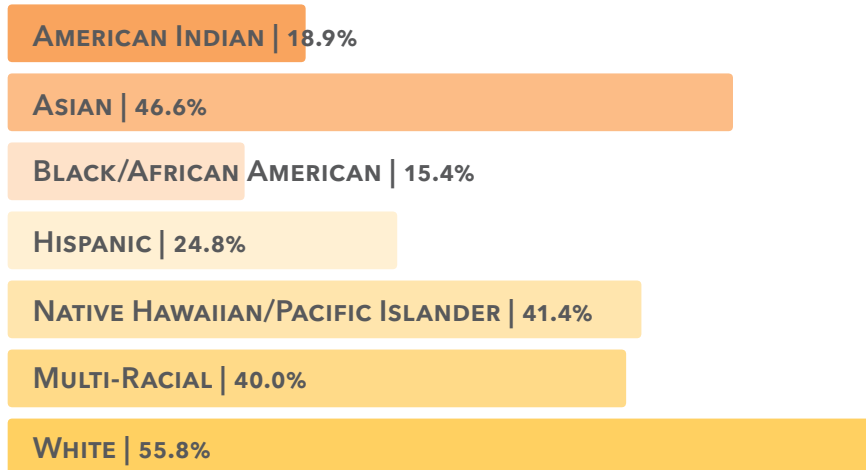
11TH GRADE (2020/21)

46.3%

of children overall proficient
in English Language Arts

26.5%

of low-income children
proficient in English
Language Arts



Source: Nebraska Department of Education.
2021 KIDS COUNT REPORT



MATH PROFICIENCY

Math skills are essential for functioning in everyday life, as well as for future success in our increasingly technical workplace. Students who take higher courses in mathematics are more likely to attend and complete college. Those with limited math skills are more likely to find it difficult to function in everyday society and have lower levels of employability.

Source: Child Trends, Mathematics Proficiency.

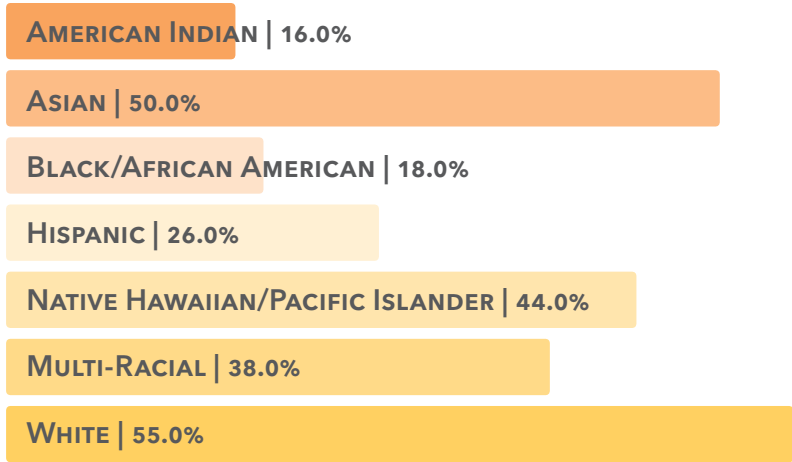
5TH GRADE (2020/21)

46.0%

of children overall are proficient in math

28.0%

of low-income children are proficient in math



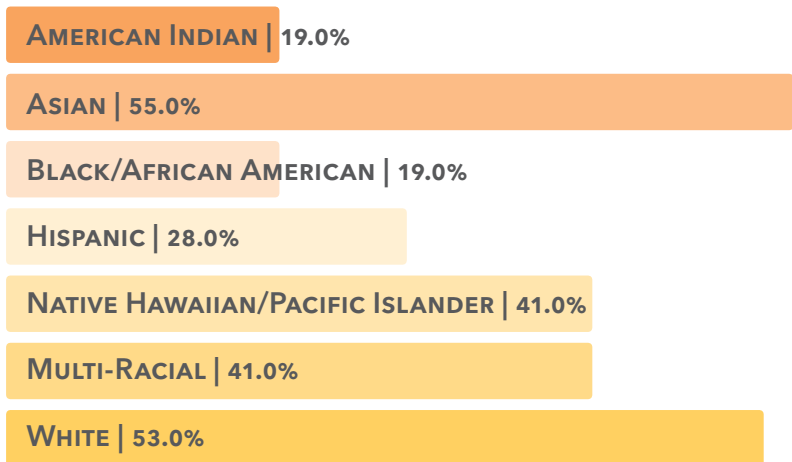
8TH GRADE (2020/21)

45.0%

of children overall are proficient in math

28.0%

of low-income children are proficient in math



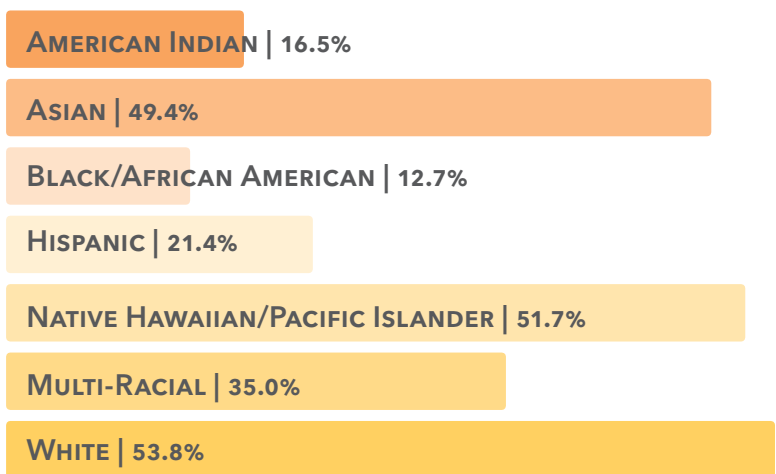
11TH GRADE (2020/21)

44.0%

of children overall are proficient in math

23.7%

of low-income children are proficient in math



Source: Nebraska Department of Education.

SCIENCE PROFICIENCY



Proficiency in science helps prepare students to go on to highly skilled professions. Having a strong foundation in the sciences allows students to work in today's high demand fields. Students with a greater understanding of sciences learn how to better protect the environment and increase the health and security of people throughout the world.

Source: Child Trends, Science Proficiency.

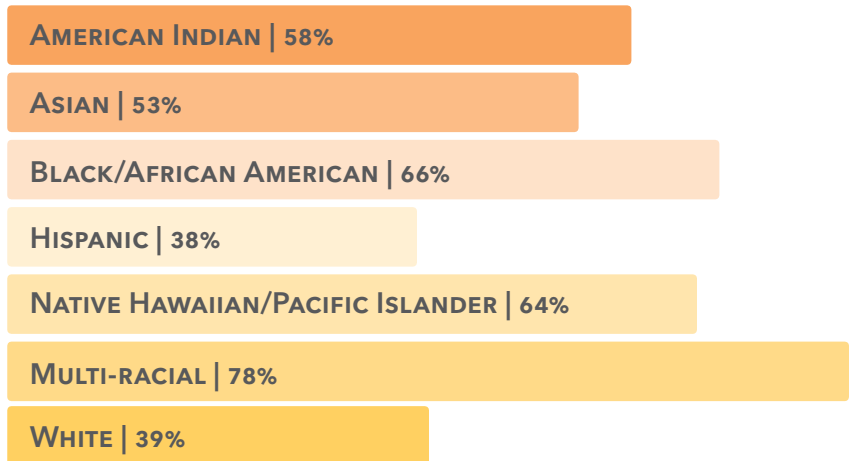
5TH GRADE (2019/20)*

69%

of children overall are proficient in science

54%

of low-income children are proficient in science



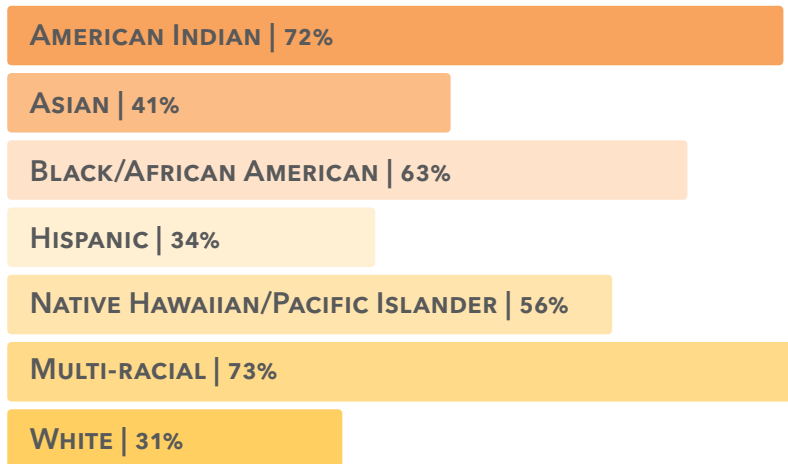
8TH GRADE (2019/20)*

63%

of children overall are proficient in science

45%

of low-income children are proficient in science



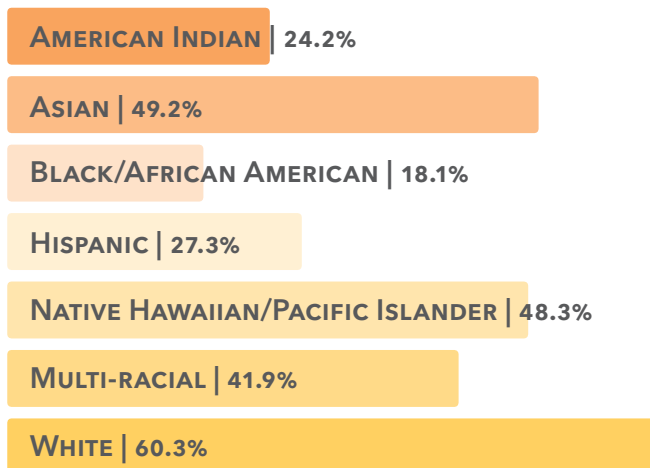
11TH GRADE (2020/21)

50.2%

of children overall are proficient in science

30.3%

of low-income children are proficient in science



*Data for 2021 was unavailable



ABSENCES & CAREER READINESS

613 (0.2%)

students in public and nonpublic schools were expelled during the 2019/20 school year.

42,342 (13.7%)

STUDENTS WERE ABSENT 10-19 DAYS

2,217 (0.7%)

STUDENTS WERE ABSENT 20-29 DAYS

22,462 (6.8%)

students in public and nonpublic schools were suspended during the 2019/20 school year.

8,254 (2.7%)

STUDENTS WERE ABSENT 30+ DAYS

Note: The COVID-19 pandemic caused schools to be closed to in-person learning the 4th quarter of the 2019/20 school year. Absence data for this year should not be used for trending.

1,737

STUDENTS IN PUBLIC AND NONPUBLIC SCHOOLS DROPPED OUT IN 2019/20.

Source: Nebraska Department of Education.

66.9%

of Nebraska's 2019/20 public high school graduates had enrolled in college by April 2020.¹

41.7% of

students who enrolled in a 2-year public college in Fall 2014 completed within six years.¹

16,000

(8.3%) young people age 18-24 were not attending school, not working, and had no degree beyond high school.³

2,950

STUDENTS were enrolled in a career academy in 2019/20.²

20,837

STUDENTS were enrolled in dual credit courses in 2019/20.²

100,000

(53.3%) young people age 18-24 were enrolled in or completed college.³

24,973 STUDENTS

of the 2020 graduation cohort took the ACT with average composite score of 19.9.²

69.6% of

students who enrolled in a 4-year public college in Fall 2014 completed within six years.¹

4,000 (3.9%)

teens 16-19 were not in school and not working.³

1. National Student Clearinghouse Research Center.

2. Nebraska Department of Education.

4. The Annie E Casey Foundation Kids Count Data Center.

GRADUATION & EDUCATIONAL SAVINGS



20,690

students completed high school in four years in 2019/20.

NEBRASKA EDUCATIONAL SAVINGS PLAN TRUST (AS OF SEPTEMBER 30, 2021)

19.9%

of Nebraska children had an Educational Savings Account through the NEST program

94,652

NEST Educational Savings Accounts in Nebraska

\$24,135

average value of Nebraska NEST accounts

23,291

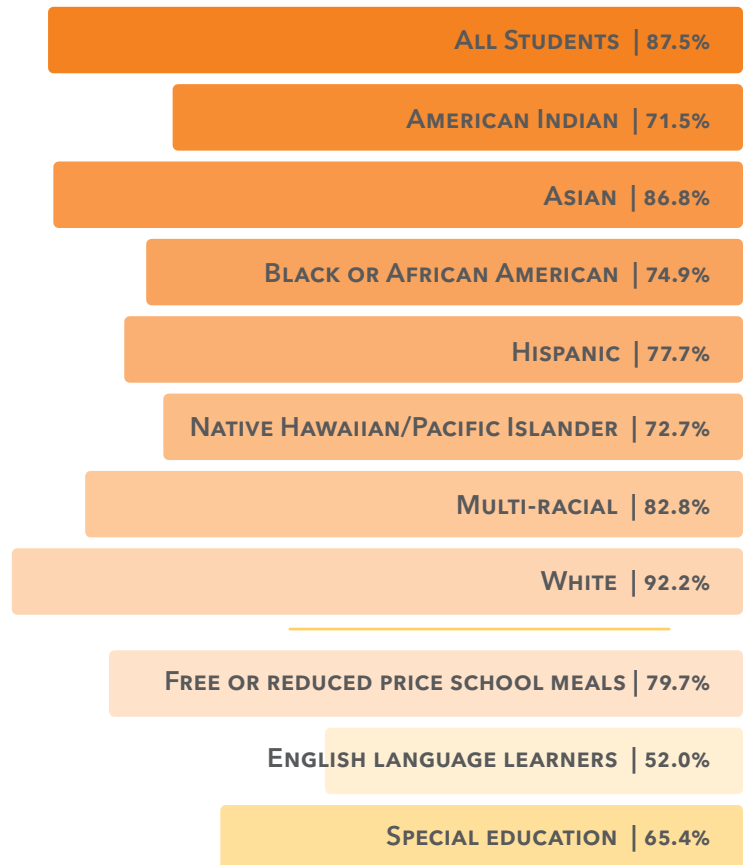
NEST accounts were funded through the Meadowlark Act as of June 30, 2021

In the 2019 Legislative Session, lawmakers approved the Meadowlark Act, which creates a college savings account with an initial seed deposit for every baby born in Nebraska on or after January 1, 2020, in addition to an incentive match payment for college savings contributions made by low-income families.

Research shows that similar early investments in educational savings result in improved long-term educational outcomes, particularly for children in lower-income families.

Source: Nebraska State Treasurer's Office, Nebraska Educational Savings Plan Trust Annual Audit.

4-YEAR COHORT GRADUATION RATE (2019/20)



90.5%

2020 extended 5-year graduation rate*

a decrease from **91.3%** from the 2019 cohort 5-year graduation rate.

180

16-21 year olds took the GED in 2019/20 with **88.0%** completing successfully.

*Extended 5th year graduation rate is the percent of students who graduated within five years rather than the standard four. Source: Nebraska Department of Education.



ECONOMIC STABILITY

SAVING FOR THE FUTURE

Our children, communities, and state are stronger when all of Nebraska’s families are able to participate fully in the workforce and establish financial security.

We must ensure that families are able to meet their children’s basic needs and achieve financial security. A robust system of supports should help families make ends meet as they work toward financial independence.

Hardworking families should have a fair share in the success of our state’s economy. When families need assistance in meeting the basic needs of their children, public benefit programs should work efficiently and be easy for families to use. Parents should not have to choose between the job they need and the family they love. All families should have the opportunity to invest in their children’s future and be able to access community resources that are well-funded by fair tax policies.

