Kids Count IN NEBRASKA

2007 REPORT

A PUBLICATION OF VOICES FOR CHILDREN IN NEBRASKA

Credits

Cover Photo

Austin, 2 years old

Authors

Annemarie Bailey Fowler
Research & Opportunity@Work Coordinator
Voices for Children in Nebraska

Tiffany Seibert
Policy and Research Associate
Voices for Children in Nebraska

Design

Wayne Kobza, Pencil to Press

Photography

Scott Hunzeker

Also featuring photos from past 15 years of *Kids Count in Nebraska*

Special Thanks

All children pictured in our previous reports

Additional Special Thanks

The Annie E. Casey Foundation

Share Our Strength

Jane and Dr. Thomas Tonniges

Wells Fargo

Kids Count 2007

Kids Count is a national and state-by-state effort sponsored by The Annie E. Casey Foundation to track the status of children in the United States by utilizing the best available data. Key indicators measure the education, social, economic and physical well-being of children.

Kids Count in Nebraska is a children's data and policy project of Voices for Children in Nebraska. An important component of this project is the Technical Team of advisors. The Kids Count Technical Team is comprised of data representatives from the numerous agencies in Nebraska, which maintain important information about child well-being and other research experts. This team provides us with information from their databases as well as information on the positioning of their data in other fields. We could not produce this report without their interest and cooperation and the support of their agencies. **Kids Count in Nebraska**, sponsored by The Annie E. Casey Foundation, began in 1993. This is the project's fifteenth report. Additional funding for this report comes from Wells Fargo, Jane and Dr. Thomas Tonniges, and Share Our Strength (S.O.S.).

Featured **Kids Count** photographs are all Nebraska children. Several issues and programs may be discussed in a particular section. Children featured in each section represent elements of that section but may not be directly involved with all programs or issues discussed therein.

Additional copies of the 2007 Kids Count in Nebraska report as well as 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006 reports are available for $11.00 from:

Voices for Children in Nebraska
7521 Main Street, Suite 103
Omaha, NE 68127
Phone: (402) 597-3100
FAX: (402) 597-2705
www.voicesforchildren.com
Email: voices@voicesforchildren.com

Table of Contents

Using County Data and CLIKS

Kids Count County -Level Fact Sheets

To view child well-being data specific to your county, visit www.voicesforchildren.com. From the homepage, select What We Do, then Kids Count and Data. Next, select County Data.

County-Level Comparisons, Rankings, Line-Graphs, Maps

CLIKS (Community-Level Information on Kids) provides comprehensive data on the well-being of children collected by Nebraska Kids Count and other grantees across the nation. The system allows users to generate profiles about single counties or states, graphs for specific indicators over time, color-coded maps of a state based on CLIKS data and rankings of regions within the state for a specific indicator. The program is free and easy to use.

How CLIKS Can Benefit You

- Strengthen the needs assessment portion of grant proposals
- Assess communities
- Create community/state comparisons
- Promote community awareness

How to Access CLIKS

1. Visit the Voices for Children in Nebraska homepage at www.voicesforchildren.com
2. Select What We Do, then Kids Count and Data, and then CLIKS.

Use CLIKS in 3 Steps or Fewer

1. Select the data format (profile, line graph, map, ranking, or raw data)
2. Select the geographic area (county or state level)
3. Select the indicator (if necessary)

Tips for Advocates

At Voices for Children in Nebraska, we know that children cannot advocate for themselves. Children are in need of our voices to speak on their behalf. Below are tips to assist you in becoming a voice for children in your neighborhood, community, town or city, and state.

Prepare

- **Develop relationships with legislators**
  - Ideally this happens before you advocate and/or educate on a particular issue
- **Decide on your long-term and short-term goals**
  - What compromises are you willing to make?
- **Research the issue and the law**
  - Has this policy been implemented elsewhere, and to what effect?
  - What are your best arguments in support of your position?
  - What are your best arguments to address your opponent's position?
- **Identify interested parties**
  - Expand your network of allies
- **Talk to your opponents**
  - Find out your opponents' position in order to prepare responses

Use the Process to Your Advantage

- **Assess political climate for change**
- **Assess optimal pressure point**
  - Legislature, agency, courts, or media
- **Decide legislative/advocacy strategy**
  - Legislative sponsor
  - Key legislative leaders
  - Committee referral

- Communications strategy
- You can be proactive or reactive.

Communicate

- **Develop your communications strategy**
  - Who are the key legislators?
  - Who has good working relationships?
  - Develop fact sheets, testimony, talking points
  - Educate the media
- **Share your position with policy makers**
  - Use letters, informational fact sheets, telephone calls, direct conversations, testifying, petitions, and written comments
  - Personal contact is most effective
  - Petitions are generally least effective
- **Develop easy-to-read fact sheets that describe the problem and potential solution**
  - Be concise: Communications with legislators must be short
  - Specify what action you want the legislator to take
  - State major points in lay language; do not use jargon, acronyms or scientific terms
  - Personalize the issue: Why is this important to you?
  - Explain how legislation will affect local constituents
  - Tailor fact sheets to the legislators' specific interests (e.g., impact on people, business, economy, environment, rural, urban, etc.)
- **Generate positive news stories to help influence the policy process**
  - Don't underestimate the influence
  - Develop relationships
- **Involve the media**
  - Alert press to possible stories
  - Take advantage of slow news days
  - Submit letters to the editor
  - Call radio and TV talk shows
  - Use cable access channels
  - Schedule media conferences or other media events
- **Tips for Media Coverage**
  - Controversy
  - Proximity (local stories)
  - Timely
  - Impact (likely to make a big difference in lives of readers/viewers)
  - Prominence (involves well-known person or group)
  - Audience (affects large number of people)
  - Unusual

Remember to be truthful. Your credibility is your most important asset.

Mobilize Others

- **Identify the stakeholders**
  - Who is affected by the issue under consideration?
  - Who are the allies and opponents of this issue?
- **Use e-mail alerts, public speaking at organizational meetings, advertising, letter writing or petition campaigns, rallies, coalitions**
- **Expand network of supporters**
  - Identify common ground and differences
  - Who do you know? Who do other supporters know? What is the source of their power or influence?
  - Who has the most influence and ability to affect change?
  - Think about non-traditional allies
- **Negotiate compromise with opponents**
  - Talk to your opponents to understand their issues
  - What is the source of their power and influence?
  - Can you neutralize your opponents by addressing some of their concerns? If not, are there ways to neutralize stakeholders' influence?
  - Redefine their interests
  - Compromise
  - Fragment constituency

The more people who support an issue, the easier it is to get the desired change or prevent negative changes.

Contacting Elected Officials

U.S. President: George W. Bush
Switchboard: 202-456-1414
Fax: 202-456-2461
Email: president@whitehouse.gov

Governor: Dave Heineman
Phone: 402-471-2244
Fax: 402-471-6031
Web form:
www.gov.state.ne.us/mail/govmail.html

Secretary of State: John A. Gale
Phone: 402-471-2554
Fax: 402-471-3237
Email: Receptionist@sos.ne.gov

Attorney General: Jon Bruning
Phone: 402-471-2682
Fax: 402-471-3297
Web form: www.ago.state.ne.us/

State Treasurer: Shane Osborn
Phone: 402-471-2455
Fax: 402-471-4390
Email: info@treasurer.org

U.S. Senator: Ben Nelson
Phone: 202-224-6551
Fax: 202-228-0012
http://bennelson.senate.gov/

How to Contact My State Senator

Name _____

Home Address _____

City _____ Zip _____

Phone _____ Fax _____

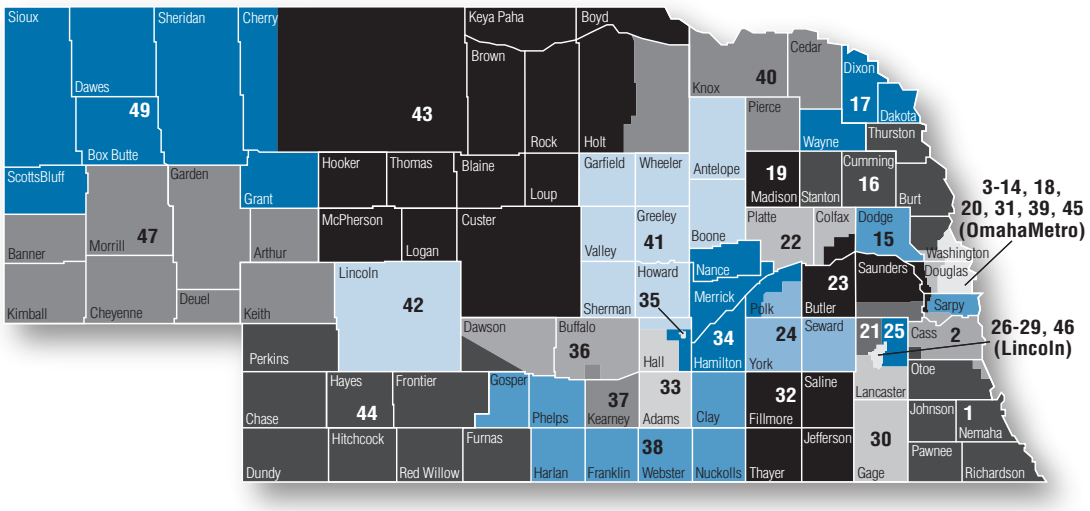
Office Address _____

State Capitol, Lincoln, NE 68509

Phone _____ Fax _____

Email _____

Website _____



*For more complete district information, see www.unicam.state.ne.us

U.S. Senator: Chuck Hagel
Phone: 202-224-4224
Fax: 202-224-5213
http://hagel.senate.gov/

U.S. Representative – 1st District: Jeff Fortenberry
Phone: 202-225-4806
Fax: 202-225-5686
http://fortenberry.house.gov/

U.S. Representative – 2nd District: Lee Terry
Phone: 202-225-4155
Fax: 202-226-5452
http://leeterry.house.gov/

U.S. Representative – 3rd District: Adrian Smith
Phone: 202-225-6435
Fax: 202-225-0207
http://www.adriansmith.house.gov/

Nebraska Legislature
Visit www.nebraskalegislature.gov to view the legislative calendar, read bills, listen live and more. For additional details on Voices priority bills, visit www.voicesforchildren. com. From the homepage, click on What We Do, then Policy, and finally Legislative Agenda.

Voices for Children in Nebraska E-Updates – advoKID Alerts
Voices for Children in Nebraska provides free electronic updates about the progress of children's issues. Updates are sent in a timely manner to help you respond to the issues affecting children in Congress and the Unicameral.
To sign up for e-updates, visit www.voicesforchildren.com and sign up on our home page.

2007 Nebraska Legislature

Senator	District	Room	City	Office Phone	E-mail
Adams, Greg L.	24	1403	York	471-2756	gadams@leg.ne.gov
Aguilar, Ray	35	1114	Grand Island	471-2617	raguilar@leg.ne.gov
Ashford, Brad	20	1103	Omaha	471-2622	bashford@leg.ne.gov
Avery, Bill	28	1016	Lincoln	471-2633	bavery@leg.ne.gov
Burling, Carroll	33	2107	Kenesaw	471-2712	cburling@leg.ne.gov
Carlson, Tom	38	2104	Holdrege	471-2732	tcarlson@leg.ne.gov
Chambers, Ernie	11	1107	Omaha	471-2612	–
Christensen, Mark R.	44	1000	Imperial	471-2805	mchristensen@leg.ne.gov
Cornett, Abbie	45	2000	Bellevue	471-2615	acornett@leg.ne.gov
Dierks, Merton L.	40	2108	Ewing	471-2801	mdierks@leg.ne.gov
Dubas, Annette M.	34	1115	Fullerton	471-2630	adubas@leg.ne.gov
Engel, L. Patrick	17	2010	Lincoln	471-2716	lengel@leg.ne.gov
Erdman, Philip	47	1022	Bayard	471-2616	perdman@leg.ne.gov
Fischer, Deb	43	1101	Valentine	471-2628	dfischer@leg.ne.gov
Flood, Mike	19	2103	Norfolk	471-2929	mflood@leg.ne.gov
Friend, Mike	10	1212	Omaha	471-2718	mfriend@leg.ne.gov
Fulton, Tony	29	1019	Lincoln	471-2734	tfulton@leg.ne.gov
Gay, Tim	14	1522	Papillion	471-2730	tgay@leg.ne.gov
Hansen, Tom	42	1012	North Platte	471-2729	thansen@leg.ne.gov
Harms, John N.	48	2017	Scottsbluff	471-2802	jharms@leg.ne.gov
Heidemann, Lavon L.	1	1004	Elk Creek	471-2733	lheidemann@leg.ne.gov
Howard, Gwen	9	1208	Omaha	471-2723	ghoward@leg.ne.gov
Hudkins, Carol	21	1406	Malcom	471-2673	chudkins@leg.ne.gov
Janssen, Ray E.	15	1116	Nickerson	471-2625	rjanssen@leg.ne.gov
Johnson, Joel	37	1402	Kearney	471-2726	jjohnson@leg.ne.gov
Karpisek, Russ	32	1523	Wilber	471-2711	rkarpisek@leg.ne.gov
Kopplin, Gail F.	3	1008	Elk Creek	471-2627	gkopplin@leg.ne.gov
Kruse, Lowen	13	1021	Omaha	471-2727	lkruse@leg.ne.us
Langemeier, Chris	23	1202	Schuyler	471-2719	clangemeier@leg.net.gov
Lathrop, Steve	12	1117	Omaha	471-2623	slathrop@leg.ne.gov
Lautenbaugh, Scott	18	1529	Omaha	471-2618	slautenbaugh@leg.ne.gov
Louden, LeRoy	49	1210	Ellsworth	471-2725	llouden@leg.ne.gov
McDonald, Vickie	41	1015	St. Paul	471-2631	vmcdonald@leg.ne.gov
McGill, Amanda	26	1115	Lincoln	471-2610	amcgill@leg.ne.gov
Nantkes, Danielle	46	1017	Lincoln	471-2720	dnantkes@leg.ne.gov
Nelson, John E.	6	1118	Omaha	471-2714	jnelson@leg.ne.gov
Pahls, Rich	31	1401	Omaha	471-2327	rpahls@leg.ne.gov
Pankonin, Dave	2	1529	Louisville	471-2613	dpankonin@leg.ne.gov
Pedersen, Dwite A.	39	1018	Elkhorn	471-2885	dpedersen@leg.ne.gov
Pirsch, Pete	4	1404	Omaha	471-2621	ppirsch@leg.ne.gov
Preister, Donald G.	5	1203	Bellevue	471-2710	dpreiste@leg.ne.gov
Raikes, Ron	25	1110	Lincoln	471-2731	rraikes@leg.ne.gov
Rogert, Kent	16	2011	Tekamah	471-2728	krogert@leg.ne.gov
Schimek, DiAnna	27	1124	Lincoln	471-2632	dschimek@leg.ne.gov
Stuthman, Arnie	22	1120	Platte Center	471-2715	astuthman@leg.ne.gov
Synowiecki, John	7	2004	Omaha	471-2721	jsynowiecki@leg.ne.gov
Wallman, Norman	30	1528	Cortland	471-2620	nwallman@leg.ne.gov
White, Tom	8	1117	Omaha	471-2722	twhite@leg.ne.gov
Wightman, John M.	36	1019	Lexington	471-2642	jwightman@leg.ne.gov

2007 Commentary

The **Kids Count in Nebraska Report** is celebrating its Fifteen-Year Anniversary! Thanks to funding from the Annie E. Casey Foundation, Voices for Children in Nebraska has been "counting kids" in Nebraska for fifteen years and has released a **Kids Count in Nebraska Report** every year since 1993.