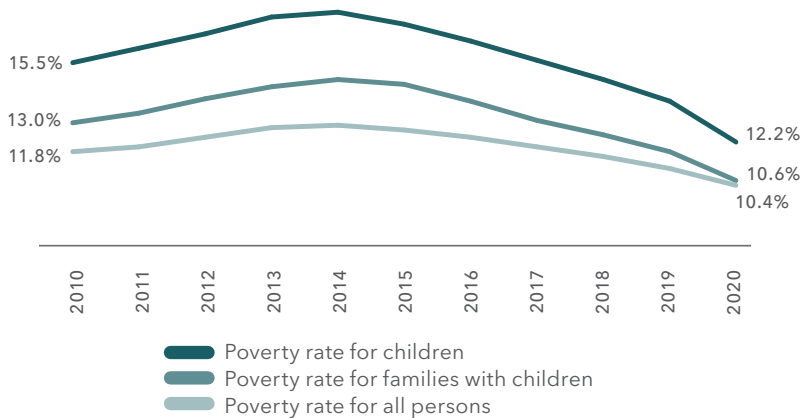
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Custody.....	52
Employment & income.....	53
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POVERTY

NEBRASKA POVERTY (2010-2020)¹



FAMILY STRUCTURE AND POVERTY

34.8%
of children living in single-mother households are in poverty.²

14.4%
of children living in single-father households are in poverty.²

5.1%
of children living in married-couple households are in poverty.²

23.9%
of children living with a grandparent without a parent present are in poverty.²

56,828 Nebraska children were living in poverty in 2020.
22,531 of whom were in extreme poverty (<50% of the Federal Poverty Line).³

NEBRASKA POVERTY RATES BY RACE AND ETHNICITY (2020)⁴

CHILD POVERTY RATE (17 AND UNDER)

OVERALL POVERTY RATE

American Indian or Alaska Native	28.9%	24.9%
Asian or Pacific Islander	12.9%	12.6%
Black or African American	30.5%	23.7%
Hispanic or Latino	23.0%	18.4%
Two or more races	17.8%	16.6%
White, non-Hispanic	7.4%	8.1%

2021 FEDERAL POVERTY LEVEL (FPL) GUIDELINES⁵

PROGRAM ELIGIBILITY	Federal Poverty Line	Child Care Subsidy (Non-ADC), Free School Meals	Medicaid Expansion	SNAP	WIC, Reduced Price Meals, Transitional Child Care Subsidy	Kids Connection (CHIP)	ACA Exchange Tax Credits		
NUMBER OF PERSONS	100%	130%	138%	165%	185%	218%	300%	400%	
FAMILY SIZE	1	\$12,880	\$16,744	\$17,774	\$21,252	\$23,828	\$27,434	\$38,640	\$51,520
	2	\$17,420	\$22,646	\$24,040	\$28,743	\$32,227	\$37,105	\$52,260	\$69,680
	3	\$21,960	\$28,548	\$30,305	\$36,234	\$40,626	\$46,775	\$65,880	\$87,840
	4	\$26,500	\$34,450	\$36,570	\$43,725	\$49,025	\$56,445	\$79,500	\$106,000
	5	\$31,040	\$40,352	\$42,835	\$51,216	\$57,424	\$66,115	\$93,120	\$124,160
	6	\$35,580	\$46,254	\$49,100	\$58,707	\$65,823	\$75,785	\$106,740	\$142,320
	7	\$40,120	\$52,156	\$55,366	\$66,198	\$74,222	\$85,456	\$120,360	\$160,480
	8	\$44,660	\$58,058	\$61,631	\$73,689	\$82,621	\$95,126	\$133,980	\$178,640

1. U.S. Census Bureau, 2010-2020 American Community Survey 5-year estimate, Tables B17001, S1702.

2. U.S. Census, 2020 American Community Survey 5-year estimate, Tables B17006, S1001.

3. U.S. Census, 2020 American Community Survey 5-year estimate, Table B17024.

4. U.S. Census Bureau, 2020 American Community Survey 5-year Estimates, Tables B17001B-1.

5. U.S. Department of Health and Human Services, 2021 HHS Poverty Guidelines.



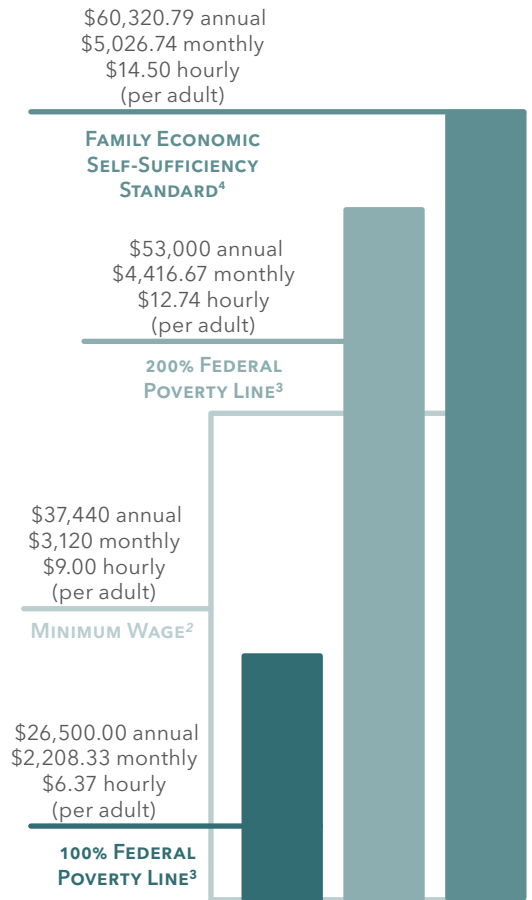
MAKING ENDS MEET

Nebraskans pride themselves on being hard-working people. In 2020, 78.1% of children in our state had all available parents in the workforce.¹ Unfortunately, having high labor force participation doesn't always translate into family economic stability.

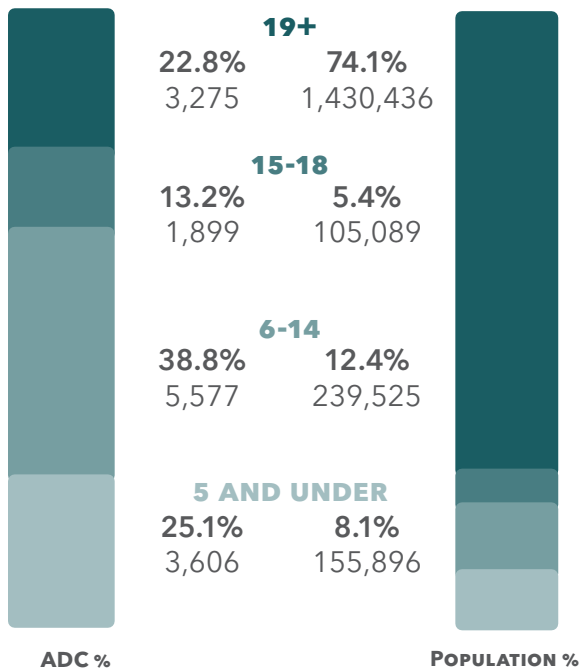
The chart at right illustrates the gap between low-wage earnings and the amount needed to provide for a two-adult family with two children. It assumes that both adults work full-time (40 hours a week), year round (52 weeks per year). That means no vacation, no sick time, just work.

The federal poverty level doesn't describe what it takes for working families to make ends meet. For that we turn to the Family Economic Self-Sufficiency Standard (FESS). The FESS uses average costs, like fair median rent and the average price of a basic menu of food, to calculate what a family needs to earn to meet its basic needs without any form of private or public assistance. It does not include luxuries like dining out or saving for the future.

2 ADULT, 2 CHILD FAMILY (2021)



ADC RECIPIENTS BY AGE (2020)⁵



AID TO DEPENDENT CHILDREN (ADC) (SFY 2020)⁵

9,999 Average monthly number of children receiving ADC.

4,670 Average monthly number of families receiving ADC.

\$449 Average monthly ADC payment per family.

137 Number of cases reaching 60-month eligibility limit.

2.1 Average number of children per ADC family.

\$25,181,407 Total ADC payments (Includes both state and federal funds).

1. U.S. Census Bureau, 2020 American Community Survey, Table B23008.

2. United States Department of Labor, "Minimum Wage Laws in the States - January 1, 2016," <http://www.dol.gov>.

3. U.S. Department of Health and Human Services, 2021 HHS Poverty Guidelines.

4. FESS was calculated using an average of 2010 figures for a two-adult, two-child family, adjusted for 2021 inflation. Data used to calculate information is courtesy of Nebraska Appleseed Center for Law in the Public Interest. For more information, please see the Family Bottom Line Report: www.familybottomline.voicesforchildren.com.

5. Financial Services, Operations, Nebraska Department of Health and Human Services (DHHS).



HOUSING & HOMELESSNESS

HOMELESSNESS

The Nebraska Homeless Assistance Program (NHAP) and the Housing and Urban Development Program (HUD) serves individuals who are experiencing homelessness or near homeless. Not all people experiencing homelessness receive services.

In 2021, HUD/NHAP served:

8,217 Homeless individuals.

1,717 Homeless children ages 18 and under.

2,683 Homeless families with children.

26 Unaccompanied homeless children.

3,949 Individuals at risk of homelessness.

1,831 Children at risk of homelessness.

2,854 Families with children at risk of homelessness.

0 Unaccompanied children at risk of homelessness.

Source: Nebraska Office of Public Housing, HUD.

HOMEOWNERSHIP

Homeownership provides a sense of stability for children and communities.

69.1% OF FAMILIES WITH CHILDREN OWNED THEIR HOME IN 2020.¹

In 2021, Nebraska Public Housing had:²

13,128 vouchers

7,114 public housing units

4,650 units were one bedroom (non-family).

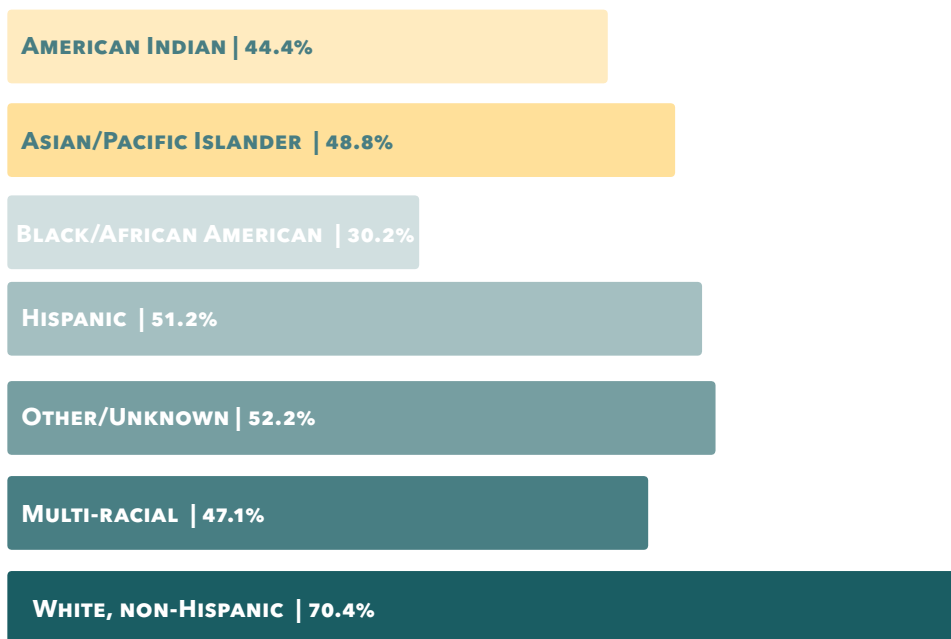
40,000 children (8%) lived in crowded housing with more than one person/room.³

20,000 children (4%) lived in areas of concentrated poverty.³

93,000 children (20%) lived in households with a high housing cost burden.³

77,000 children (49%) low-income households had a high housing cost burden.³

HOMEOWNERSHIP BY RACE/ETHNICITY (2020)⁴

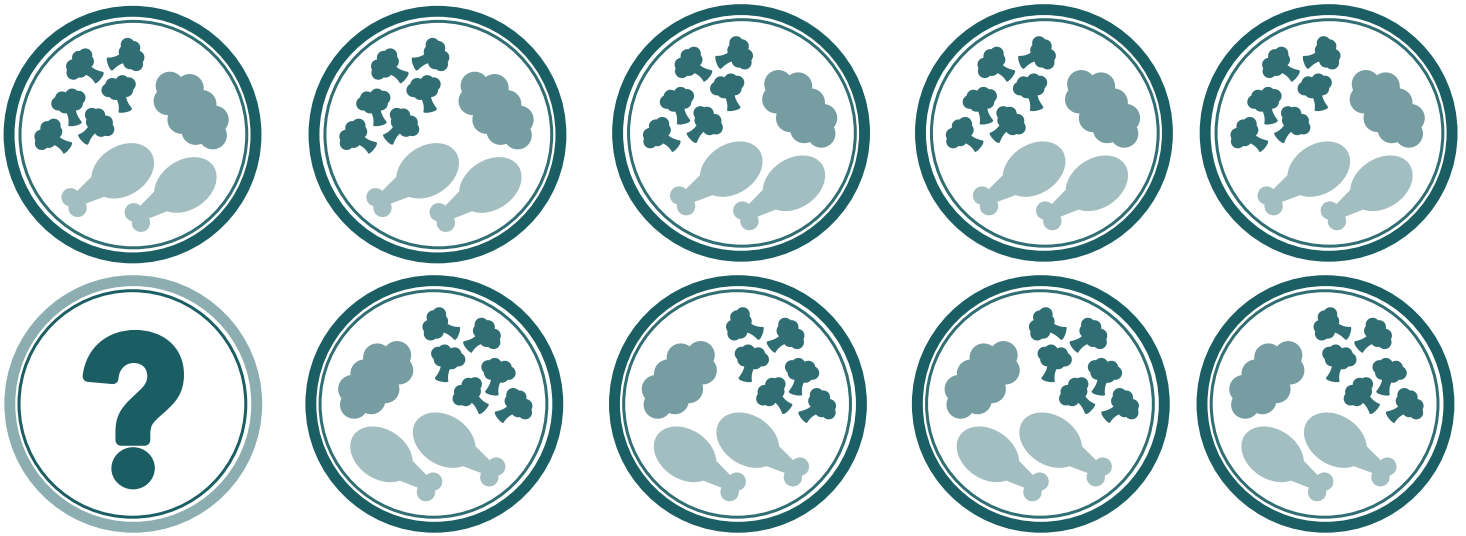


1. U.S. Census Bureau, 2020 American Community Survey 5-year Estimates, Table B25115.

2. Nebraska Office of Public Housing, HUD.

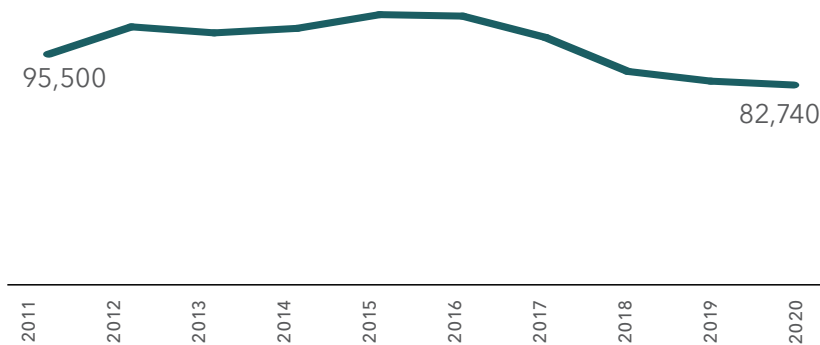
3. Annie E. Casey Foundation, Kids Count Data Center.

4. U.S. Census Bureau, 2020 American Community Survey 5-year Estimates, Table B25003B-1.



1 IN 10 NEBRASKA HOUSEHOLDS DON'T KNOW WHERE THEIR NEXT MEAL IS COMING FROM.¹

FOOD INSECURE HOUSEHOLDS IN NEBRASKA (2011-2020)¹



Approximately **82,740** households in Nebraska were food-insecure in 2020, a decrease from the decade high of **111,888** in 2015. Food-insecure means that someone in the household has disrupted their eating patterns or reduced their intake of food because there was not enough food in the house to eat.

15.1% OF NEBRASKA CHILDREN EXPERIENCED FOOD INSECURITY (2020).²

65% OF FOOD-INSECURE CHILDREN WERE LIKELY ELIGIBLE FOR FEDERAL NUTRITION ASSISTANCE (2019).²

1. U.S. Department of Agriculture, *Household Food Security in the United States in 2020*.; Kids Count, 2020.
2. Feeding America, *Map the Meal Gap, Child Food Insecurity in Nebraska, 2019*.



SNAP & WIC

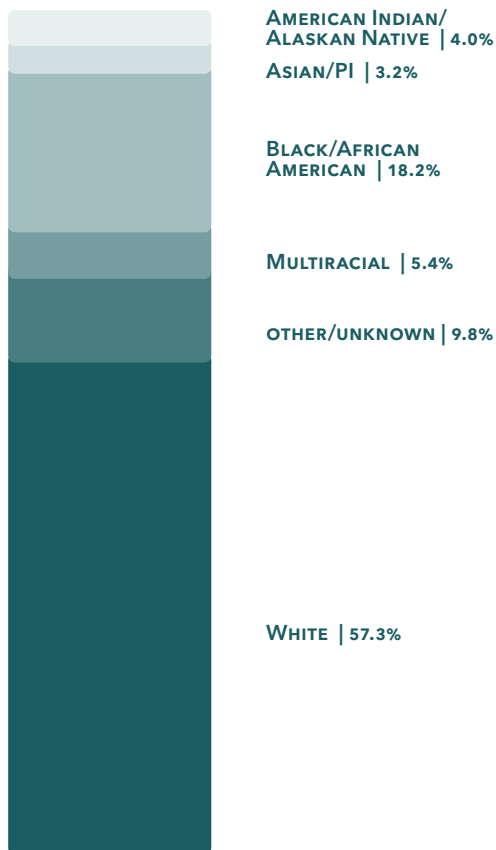
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

The Supplemental Nutrition Assistance Program (SNAP) is one of the most effective anti-poverty programs in the United States. It provides nutrition assistance to low-income individuals and families through benefits that can be used to purchase food at grocery stores, farmers markets, and other places where groceries are sold.

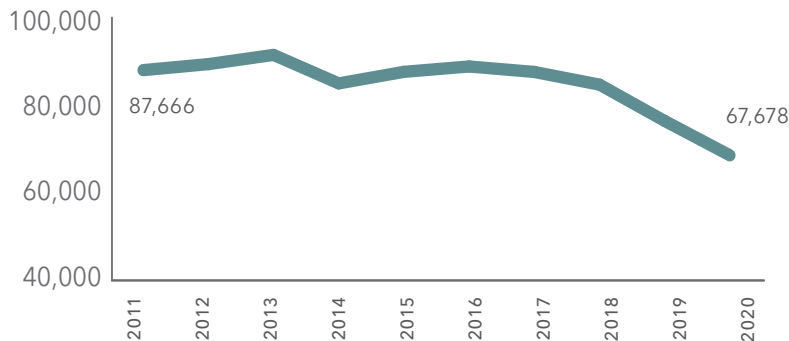
In Nebraska in 2019, SNAP moved about 5,964 households above the poverty line.

Source: *Characteristics of the Supplemental Nutrition Assistance Program Households: Fiscal Year 2019, USDA, Food Nutrition Services, The Office of Policy Support, Tables B.12, B.13.*

SNAP PARTICIPANTS BY RACE/ETHNICITY (JUNE 2020)



AVERAGE NUMBER OF CHILDREN ENROLLED IN SNAP (JUNE 2011-2020)



Source: *Financial Services, Operations, Nebraska Department of Health and Human Services.; Kids Count, 2020.*

The Special Supplemental Nutrition Program for Women, Infants, and Children—known as WIC—aims to improve the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age five who are at nutritional risk. The program provides nutritious foods to supplement diets, information on healthy eating, breastfeeding promotion and support, and referrals to health care.

WOMEN, INFANTS, AND CHILDREN (WIC) (2020)

Of the monthly average **33,521** WIC participants in 2020:

- 7,349 were women;
- 7,804 were infants; and
- 18,369 were children

WIC services are provided at **97 clinics** in **93 counties**.

\$62.55

AVERAGE MONTHLY COST PER PARTICIPANT IN 2020.

Source: *Nebraska WIC Program.*

Source: *Financial Services, Operations, Nebraska Department of Health and Human Services.*

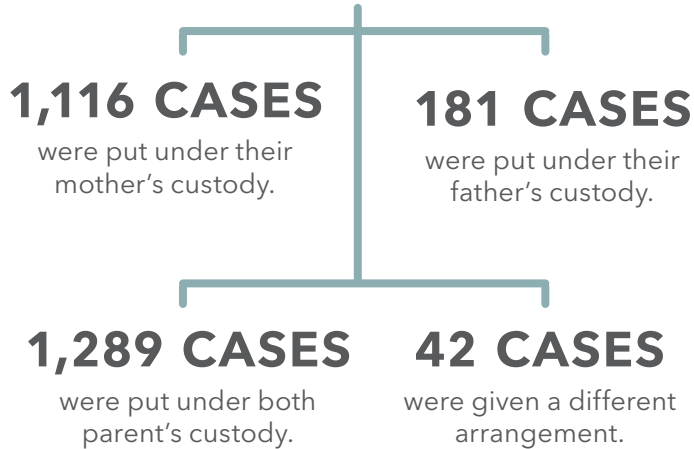


MARRIAGE AND DIVORCE

IN 2020...

9,718 COUPLES & **5,356**
were married & were divorced.

4,925 CHILDREN
experienced their parents
divorcing.



Source: Vital Statistics, Nebraska Department of Health and Human Services (DHHS).

INFORMAL KINSHIP CARE

Children are considered to be in informal kinship care if they are not living with a parent or foster parent and are not living independently.

15,000 (3.0%)¹ CHILDREN WERE LIVING IN KINSHIP CARE (2020 3-YEAR AVERAGES).

9,557 (2.0%)² WERE LIVING WITH A GRANDPARENT WHO WAS THEIR PRIMARY CAREGIVER IN 2020.

1. Annie E. Casey Foundation, Kids Count Data Center.
2. U.S. Census Bureau, 2020 American Community Survey 5-year Estimates, Table B10002.

CHILD SUPPORT (2020)

Custodial parents who do not receive child support payments they are owed by non-custodial parents may seek assistance from the Department of Health and Human Services. Assistance is provided by Child Support Enforcement (CSE).

100,087 cases received CSE assistance, **71.7%** of cases with child support obligation.

93,772 were non-ADC cases.*

6,315 were ADC cases.*

\$231,814,830 Amount of child support disbursed through CSE.

12,607 Cases received services through CSE, but payments were not being made.

2,600 Cases receiving public benefits which are eligible for and are receiving child support payments.

1,360 Cases receiving public benefits which are eligible for child support, but it is not being paid.

3,753 Child support cases where non-custodial parent is incarcerated.

\$122.49 Mean monthly child support payment per child.

Source: Nebraska Department of Health and Human Services, Children & Family Services.

* If the custodial parent is receiving ADC, the state is entitled to collect child support from the non-custodial parent as reimbursement.



EMPLOYMENT, INCOME, & ASSETS

IN 2020,

78.1%
of children
under 18 had
all available
parents in the
workforce

75.0%
of children
under 6 had
all available
parents in the
workforce

Source: U.S. Census Bureau, 2020 American Community Survey 5-year Estimates, Table B23008.

MEDIAN INCOME FOR FAMILIES WITH CHILDREN (2020)

All families	\$80,125
Married couple	\$91,937
Male householder (no wife)	\$47,259
Female householder (no husband)	\$31,074

Source: U.S. Census Bureau, 2020 American Community Survey 5-year Estimates, Table B19126.

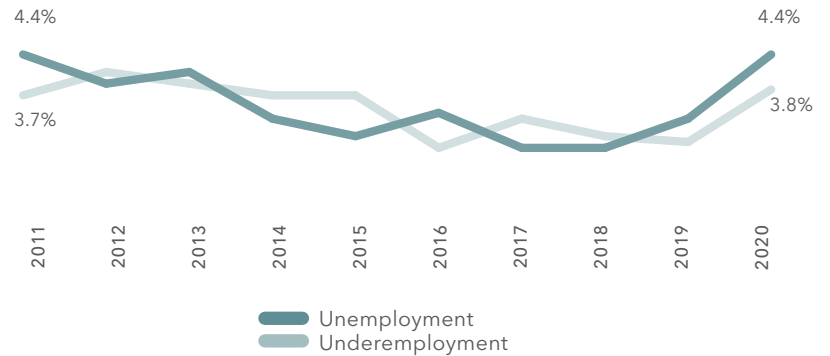
5,000

workers in Nebraska
earned minimum wage
or below in 2020.¹

17.1%

of Nebraska workers were
working in a low-wage job,
meaning the median annual
pay is below the poverty
line for a family of four.²

NEBRASKA UNEMPLOYMENT AND UNDEREMPLOYMENT RATE (2011-2020)



Source: U.S. Bureau of Labor Statistics, Alternative Measures of Labor Underutilization for States, Annual Averages, U-3, U-6.; Kids Count, 2020.

MEDIAN INCOME FOR FAMILIES BY RACE & ETHNICITY (2020)

American Indian	\$50,577
Asian	\$76,543
Black/African American	\$46,531
Hispanic	\$55,641
Multi-racial	\$58,763
Other	\$56,330
White Non-Hispanic	\$85,277

Source: U.S. Census Bureau, 2020 American Community Survey 5-year Estimates, Table B19113C.

17.6%

OF NEBRASKANS
EXPERIENCE ASSET
POVERTY.²

ASSET POVERTY

A household is considered to be in asset poverty if they do not have sufficient net worth at the Federal Poverty Line to subsist without income for three months.

1. U.S. Bureau of Labor Statistics, Characteristics of Minimum Wage Workers, 2020.
2. Prosperity Now Scorecard, Financial Assets and Income, 2019.

TRANSPORTATION & TAXES



FAMILY TAX CREDITS (2020)

116,526 families claimed
\$267,053,741 in federal Earned
Income Tax Credit (EITC).

129,797 families claimed
\$29,170,791 in state Earned
Income Tax Credit.

222,914 families claimed
\$564,029,175 in federal Child
Tax Credit.

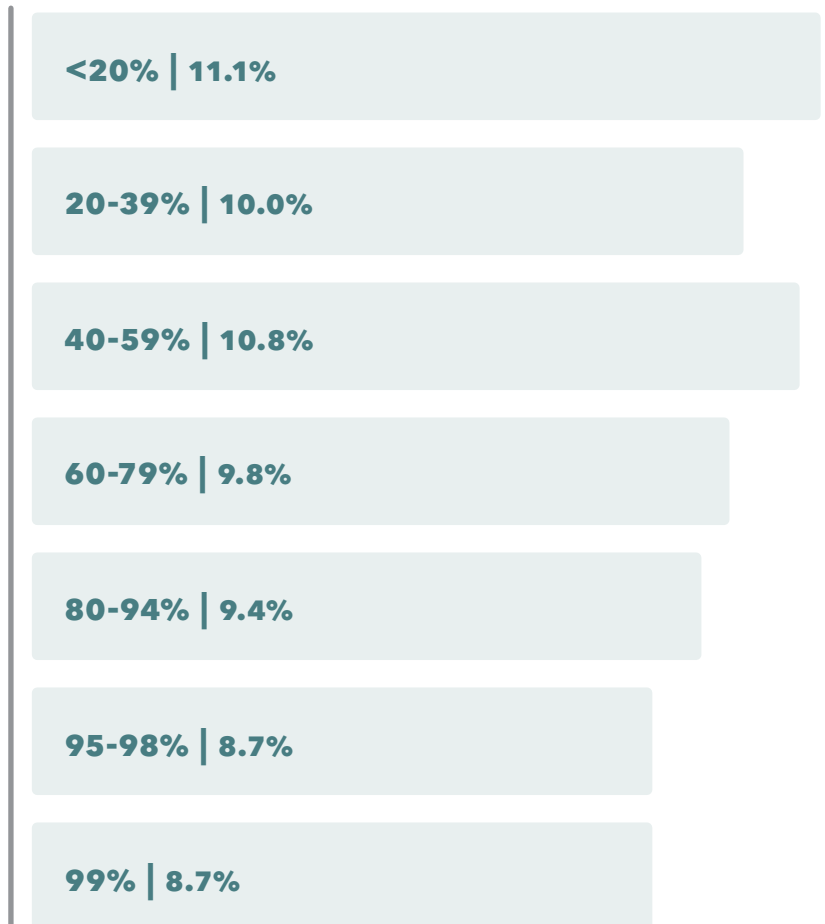
44,599 families claimed
\$24,601,543 in federal Child
and Dependent Care Credit.

49,725 families claimed
\$8,829,124 in state Child and
Dependent Care Credit.

97,216 families claimed
\$184,394,419 in Additional
Child Tax Credit.

Source: Nebraska Department of Revenue.

NEBRASKA STATE AND LOCAL TAXES, SHARES OF FAMILY INCOME BY INCOME GROUP (2018)



STATE & LOCAL TAX SHARE OF FAMILY INCOME

Source: ITEP, *Who Pays? A Distributional Analysis of the Tax Systems, Nebraska, 2018.*

42,730 (4.3%)
workers used transportation
other than a personal
automobile or carpool to
get to work in 2020.


Source: U.S. Census Bureau, 2020 American Community
Survey 5-year Estimates, Table C08141.

40,769 (5.3%)
households had no
vehicle available in 2020.

Source: U.S. Census Bureau, 2020
American Community Survey 5-year
Estimates, Table B08201.



CHILD WELFARE



Keeping our children and youth safe is essential to their healthy development. Children deserve to grow up in safe, permanent, and loving homes. An effective child welfare system works to strengthen families and minimize trauma through timely and appropriate action.

Families should be connected to resources in their community that strengthen their abilities to care for their children through a robust network of evidence-based services focusing on child abuse and neglect prevention that are able to meet families where they are. When children do enter the child welfare system, they are entitled to retain ties to their family, culture, and community. The administration and staff of agencies should reflect the diversity of the populations they serve and work in a way that honors children’s unique heritage and cultural protective factors. Services must be trauma-informed, individualized, timely, and ongoing to maintain safety, well-being, and permanency.

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CHILD MALTREATMENT

Federal law defines child maltreatment, otherwise known as abuse and neglect, as “any act or failure to act that results in death, serious physical or emotional harm, sexual abuse or exploitation, or any act or failure to act that represents an imminent risk of serious harm.”

In Nebraska, the vast majority (85%) of maltreatment is physical neglect, which is a failure to meet a child’s basic needs like food, shelter, and clothing; this is, in many cases, an economic issue.

WHY SHOULD WE BE CONCERNED?

Exposure to childhood abuse and neglect hinders children’s healthy social, emotional, and cognitive development. If untreated, toxic stress makes it more likely that children will adopt risky behaviors which negatively impact their future health and success. Given the impacts, we need to strengthen families to prevent abuse and neglect whenever possible, and take swift, thoughtful action to ensure that all children grow up in loving homes.

CHILD ABUSE & NEGLECT REPORTS

32,564 REPORTS

of alleged maltreatment were made to the Child Abuse and Neglect Hotline in 2020.

32,564
reports were made

14,884
calls were assessed by DHHS and/or law enforcement

DO YOU KNOW A CHILD WHO IS BEING MALTREATED?

CALL THE CHILD ABUSE & NEGLECT HOTLINE AT 1-800-652-1999.