Why does Voices for Children in Nebraska exist and why 'Kids Count'?

Children do not vote, participate in the workforce or contribute directly to the economy. They are not able to guarantee that their needs are met, nor are they able to evade risks such as abuse, neglect, inadequate medical services or nutrition, or a life in poverty. As a result, Nebraska's children are in need of a voice – or an advocate. An advocate can be anyone who speaks up for a child – a parent, family member, teacher, mentor, employer, friend, or concerned citizen. Voices for Children works to represent the voices of all 454,000 Nebraska children and to organize the advocates in their lives. Through research, data and advocacy, Voices seeks to improve public policy and programs for all of Nebraska's children.

Voices for Children regularly partners with agencies providing direct services to children and families across the state. In our collaboration, Voices is able to provide broad-based, systemic solutions to problems occurring throughout Nebraska. To more aptly convey the mission of Voices, Kathy Bigsby Moore, the Executive Director, often uses a story which she gleaned from Irving B. Harris, a remarkable business man who founded the Ounce of Prevention Fund in Illinois:

> *On one particularly warm spring day, two young men were sitting on a riverbank near their university campus. While studying and philosophizing about life, the young men noticed a baby floating down the river. In panic and alarm, one of the men immediately jumped into the river to save the baby. After coming back to shore, the two young friends frantically tried to assess what had happened, who the child was and why the baby had been in the river in the first place. While doing so, they noticed another baby floating down the river. And again, one of the young men jumped in, swam to the child, and brought the baby to the riverbank. Distraught and trying to figure out what to do, the men were shocked when they saw a third baby floating in the river. With great speed, the young man who had jumped in the river twice before started to run upstream. Confused, his friend called after him saying, "What are you doing? There is another baby in the river!" And his friend answered back, "I'm going upstream to see who is throwing the babies in the river."*

Like the young man who ran up river to find out who was throwing the babies in, Voices for Children in Nebraska goes "up river" to find the causes of the unfortunate circumstances that children encounter and then promotes public policy that will improve those circumstances. We work for systemic changes that will "keep the babies out of the river."

Why do the Annie E. Casey Foundation and Voices for Children in Nebraska remain committed to producing the Kids Count Report?

As a statewide child advocacy organization, Voices for Children strives to measure how the children of Nebraska are doing and uses research as a guide for future action.

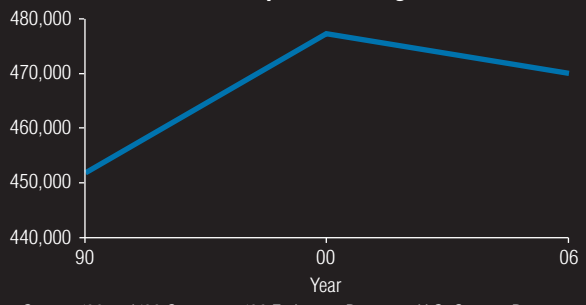
The Annie E. Casey Foundation understands that it is essential to comprehend the depth and breadth of a problem before working for change. With our research and data, Voices for Children in Nebraska is able to assess the most pertinent issues facing Nebraska's children and the best possible solutions: whether a policy, administrative or programmatic change.

With that in mind, the Annie E. Casey Foundation funds **KIDS COUNT** as a state-by-state effort so that states might better know the status of their children and provide benchmarks on child well-being. The end goal of **KIDS COUNT** is to foster discussion on how to secure the best possible future for all children at the local, state and national levels.

What does the Kids Count Report mean to Nebraskans?

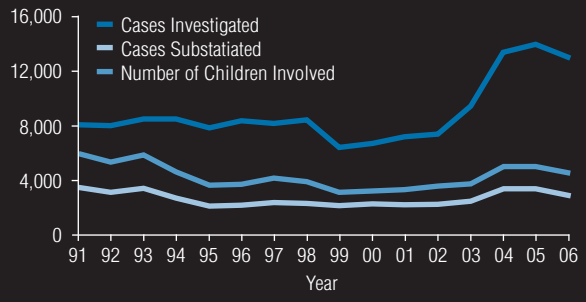
Nebraska has a relatively small population but what it lacks in population is makes up for in land mass. Nebraska is a vast state, spanning 207 miles from north to south and 426 miles from east to west. Two-thirds of Nebraska's population resides in one-third of the land mass on the east end of the state. The small population of the state requires much of the data to be reported from a statewide perspective, while the unique characteristics of some counties and regions warrant an individualized analysis. For fifteen years, Voices for Children in Nebraska has attempted to strike the appropriate

Total Nebraska Child Population – Age 18 and Under

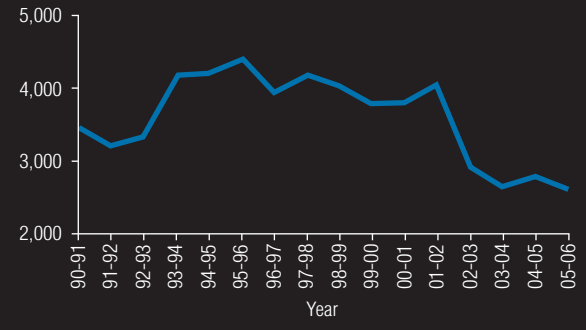


Source: '90 and '00 Censuses, '06 Estimates Program, U.S. Census Bureau

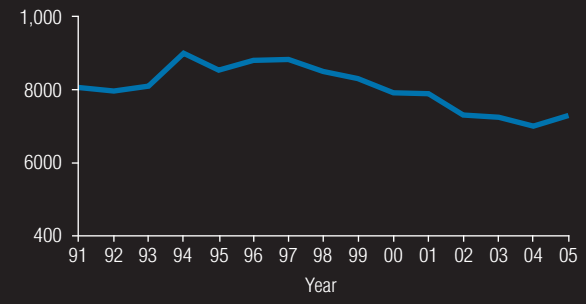
Child Abuse and Neglect



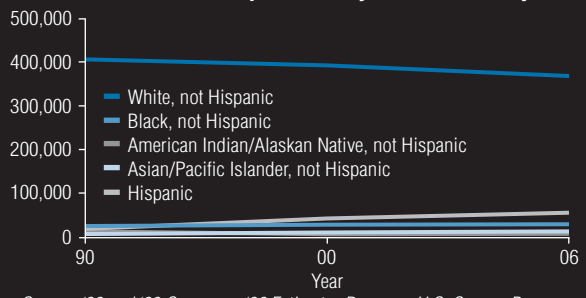
Number of Dropouts (Grades 7-12)



Teen Births (17 and Under)

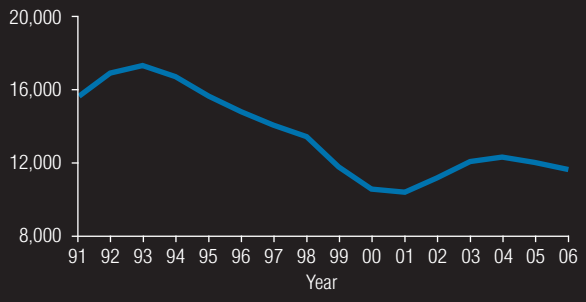


Nebraska Child Population by Race/Ethnicity

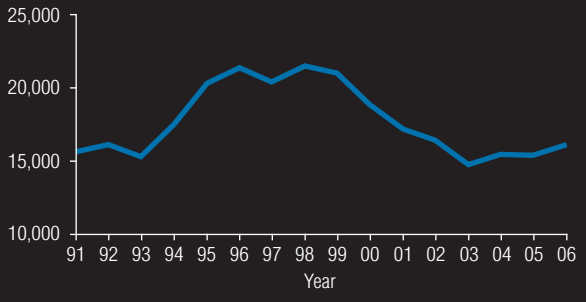


Source: '90 and '00 Censuses, '06 Estimates Program, U.S. Census Bureau

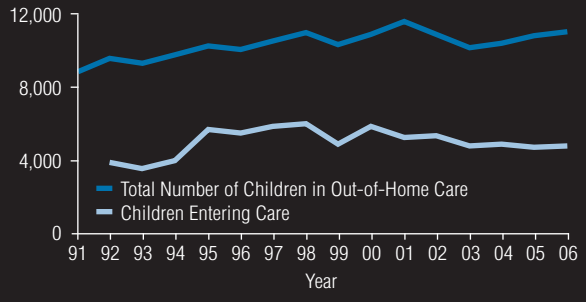
Families on ADC/TANF – Monthly Average



Juvenile Arrests



Out-of-Home Care



balance by summarizing state level data for all children's issue areas and then providing county level data for some areas within each of those issues.

Through the use of our data and research, communities are able to document their specific and unique needs in regard to child/youth well-being. For service providers, community agencies, child serving organizations, etc., our data and research are able to help with the following:

- Bring in grant money to communities and agencies as they are able to document needs and seek funding to address those needs;
- Help communities and agencies do strategic planning based on documented needs and proposed solutions; and,
- Help policy makers and advocates identify need and measure improvements.

What has changed in fifteen years of Kids Count?

Trend data ought to clearly measure progress and guide future change. Sometimes the data evoke more questions than answers but framing the appropriate question is the most important first step toward finding the most relevant answer. Voices for Children has consistently sought to present trend data in our Kids Count Report specifically for the purpose of measuring progress and effectiveness. Provided on pages 9 and 10 are some examples of data presented consistently for the full fifteen years of Kids Count production. Voices for Children will use these data to begin discussions with experts in the field to identify policy or funding changes or environmental factors which may have contributed to the various trends.

What's New in this year's Kids Count Report?

Voices for Children in Nebraska works to not just provide data and numbers on overall child well-being at the state and county levels but to bring relevance to those numbers. Data should tell a story and paint a very clear picture of what is happening in the lives of children. In addition, Voices seeks to ensure your understanding of the 'so what,' explaining why the data are important. In order to do that, Voices has expanded and added some elements of our Kids Count in Nebraska report:

Community Level Information on Kids (CLIKS)

Voices for Children in Nebraska understands the significance of having community-level data. As mentioned above, county level data are needed to help bring funding to community programs and agencies to better serve children. To further expand the usefulness of our county level research, Voices for Children has entered our data into an online database, which can be used to rank, design line graphs and maps, or provide the raw data at your fingertips. CLIKS can be a powerful tool for community leaders, policymakers, service providers, parents and others who want to take a closer look at the local factors that affect the lives of children and families.

Impact and Policy Boxes

Since the beginning, Voices for Children has worked to present the impact of new programs or policies on the lives children in various indicator areas. This year we have expanded the use of the impact and policy boxes because it helps to answer the 'so what.' Not only have we added additional impact and policy boxes, but most of them have been written by experts who work on each particular issue.

Voices for Children would like to extend a very warm thank you to each of our guest writers this year – thank you for your time, your energy and your work on children's issues.

Karlie

Tips for Advocates

Voices for Children recognizes that our data are used to create change in the lives of children. We also know that anyone and everyone is capable of being a child advocate – all of us have opportunities to speak up on behalf of children. In this report, we have added new pages to assist you in becoming a voice for the children in your neighborhood, community, town or city, and in our state. At Voices for Children in Nebraska we know, as do most of you, that children are in need and are waiting for change. We also know that because of you, transformations have occurred in programs and policies over the last 15 years that have positively affected our children and provided them with a better life. Voices for Children in Nebraska thanks you for all your past work and would like to encourage and assist you in future efforts. Together, we can be a powerful voice for children.

Child Abuse and Neglect /Domestice Violence

The maltreatment of children affects those individual children, their families, their communities and our society. Violence, whether observed or directly felt by a child, can disrupt growth and development, lower self-esteem, perpetuate a cycle of violence and cause or exacerbate mental health problems. The result is often academic underachievement, violent behaviors, substance use and low productivity as adults.

Investigated and Substantiated Cases

The Department of Health and Human Services (DHHS) received 28,358 calls to the Child Abuse and Neglect Hotline in 2006. Those calls included 24,173 reports of Child Abuse and Neglect, a decrease of 224 calls from the 24,397 calls alleging child abuse and neglect in 2005. The hotline averages 77.6 calls per day. Of the 24,173 child abuse and neglect calls received, 12,629 were investigated (a decrease of 1,268 investigations from 2005) resulting in 3,065 substantiations (a decrease of 259 substantiations from 2005) involving 4,501 children (unduplicated). This is an average of 242.9 new investigations weekly, resulting in 58.9 child abuse and neglect substantiations involving nearly 86.56 children per week. In 2006, there were 2,321 (51.6%) female children and 2,180 (48.4%) male children involved in substantiated cases.

Data show substantiated cases are more likely to involve young children. In 2006, 63.7% of the children involved as substantiated victims were ages eight and under. The average age of a child as a substantiated victim was between 5 and 6 years old. Children ages three and under represented 1,419, or 31.5%, of the children involved as substantiated victims. Children age two or under accounted for 1,097 of the children involved in substantiated cases, almost 24.4%, of the victims. Older children are not less likely to be abused, however, children who are younger often display stronger evidence of abuse making it more likely to be reported.