1,903
reports were substantiated

7,792
reports were unfounded

1,528
reports were referred to Alternative Response

789
reports were for Information/Referral

SAFETY ASSESSMENTS

26,960
safety assessments conducted on children

1,570
children determined unsafe

1,255
children determined unsafe and referred to court

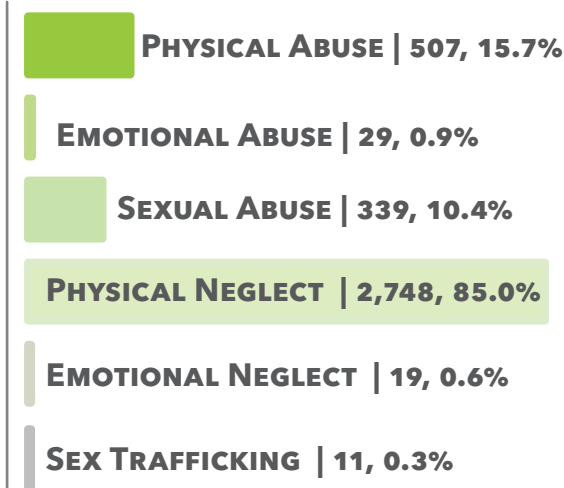
26
children determined unsafe and referred to voluntary services

289
children determined unsafe and non-court involved and family did not elect to participate in voluntary services

CHILD MALTREATMENT



TYPES OF SUBSTANTIATED MALTREATMENT (2020)



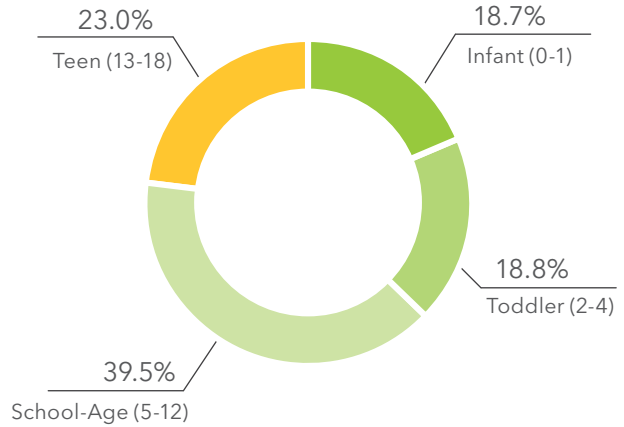
Some children experienced more than one type of maltreatment. The numbers here will be higher than the total number of children who experienced maltreatment.

Source: Nebraska Department of Health and Human Services (DHHS).

It is important to note that only maltreatment cases that were reported are included in this report. The actual incidence of maltreatment may be higher than what is reported here.

3,232 KIDS
experienced
maltreatment
in 2020.

CHILD MALTREATMENT BY AGE (2020)

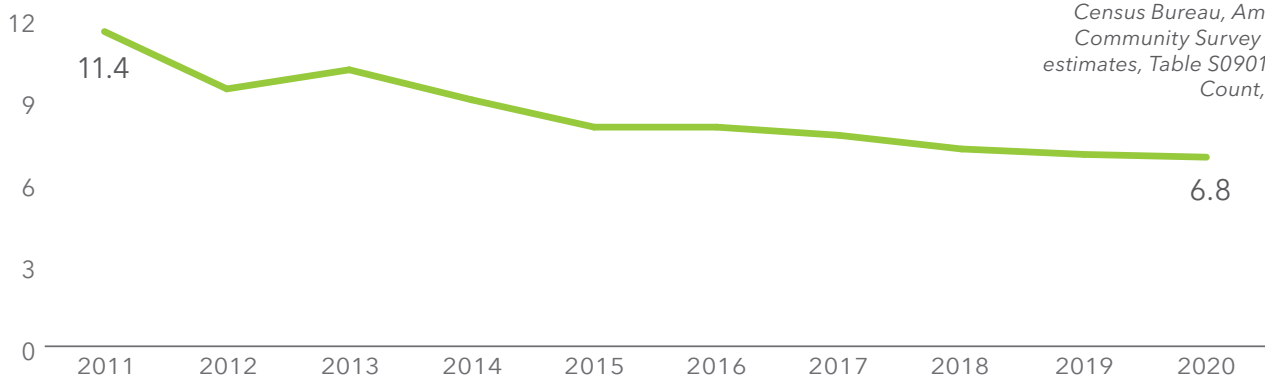


IN 2020, **7,107 CHILDREN**
IN **93 COUNTIES** WHO WERE ALLEGED VICTIMS
OF MALTREATMENT WERE SERVED BY THE CHILD
ADVOCACY CENTERS (CACs) OF NEBRASKA.

The Nebraska Alliance of Child Advocacy Centers provides statewide leadership in the fight against child abuse alongside its member centers, Nebraska's seven fully accredited Child Advocacy Centers (CACs). The CACs are located in Gering, Grand Island, Kearney, Lincoln, Norfolk, North Platte, and Omaha. There are also 10 satellite locations in other parts of the state covering each of Nebraska's counties.

Source: Nebraska Alliance of Child Advocacy Centers

NUMBER OF CHILD MALTREATMENT VICTIMS PER 1,000 CHILDREN (2011-2020)

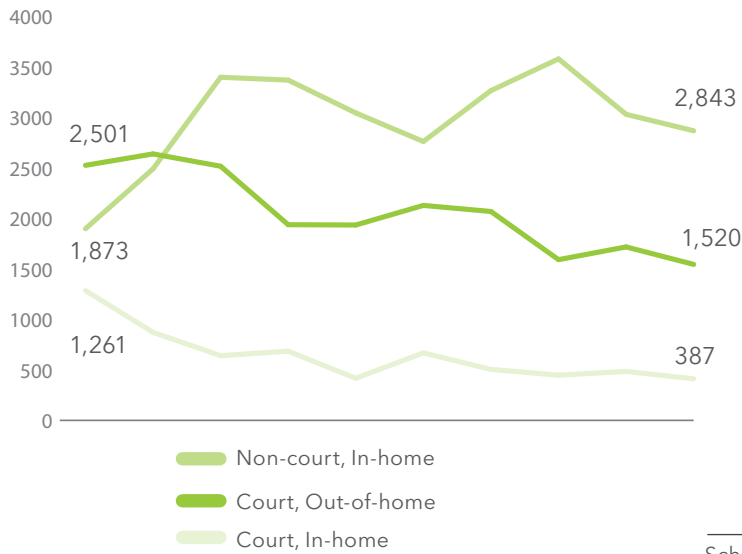


Source: DHHS; U.S. Census Bureau, American Community Survey 1-year estimates, Table S0901.; Kids Count, 2020.



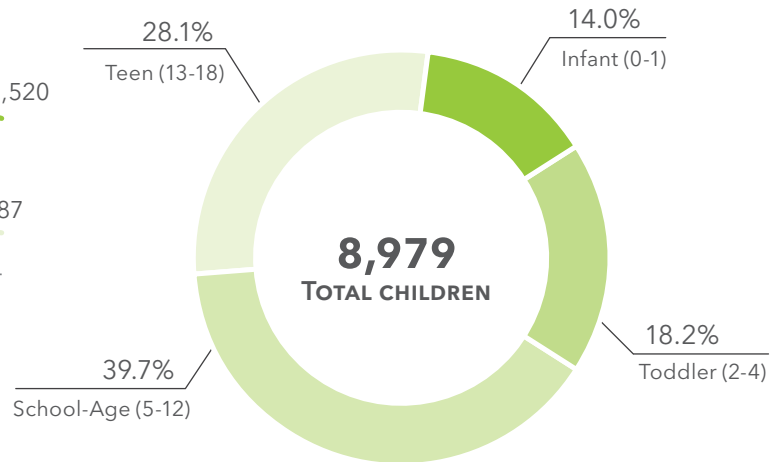
ENTRIES & INVOLVEMENT

**CHILD WELFARE SYSTEM ENTRIES
(2011-2020)**



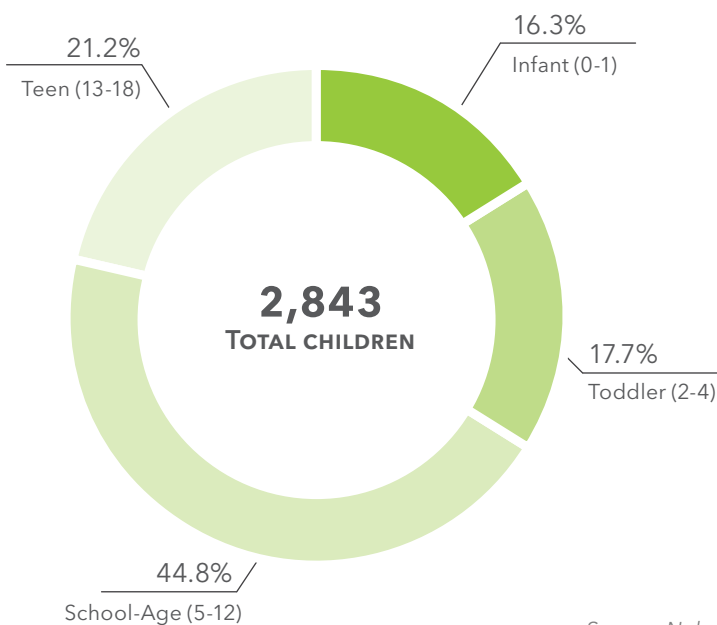
1,366 CHILDREN ENTERING CARE IN 2020 HAD PRIOR INVOLVEMENT IN THE CHILD WELFARE SYSTEM.

ANY INVOLVEMENT BY AGE (2020)

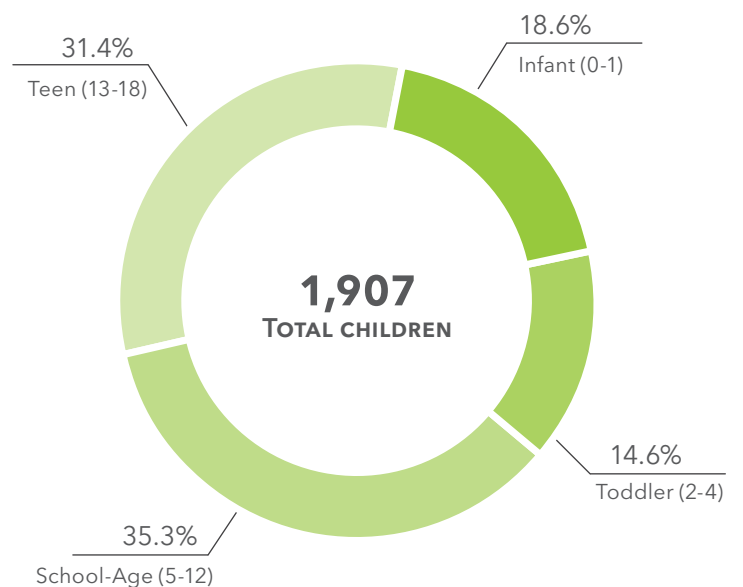


8,979 KIDS FROM 4,399 FAMILIES were involved in our child welfare system in 2020.

NON-COURT ENTRIES BY AGE (2020)



COURT ENTRIES BY AGE (2020)



Source: Nebraska Department of Health and Human Services (DHHS); Kids Count, 2020.

ALTERNATIVE RESPONSE & TRIBAL YOUTH



The Omaha Tribe, the Santee Sioux Nation, and the Winnebago Tribe have agreements with the State of Nebraska's Department of Children and Family Services to provide child welfare services to tribal members within the boundaries of their reservations. These cases are under the jurisdiction of Tribal Courts and fully managed by the Tribes' child welfare departments. The Tribal Youth data contained on this page are from DHHS and represent the services provided under those agreements.

TRIBAL YOUTH

INVOLVED	546
ENTERED	104
PLACED IN OUT-OF-HOME CARE	467
EXITED	86

PLACEMENT TYPES OF TRIBAL CHILDREN RECEIVING OUT-OF-HOME SERVICES (CY 2020)

ADOPTIVE HOME	< 5	< 1%
DD FACILITY	< 5	< 1%
DETENTION	13	2.4%
EMERGENCY SHELTER	24	4.4%
GROUP HOME	18	3.3%
HOSPITAL/ MEDICAL FACILITY	8	1.5%
INDEPENDENT LIVING	0	0%
Kinship Foster Home	60	11%
Missing Youth	21	3.8%
Non-Relative Foster Home	99	18.1%
PRTF	< 5	< 1%
Relative Foster Home	350	64.1%
Therapeutic Group Home	0	0%
YRTC	5	0.9%

2,154 FAMILIES were served by and
2,050 FAMILIES were successfully discharged from

ALTERNATIVE RESPONSE IN 2020.

Families averaged 84 days of involvement in the program.

The majority of children who come into Nebraska's child welfare system are identified because their family is unable to meet their basic needs, which is often related to symptoms of poverty. Alternative Response brings more flexibility to our state response to child maltreatment in certain low- or moderate-risk cases by allowing caseworkers to focus on harnessing the strengths of each family and building parental capacity through intensive supports and services.

70 FAMILIES

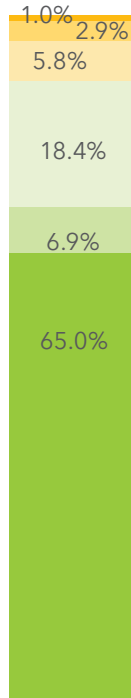
changed track from Alternative Response to Traditional Response after an average 20 days of involvement.

Source: Nebraska Department of Health and Human Services (DHHS).

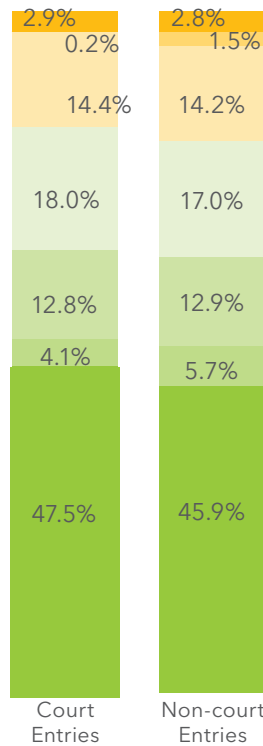


RACE & ETHNICITY IN CHILD WELFARE

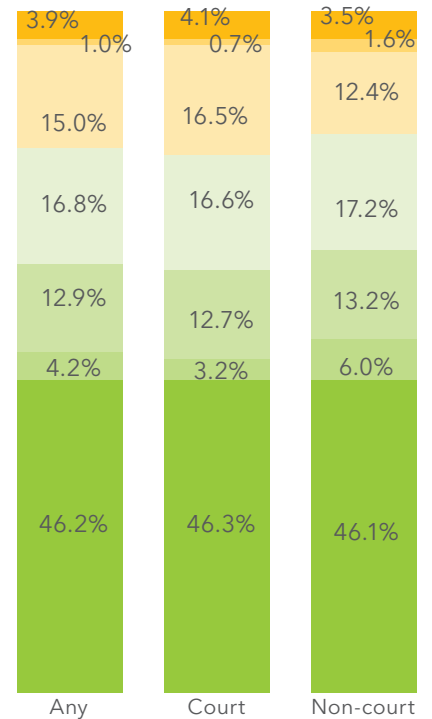
TOTAL CHILD POPULATION (2020)



ENTRIES TO THE CHILD WELFARE SYSTEM (2020)

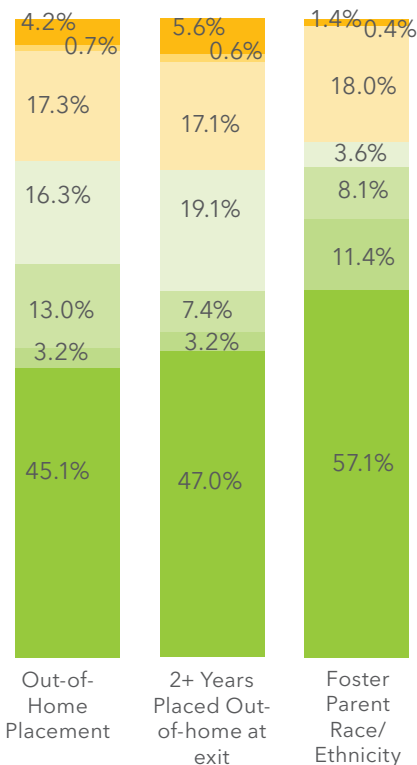


CHILD WELFARE SYSTEM INVOLVEMENT (2020)

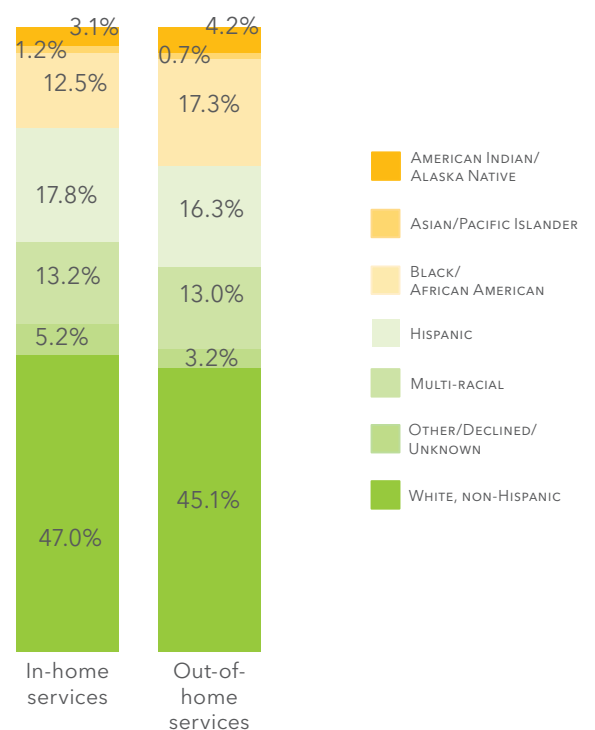


Source: U.S. Census Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin, July 1, 2020, Table PEPASR6H.

OUT-OF-HOME CARE (2020)



IN-HOME AND OUT-OF-HOME SERVICES (2020)



- AMERICAN INDIAN/ALASKA NATIVE
- ASIAN/PACIFIC ISLANDER
- BLACK/AFRICAN AMERICAN
- HISPANIC
- MULTI-RACIAL
- OTHER/DECLINED/UNKNOWN
- WHITE, NON-HISPANIC

Source: Nebraska Department of Health and Human Services (DHHS).

PLACEMENTS & STAFF CASELOADS



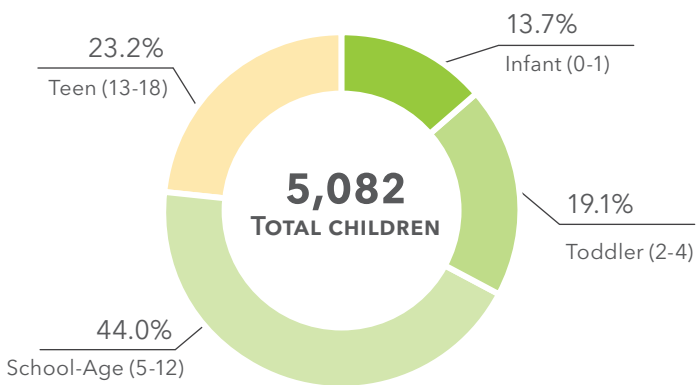
REMOVAL REASONS OF CHILDREN IN OUT-OF-HOME CARE (2020)

4,687 CHILDREN WHO RECEIVED OUT-OF-HOME SERVICES HAD A 3(A) PETITION

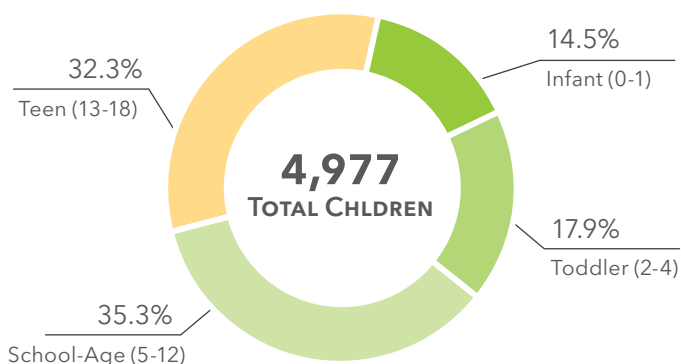
NEGLECT (ALLEGED/REPORTED)	1,972	MENTAL AND EMOTIONAL ABUSE	95
DRUG ABUSE (PARENT/CARETAKER)	1,288	DEATH OF PARENT(S)/CARETAKER(S)	37
INADEQUATE HOUSING	698	COURT DETERMINED THAT REASONABLE EFFORTS ARE NOT REQUIRED.	30
DOMESTIC VIOLENCE	563	MENTALLY ILL AND DANGEROUS (CHILD)	26
PHYSICAL ABUSE (ALLEGED/REPORTED)	443	DIAGNOSED CHILD'S DISABILITY	22
ALCOHOL ABUSE (PARENT/CARETAKER)	352	VOLUNTARY RELINQUISHMENT	15
CHILD'S BEHAVIOR PROBLEM	257	HUMAN TRAFFICKING	12
INCARCERATION OF PARENT(S)/CARETAKER(S)	243	DRUG ABUSE (CHILD)	11
ABANDONMENT	211	ALCOHOL ABUSE (CHILD)	4
PARENT'S/CARETAKER'S INABILITY TO COPE DUE TO ILLNESS/OTHER	183	SAFE HAVEN	2
SEXUAL ABUSE (ALLEGED/REPORTED)	175		

NOTE: CHILDREN MAY HAVE MORE THAN ONE REASON FOR REMOVAL.

CHILDREN RECEIVING IN-HOME SERVICES BY AGE (2020)



CHILDREN RECEIVING OUT-OF-HOME SERVICES BY AGE (2020)



TOTAL STAFF CASELOADS IN COMPLIANCE (2020 AVERAGE)

SERVICE AREA	TOTAL STAFF	STAFF WITH CASELOADS IN COMPLIANCE	PERCENT CASELOADS IN COMPLIANCE
CENTRAL	54	50	92.6%
EASTERN	141	80	56.8%
NORTHERN	64	60	93.5%
SOUTHEAST	88	73	82.8%
WESTERN	56	49	87.4%
STATE	404	312	77.3%

Compliance as determined by the Child Welfare League of America. There are multiple factors influencing caseload including urban or rural, initial assessment, in-home or out-of-home, and court or non-court involvement.

Source: Nebraska Department of Health and Human Services (DHHS).



OUT-OF-HOME PLACEMENTS

WHERE ARE THE KIDS IN OUT-OF-HOME CARE? (12/31/2020)

3.1% Group home (104 children)

5.9% Living independently (195 children)

1.1% Missing Youth (38 children)

0.4% Emergency shelter (14 children)

1.2% Medical facility (39 children)

36.0% Foster & adoptive homes (1,199 children)

12.3% Kinship care (409 children)

37.4% Relative home (1,243 children)

2.6% Detention facility (85 children)

THERE ARE THREE TYPES OF FOSTER PARENTS IN NEBRASKA:

- **RELATIVE FOSTER HOMES:** Foster parents who are related to the child or children whom they care for by blood, marriage, or adoption.
- **KINSHIP FOSTER HOMES:** Foster parents who have a significant pre-existing relationship with the child or children for whom they care. Examples are a current or former teacher, coach, or neighbor.
- **LICENSED FOSTER HOMES:** Foster parents who live at the licensed residence and care for a child or children whom they have not previously known.

Source: Nebraska Department of Health and Human Services (DHHS).

FOSTER HOME PLACEMENT BEDS (12/31/2020)

5,228 foster home beds were available in **2,664** homes.

1,593 beds in **858** approved homes.

4,386 beds in **1,786** licensed homes.

1,652 (60.5%) children in foster care were placed with relatives or kin

33.8% of foster home beds were in kin or relative homes

2,088 kids in out-of-home care also had a sibling in out-of-home care on 12/31/20

- **66.5%** were placed with all siblings
- **83.4%** were placed with at least one sibling

When children must be removed from their homes, it is important to ensure that their placement reduces the trauma of removal and promotes the well-being of the child. Congregate care, which places children in an institutional setting such as a group home or detention center, should be used minimally for out-of-home placements.

Research shows that placement in a family-like setting provides children with improved long-term outcomes in physical and emotional health. Although congregate care may be necessary for some children, for many others, it does not allow children to maintain the strong relationships with trusted adults that are essential for successful development.

PLACEMENT STABILITY

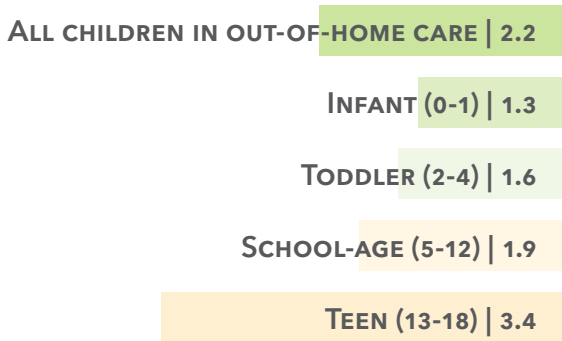


MULTIPLE PLACEMENTS

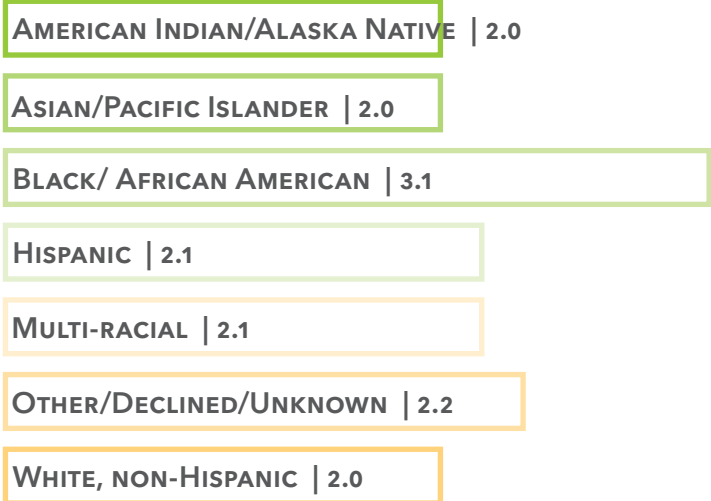
The Nebraska Department of Health and Human Services counts placement changes when a child moves from one foster care setting to another. Children in stable homes are reported to receive more attention, acceptance, affection, and better care from their foster parents. Children who are in stabilized homes are more likely to receive therapy, are less delinquent and oppositional/aggressive, and are more likely to be placed with competent and caring foster parents.

Source: University of Illinois, Child and Family Research Center, Placement Stability Study, 1999.

AVERAGE NUMBER OF OUT-OF-HOME PLACEMENTS BY AGE (2020)



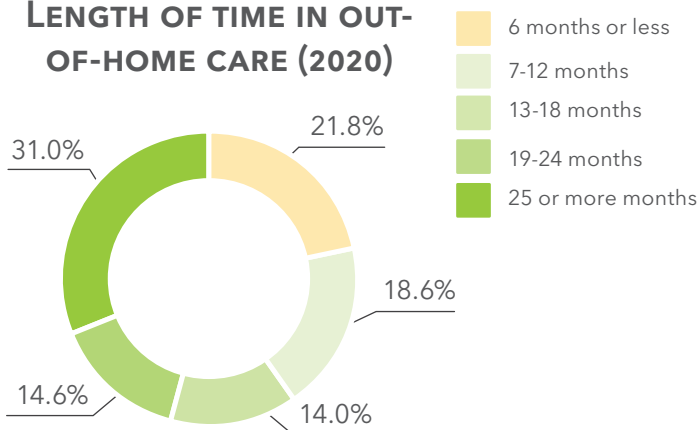
AVERAGE NUMBER OF OUT-OF-HOME PLACEMENTS BY RACE/ETHNICITY (2020)



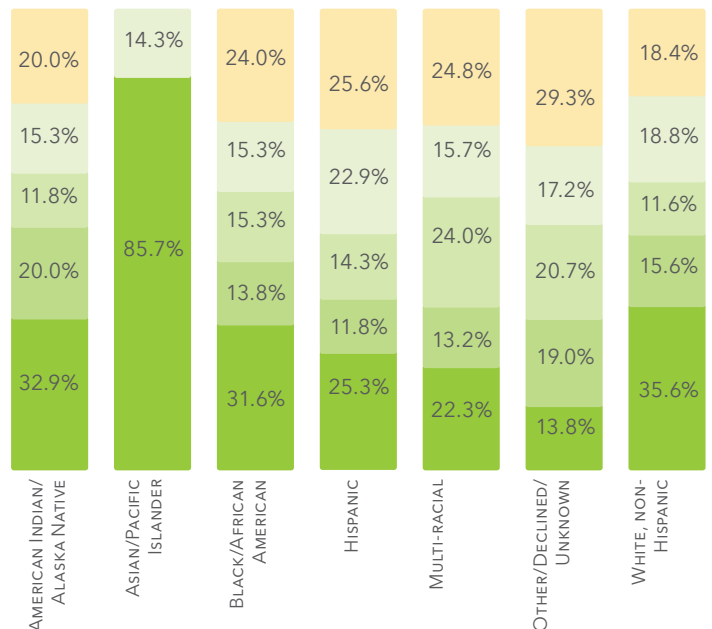
1,642 CHILDREN

exited out-of-home care in 2020. The mean length of time away from home was **20.4 MONTHS**.

LENGTH OF TIME IN OUT-OF-HOME CARE (2020)



LENGTH OF TIME IN OUT-OF-HOME CARE BY RACE/ETHNICITY (2020)



Source: Nebraska Department of Health and Human Services (DHHS).

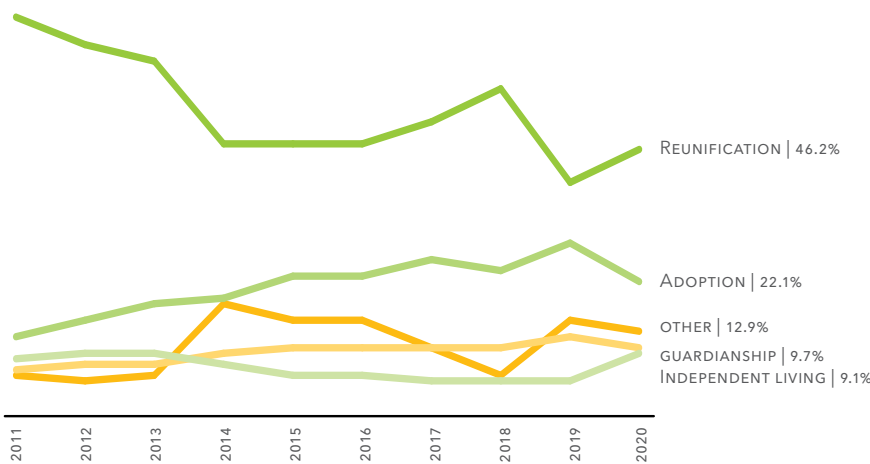


PERMANENCY

EXITING THE SYSTEM

Once in the child welfare system, children should be on a track toward achieving permanency in a safe, loving environment. Most of the time, that means they will be reunified with their family and return home. Other times, permanency may be achieved through adoption or guardianship.

EXITS FROM OUT-OF-HOME CARE (2011-2020)



2,574 non-court involved children exited the system in 2020.

2,143 court involved children exited the system in 2020.

363 children

were adopted in 2020.

357 adoptions were subsidized.

Mean time from becoming free for adoption to adoption:

10.6 MONTHS.

159 children exited into guardianships in 2020,

146 of which were subsidized.

Source: Nebraska Department of Health and Human Services (DHHS); Kids Count, 2020.



Family support is key to any successful transition into adulthood, especially for youth who may have been exposed to trauma. Learning to be self-reliant in seeking employment and housing, managing finances, or seeking healthcare can be daunting without family connections. For youth who have been in foster care who do not exit the system to a family, ensuring a strong system of support in this transition is key. The Bridge to Independence (B2i) program works to address this issue. B2i serves youth who must be either working, seeking work, or in school. In return, they receive Medicaid coverage, a monthly stipend to use for living expenses, and an assigned caseworker on call 24/7 to help them navigate the transition to adulthood.

106 YOUTH

were in out-of-home care when they reached their 19th birthday in 2020.