According to hospital discharge records, males are the most probable perpetrator of physical abuse resulting in the need for medical assistance. These perpetrators are usually the biological father, spouse or partner of the child's mother.

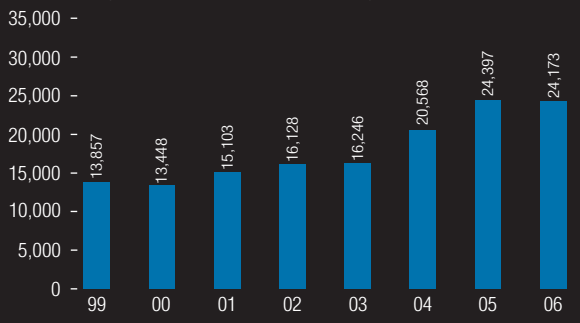
It's the Law!

The state of Nebraska requires all citizens who have witnessed or have a reasonable suspicion of child abuse or neglect to report the incident to their local law enforcement agencies or to the Department of Health and Human Services through the Child Abuse and Neglect Hotline at 1-800-652-1999.

Less than 1% of child abuse reports to DHHS or law enforcement come from the children themselves. Children often have strong loyalties to their parent(s) and/or the perpetrator and therefore are not likely to report their own, or their siblings', abuse or neglect. These children may fear the consequences for themselves, the perpetrator and/or their parent(s). There is also a strong possibility the perpetrator has threatened more

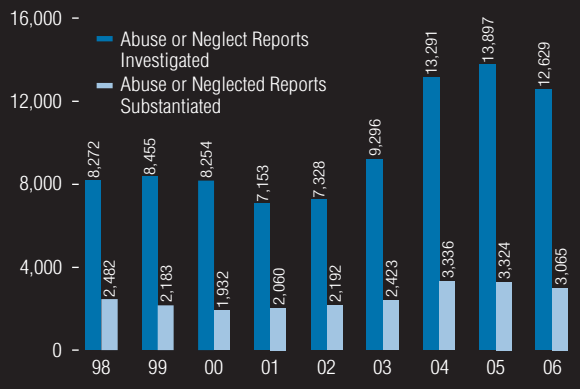
Patience

Number of Calls to Child Protective Services (CPS) for Alleged Child Abuse and Neglect, 1999-2006



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

Statewide Abuse/Neglect Cases 1998-2006



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

serious abuse if they tell. Children may be more likely to tell a trusted adult such as a teacher, care provider or family member if they believe that person will help the family.

Types of Abuse

Neglect, physical abuse and sexual abuse are the three main classifications that fall under the umbrella of child abuse. Because children may experience more than one form of abuse, DHHS records all types of abuse that apply to each child individually. Over the years, neglect has been found to be the most commonly substantiated form of child maltreatment. If a child has not been provided for emotionally, physically and/or medically, it is considered neglect. Infants and children labeled as "failure to thrive," in other words a child whose physical growth is significantly less than that of peers, are often the result of neglect.

Type of Abuse Substantiated	Female	Male	Total
Physical Abuse	343	391	734
Emotional Abuse	216	224	440
Sexual Abuse	346	93	439
Emotional Neglect	95	81	176
Physical Neglect	2,908	3,076	5,984
Medical Neglect of Handicapped Infant	0	2	2
Totals	3,908	3,867	7,775

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

** Numbers based on substantiated allegations. The 4,501 unique children may have been a victim of more than one allegation abuse type in more than one substantiated case. The table above provides a count of abuse types that were substantiated.*

Child Abuse Fatalities in 2006

According to Nebraska Department of Health and Human Services in 2006, seventeen Nebraska children died as a result of child abuse and/or homicide (these numbers are still being reviewed). This is up from ten children in 2005, ten children in 2004, and twelve children in 2003.

Anonymous

In 1993, the Nebraska State Legislature mandated formation of a Child Death Review Team to review all child deaths. The first report was published in 2004, covering the years 1996-2001. In October 2007, the Nebraska Child Death Review Team released its fifth report, encompassing findings on 302 child deaths occurring during 2004. We look forward to more continued, regularly published Child Death Review Team reports to provide both a more accurate record of the number of children who have died due to the tragedy of child abuse and to begin to identify strategies to prevent these deaths.

Domestic Violence/Sexual Assault Programs

In Nebraska, there are 22 community-based domestic violence/sexual assault programs as well as 4 tribal programs serving the Ponca, Winnebago, Omaha and Santee Sioux nations. These programs offer a range of services for both adults and children who are victims of domestic and sexual violence including: 24 hour crisis lines; emergency food, shelter, and sundries; transportation; medical advocacy and referrals; legal referrals and assistance with protection orders; and ongoing support and information.

During fiscal year 2005-2006, the 22 community-based programs served 11,619 people, including 3,649 children and youth who received direct services.[1] Over six thousand people (6,433) received shelter, including 1,789 children.[2] A total of 53,842 shelter beds and 138,791 meals were provided.[3] The programs also provided 84,510 hours

of support and assistance to victims of domestic and sexual violence of all ages.[4]

Of the people who provided demographic information, 4,788 children were reported as living in the home.[5] Over 300 (363) were reported as having been physically harmed, 84 were suspected of being victims of child sexual abuse and 2,899 had witnessed the perpetrator's use of violence.[6]

Domestic violence occurs in all segments of society and crosses all socioeconomic classes, education levels, religions and cultures. However, poverty and access to economic resources do impact the perpetrator's actions and the options available to a victim of domestic violence. The majority of studies have found that over 50% of women receiving welfare have experienced physical abuse by a partner.[7]

Abusive partners often sabotage their partner's efforts to become more financially self-sufficient. Abusers start fights before key events, such as tests or job interviews; threaten or harass partners at work or prevent them from going to work or school; destroy books and homework assignments; give their partners black eyes or other visible injuries to make them embarrassed to go on job interviews or to their job; flatten car tires; destroy bus passes; threaten to kidnap the children; and fail to provide promised child care or transportation.[8]

More than half of the battered women in one survey stayed with their abusive partner because they felt unable to support themselves or their children.[9] Additionally, studies have found that the level of economic resources available to a battered woman is the best indicator of her ability to permanently separate from her abuser.[10]

Domestic violence/sexual assault programs strive to meet the needs of victims and survivors of abuse, including their needs for financial stability. The programs work closely with local partners to increase the support and opportunities available to victims of violence who have limited economic resources.

IMPACT BOX

Supporting Families, Changing Communities: Responding to Domestic Violence and Poverty

by Michelle Zinke
Nebraska Domestic Violence Sexual Assault Coalition

Nebraska has the highest percentage of working families in the country, and over 70% of the parents of children under the age of 5 are employed full time.[i] About 80,000 children are in child care, including Head Start, every day in this state.[ii] Many families who receive public assistance are also enrolled with a Head Start program. The majority of studies have found that over 50% of women receiving welfare have experienced physical abuse by a partner.[iii] Therefore, Head Start programs are in a position to offer resources and support to both adults and children impacted by a batterer's use of violence. Studies also show that many battered women on welfare were not provided with complete information regarding the services and options available to them.[iv]

In 2006, the Nebraska Domestic Violence Sexual Assault Coalition partnered with the Nebraska Department of Education-Head Start State Collaboration Office (HSSCO) and the Nebraska Head Start Association to provide resources to Head Start programs regarding domestic violence. The goal of this initiative was to assist Head Start staff in supporting children and families impacted by a batterer's use of violence. The initiative included training opportunities as well as the creation and dissemination of a resource manual, *Supporting Families, Changing Communities*. Over 250 copies of the resource manual were distributed to local, state and national agencies that provide Head Start programs and/or address domestic violence issues.

[i] "Awareness & Advocacy," Nebraska Association for the Education of Young Children (NE AEYC) website, www.NebraskaAEYC.org, September 13, 2006.

[ii] Ibid.

[iii] Tjaden & Thoennes, 1998, as cited in *Welfare, Poverty, and Abused Women: New Research and Its Implications*, by Eleanor Lyon, 2000

[iv] *Welfare, Poverty, and Abused Women: New Research and Its Implications*, by Eleanor Lyon, 2000.

Trenton, 4

Early Childhood Care and Education

Early childhood is the term used to describe children from birth through age eight. During this critical period, children will grow and learn more than they will at any other time in their lives. In Nebraska, 73% of working mothers have children under the age of six. Whether young children are receiving care at home, in centers or preschools, or from family child care home providers, children require a high quality, nurturing environment in order to make the most of this developmental stage. Young children who receive quality care may benefit cognitively, socially and emotionally, thus increasing their chances of achieving productivity in adulthood from which we all will benefit.

Early Childhood Development Programs in Nebraska

Head Start and Early Head Start

Head Start and Early Head Start programs are federally funded programs. The programs provide comprehensive services in child development, health and wellness, nutrition and social services to support low-income families who have infants, toddlers and preschool children. Early Head Start also serves pregnant women preparing for the birth of their child. The four cornerstones of Head Start include: child development, family development, staff development and community development. Children participate in various program formats including: center-based, home-based or a combination to focus on the cognitive, social and emotional development in preparation for the transition to school. Research shows that Head Start children perform better in school, and eventually in employment, than those children of similar economic circumstances who did not participate in Head Start.

Early childhood brain research provided a catalyst to funding Early Head Start programs within the last decade. Research concluded that developmentally appropriate experiences contribute to the healthy development of an infant's brain and make a significant difference in whether a child may reach his or her full potential. Head Start and Early Head Start assist families in helping children reach their full potential through parenting education and support, mentoring, volunteering, employment opportunities and collaborations with other quality early childhood programs and community services.

During the 2005-2006 program year, 20 Head Start and 10 Early Head Start programs provided services for young children and their families in 74 of Nebraska's 93 counties. Head Start and Early Head Start services were offered in a

Eden, 2

variety of settings in the state. Services were provided for children in Head Start/ Early Head Start centers, in partnership with school districts, in community early childhood centers and family child care homes as well as in the child's own home. Children and their families were served in full-day, part-day and home-based programs. Early childhood programs serving children eight or more hours per day served 332 Nebraska children. Head Start/Early Head Start grantees serving children at least six hours per day served 1,251 children. An additional 2,927 children were served in part-day programs.

According to the Head Start Program Information Report for the 2005-2006 program year, 6,128 children birth through age 5 and 195 pregnant women were served through Head Start/Early Head Start program centers and home visitation program models. Twenty-five of the women were under 18 years of age. Of the 6,128 children, approximately 2,959 needed child care for full-days and/or for the entire calendar year because their parents were working or were in full-time educational programs. A language other than English was spoken by 1,488 children in Head Start/Early Head Start. Finally, 853 children served in Head Start/Early Head Start were determined to have a disability.

State Early Childhood Education Grant Program

In 1992, Early Childhood Projects served young children and their parents in 10 Nebraska communities. In 2001, in response to Governor Johanns's identification of early childhood as a state priority, the legislature appropriated additional funds to expand the number of programs. As a result, by the 2005-2006 school year, Early Childhood Education Grants served children and parents in 44 Nebraska towns. Nebraska's Early Childhood Education Grant Program was designed to award state funds to schools or Educational Service Units (ESUs) to assist in the operation of early childhood programs. These programs are intended to support the development of children from birth to kindergarten through the provision of comprehensive center-based programs. In 2005-2006, 38 school districts or ESUs received grants to provide early childhood education programs throughout communities across Nebraska. Grantees were required to collaborate with existing local providers, including Head Start. The collaborative groups combined the grant funds with existing resources to operate integrated early childhood programs, which improved access to services for young children in those communities.

A majority of the 1,483 served were from low-income families, as 63% of children served were eligible for free or reduced school lunch. The grant-funded programs predominately served preschool age children. In fact, 92% of the children were either three or four years old. For 23% of the children served, English was not the primary language used in their home.

Even Start Family Literacy Programs

Even Start is a program of the U.S. Department of Education administered through the Nebraska Department of Education Office of Early Childhood. The Even Start Family Literacy Program is intended to help break the cycle of poverty and illiteracy and improve the educational opportunity of low-income families by integrating intensive early childhood education, adult literacy or adult basic education including support for English language learners and parenting education.

During the 2005-2006 grant year, a total of seven Even Start programs were funded across Nebraska. Eligible participants in Even Start programs are parents who qualify for participation in an adult education program with their children, birth through age seven. To be eligible, at least one

parent and one or more eligible children must participate together in all components of the Even Start project. Program components include early childhood education/development, parenting and adult education.

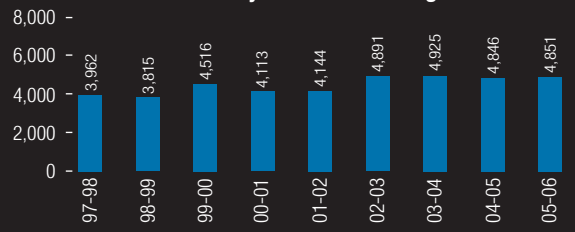
Nebraska Even Start programs served 241 families, including 258 adults and 356 children. Sixty-five percent of the parents served were English language learners. Additionally, 84% of the families were at or below the federal poverty level.

Early Childhood Special Education

In Nebraska, school districts are responsible for providing special education and related services to all eligible children in their district, from birth to age 21, who have been verified with a disability. In order for a child to be eligible for special education and related services, the school district must evaluate the child through a multidisciplinary team process (MDT) to determine the educational and developmental abilities and needs of the child. Once the evaluation and assessment for the child have been completed, an Individualized Family Service Plan (for children from birth to age three) or an Individualized Education Program (for children ages 3-21) must be developed for the child. Service Coordinators with the Early Development Network are available to assist families with children from birth to age three who have disabilities. On December 1st, 2005, there were 3,995 children from birth to age five receiving early childhood special education services in Nebraska.

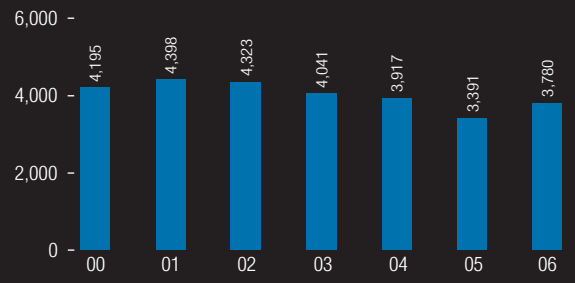
Services for young children with disabilities, birth to age five, are required to be provided in natural environments for children birth to age three, and in inclusive environments for children ages 3 to 5. The terms “natural” and “inclusive” environments are defined as settings that would be natural or normal for the child if he/she did not have a disability. To the greatest extent possible, the early education experience is to be provided for children in partnership with community preschools, child care centers, Head Start programs and other community settings.

Number of Nebraska’s 8,202* Eligible 3 and 4-Year Old Children were Enrolled in Head Start/Early Head Start Program



** 8,202 children estimated income-eligible based on 2000 Census*
Source: Nebraska Department of Education

Licensed Child Care Facilities in Nebraska 2000-2006



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

IMPACT BOX

Quality Incentive Program

by Sandra Scott, Program Specialist,
Economic Assistance and Child Support Enforcement Unit,
Division of Children and Family Services, DHHS

In February 2006, the Department of Health and Human Services began a program to award Quality Incentive Payments to license-exempt child care providers who complete certain required activities. The Quality Incentive Payment is available once a year when the provider initially signs up with the Department to provide care for children receiving Child Care Subsidy, or at the time of the provider's annual renewal. A provider may receive a maximum of $275 for the following:

- $125 for providing verification of current certification in CPR and First Aid
- $100 for current participation in the USDA Child and Adult Care Food Program
- $50 for proof of completion of a workshop; attendance at a regional, state or national conference; or a summary of a book or video obtained from the Early Childhood Training Center.

As of April 1, 2007, 455 providers have participated and received almost $45,000 in incentives.

Child Care Facilities and Subsidies

In Nebraska, a child care provider or facility providing care for four or more children from more than one family must be licensed by Nebraska Department of Health and Human Services (DHHS). In November 2006, Nebraska had a total of 3,780 licensed child care facilities with a total capacity of 94,625 children. The 2000 Census calculated 117,048 children under age five in Nebraska. The vast majority will require child care outside the household at some point in their young lives. The lack of quality and licensed child care in Nebraska often results in long waiting lists and families' use of unlicensed care. This is the first year since 2001 that there has been an increase in the number of licensed

IMPACT BOX

Nebraska's Early Childhood Positive Behavioral Interventions and Supports [PBiS]

By Eleanore Kirkland
Head Start State Collaboration Director, Nebraska Department of Education

According to the Center on the Social and Emotional Foundations for Early Learning, the prevalence rate of challenging behaviors among young children in the classroom is 10% to 30%. Childhood ratings of behavior problems at age 3 and 5 are the best predictors of later antisocial outcomes. Around 48% of children with problem behaviors in kindergarten have been placed in special education by the 4th grade. Over 65% of students identified with emotional and behavioral disorders drop out of school which ultimately leads to poor job outcomes, limited income and patterns of failure that may persist into adulthood. [Fox, L. and Smith, B., *Policy Brief: Promoting Social, Emotional and Behavioral Outcomes of Young Children Served Under IDEA*, January 2007.]

While many approaches and methods have been used in various early childhood settings, the "Teaching Pyramid" is a researched model for "supporting social competence and preventing challenging behavior in young children." [National Association for the Education of Young Children, *Young Children*, July 2003]. The model approaches challenging

child care facilities. The actual capacity in licensed child care programs has been continuously rising and 2006 data continues this trend.

In 2006, families who had previously received Aid to Dependent Children (ADC) with incomes at or below 185% of the federal poverty level (see Economic Well-Being section of this report), could utilize child care subsidies. Families who had not received ADC were eligible only if their income was below 120% of the federal poverty level. Throughout 2006, DHHS subsidized the child care of 31,307 unduplicated children, an increase from 2005 of more than 1,069 unduplicated children. The monthly average was 15,894 children. With an average annual cost of $1,900 per child, $60,035,909 federal and state dollars were used for child care subsidies in Nebraska. Subsidies are usually paid directly to the providers. While not all children receive subsidy for 12 months, the average subsidy cost per child paid by the Department of Health and Human Services during state fiscal year 2006 was approximately $312 per month. The rates established to pay for child care subsidy for preschool and school age children range between $13.00 and $21.00 per day. For in-home care, where the child care provider comes to the home of the child, DHHS uses the federal minimum wage rate – currently set at $5.85 per hour.

behaviors of young children through a comprehensive and systematic process. The "pyramid" framework includes at the lower level and moving upward: 1) positive relationships with children, families, and colleagues; 2) classroom preventive practices; 3) social and emotional teaching strategies; and 4) intensive individualized interventions.

In recent years, federal funding had provided an opportunity to assist the Nebraska Department of Education to support this approach in targeted communities with school-age, school-wide focus. At the same time, many professional development opportunities were available to early childhood professionals across the state to address the "social-emotional-behavioral" health of young children. A compendium of early childhood mental health assessments was developed and a Nebraska affiliate of the World Infant Mental Health Association was launched. Head Start grantees and other early care and educational organizations and professionals accessed information and topic briefs from a federal cross-agency project, *The Center on the Social Emotional Foundations for Early Learning* [http://csefl.uiuc.edu]. Programs expressed their interest in implementing "the Teaching Pyramid" and piloting the efforts in early childhood centers and classrooms and needing additional resources and support to do so.

In 2006, a group of Nebraska key stakeholders met to determine what needed to be in place to more adequately support Nebraska's early childhood professionals in the demanding role of supporting children with challenging behaviors. A PBiS Leadership Team was launched and thus began the work of developing a strategic plan to take the initiative to a statewide scale. The mission of the Nebraska Early Childhood PBiS Leadership Team is as follows: "Using the framework of early childhood positive behavioral interventions and supports, build a system of support to families and those who work with young children to promote the healthy social, emotional and behavioral development of Nebraska's children."

Representatives from child care, Head Start, public schools, state agencies, behavioral and mental health providers, and professional development entities were engaged in developing the strategic plan which is now in implementation phase. The plan focuses on three areas: infrastructure development, evaluation and professional development (i.e., workforce development needs). The plan is available at www.nde.state.ne.us/ECH/HSSCO.html.

The Head Start-State Collaboration Office coordinates the Leadership Team activities and ensures that adequate representation is in place for the ongoing planning and implementation efforts. The Leadership Team is one more example of the way Nebraska's early childhood policy makers and professionals collaborate to develop and sustain a system of support that will help all young children and their families to be socially, emotionally and behaviorally prepared for learning and for life. (For additional information, please contact the Head Start-State Collaboration Office at 402-471-3501, Nebraska Department of Education.)

Economic Well-Being

The general definition of economic self-sufficiency is a family who earns enough income to provide for their basic needs without public assistance. Nebraska Appleseed Center for Law in the Public Interest considers the basic needs budget to consist of food, housing, health care, transportation, child care, clothing and miscellaneous items such as necessary personal and household expenses. If a family has the economic ability to provide these essentials without public assistance, they are considered self-sufficient. While it is limited, public assistance is available to families who cannot provide these necessities on their own.[1]

Temporary Assistance to Needy Families (TANF)

Aid to Dependent Children (ADC) remains the title of government "cash assistance" in Nebraska. TANF, as the program is known at the federal level, provides non-cash resources and education to foster self-sufficiency among program recipients. Nebraska's Employment First program was created to assist parents in acquiring and sustaining self-sufficiency within 48 months. Medicaid coverage, child care services and subsidies and job support are all provided through Employment First; cash assistance may be drawn for 24 of the 48 months.

In Nebraska, ADC was provided to a monthly average of 11,625 families (a decrease of 323 families from 2005) totaling $49,775,371, an average of $356.83 per family per month in 2006. These families included a monthly average 21,481 children. The maximum ADC payment only amounts to approximately 27% of poverty as prescribed by Nebraska law[2] (see the guidelines on page 26). The utilization of ADC decreased from a slight peak in 2004. At its highest utilization, ADC was provided to 17,239 families in 1993.

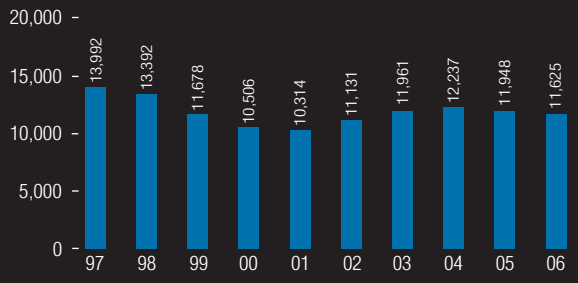
Federal and State Tax Credits for Families

In 2006, a total of $203,821,000 was claimed as Earned Income Tax Credit on 112,526 Nebraska tax returns. The federal government created this tax credit in an effort to assist low and moderate-income working families in retaining more of their earned income. In addition, 158,908 families claimed the Child Tax Credit, receiving $219,071,000 and 52,284 families claimed the Dependent Care Credit, receiving $24,518,000.

In 2006, the Nebraska State Legislature voted to enact the state Earned Income Tax Credit (EITC), which provided a tax credit equaling 8% of the federal EITC for working families. Nebraska was the 19th state to enact this crucial tax relief plan for hard-working, low-income families. During the 2007 legislative session, the Nebraska legislature voted to increase the state EITC to 10%, providing greater tax relief to Nebraska's working families. Additionally, Nebraska is one of 12 states that has refundable State Child and Dependent Care Tax Credits, and has received financial support from the National Women's Law Center in Washington, DC to promote these credits to families. Nebraska also offers free tax assistance to families statewide through a collaboration of state and local agencies.

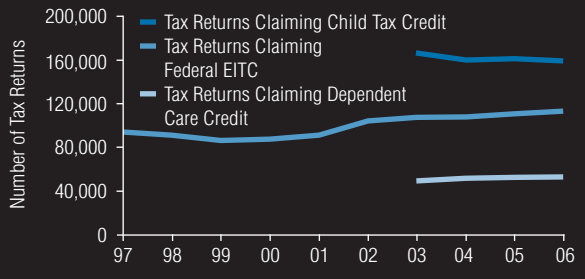
Daniele and James

Number of Nebraska Families with Children Recieving ADC



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

Tax Credits for Families



Source: Nebraska Department of Revenue

Although final calculations were not in as of the printing of this report, Nebraska EITC was claimed on 104,267 returns, and $15,563,409 was refunded for 2006. The final calculations are not anticipated to change these numbers significantly.

Single Parent Families

Single parent families are less likely to have sufficient support systems and adequate financial resources than two parent families. The lack of these essential resources has been linked with greater parental stress and, therefore, greater occurrence of child abuse. Research shows more than 50% of our nation's children will spend all or part of their childhood in a single parent household. Nearly 30% of single parent families headed by a woman live in poverty, as compared to only 4.7% of married couples with children under the age of 18.[3] In 2000, the census showed approximately 20% of Nebraska children lived in a single parent household.

Divorce and Child Support

At the time that this report went to print, 2006 data on divorce were not available. In 2005, 5,827 marriages in Nebraska ended in divorce, involving 5,286 children, slightly less than

IMPACT BOX

Runaway and Homeless Youth

By Brent Anderson,
Director of the Panhandle Community Services Youth Services Department

When people think of rural Nebraska, homeless street youth are generally not one of the first images to enter their minds. However, homelessness is not just an urban issue. Panhandle Community Services (PCS) in Gering, Nebraska has been fighting poverty for four decades and has been serving runaway and homeless youth in the Panhandle of Nebraska for over two decades.

"Unfortunately, demands for our services are growing each year," says Brent Anderson, Director of the PCS Youth Services Department. PCS operates an Emergency Runaway Homeless Youth Shelter, full-time Street Outreach Services (SOS) and a Transitional Living Program (TLP) for homeless youth ages 16 to 21.

The TLP is in its fifth year of operation and their numbers show that homelessness among rural youth is a serious issue. Currently they have four apartments that youth can live in for up to 18 months. The TLP staff work with them on a full spectrum of independent living skills. They set high expectations and real world goals with each youth. The TLP has served a total of 46 youth and 29 children to date. More shocking is the number of homeless youth they have had to turn away during the same period because the program was at full capacity.

The PCS Transitional Living Program is making a difference with the homeless youth that they are able to serve. PCS has averaged a

Year	Number of Youth Turned Away from the PCS Transitional Living Program because the program was at maximum capacity.
2002-2003	31 youth turned away
2003-2004	59 youth turned away
2004-2005	60 youth turned away
2005-2006	81 youth turned away
Total	231 (an average of over 4 youth per month)

in 2004. Just over half of all 2005 divorces involved children. Of the 2005 divorces, custody was awarded to mothers 2,034 times, to fathers 315 times and joint custody was awarded 652 times. Child support can be awarded to the custodial parent. Unfortunately, court awarded child support is not always paid to the custodial parent. Overall, 67% of child support was collected in 2006, with collections and disbursements totaling $135,447,567. In 2007, 69% of support due was collected, totaling $142,005,975.

DHHS responded to 104,974 of these cases as of September, 2006 and collected $11,208,819 on behalf of children who are dependent on Temporary Assistance to Needy Families (TANF). A parent can request DHHS assistance if they are not receiving the child support they are owed. On behalf of children whose parents were also owed child support but were not receiving TANF, $163,333,151 was collected.

Homeless Assistance Programs

The Nebraska Homeless Assistance Program (NHAP) funds emergency shelters, transitional housing and services for people who are homeless and near homeless across the state. Near homelessness means that a person is currently

73% success rate of all participants who enter the program - 55% is considered a high quality program. What is success? A successful TLP resident is one who completes the program and moves into a stable, successful independent living situation and is NOT dependent on the social welfare system. They are working, paying their own bills and making their own way as productive citizens. TLP offers aftercare to assure their continued success.

"There is no 'typical' homeless youth; each has a unique story;" explains Brent Anderson.

One such story started with a call from a high school administrator asking for help on behalf of a homeless 18-year-old girl. She was living in a garage with her 3 week old baby. She was homeless and an acquaintance was letting her stay in an unheated garage with no amenities.