REASONS FOR PARTICIPATION IN THE BRIDGE TO INDEPENDENCE PROGRAM (2020)

ENROLLED IN SECONDARY SCHOOL | 75

ENROLLED IN POST-SECONDARY OR VOCATIONAL EDUCATION | 117

PARTICIPATING IN A PROGRAM DESIGNED TO PROMOTE OR REMOVE BARRIERS TO EMPLOYMENT | 196

EMPLOYED 80+ HOURS PER MONTH | 362

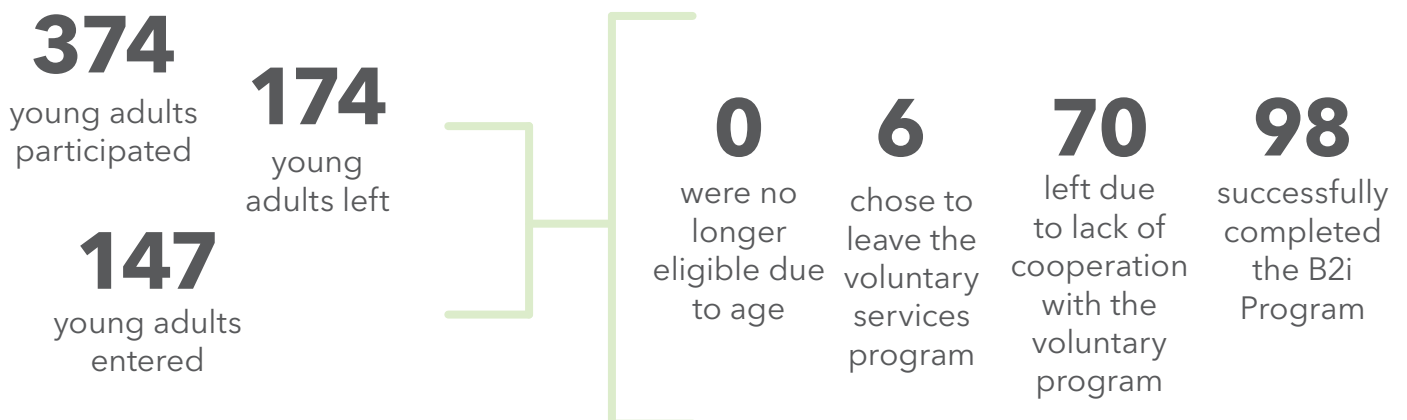
INCAPACITATED DUE TO PHYSICAL OR MENTAL HEALTH CONDITIONS FROM EMPLOYMENT | 50

Note: A young adult may have more than one reason qualifying them for participation in Bridge to Independence.

49 YOUNG ADULTS

in the Bridge to Independence Program were parenting or pregnant in 2020.

BRIDGE TO INDEPENDENCE PROGRAM (2020)



A purple-tinted photograph of hands clasped together behind a chain-link fence. The hands are positioned in the upper right quadrant, with fingers interlaced. The chain-link fence is visible in the foreground, creating a grid-like pattern. The background is a solid purple color.

JUVENILE JUSTICE

Keeping our children and youth safe is essential to their healthy development. Youth should be held accountable for their actions in developmentally appropriate ways that promote community safety and allow them to grow into responsible citizens.

When youth act out they should be held accountable primarily by families, schools, and communities, avoiding contact with the juvenile justice system if at all possible. Youth entering and already in the juvenile justice system are entitled to be safe and their rights must be respected. Retaining strong connections to family, community, and culture help youth thrive within the system. The juvenile justice system should be rehabilitative in nature and designed specifically for youth.

WHERE ARE THE DATA?

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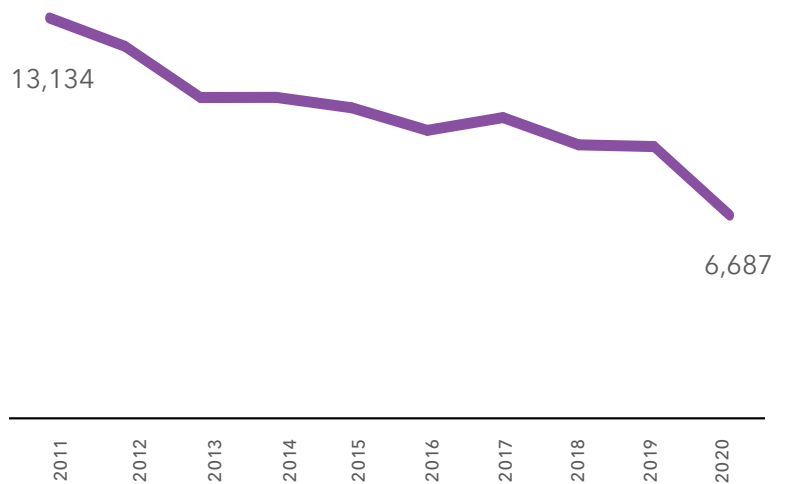
ARRESTS

YOUTH ARRESTS (2020)

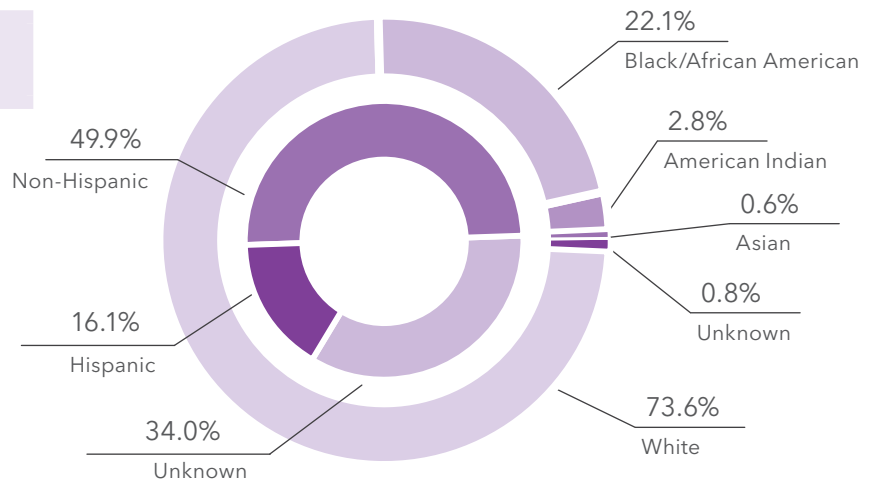
TYPE	MALE	FEMALE	TOTAL	% OF TOTAL
STATUS OFFENSES	376	265	641	9.6%
RUNAWAY	17	12	29	0.4%
CURFEW	67	45	112	1.7%
ALCOHOL	292	208	500	7.5%
DRUG-RELATED	639	252	891	13.3%
VIOLENT	192	24	216	3.2%
PERSON	902	595	1,497	22.4%
PROPERTY	1,303	638	1,941	29.0%
PUBLIC ORDER	132	62	194	2.9%
WEAPON	82	12	94	1.4%
OTHER	785	350	1,135	17.0%
DUI	52	26	78	1.2%
TOTAL	4,463	2,224	6,687	

6,687 YOUTHS WERE ARRESTED IN 2020.
THE MOST COMMON, 29.0%, WERE PROPERTY CRIMES.

NUMBER OF YOUTHS ARRESTED (2011-2020)



YOUTH ARRESTS BY RACE (2020)



STATUS OFFENSES

"Status offenses" are non-criminal behaviors, like skipping school, that could not be charged but for the "status" of being a minor.

Source: Arrests by Arrest Offense and Arrestee Age, Nebraska Crime Statistics.; Kids Count, 2020.

DISPROPORTIONATE MINORITY CONTACT

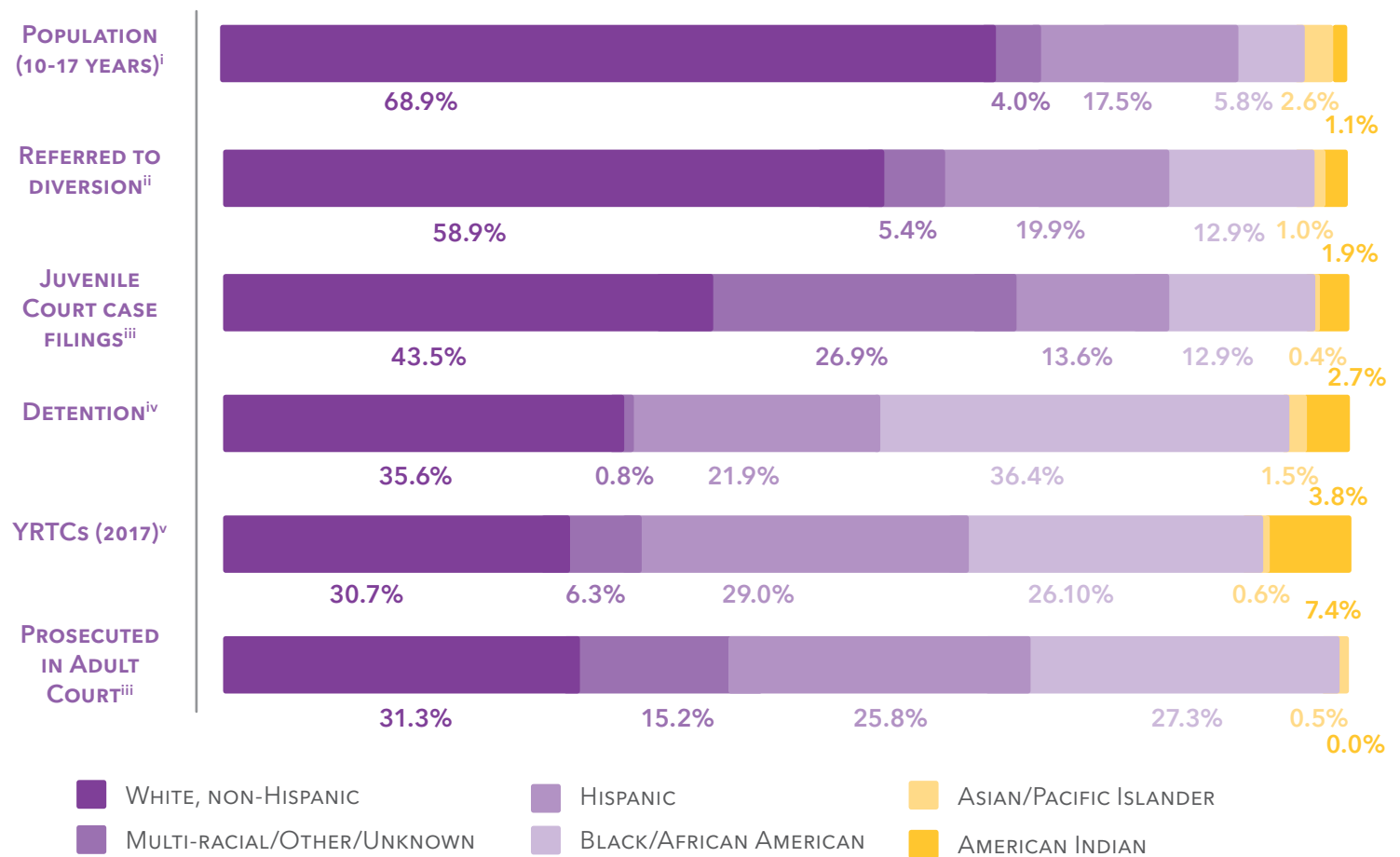


DISPROPORTIONATE MINORITY CONTACT (DMC)

Despite the promise of equal protection under the law, national research shows that youth of color are overrepresented in the juvenile justice system. This overrepresentation often is a product of decisions made at early points of contact with the juvenile justice system. Where racial differences are found to exist, they tend to accumulate as youth are processed deeper into the system.¹

Unfortunately, our juvenile justice system lacks uniform ways of collecting data on race and ethnicity. Although disparities exist across system points, different agencies have different ways of counting Hispanic youth in particular. Additional information on the race and ethnicity of youth arrested, on probation, and in adult prison are available elsewhere in this section.

YOUTH INTERACTION WITH THE JUSTICE SYSTEM BY RACE/ETHNICITY (2020)



i. U.S. Census Bureau, Population Estimates Program, 2020 Estimates, Table ALLDATA6.

ii. Nebraska Crime Commission, Juvenile Diversion 2020 Annual Report.

iii. Administrative Office of the Courts & Probation, Nebraska Juvenile Justice System Statistical Annual Report 2020.

iv. Analysis based on data from individual facilities including Lancaster County Detention Center, Northeast Nebraska Juvenile Services, Douglas County Youth Center, and the Patrick J. Thomas Juvenile Justice Center.

v. Nebraska Department of Health and Human Services, Office of Juvenile Services Annual Legislative Report, SFY 2021.

*Data is input by clerks across the state and may not be well standardized. This may account for the large variance in the "multiracial/other/unknown" category.

1. "And Justice for Some: Differential Treatment of Youth of Color in the Juvenile Justice System," National Council on Crime and Delinquency, (January 2007).



PRE-TRIAL DIVERSION

JUVENILE DIVERSION PROGRAM

Pretrial diversion programs are based on the belief that many juvenile cases are better handled outside the courthouse doors. These voluntary programs are designed to provide eligible youth an opportunity to demonstrate rehabilitation and make things right with the community, while reducing the cost and burden to taxpayers and courts that come with formal charges being filed. By successfully completing his or her diversion plan, a minor has the opportunity to avoid formal charges in the court and get all record of the matter sealed. By diverting these cases from the court system, counties save significant dollars, making successful diversion programs a win-win.

3,003

youths were referred to the diversion program.

2,309

youths successfully completed diversion.

84

counties participated in the diversion program.

489

of those referred did not participate.

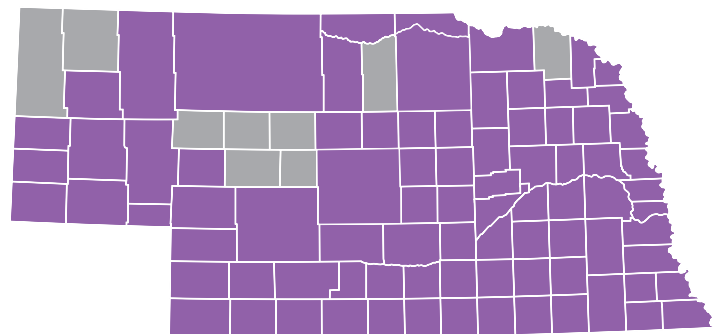
428

youths did not complete diversion successfully and were discharged for failing to comply or for a new law violation.

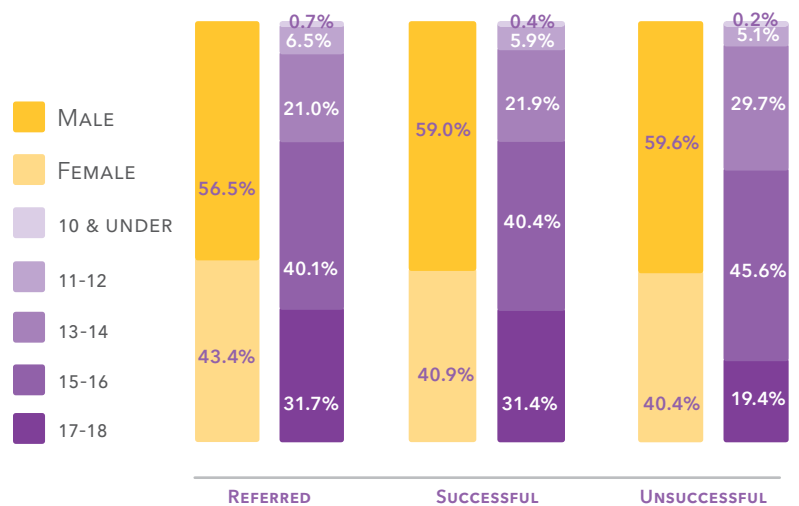
MOST COMMON LAW VIOLATIONS REFERRED TO DIVERSION (2020)¹

ALCOHOL OFFENSES	605
DRUG OFFENSES	579
SHOPLIFTING	391
TRUANCY	386
TRAFFIC OFFENSE	375
ASSAULT	367
CRIMINAL MISCHIEF	222
OTHER THEFT OFFENSES	220
TRESPASSING	199
TOBACCO USE BY MINOR	143
OBSTRUCTING POLICE	100
DISORDERLY CONDUCT	95
UNGOVERNABLE	87
OTHER	371

COUNTIES OFFERING A JUVENILE DIVERSION PROGRAM (2020)¹



YOUTH PARTICIPATING IN A JUVENILE DIVERSION PROGRAM (2020)¹



COMMUNITY-BASED JUVENILE SERVICES AID PROGRAM (2020)²

227 programs in **72 counties** and **1 tribe** were funded through the Community-Based Juvenile Services Aid Program in Fiscal Year 2019/20.