"Maria" was moved into a TLP apartment. Partnering with the PCS Early Head Start Program provided help with child care and parenting classes while Maria continued with her high school education.

While in TLP, she finished high school and began Certified Nurses Assistant (CNA) classes at the local community college. She began working at a nursing home and served on the PCS Youth Advisory Board. As part of the board, Maria was able to attend the National Network for Youth Symposium in Washington DC. While there, she was able to share her story with Nebraska's U.S. Congressmen and Senators. She eventually transitioned into her own apartment and received aftercare assistance.

Two years later: Maria has moved to the eastern part of the state to finish her schooling in the Licensed Practical Nurse (LPN) program in Omaha, NE. She has worked steadily since graduating TLP and has not had to be on public assistance. She now has two children and successfully supports her family while finishing her education.

Transitional Living Programs in Nebraska and across the United States help thousands of young people like Maria each year. Each young person who is steered away from living on the streets or becoming part of the social welfare system equates to a better life for that individual. In societal terms, this equals millions of dollars in savings to taxpayers and government agencies in the lifetimes of each individual that is helped. PCS hopes to expand their program with additional grant funds but, in the meantime, they will help as many youth as they possibly can.

Irene and Dad

housed, but may have an eviction notice, be in rent or utility arrearages, be behind in mortgage payments and at "imminent risk" of losing the housing he/she has. In 2006-2007 (July 1, 2006-June 30, 2007), funded agencies reported serving 23,743 individuals who were homeless and 32,122 individuals who were at risk of becoming homeless. This data reflected a 30.5% decrease in individuals who were homeless and a 40.6% decrease in individuals who were at risk of homelessness.

The decreases are primarily attributed to unduplicated counts of persons who are homeless and near homeless as a result of the implementation of ServicePoint, a homeless management information system. This system is called the Nebraska Management Information System (NMIS). It allows agencies to unduplicate counts between agencies. The 2007-2008 grant year will be the first full year that all counties in Nebraska are on the NMIS. That data will serve as a base-line of homeless and near-homeless in Nebraska. However, it should be noted that not all agencies and organizations that assist individuals and families who are homeless or at risk are funded by NHAP. Therefore, the NHAP data does not provide a total picture of homelessness for the state.

Of those served by funded agencies in 2006, unaccompanied youth under the age of 18 accounted for 499 of the homeless and 592 of the near homeless: a 37.5% and 37.2% decrease respectively from the prior year. Children and their single parents accounted for 5,526 of the homeless (a 32% decrease from the prior year). Children and their single parents accounted for 12,083 of the near-homeless (a 27.5% decrease from the prior year). Children and their two parents accounted for 1,836 of the homeless (a 25.3% decrease); children and their two parents accounted for 10,344 (a 1.7% decrease). All decreases are attributed to the unduplication of data.

- As a percent to total homelessness, families with children represented 31% of people who were homeless in 2005 and 2006.
- As a percent to total near-homeless, families with children represented 50.3% of people who were near-homeless in 2005 and 69.8% of those who were near-homeless in 2006.

2006 Federal Poverty Guidelines (at 100% of poverty)

Size of Family Unit	Gross Annual Income
2	$13,200
3	$16,600
4	$20,000
5	$23,400
6	$26,800

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

Note: The 2000 census estimates that 12% of all Nebraska children, and 14% of Nebraska children under five, live in poverty.

Education

Education requires little introduction. It is common knowledge that children who do well in school are more likely to become successful adults. Generally, a higher education level is associated with higher income. Higher education is often linked to lower divorce rates, lower crime rates and higher job satisfaction.[1]

High School Graduates

During the 2005-2006 school year, 21,188 Nebraska high school students were awarded diplomas. The 2005-2006 graduation rate was 88.81% (compared to 88.04% for the 2004-2005 school year). Since 2002-2003, Nebraska has adopted the national definition for graduation rate, developed by the National Center for Education Statistics (NCES). The NCES definition calculates a four-year rate by dividing the number of graduates with regular diplomas by the size of the incoming freshman class four years earlier, expressed as a percent. Beginning with the 2007-08 school year, Nebraska began to accumulate data that will allow it to calculate the new graduation rate as defined by the National Governors Association (NGA). The new definition utilized net transfers rather than dropouts to calculate the graduation rate. Nebraska will be able to publish the new NGA rate in 2011.

Of the 2005-2006 graduates, approximately 0.95% were Native American/Alaska Native, 1.8% were Asian, Native Hawaiian, or Pacific Islander, 4.6% were Black, not Hispanic,

Anonymous

Statewide Dropouts 1995-1996 to 2005-2006

1995-1996	4,391
1996-1997	3,923
1997-1998	4,168
1998-1999	4,013
1999-2000	3,774
2000-2001	3,770
2001-2002	4,028
2002-2003	2,911
2003-2004	2,630
2004-2005	2,767
2005-2006	2,601

Source: Nebraska Department of Education

Statewide Expulsions 1995-1996 to 2005-2006

1995-1996	443
1996-1997	615
1997-1998	663
1998-1999	849
1999-2000	824
2000-2001	770
2001-2002	816
2002-2003	857
2003-2004	858
2004-2005	924
2005-2006	928

Source: Nebraska Department of Education

5.6% were Hispanic, and 87.1% were White, not Hispanic. In addition, 2,245 Nebraskans finished their high school education by passing the GED tests during the 2006 calendar year.

School Dropouts

During the 2005-2006 school year, 2,601 Nebraska students dropped out of school, 1,550 male and 1,051 female. This was a decrease of 166 dropouts over the previous year (dropouts are calculated using grades 7-12). Minority groups have higher dropout rates than White students. In the 2005-2006 school

IMPACT BOX

The Impact of High School Drop Outs[i]

Top Five Reasons Dropouts Identify as Major Factors for Leaving School:

1. Classes were not interesting (47% of respondents)
2. Missed too many days and could not catch up (43%)
3. Spent time with people who were not interested in school (42%)
4. Had too much freedom and not enough rules in my life (38%)
5. Was failing in school (35%)

These were responses provided by young people, ages 16-25, in 25 locations throughout the United States. Their responses were provided in a report titled, "The Silent Epidemic: Perspectives of High School Dropouts" by Civic Enterprises in association with Peter D. Hart Research Associates for the Bill & Melinda Gate Foundation.

Why is it imperative to understand the underlying causes for dropouts?

"The decision to drop out is a dangerous one for the student. Dropouts are much more likely than their peers who graduate to be

year, White students made up 78.8% of total enrollment grades K-12, public and private schools), but only comprised 57.2% of the dropouts. While Hispanic students made up 10.6% of Nebraska students in grades K-12, they comprised over 19.8% of the dropouts. Just over 7% of students were Black, but this population constituted nearly 17.5% of the total dropouts.

Expelled Students

During the 2005-2006 school year, 928 Nebraska students (grades 7-12), were offered alternative education in response to expulsion from customary education. Data based on expulsions by race and gender is no longer collected by the Department of Education.

In general, public school students are provided with an alternative school, class or educational program upon expulsion. In Nebraska, a student can be expelled from a school but not from the school system, allowing for the student to continue their education in either a formal alternative program or his or her home. Prior to expulsion, it is necessary for the student and his/her parents to develop a written plan outlining

unemployed, living in poverty, receiving public assistance, in prison, on death row, unhealthy, divorced, and single parents with children who drop out from high school themselves."[ii]

Not only do the students pay the cost for dropping out, but our communities do as well. Today's workforce is in need of workers who have at least a high school diploma. As reported in this 2007 Kids Count report, during the 2005-2006 school year 2,601 Nebraska students dropped out of school. Moreover, in June 2007, the Annie E. Casey Foundation reported that 5% of Nebraska's 16-19 year old population was not attending school or working in 2005.[iii]

While students generally understand and agree to the importance of having an education and graduating with a high school diploma, at times there is a disconnect for students between what is learned in the classroom and what skills are needed for the workforce. Additionally, real life situations, such as the need to get a job and make money or caring for a family member, can get in the way of that education attainment.

Solutions are not easily attained, but with some additional support systems in place, students would be more likely to succeed in graduating from high school. The students who provided answers to the, "Top Five Reasons Dropouts Identify as Major Factors for Leaving School," also contributed ideas on supports for students:

What Might Help Students Stay in School:[iv]

1. Improve teaching and curricula to make school more relevant and engaging and enhance the connection between school and work (81% of respondents)
2. Improve instruction and access to supports for struggling students (81%)
3. Build a school climate that fosters academics (62%)
4. Ensure that students have a strong relationship with at least one adult in the school (65%)
5. Improve the communication between parents and schools (71%)

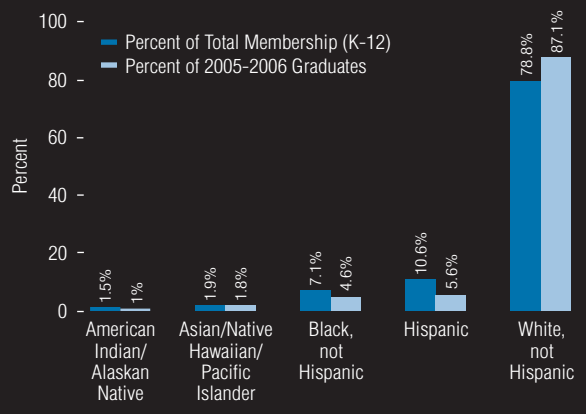
[i] Bridgeland, John M., John J. Dilulio, Jr., and Karen Burke Morison (2006). *The Silent Epidemic: Perspectives of High School Dropouts.* A report by Civic Enterprises in association with Peter D. Hart Research Associates for the Bill & Melinda Gates Foundation.

[ii] Ibid

[iii] The Annie E. Casey Foundation (2007). *2007 Kids Count Data Book: State Profiles of Child Well-Being.* Baltimore, Maryland.

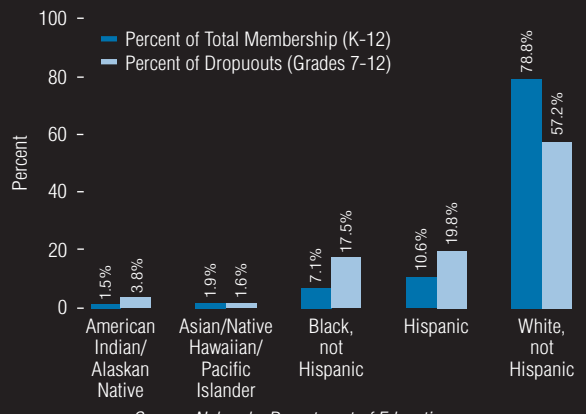
[iv] Bridgeland, John M., John J. Dilulio, Jr., and Karen Burke Morison (2006). *The Silent Epidemic: Perspectives of High School Dropouts.* A report by Civic Enterprises in association with Peter D. Hart Research Associates for the Bill & Melinda Gates Foundation.

Student Graduation Population by Race/Etnicity
Nebraska Public and Private Schools
2005-2006 School Year



Source: Nebraska Department of Education

Student Dropout Population by Race/Etnicity
Nebraska Public and Private Schools
2005-2006 School Year



Source: Nebraska Department of Education

Anonymous

behavioral and academic expectations in order to be retained in school. Some schools are developing creative and motivational alternative programs to meet the needs of students.

The School Discipline Act of 1994 requires expulsion for students found in intentional possession of a dangerous weapon and/or using intentional force in causing physical injury to another student or school representative.

Special Education

Using point-in-time data as of December 1, 2006, 46,239 Nebraska students from birth to age 21 received special education services. It is important for a child's development and education that the need for special education be identified at an early age. There were 6,292 preschool children, birth to age five, with a verified disability receiving special education services. School districts reported 39,947 students age 6-21 with disabilities.

Health – Physical and Behavioral

Good health, both physical and behavioral, is an essential element of a productive life. It is no surprise children who receive preventive health care from the time they are in the womb to the time they reach adulthood make healthier adults.

Due to the implementation of new birth, death and fetal death certificates, as well as system changes in data collection, 2005 and 2006 infant mortality and child death data were not available in time for this report. Data for 2005-2007 will be available next year.

Jamon, 5

Birth

In 2005, there were a total of 26,142 live births to Nebraska residents. Seven percent or 1,821, of these births were babies with low birth weight, while the majority were born healthy (see Low Birth Weight section following). 8.3% (2,175)

of babies born in 2005 were to women ages 10-19, which was a slight decrease from the previous year. The number of unwed parents grew slightly in 2005, with 8,068 (30.9%) babies born out of wedlock. Almost 12% of all babies were born to motherswho reported inadequate prenatal care during pregnancy.

Prenatal Care

According to the Centers for Disease Control and Prevention, vention, nearly one third of American women giving birth experience a pregnancy-related complication. Early and appropriate prenatal care can detect potential problems and may prevent serious consequences for both the mother and her baby. The Centers for Disease Control and Prevention recommend starting prenatal care as early as possible, even prior to pregnancy. Prenatal care is measured by the Kotelchuk Index to calculate the adequacy of care.

In Nebraska, 3,047 births were recorded to mothers who reported inadequate prenatal care and 5,113 were reported to have intermediate prenatal care in 2005. This totals 33% of all births in which the quality of prenatal care was reported. Approximately 50% of Native American/Alaskan Native, 62% of Asian/Native Hawaiian/Pacific Islander, 62% of Black, 62% of Hispanic and 68% of White newborns had mothers who received what was considered “adequate or adequate plus” prenatal care.

Unfortunately, 2006 statistics were not available in time for this report, however, in 2005, 38 infants died before their first birthday due to birth defects. Research has shown there is a correlation between the health of the mother prior to conception and birth outcomes. Consuming folic acid prior to and following conception and living a healthy lifestyle will improve the chances of a healthy birth and may reduce the likelihood of birth defects including spina bifida.

Infant Mortality

Infant mortality rates are frequently used as an indicator of overall human well-being in a community. Although the United States spends more on health care than any other country, it still has a higher infant mortality rate than 21 other industrialized nations. Currently, 2005 and 2006 data are not available but in 2004, the Nebraska infant mortality rate (deaths per 1,000 births) was 6.57, an increase from 5.4 in 2003. In 2004, 173 Nebraska children died prior to their first birthday.