179 Direct Interventions including **28** Prevention/Promotion Interventions.

12 Direct Service Programs
36 System Improvement Programs

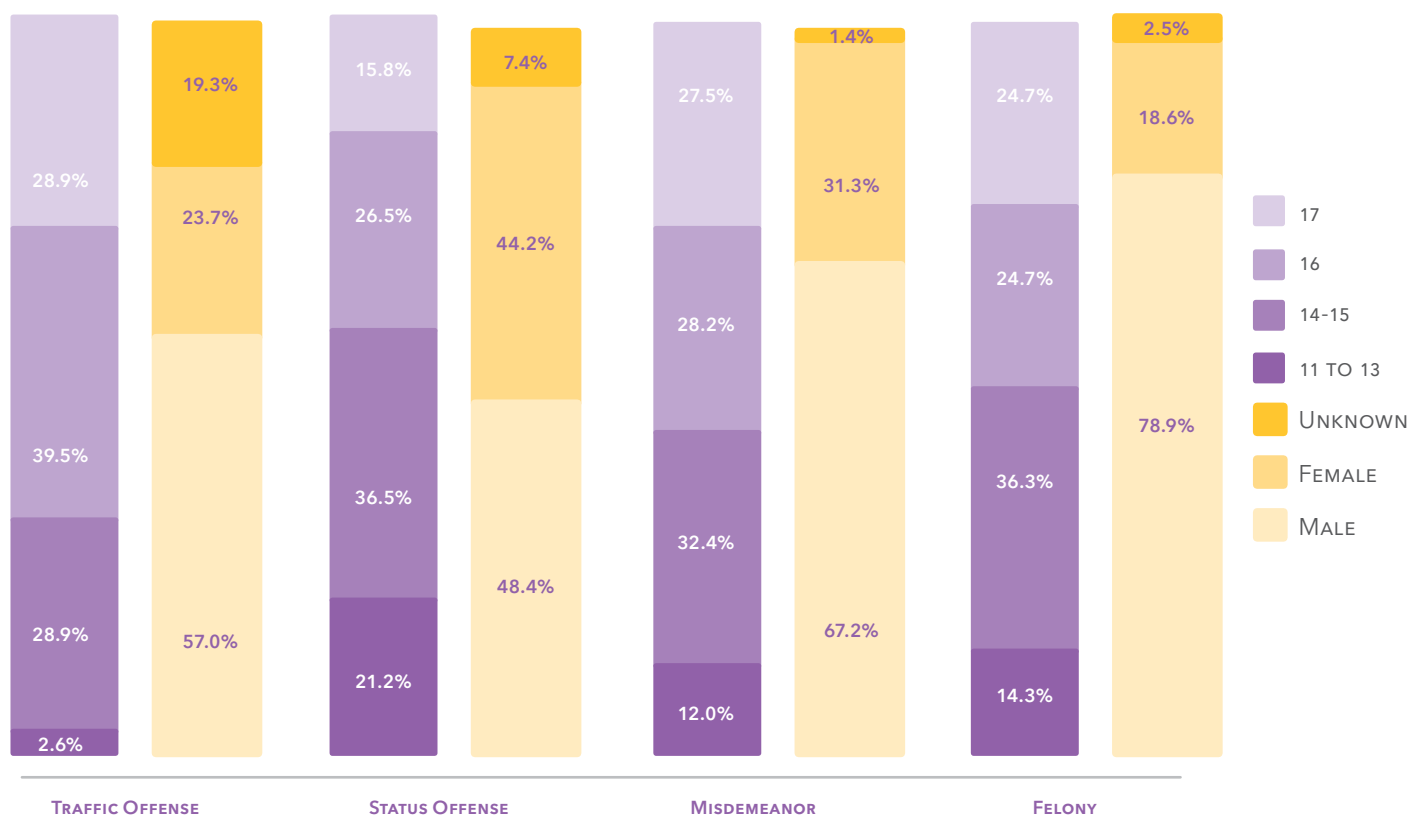
1. Nebraska Crime Commission, *Juvenile Diversion in Nebraska 2020 Annual Report*.

2. Nebraska Crime Commission, *Community-Based Juvenile Services Aid Program Annual Report, 2019/20*.

JUVENILE COURT CASES



NEW JUVENILE COURT CASES BY AGE AND GENDER (2020)



NEW JUVENILE COURT CASES BY RACE/ETHNICITY (2020)

	TRAFFIC OFFENSE	STATUS OFFENSE	MISDEMEANOR	FELONY
AMERICAN INDIAN	0	0.0%	11	2.6%
ASIAN/PACIFIC ISLANDER	1	0.8%	4	1.0%
BLACK/AFRICAN AMERICAN	11	9.6%	33	7.9%
HISPANIC	20	17.5%	56	13.4%
WHITE	74	64.9%	165	39.4%
OTHER	0	0.0%	1	0.2%
UNKNOWN	8	7.0%	149	35.6%
TOTAL ADJUDICATED AS "ADMIT"	114	91.2%	419	58.0%

Note: The data provider recording a case being adjudicated as "admit" means that it has been accepted to be true.
 Source: Nebraska Juvenile Justice System, Statistical Annual Report 2020.



ACCESS TO COUNSEL

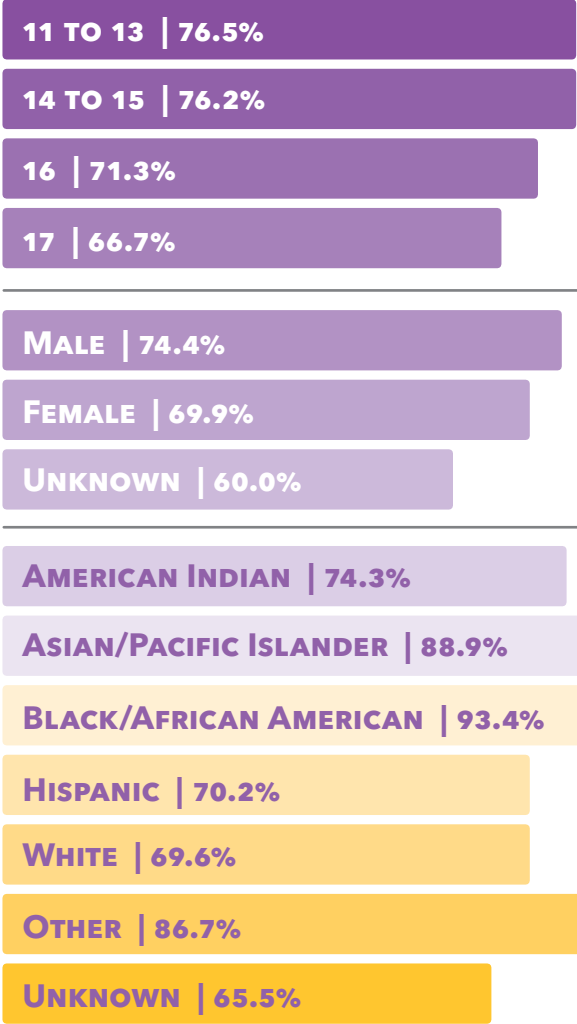
JUVENILE ACCESS TO COUNSEL

Having an attorney present during proceedings in the juvenile justice system is not only important for youth, but a guaranteed constitutional right. The right to counsel is also enshrined in Nebraska statute 43-272(1). The law is meant to protect children at every stage of legal proceedings, and requires the court to advise youth, along with their parents, of their right to an attorney, and that legal counsel can be provided at no cost if they are unable to afford it.

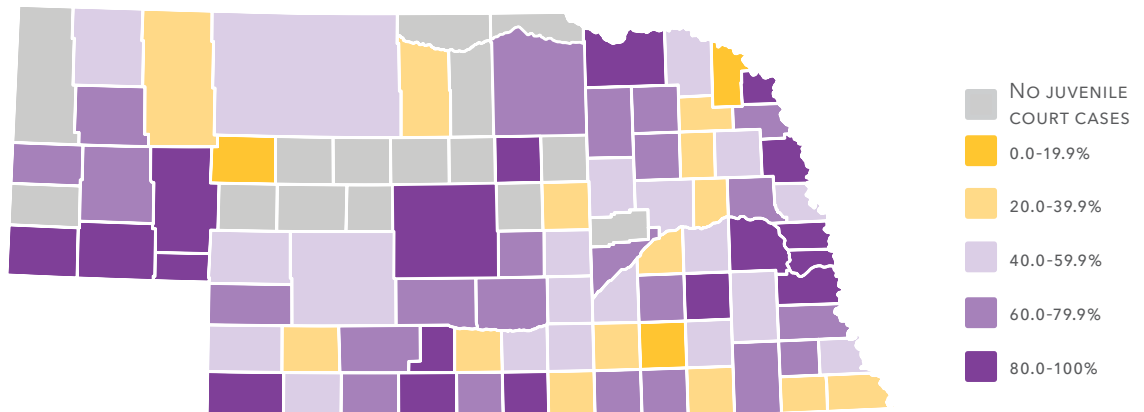
40.1%
OF CHILDREN IN ADULT CRIMINAL COURT
HAD AN ATTORNEY IN 2020.

72.6%
OF CHILDREN IN JUVENILE COURT
HAD AN ATTORNEY IN 2020.

YOUTH IN JUVENILE COURT'S ACCESS TO COUNSEL BY AGE, GENDER, AND RACE (2020)



PERCENT OF YOUTH IN JUVENILE COURT WHO HAD ACCESS TO COUNSEL BY COUNTY (2020)

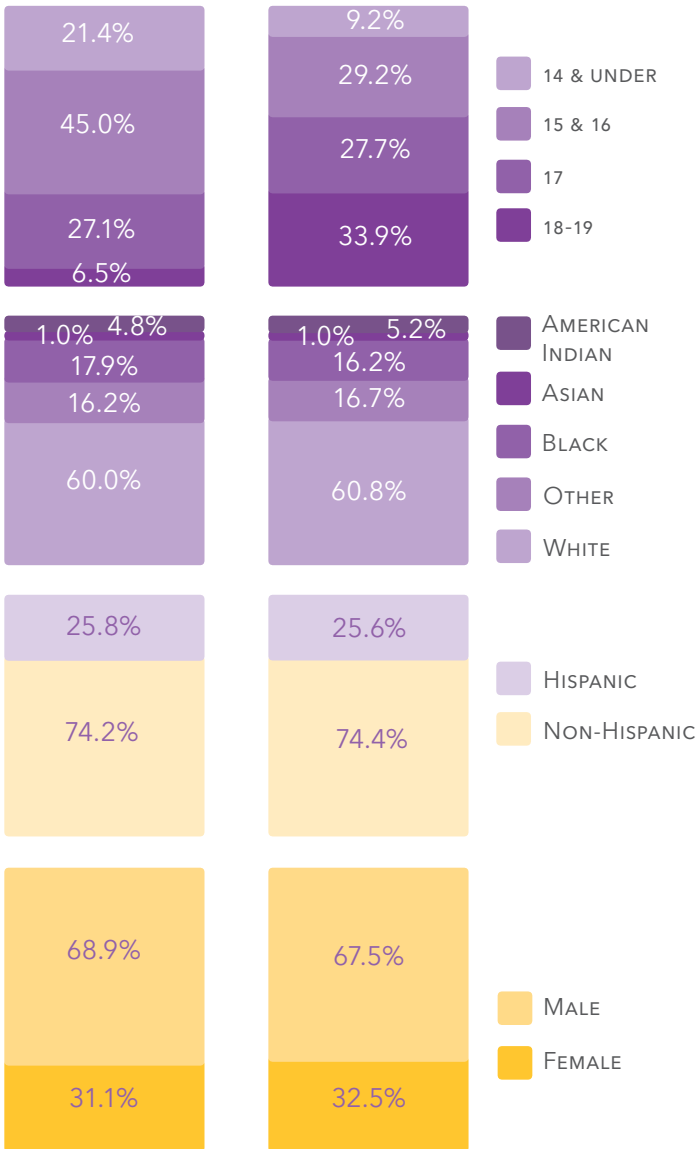


Source. Administrative Office of the Courts & Probation, Nebraska Juvenile Justice System Statistical Annual Report 2020.

PROBATION



YOUTH SUPERVISED ON PROBATION BY AGE, GENDER, & RACE/ETHNICITY (2020)



IN 2020, **3,943 YOUTH** WERE SUPERVISED ON PROBATION:

- **678** HAD FELONY OFFENSES
- **2,710** HAD MISDEMEANOR, INFRACTION, TRAFFIC, OR CITY ORDINANCE OFFENSES
- **555** HAD STATUS OFFENSES
- **2,404** WERE DISCHARGED

AVERAGE CASELOAD OF JUVENILE PROBATION OFFICERS (2020)

	URBAN	RURAL
HIGH-RISK/HIGH-NEED INTERVENTION	15	18
LOW-RISK/LOW-NEED SUPERVISION	25	20

COST OF SERVICES FUNDED BY PROBATION (FY 2020)

MONTHLY PER YOUTH (MPY)	\$864.68
MPY - IN-HOME SERVICES	\$567.40
MPY - OUT-OF-HOME SERVICES	\$1,887.62

12.3 months
mean length of time on probation in 2020.

10.7 months
mean length of time for status offenses in 2020.

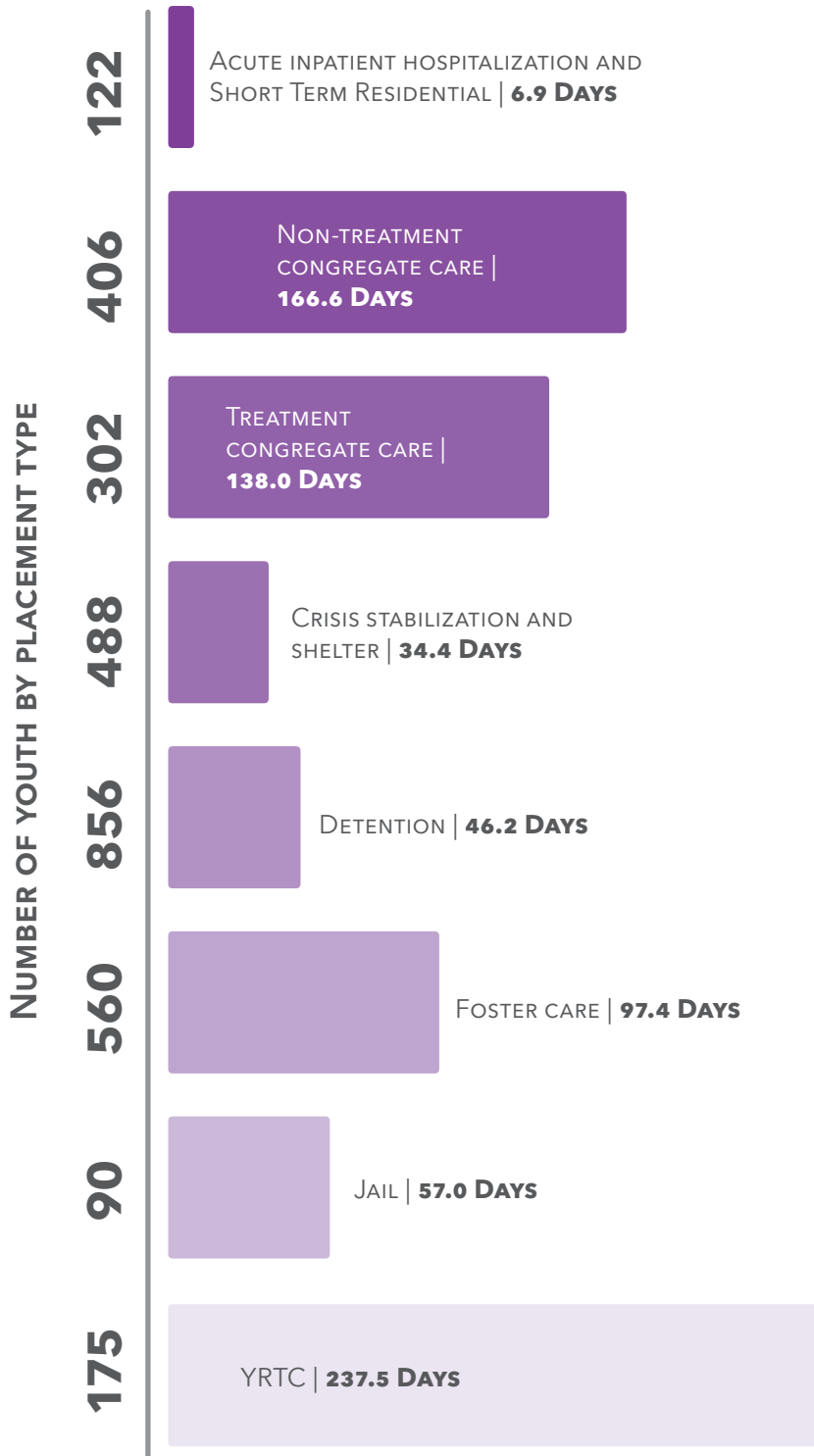
16.5 months
mean length of time for felonies in 2020.