Nebraska residents lost 1,720 babies under the age of one from 1995-2004. Birth defects, 24.9% of deaths, were the number one cause of infant death during these years, while 13.5% were attributed to Sudden Infant Death Syndrome (SIDS). Premature births constituted approximately 9.1% of deaths. Infant mortality rates are generally higher for minority populations. In 2004, Native American/Alaskan Natives experienced an infant mortality rate of 11.42, while Asian Americans/Native Hawaiians/Pacific Islanders experienced a rate of 3.34, Blacks 16.85, those of Hispanic origin had a rate of 8.4 and Whites a rate of 5.9.

Low Birth Weight

The highest predictor of death and disability in the United States is low birth weight. A newborn weighing below 2,500 grams, or 5.5 pounds, is considered of low birth weight and a newborn weighing less than 1,500 grams, or 3.3 pounds, is considered of a very low birth weight. In Nebraska, 1,821 newborns were of low birth weight (6.97%); of these 1,821, 1.19% (312) were born with a very low birth weight.

Smoking is an attributable cause of close to one-fifth, or 20%, of all low weight births and is the single most known cause of low birth weight. Other factors related to low birth weight are low maternal weight gain, low pre-pregnancy weight maternal illnesses, fetal infections and metabolic and genetic disorders, lack of prenatal care and premature birth.[1]

Births to Teens

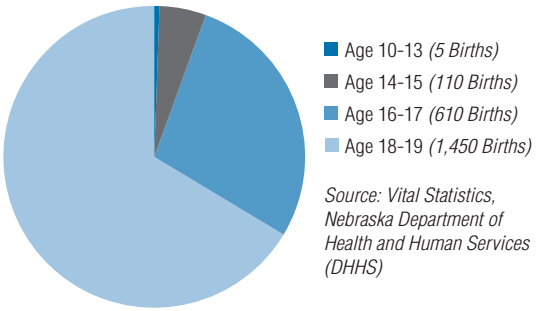
While teen birth rates have been falling in the United States, it has the highest teenage pregnancy rate of all developed countries.[2] Research shows having children as a teenager can limit a young woman’s educational and career opportuni-

ties, increase the likelihood that she will need public assistance and can have negative effects on the development of her children.[3] In Nebraska, 2,175 babies were born to girls ages 19 and under in 2005. This continues to decline from previous years. Across a ten-year span since 1996, 7,868 were born to mothers ages 17 and under. Of the 725 babies born to teen mothers ages 10-17 in 2005, 414 had White mothers, 117 were born to Black mothers, 36 had Native American mothers and 8 were born to Asian mothers. Adolescent females of Hispanic ethnicity gave birth to 216 babies.

Out-of-Wedlock Births

The risk of having children with adverse birth outcomes, such as low birth weight and infant mortality, are greater for unmarried mothers than for married mothers. Children born to single mothers are also more likely to live in poverty than children born to married couples.[4] The likelihood that a mother will be married upon the birth of the child increases with the age of the mother. In 2005, 93.66% (679) of the mothers age 17 and under were not married upon the birth of their child.

Teen Births by Age of Teen 2005



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

Immunizations

The national goal set by the U.S. Centers for Disease Control and Prevention (CDC) is that 90% of all children be immunized with the primary immunization series by the age of two. The 2006 U.S. national average was 77.0%. According to the National Immunization Survey for 2006, 74.9% of Nebraska two-year-olds (19-35 months of age) have received four DTaP (diphtheria-tetanus-pertussis) shots, three polio shots, one MMR (measles-mumps-rubella) shot, three HIB (H. influenza type b) and three Hepatitis B immunizations and one varicella (chicken pox) shot. This is a decrease from 2005 in which immunization coverage was 83.9%. The drop in immunization coverage reflects the failure of children to get their 4th dose of the DTaP vaccine which is given between 15-18 months.

Kyle and Andrew

There were 59 cases of pertussis (whooping cough) reported in Nebraska in 2006, primarily in teens and young adults. This is a decrease in cases of pertussis from 2004 and 2005, which had 243 and 295 cases, respectively. During the last two years, there was an outbreak of pertussis that affected most states. Prior to that outbreak, Nebraska rarely had more than 15 cases of pertussis each year. Generally, the disease does not have a strong effect on older children or adults, however it can be easily passed to young children who may end up hospitalized. Although there have been no deaths in recent years, pertussis is a potentially deadly disease for young children. The outbreak highlighted a need for a booster for pertussis. In response to that need, the Centers for Disease Control and Prevention, along with the American Academy of Pediatrics and the American Academy of Family Physicians, recommended in 2005 that the newly licensed tetanus, diphtheria and acellular pertussis booster dose (Tdap) be given at the 7th grade visit instead of Td which contains no pertussis. This

has helped reduce the cases of pertussis in Nebraska and has interrupted its spread.

Child Deaths

Slightly over half of child deaths are attributed to accidents in Nebraska. Child deaths include any child 19 and under. While 2005 and 2006 statistics were not available in time for this report, in 2004, 31.9% of the 169 total child deaths were due to motor vehicle accidents, a decrease from 2003. Fourteen percent of the deaths were due to non-motor vehicle accidents. Twenty-one child deaths were attributed to cancer, 18 children were lost to suicide and 7 to homicide in 2004. According to the 2007 KIDS COUNT Data Book, released by Annie E. Casey Foundation, Nebraska ranked 25 out of 50 states for rate of teen (ages 15-19) deaths by accident, homicide and suicide Substance abuse is often associated with deaths due to suicide and homicide.

Selected Causes of Death, by Frequency Ages 1-19 in Nebraska, 1995-2004

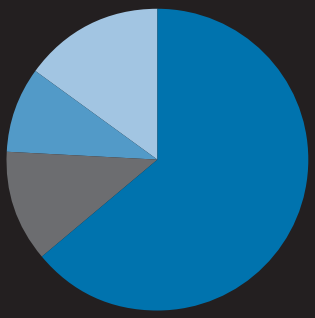
Causes	Frequency
Motor Vehicle Accidents	609
Non-Motor Vehicle Accidents	232
Suicide	174
Homicide	133
Cancer	130
Birth Defects	66
Heart	63
Infectious/ Parasitic	15
Asthma	27
Pneumonia	15
All Other Causes	263
Total	1,727

Source: Vital Statistics, Nebraska Department of Health and Human Services

Access to Health Care

Uninsured children tend to live in employed families that do not have access to insurance. Most often in these cases the employer does not offer insurance, the insurance offered is too expensive or the insurance does not cover all of the nec-

Nebraska Medicaid Average Monthly Eligible Persons by Category – Fiscal Year 2006

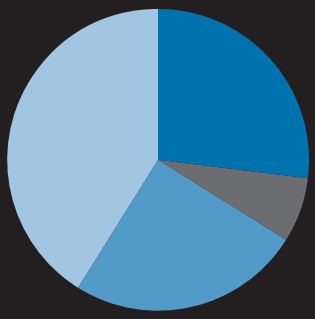


Total: 200,670

- 64% Children *(129,062)*
- 12% ADC Adults *(23,556)*
- 9% Aged *(18,370)*
- 15% Blind and Disabled *(29,682)*

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

Nebraska Medicaid Vendor Expenditures by Eligibility – Fiscal Year 2006



Total: $1,430,907,617

- 27% Children *$392,051,029*
- 7% ADC Adults *$102,043,747*
- 25% Aged *356,223,258*
- 41% Blind and Disabled *$580,589,583*

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

essary medical needs of the family. Many of these uninsured children are eligible for Kids Connection. Kids Connection provides low-cost health care coverage for children living in families at or below 185% of the federal poverty level. Kids Connection includes both the State's Children's Health Insurance Program (SCHIP) and the Nebraska Medical Assistance Program (Medicaid). Kids Connection provided health coverage for 129,062 children, nearly 30% of all Nebraska children 18 and under in 2006. Under Nebraska's Medicaid coverage, children are nearly two-thirds of the recipients but are only approximately one-fourth of the Medicaid expenditures.

Blood Lead Levels

Data for 2006 were not available in time for print, but in 2005, 21,158 Nebraska children under six years-old were tested for elevated blood lead levels and 630 had blood lead levels in the range where detrimental effects on health have been clearly demonstrated. This appears to be an increase over 2004. However, it is difficult to obtain the number of children poisoned as some parents do not bring children back into clinics for confirmatory tests. Elevated blood lead levels can cause: increased behavioral problems, malnutrition, and significant detrimental physical and cognitive development problems. Lead poisoning can be fatal. Blood lead testing is recommended for all children at 12 to 24 months of age and any child under seven years of age who has been exposed to lead hazards.

Children are commonly exposed to lead through lead-based paints often present in houses built prior to 1950. Some homes built as recently as 1978 may also contain lead-based paint. The best way to protect children who are at risk by living in homes with lead-based paint is to maintain freshly painted walls to avoiding chipping and peeling of the paint. It is also important to keep these areas clean and dust free.

Mental Health and Substance Abuse Treatment

The Nebraska Department of Health and Human Services (DHHS) funds selected mental health and substance abuse services for children. Children who utilize these services are most often from lower income Nebraska families or are involved in the court system. Services paid for by private insurance are not included in the data and, therefore, the total is an underestimate of the number of children receiving these services.

Kimberly

Regional Centers

During fiscal year 2006 (FY06), services for adolescents in the Regional Centers were reorganized. At the beginning of fiscal year 2006, the Adolescent and Family Services (AFS) program at the Lincoln Regional Center (LRC) consisted of a six-bed inpatient program and a 16-bed residential program located on the Regional Center campus, and 16 adolescent residential program beds and an eight-bed treatment group home located at the Whitehall campus. In February 2006, both of the on-campus adolescent programs at LRC closed. The following month, an adolescent psychiatric residential unit opened at the Hastings Regional Center (HRC). In May 2006, an adolescent psychiatric inpatient unit opened at HRC. Throughout FY06, LRC continued to operate two eight-bed residential programs for adolescents and an eight-bed adolescent treatment group home. In addition, HRC continued to operate a

Juanita

Chemical Dependency Program for youth from the Youth Rehabilitation and Treatment Center (YRTC) in Kearney.

A total of 225 youth under the age of 19 received services from a regional center in fiscal year 2006. During FY06, 140 youth under the age of 19 received services from the HRC Chemical Dependency Program. Twenty youth received services from the HRC adolescent psychiatric residential program, and three youth received services from the adolescent psychiatric inpatient program. During the seven months that the LRC psychiatric inpatient program was open, four youth were served. Forty-one youth received services from the LRC adolescent residential and treatment group home programs. In addition, two youth received services from the LRC Forensic Mental Health Program. Fifteen youth received outpatient mental health services from LRC and HRC.

The Norfolk Regional Center does not have any specialized programs for children or adolescents. Therefore, no youth under the age of 19 were served at the Norfolk Regional Center in FY06.

Community-Based Services

Mental health and substance abuse services are provided to youth in an array of prevention and treatment services. Mental health services include the Professional Partner Program (a community-based multi-systemic intensive case management approach), crisis respite (a temporary caregiver relieving family for short periods of time either in the home or at another location) and traditional residential and non-residential therapy. Substance abuse services funded for youth include intensive short-term residential programs on Regional Center campuses to community-based residential and non-residential alternatives (most notably youth outpatient therapy). Substance abuse prevention services are conducted by community-based programs across the state in an effort to repeatedly carry the message of no alcohol use before age 21 or tobacco use before age 18.

Approximately 4,616 Nebraska children ages 18 and under received community-based mental health and substance abuse services in Fiscal Year 2006. This is an increase from 3,553 in Fiscal Year 2005. Of those 4,616 children, 1,818 received mental health services only, 1,211 received substance abuse services only and 1,587 received both mental health and substance abuse services. Last year, only 438 children received both mental health and substance abuse services, and the number of children receiving either mental health or substance abuse services alone was significantly higher.

Over 11,826 prevention events have occurred statewide reaching an estimated population of 1,275,000. Nebraska print and electronic media outlets provided eight statewide media events representing the repeated message of 'no use' targeted at youth and young adults.

Youth Risk Behavior Survey

Developed by the National Centers for Disease Control and Prevention and prepared by Nebraska Department of Health and Human Services (DHHS), the Youth Risk Behavior Survey (YRBS) includes self-reported health information from a sample of Nebraska 9-12 graders in 2005. This survey is given every two years. The goal of the report is to determine and reduce common youth health risks, increase access and delivery to health services and positively affect the often risky behavioral choices of youth. Not all of Nebraska's school

districts participate in this survey. Most notably absent is the state's largest school district, the Omaha Public Schools. There are six categories of health risk behaviors included in the YRBS survey:

Behaviors that result inunintentional and intentional injuries
Tobacco use
Alcohol and other drug use
Sexual behaviors that result in HIV infection, other sexually transmitted diseases and unintended pregnancies
Dietary behaviors
Physical activity

Source: The 2005 Youth Risk Behavioral Survey of Nebraska Adolescents

Alcohol and Other Drugs

Unfortunately, other surveys support the YRBS finding that alcohol is heavily used by youth in Nebraska. Nearly 43% percent of the students surveyed had consumed alcohol in the last 30 days prior to the survey and 29.8% had reported episodic heavy drinking in that same time period. While this is a small decrease from the previous report, it is still of concern. The report goes on to say that youth alcohol use is associated with increased occurrence of unprotected sex and sex with multiple partners, marijuana use, lower academic performance and fighting. Some of the other drugs youth utilized were marijuana (17.5%), inhalants such as glue, paints, or aerosols (11.3%), methamphetamines (5.8%) and cocaine (3.3%).

Tobacco

In Nebraska, 21.8% of the students surveyed report that they currently smoke cigarettes. Females and males report an almost equal usage of cigarettes, with 21.8% of teen girls and 21.6% of teen boys reporting current cigarette use. Fifty-three percent of those surveyed reported they had smoked at some point in their life. In addition, 8.7% indicated they currently use smokeless tobacco and 16.8% use cigars.

Motor Vehicle Crashes and Seat Belt Use

The leading cause of Nebraska deaths among youth age 15-24 is automobile crashes. According to the YRBS, 35.6% of students reported, in the last 30 days, riding in a vehicle driven by someone who had been drinking alcohol. In addition, 17.3% had driven a motor vehicle themselves one or more times in the past 30 days when they had consumed alcohol.

According to the Nebraska Department of Roads, in 2006, 53 Nebraska children 17 years of age and younger died in motor vehicle traffic accidents. This is double the number of child motor vehicle traffic deaths from the previous year, although 2005 saw the lowest number of child motor vehicle deaths in the last 10 years. Additionally, 354 children suffered disabling injuries due to accidents. In the past ten years, 645 Nebraska children have died due to vehicle accidents.

Teen Sexual Behavior

According to the YRBS, 40.8% of the adolescents surveyed reported that they had experienced sexual intercourse at least one time in their life, a decrease of 2.2% from 2003. Twenty-four percent of the adolescents who reported having had sexual intercourse used alcohol or drugs prior to their last sexual intercourse experience. The majority of these teens, 61.6%, reported using a condom the last time they had sexual intercourse, lessening their chances of contracting a sexually transmitted disease or becoming pregnant. Just over 4% of the respondents reported having had sexual intercourse before the age of 13, and 11.9% had experienced intercourse with four or more people during their life.

Obesity, Dieting and Eating Habits

The YRBS student respondents were requested to include their height and weight measurements on their surveys. In 2005, 32.5% of students described themselves as being either slightly or very overweight. However, only 11% were

POLICY BOX

SCHIP Coverage for Low-Income Children

There were 45,000 uninsured children in Nebraska in 2006, according to the US Census Bureau. That means that one in every ten children was without regular access to affordable health care. Of those 45,000 uninsured children, the Census Bureau also found that 32,000 were living in low-income families below 200% of the Federal Poverty Level (families with an annual income of approximately $41,000 or less for a family of four). The State Children's Health Insurance Program (SCHIP) was created to cover those children in low-income families that fall into the gap between Medicaid eligibility and affordable health coverage in the private market. Unfortunately, that gap is growing and the number of uninsured children in our state is rising.

The State Children's Health Insurance Program (SCHIP) was established as an extension of Medicaid in Nebraska and called Kids Connection. Currently, Kids Connection covers children in families up to 185% FPL (an annual income of approximately $38,000 for a family of four). Sadly, Nebraska has one of the lowest eligibility levels in the country. The majority of states set their eligibility levels somewhere between 200 and 300% FPL, recognizing that health insurance is becoming increasingly unattainable to working families further and further up the income scale. Given the high cost of health insurance and the even higher cost to our children of not having access to health care, Kids Connection is a crucial and cost-effective way to ensure the health of Nebraska children and provide support to low-income, working families.

In the 2008 Nebraska legislative session, State Senator Bill Avery of District 28 in Lincoln intends to improve our state's ability to reach out to our uninsured child population by introducing legislation to extend Kids Connection eligibility to 200% FPL.

Sources: U.S. Census Bureau, Current Population Survey, 2007 Annual Social and Economic Supplement.

Kyle and siblngs

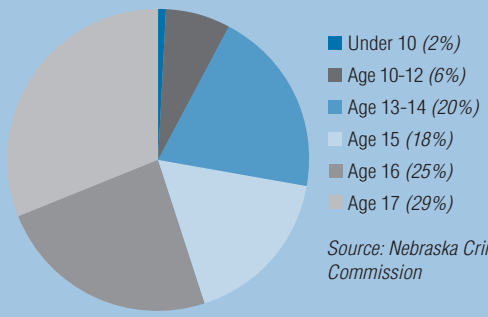
actually considered to be overweight, or at risk of becoming overweight, based on their Body Mass Index (BMI). Nearly 40% of the females surveyed described themselves as overweight, however only 12.8% were at risk of becoming overweight, while 7.8% were overweight, according to their BMI. Although only 7.8% of the female students met the BMI criteria for overweight, 64.8% of the females surveyed reported that they were trying to lose weight at the time of the survey. Twenty-nine percent of the males surveyed were also trying to lose weight at the time of the survey.

Only 36.5% of the students reported to have met the recommended levels of physical activity, which is defined by the YRBS as 60 minutes of an activity that increases the heart rate for at least 5 out of 7 days in a week. Seventy-one percent met previously recommended levels, which equals either 20 minutes of vigorous activity or 30 minutes of moderate activity on at least five days during the week. Nearly 8% reported to have not participated in any vigorous or moderate physical activity. Eighty-six percent ate less than five servings of fruits and vegetables per day during the seven days prior to the survey and 81% reported that they did not regularly consume milk during the seven days preceding the survey.

Juvenile Justice

Children can find themselves involved in the juvenile justice system for a variety of reasons, ranging from truancy to homicide. Family problems including child abuse and neglect, domestic violence, poverty, mental health issues and self esteem can all be factors that influence a juvenile's behavior. Our responsibility, as adults, is to insure that once a youth has entered the system, he or she has qualiy resources available such as adequate mental health treatment and educational experiences that will lead to success.

Juvenile Arrest by Age – 2006



Source: Nebraska Crime Commission

Juvenile Arrests

In 2006, 16,136 Nebraska juveniles were arrested, an increase of 845 youth from 2005. As per the Juvenile Arrest Trend Graph provided in the Commentary section of this report, there was a significant decrease in juvenile arrests

Selected Nebraska Juvenile Arrests by Offense and Gender 2006*

Offense	Males	Females	Total
Larceny – Theft	1,757	1,118	2,875
Liquor Laws	1,602	1,136	2,738
All Other Offenses (except traffic)	1,790	757	2,547
Simple Assault	1,413	636	2,049
Drug Abuse Violations	913	235	1,148
Vandalism-Destruction of Property	1,035	165	1,200
Weapons: Carrying, Possessing, etc.	153	7	160
Aggravated Assault	96	16	112
Sex Offense (except forcible rape & prostitution)	95	16	111
Arson	66	8	74
Robbery	58	1	59
Forgery & Counterfeiting	20	7	27
Forcible Rape	18	0	18
Prostitution	0	1	1
Offenses Against Family and Children	25	19	44
Runaways	220	197	417
Homicide	3	0	3

Source: Nebraska Crime Commission

** This does not include all arrests.*

between 1999 and 2003. Since 2003, there has been a slight increase in juvenile arrests. Female juvenile offenders comprised 31.1% of all juvenile arrests in 2006, and male offenders made up 68.9% of all juvenile arrests in 2006. These averages remain consistent with the percentages of female and male juvenile offenders over the last several years.

Probation

In 2006, there were 5,671 juveniles supervised on probation, a slight increase from the 5,666 juveniles in 2005. During 2006, 2,050 juveniles were successfully released from probation, a decrease of 6.4% from 2005.

In 2006, two juveniles were convicted of homicide and 41 juveniles were convicted of sexual assault. Additionally, there were 717 juveniles tried in adult court.

From 2005 to 2006, the number of juveniles sentenced to probation for a misdemeanor offense increased by 10% to 2,710 youth, and the number of juveniles sentenced to probation for a felony offense increased, by 7%, to 280 youth.

Youth Rehabilitation & Treatment Centers (YRTC)

The two Youth Rehabilitation and Treatment Centers in Nebraska are located in Kearney (established for males in 1879) and Geneva (established for females in 1892). The YRTC Kearney mission is: *To help youth live better lives through effective services affording the youth the opportunity to become law abiding and productive citizens*.

The YRTC in Geneva's mission is: *To protect society by providing a safe, secure and nurturing environment in which the young women who come to us may learn, develop a sense of self, and return to the community as productive and law abiding citizens*.

In the fiscal year 2005-2006, 437 (321 of whom were first time commitments) males were admitted for treatment to Kearney and 151 (93 of whom were first time commitments) females to Geneva for a total of 588 youth in YRTC care from July 2005 to June 2006. This was an increase of 37 total YRTC commitments over the previous year.

YRTC Kearney had an average daily population of

Shelley

POLICY BOX

Nebraska Juvenile Services Master Plan

by Doug Koebernick

In 1999, the Unicameral passed legislation that led to the release of the *Nebraska Juvenile Services Master Plan* in December of that year by the Office of Juvenile Services. The intent of the legislation was to receive a comprehensive review of the juvenile justice system in Nebraska.

When it was released, the *Nebraska Juvenile Services Master Plan* provided policy makers with an in-depth review of the state of the juvenile justice system in Nebraska. The Plan included a needs assessment of the

194 (which includes approximately 35 youth in the substance abuse program at Hastings) in 2005-2006, a decrease of 40 over the previous year. Males at Kearney remained an average of 209 days and 65% were 16-17 years of age. Most young men committed to Kearney were White (51%), 22% were African American, 20% were Hispanic, 5% were Native American and 2% were Asian. The major offenses committing males to YRTC Kearney were theft (20%), assault (19.2%) and possession of drugs (13.5%). Additionally, through the Hastings Regional Center, Kearney utilizes a Chemical Dependency Unit for youth. During fiscal year 2006, 126 youth were served in this program.

Geneva provided services for an average of 88 females per day. The average female committed to Geneva in 2005-2006 was 16 years old at admission and remained there eight months. The top offenses were assault (30.4%), theft (15.2%) and criminal mischief (1%). The majority of females placed at YRTC Geneva were White/NonHispanic (52%), 17% were White/Hispanic, 16% were Black/NonHispanic, 10% were Native American, 3% were Other, 1% was Asian/Pacific Islander and an additional 1% was Black/Hispanic.

Adult Prison and Parole for Juveniles

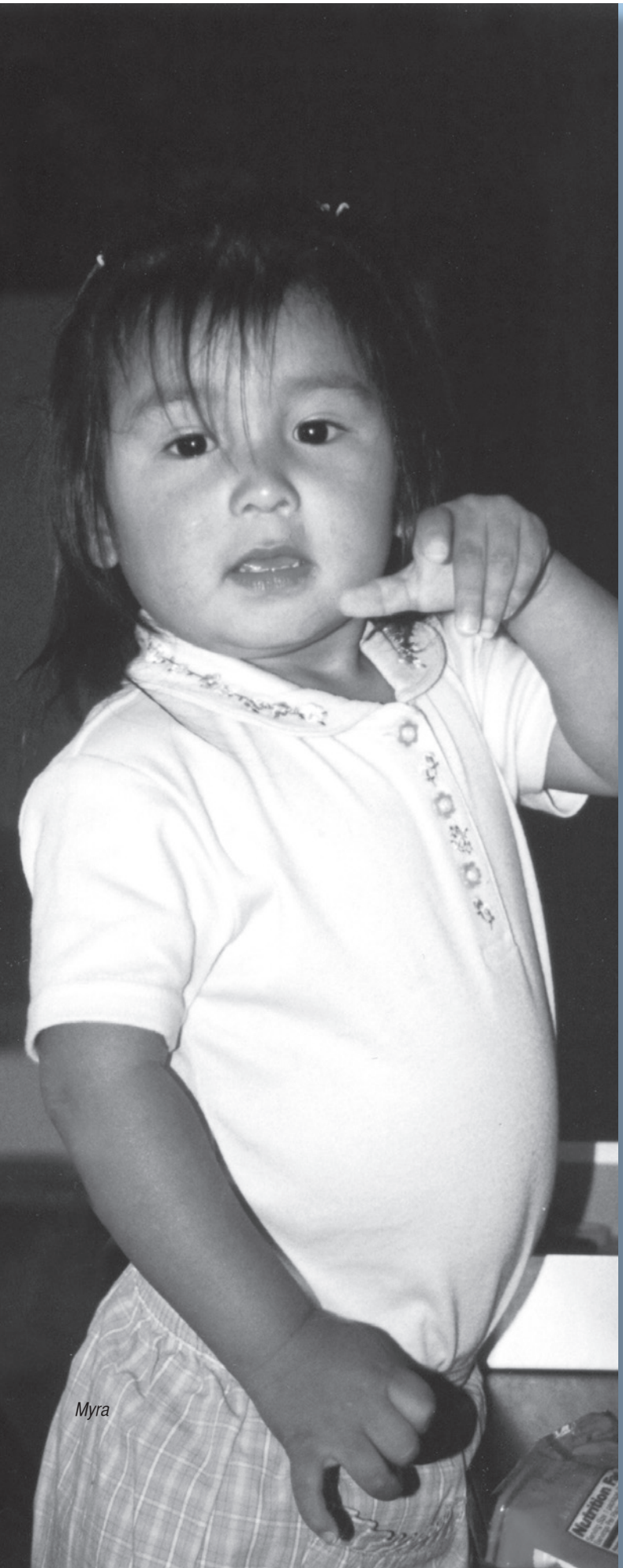
In 2006, 86 Nebraska youth ages 18 and under were processed through the adult system and housed in adult prisons. This is an increase of 19.4% (14 additional youth) from 2005. Of these juveniles, 50% were incarcerated for robbery, burglary or theft, while the remaining were held for drug offenses, weapon offenses, sex offenses, homicide and other crimes. One youth was incarcerated for homicide, specifically motor vehicle homicide in 2006. Studies show trying juveniles in adult court is not an effective intervention in reducing juvenile crime, however it is used nationally. "Youth in the adult system are more likely to recidivate – and to recidivate more quickly and with serious offenses – than youth who are prosecuted through the juvenile system."[1]

system, an overview of the Nebraska juvenile justice system, a review of growth trends related to juvenile justice, and a review of state programs, operations, and staffing, specifically at the Youth Rehabilitation and Treatment Centers (YRTC) in Geneva and Kearney. The Plan made 23 recommendations, ranging from developing a single point of entry into state custody to developing a parole revocation program. It also included recommendations on improving the physical facilities at the YRTCs. While some of the recommendations required legislative action, many only needed executive action to be implemented. As a result many initiatives were undertaken in the years following the release of the *Nebraska Juvenile Services Master Plan*.

In 2006, the Unicameral included an appropriation in the mainline budget bill to update the *Nebraska Juvenile Services Master Plan*. As a result, the *Nebraska Juvenile Correctional Facilities Master Plan Update* was released in the summer of 2007 and reported on the ongoing need for leadership and vision for the programs and services within the state's juvenile justice system in Nebraska.

The update made three sets of recommendations: system, operation, and capacity. The system and operation recommendations were very specific while the capacity recommendations provided various options to address increased admissions to the programs operated by the Office of Juvenile Services. The updated study made several new recommendations for the juvenile justice system and reinforced some of the recommendations made in 1999.