11.8 months
mean length of time for misdemeanors/ infractions in 2020.



YOUTH IN OUT-OF-HOME CARE

OUT-OF-HOME CARE OF YOUTH ON PROBATION BY PLACEMENT TYPE AND AVERAGE LENGTH OF STAY (2020)



1,382

YOUTH SUPERVISED ON PROBATION WERE PLACED IN OUT-OF-HOME CARE. THE MEAN LENGTH OF TIME IN OUT-OF-HOME CARE WAS 2.9 MONTHS.

YOUTH ON PROBATION IN OUT-OF-HOME CARE		
	#	%
TOTAL YOUTH	1,382	
FEMALE	410	29.7%
MALE	972	70.3%
AMERICAN INDIAN	87	6.3%
ASIAN/PACIFIC ISLANDER	13	0.9%
BLACK/AFRICAN AMERICAN	347	25.1%
OTHER	200	53.2%
WHITE	735	22.8%
HISPANIC	315	77.2%
WHITE, NON-HISPANIC	1,067	77.2%
STATUS OFFENSES*	91	6.6%
FELONIES*	405	29.3%
MISDEMEANOR/INFRACTION/TRAFFIC/ CITY ORDINANCE OFFENSES*	886	64.1%

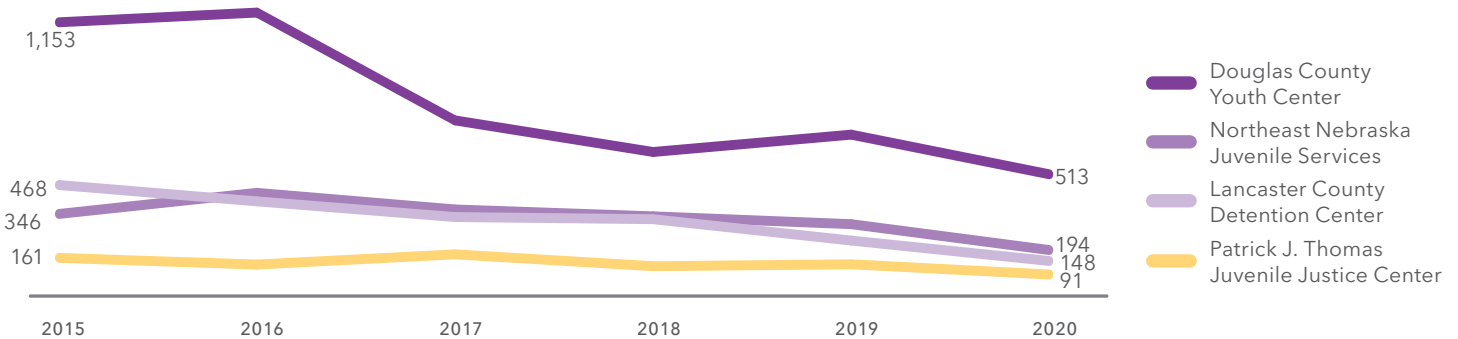
*If a youth had an offense in more than one adjudication type they will be counted by the youth's highest or most serious offense.
Source: Nebraska Office of Probation Administration.



YOUTH HELD IN JUVENILE DETENTION FACILITIES* (2020)¹

	LANCASTER COUNTY DETENTION CENTER (LANCASTER COUNTY)		NORTHEAST NEBRASKA JUVENILE SERVICES (MADISON COUNTY)		DOUGLAS COUNTY YOUTH CENTER (DOUGLAS COUNTY)		PATRICK J. THOMAS JUVENILE JUSTICE CENTER (SARPY COUNTY)	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GENDER								
MALE	106	71.6%	141	72.7%	400	78.0%	69	75.8%
FEMALE	42	28.4%	53	27.3%	113	22.0%	22	24.2%
RACE/ETHNICITY								
AMERICAN INDIAN/ ALASKA NATIVE	9	6.1%	14	7.2%	8	1.6%	5	5.5%
ASIAN/PACIFIC ISLANDER	0	0.0%	0	0.0%	11	2.1%	3	3.3%
BLACK/AFRICAN AMERICAN	44	29.7%	16	8.2%	271	52.8%	13	14.3%
HISPANIC	30	20.3%	61	31.4%	101	19.7%	15	16.5%
OTHER	8	5.4%	0	0.0%	0	0.0%	0	0.0%
WHITE, NON-HISPANIC	57	38.5%	103	53.1%	122	23.8%	55	60.4%
AGE**								
12 & UNDER	0	0.0%	0	0.0%	17	3.1%	0	0.0%
13-14	23	14.1%	42	21.6%	105	18.9%	13	16.0%
15-16	66	40.5%	85	43.8%	252	45.3%	35	43.2%
17+	74	45.4%	67	34.5%	182	32.7%	33	40.7%
TIMES DETAINED								
1	113	76.4%	147	75.8%	380	74.1%	85	93.4%
2	21	14.2%	26	13.4%	91	17.7%	2	2.2%
3+	14	9.5%	21	10.8%	42	8.2%	4	4.4%
TOTAL COUNT								
	148		194		513		91	
SECURE ADMISSIONS								
	148		119		513		-	
STAFF SECURE ADMISSIONS								
	-		75		-		91	
AVERAGE DAYS DETAINED								
	31.6 DAYS		34 DAYS		45 DAYS		27 DAYS	

JUVENILE DETENTION ADMISSIONS (2015-2020)²



1. Individual detention centers.

2. Kids Count, 2020.

*Includes secure and staff secure detention.

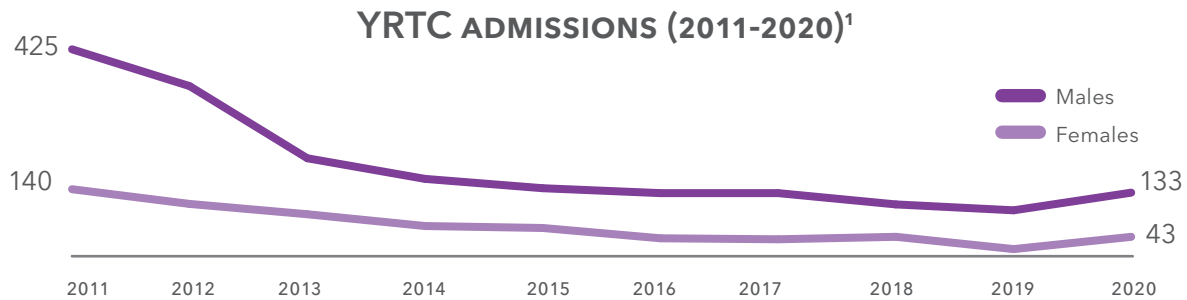
** For Lancaster County Detention Center and Douglas County Youth Center if the same youth is admitted under different ages during the year, they will count under each age group.



YRTC & ROOM CONFINEMENT

YOUTH REHABILITATION AND TREATMENT CENTERS (YRTCs) SFY 2020/21¹

	GENEVA	HASTINGS	LINCOLN	KEARNEY
NUMBER ADMITTED FOR TREATMENT	1 YOUTH	1 YOUTH, 13 TRANSFERS	6 YOUTH	84 YOUTH
AVERAGE DAILY POPULATION	3 YOUTH	9 YOUTH	8 YOUTH	58 YOUTH
AVERAGE LENGTH OF STAY	1.2 MONTHS	3 DAYS	3.6 MONTHS	9.7 MONTHS
AVERAGE AGE AT ADMISSION	17 YEARS	16 YEARS	17 YEARS	17 YEARS
AVERAGE PER DIEM COST PER YOUTH	-	-	\$1,276.41	\$691.45
% RETURN TO FACILITY IN 12 MONTHS	-	16.70%	0%	12%



ROOM CONFINEMENT BY REPORTED REASON (SFY 2019/20)²

	TOTAL INCIDENTS	TOTAL YOUTH INVOLVED	MEDIAN DURATION OF ROOM CONFINEMENT INCIDENTS (HOURS)	PERCENT OF INCIDENTS ENDING IN 4 HOURS OR LESS	PERCENT OF INCIDENTS LASTING BETWEEN 4 AND 8 HOURS	PERCENT OF INCIDENTS LASTING MORE THAN 8 HOURS	LONGEST CONFINEMENT INCIDENT (HOURS)	MOST COMMON REASON FOR ROOM CONFINEMENT
NEBRASKA CORRECTIONS YOUTH FACILITY	382	44	3*	76%*	7%*	17%*	1,697*	DISCIPLINARY SANCTION (41%)
YRTC - KEARNEY	2605	175	7.5*	34%*	20%*	46%*	331.5*	DANGER TO STAFF (48%)
YRTC - GENEVA	22	59	21.5	10%	5%	85%	117.0	ADMINISTRATIVE (41%)
YRTC - LINCOLN	34	10	3.25	59%	6%	35%	35	DANGER TO STAFF (74%)
DOUGLAS COUNTY YOUTH CENTER	494	178	43.5	7%	6%	87%	167.75	FIGHTING (35%)
LANCASTER COUNTY YOUTH SERVICES CENTER	130	87	2*	81%*	17%*	2%*	345.75*	QUARANTINE (74%)
NORTHEAST NEBRASKA JUVENILE SERVICES	30	30	1.25*	21%*	0%*	79%*	358.0*	ADMIN-EMERGENCY (57%)
PATRICK J. THOMAS JUVENILE JUSTICE CENTER	53	22	3	72%	24%	4%	12.0	DANGER TO YOUTH (94%)

Research associates room confinement with serious consequences for mental and physical health including: - "Increased risk of self-harm and suicidal ideation; - Greater anxiety, depression, sleep disturbances, paranoia, and aggression; - Exacerbation of the on-set of pre-existing mental illness and trauma symptoms; and, - Increased risk of cardiovascular related health problems."³ Regulations, policies, and practices on when, how, and why juvenile room confinement is used differ among types of facilities. Room confinement should be used as the absolute last resort and only in cases of threats of safety to the individual or other residents and only after other interventions have failed. Room confinement should be time limited; the youth should be released as soon as they are safely able and should never last longer than 24 hours. During confinement, the youth should be closely monitored and seen by mental health professionals. All instances of room confinement should be recorded and reviewed.²

* Data includes room confinement resulting from Medical Quarantine incidents due to COVID-19 during the 4th quarter of this fiscal year.

1. Office of Juvenile Services, Annual Legislative Report SFY 2021.; Kids Count, 2020.

2. Office of Inspector General of Nebraska Child Welfare, Juvenile Room Confinement in Nebraska, 2019-20 Annual Report.

3.Haney, C. *The Psychological Impact of Incarceration on Post-prison Adjustment. Prison to Home: The Effect of Incarceration and Reentry on Children, Families, and Communities, 2001.*

YOUTH TREATED AS ADULTS



In 2020, **198 youth** cases were prosecuted in Nebraska adult courts, down from **2,019** in 2014.

Of the **198 youth** cases prosecuted in adult criminal court in 2020, **23%** were traffic cases, **44%** were misdemeanor cases, and **33%** were felony cases.

A MOTION TO TRANSFER FROM JUVENILE COURT TO ADULT COURT WAS REQUESTED IN **55 CASES** AND GRANTED IN **12**.

ADULT COURT HAD **75** MOTIONS TO TRANSFER TO JUVENILE COURT FILED, AND **92** CASES TRANSFERRED TO JUVENILE COURT.

AN AGE-APPROPRIATE RESPONSE

Research consistently indicates that treating children as adults neither acts as a deterrent, nor does it prevent crime or reduce violence - instead, prosecution in adult court exposes youth to more risks, delays or prevents treatment, and can burden them with permanent records which may act as barriers to future education and employment opportunities. Nebraska law requires that all children age 17 or younger charged with a misdemeanor or low-level felony must have their cases originate in juvenile court. This means that many more children are now receiving the benefit of speedy access to treatment services, a developmentally-appropriate court process aimed at rehabilitation, and the potential to have their records sealed to set them up for a brighter future.

1. Administrative Office of the Courts & Probation, Nebraska Juvenile Justice System Statistical Annual Report 2020.
2. Nebraska Department of Correctional Services.

YOUTH CASES TRIED IN ADULT COURT (2020)

	YOUTH CASES PROSECUTED IN ADULT COURT		SENTENCED TO PROBATION		SENTENCED TO JAIL		SENTENCED TO PRISON	
MALE	150	75.8%	96	70.6%	18	75.0%	36	94.7%
FEMALE	43	21.7%	37	27.2%	5	20.8%	1	2.6%
UNKNOWN	5	2.5%	3	2.2%	1	4.2%	1	2.6%
11 TO 13	-	-	-	-	-	-	-	-
14 TO 15	26	13.1%	18	13.2%	2	8.3%	6	15.8%
16	58	29.3%	44	32.4%	3	12.5%	11	28.9%
17	114	57.6%	74	54.4%	19	79.2%	21	55.3%
AMERICAN INDIAN	-	-	-	-	-	-	-	-
ASIAN	1	0.5%	1	0.7%	0	0.0%	0	0.0%
BLACK/AFRICAN AMERICAN	54	27.3%	29	21.3%	10	41.7%	15	39.5%
HISPANIC	51	25.8%	31	22.8%	6	25.0%	14	36.8%
UNKNOWN/OTHER	30	15.2%	20	14.7%	5	20.8%	5	13.2%
WHITE	62	31.3%	55	40.4%	3	12.5%	4	10.5%
Total	198		136		24		38	

62
MALES

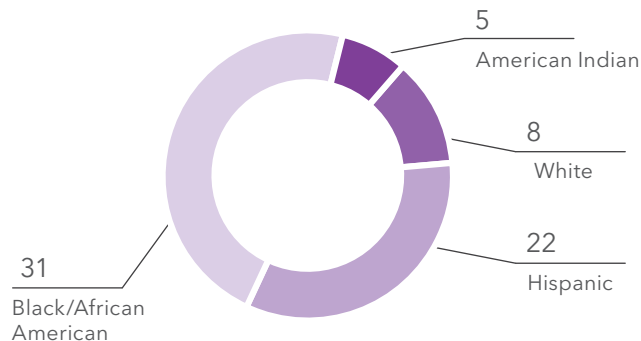
4
FEMALES

YOUTH IN ADULT PRISONS AND JAILS

9 YOUTH (18 AND UNDER) WERE HELD IN A NEBRASKA CORRECTIONAL FACILITY FOR SAFEKEEPING REASONS OR WAITING ASSESSMENT.

57 YOUTH WERE SENTENCED TO A NEBRASKA PRISON.

YOUTH INCARCERATED IN CORRECTIONAL FACILITIES BY RACE/ETHNICITY (2020)





TECHNICAL TEAM OF ADVISORS

Any opinions, views, or policy positions expressed in this Kids Count in Nebraska Report can only be attributed to Voices for Children in Nebraska. These opinions do not necessarily represent the views of any members of the Technical Team.

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