For a complete review of those recommendations, the *Nebraska Juvenile Correctional Facilities Master Plan Update* can be found online at http://www.dhhs.ne.gov/jus/YRTC/chinn.pdf.



Myra

Nutrition

Nutrition serves as the foundation for children's health, academic achievement and overall development. Being undernourished can inhibit a child's ability to focus, absorb information and exhibit appropriate behavior at home and school. Good nutrition can prevent illnesses and encourage proper physical growth and mental development. Supplemental food programs that include access to nutritious foods and offer education can assist families in providing healthy food for their children.

USDA Nutrition Programs

Food Stamps

Food Stamps are cards provided by the United States Department of Agriculture (USDA) to aid families that have incomes at or below 130% of the Federal Poverty Level (FPL) in order to maintain a low-cost, healthy diet. In the year 2006, the use of Food Stamps continued to rise over previous years. Nebraska Department of Health and Human Services (DHHS) distributed Food Stamps to an average of 119,421 persons or 51,146 households monthly in 2006. The average payment was $201.73 per household or $86.40 per person

totaling $123,813,292.99. There were 61,523 children, ages 18 and under, found eligible to receive Food Stamps in Nebraska in 2006.

School Lunch

Families are eligible for free or reduced price lunches based on their income level through the USDA School Lunch Program. Families must have an income at or below 130% FPL to receive free lunch and at or below 185% FPL to receive reduced price meals. Through this program, the USDA subsidizes all lunches served in schools. During the 2005-2006 school year, 474 districts participated with 1,046 sites. While an average of 90,582 children received free and reduced price lunches, 115,475 children were found income eligible for free and reduced price lunches. Of the unaccounted for 24,893 children, some chose not to participate in the lunch program and others attended school where free or reduced lunch was not offered.

School Breakfast

The USDA provides reimbursements to schools for breakfast as they do for lunch. Unfortunately, fewer schools choose to participate in the breakfast program. During the 2005-2006 school year, 692 schools in 267 districts participated in the school breakfast program. Each month, an average of 32,648 children participated in the free/reduced price school breakfast program.

A total of $40,306,660.74 was spent, or reimbursed, for all free/reduced breakfast and lunches in fiscal year 2006 in Nebraska.

Summer Food Service Program (SFSP)

The USDA Summer Food Program was created to meet the nutritional needs of children and low-income adults during the summer. An average of 7,378 Nebraska children participated in the SFSP in 2006. Only 22 of the 93 Nebraska counties offer the SFSP, down from 24 counties in 2005. Some sites offer two meals daily, so the actual unduplicated number of child participants may be lower than the total given that one child may be counted twice for receiving both breakfast and lunch daily.

Child and Adult Care Food Program

In 2006, an average of 10,225 daily lunches were provided in child and adult care centers and 9,450 in family day care homes through this food program.

Commodity Distribution Program

The USDA purchases surplus commodities through price support programs and designates them for distribution to low-income families and individuals through food banks, soup kitchens and pantries. In fiscal year 2006 (July 1, 2005 to June 30, 2006), a total of 118,533 Nebraska households were served with Pantry Baskets through the Commodity Distribution Program, an average of 9,878 households per month. In this same time period, a monthly average of 51,516 persons were served in soup kitchens through this program, totaling 618,188 persons served.

Commodity Supplemental Food Program (CSFP)

Women who are pregnant, breast-feeding and postpartum or families with infants and children to age six who are at or below 185% of poverty are eligible for the USDA Commodity Supplemental Food Program. The program provides surplus commodity foods, such as non-fat dry milk, cheese, canned vegetables, juices, fruits, pasta, rice, dry beans, peanut butter, infant formula and cereal. A monthly average of 1,138 women, infants and children were served by CSFP totaling

13,656 food packages for fiscal year 2006. Seniors, age 60 or older, who are at or below 130% of poverty, may also participate in the program. Seniors received 142,596 food packages averaging 11,883 per month. There are 46 CSFP distribution sites serving all 93 counties.

WIC

The special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a short-term intervention program designed to influence lifetime nutrition and health behaviors in a targeted, high-risk population. WIC provides nutrition and health information, breastfeeding support and supplemental foods such as milk, juice, cheese, eggs and cereal to Nebraska's pregnant, postpartum and breast-feeding mothers, as well as infants and children up to age five. Eligible participants must meet the income guidelines of 185% of poverty and have a nutritional risk. Parents, guardians and foster parents are encouraged to apply for benefits. Program participation helps ensure children's normal growth, reduce levels of anemia, increase immunization rates, improve access to regular health care and improve diets.

Research has shown that the WIC Program plays an important role in improving birth outcomes and containing health care costs. A series of reports published by the United States Department of Agriculture (USDA) based on a five state study of WIC and Medicaid data for over 100,000 births; found that every $1 spent on WIC resulted in $1.77 to $3.13 savings in health care costs for both the mother and the newborn, longer pregnancies, fewer premature

IMPACT BOX

The Paradox of Food Insecurity and Overweight Among Infants and Toddlers

Periodically not having enough to eat, having a diet that is inadequate, and worrying about being able to afford the amount and type of food that a household needs, are all markers of food insecurity. Food insecurity persists across many households with young children and may have negative consequences for the health and well-being of infants and toddlers, who are at an especially vulnerable period in life.

Very low food security is strongly associated with overweight.

Overweight is one of the negative consequences that may result when very young children experience food insecurity. Young children living in households with a very low food security are 61% more likely to be overweight than are young children living in food secure households.

Other studies indicate that very low food-security in households with a nine-month-old infant is associated with a higher likelihood of the child becoming an overweight toddler. Some studies have found that food insecurity is linked to lower dietary quality and less dietary variety, with food insecure children consuming fewer fruits, vegetables, milk and meat.

Growing evidence suggests that food insecurity in households with young children may influence or accompany family processes that, in turn, could adversely affect the weight of very young children.

Food insecurity is associated with mothers' depressive symptoms.

Mothers living in food insecure households are significantly more likely to report symptoms of depression, such as feelings of loneliness and sadness, than are mothers living in food-secure households.

Food insecurity is associated with less positive parenting behaviors.

Parents in food-insecure households demonstrated less sensitivity to infant cues, less responsiveness to infant distress, and less behavior

births, lower incidence of moderately low and very low birth weight infants and a greater likelihood of receiving prenatal care. Children participating in WIC also demonstrate better cognitive performance. In 2006, Nebraska WIC served an average of 40,474 participants (9,787 women, 10,092 infants and 20,595 children) per month through 109 clinics. Participation in the WIC program has continued to steadily increase. While 2006 Nebraska birth data were not available at the time this report was published, 39% (10,066) of the 26,142 babies born in 2005, were enrolled in the WIC program. The average cost for food benefits and nutrition services for a pregnant woman participating in the WIC Program in Nebraska in 2006 was approximately $610 per year.

directed at fostering their babies' social and emotional growth, when compared with parents in food-secure households.

Why are children in food-insecure households more likely to be overweight than their counterparts who grow up in food-secure homes? Do parents in food insecure households, who are more likely to be depressed and at the same time less responsive in their parenting, overfeed their children today because they are uncertain about whether they will have enough to feed them tomorrow? Do families in food-insecure households try to stretch their food dollars by choosing food that "fills them up" rather than food that is high in nutrients? The common sense answers to these questions would probably be "Yes", but rigorous research is needed to confirm that what we think we know is, in fact, true. If policymakers do not fully understand the mechanisms through which food insecurity affects children's overweight, they will be unable to adequately plan and respond to young children's needs.

From the article: "Food Insecurity and Overweight among Infants and Toddlers: New Insights into a Troubling Linkage" by Jacinta Bronte-Tinkew, Ph.D.,Martha Zaslow, Ph.D.,Randolph Capps, Ph.D., and Allison Horowitz, B.A. July 2007.

NE WIC Participation by Category for Federal Fiscal Year 2006*

Breastfeeding Women	2,614
Postpartum Women	2,876
Pregnant Women	4,297
Infants	10,092
Children	20,595
Total	40,474

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

**This data reflects Average Participation per Month during that fiscal year.*

WIC Participants

Year	Average Monthly Program Participants
1997	32,348
1998	31,181
1999	32,379
2000	32,194
2001	33,797
2002	36,454
2003	37,730
2004	39,087
2005	40,252
2006	40,474

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

Out-of-Home Care and Adoption

Nebraska children may be placed in out-of-home care as a result of abusive or neglectful behavior by their parent/guardian or their own delinquent or uncontrollable behavior. Nebraska Department of Health and Human Services (DHHS) is responsible for most of the children in out-of-home care because they are court ordered into care as wards of the state. There are a small number of children placed in private residential facilities who are not considered wards of the state. A child in out-of-home care may reside in a variety of placements such as foster homes, group homes, residential treatment facilities or juvenile correction facilities.

How Many Children Are in Out-of-Home Care?

In 2006, a total of 10,972 Nebraska children were in out-of-home care at some point. This was a continued rise over previous years and a total increase of 175 over 2005. On January 1, 2006, there were 6,204 children in out-of-home care. During the year, 4,768 entered care while 4,514 exited. A total of 5,186 children were in care on December 31, 2006 – 1,331 less children in care than the previous year. Of the 4,768 children who entered care in 2006, 2,891 (60.6%) were placed in out-of-home care for the first time and 1,877 for the second time or more. Of the 5,186 children in care on December 31, 2006, 5,052 were DHHS wards.

Neglect is the most frequently recorded cause for removal of a children from their parent(s)' or guardian(s)' home. Neglect has several forms that range from outright abandonment to inadequate parenting skills which affect child well-being. Parental drug abuse is the second most prevalent cause of placement followed by substandard or unsafe housing.

In 2003, a change was made in the method for collecting data documenting the reasons for entering care. Previously, each category was broken into subcategories. Currently, no subcategory data is collected. Due to the changes, it is difficult to compare the reasons for entering out-of-home care to previous years.

State Foster Care Review Board (FCRB)

In 1982, the FCRB was created as an independent agency responsible for reviewing the plans, services and placements of foster children. These reviews fulfill Federal IV-E review requirements. Over 350 trained citizen volunteers serve on local FCRBs to engage in this important review process. Completed reviews are shared with all parties legally involved with the case. The FCRB also has an independent tracking system for all Nebraska children in out-of-home care and regularly disseminates information on the status of those children. With the exception of the approved and licensed foster care home data and state ward adoption data, all of the data in this section were provided by the FCRB through their independent tracking system.

Summary of Reasons Children Entered Foster Care for Children Reviewed During 2006

The table, far right, includes two charts. The first shows the reasons why the 2,668 children and youth reviewed by the Foster Care Review Board during the last half of 2006 were placed in foster care throughout their lifetimes. Each could have multiple reasons identified.

Kristiana

Reasons for Entering Foster Care Identified Upon Removal[i]

Children by Number of Removals

Category	All children reviewed (Frequency)		Reviewed children who were in foster care for the first time		Reviewed children who had been in foster care at at least once previously	
Neglect[ii]	1,622	60.8%	1,105	51.6%	517	44.2%
Parental Drug Abuse	916	34.3%	679	31.7%	237	20.3%
Parental Meth Abuse	243	9.1%	202	9.4%	41	3.5%
Parental Alcohol Abuse	428	16.0%	304	14.2%	124	10.6%
Housing Substandard/Unsafe	633	23.7%	405	18.9%	228	19.5%
Physical Abuse	600	22.5%	373	17.4%	227	19.4%
Parental Incarceration	288	10.8%	175	8.2%	113	9.7%
Abandonment	244	9.1%	155	7.2%	89	7.6%
Sexual Abuse[iii]	217	8.1%	134	6.3%	83	7.1%
Parental Illness/Disability	206	7.7%	121	5.7%	85	7.3%
Death of Parent(s)	27	1.0%	11	.50%	16	1.4%
Relinquishment	23	0.9%	3	.14%	20	1.7%
Child's Behaviors[iv]	454	17.0%	201	9.4%	253	21.6%
Child's Mental Health	97	3.6%	40	1.9%	57	4.9%
Child's Disabilities	53	2.0%	27	1.3%	26	2.2%
Child's Drug Abuse	52	1.9%	21	.98%	31	2.7%
Child's Meth Abuse	2	0.1%	2	.09%	0	0%
Child's Alcohol Abuse	41	1.5%	15	.70%	26	2.2%
Child's Illness	33	1.2%	20	.93%	13	1.1%
Child's Suicide Attempt	14	0.5%	4	.19%	10	.86%
Total Child Review	2,668		2,140		1,169	

[i] Up to ten reasons for entering foster care could be identified for each child reviewed. See the next page for reasons discovered after removal from the home.

[ii] Neglect is failure to provide for a child's basic physical, medical, educational and/or emotional needs.

[iii] Children and youth often do not disclose sexual abuse until after removal from the home. The chart on this page includes only sexual abuse identified as an initial reason for removal and does not reflect later disclosures.

[iv] Many of the behaviors identified as a reason for children and youth to enter foster care are predictable responses to prior abuse or neglect. Also, due to budget cuts the Board is prioritizing the review of children age birth to five, and those that qualify for Federal IV-E funding; thus many troubled adolescents are not being reviewed.

Source: State Foster Care Review Board

There are a variety of placement possibilities for children in out-of-home care. Of the 5,186 children in care on December 31, 2006, there were 2,204 (42.5%) in foster homes, 884 in group homes or residential treatment centers, 1,101 placed with relatives, 411 in jail/youth development centers, 2 in private adoptive homes not yet finalized and 222 in emergency shelters. The remaining children were involved in: Job Corps/schools; centers for the disabled; psychiatric, medical, or drug/alcohol treatment facilities; or child caring agencies. Lastly, 165 were runaways/whereabouts unknown and 74 were living independently as they were near adulthood.

Licensed and Approved Foster Homes

In December 2006, there were 2,596 licensed foster homes, an increase of 362 homes over 2005. In becoming a licensed or approved foster home, the candidates must go through local, state and national criminal background checks as well as child and adult abuse registry checks and the Sex Offender registry. Licensed providers must also participate in home study which includes a series of interviews and complete initial and ongoing training. Approved providers are relatives or individuals known to the child or family prior to placements. As of December 2006, there were 2,907 approved foster homes, an increase from 967 approved foster homes in

IMPACT BOX

The Nebraska Foster Care Review Board Recommends Actions to Improve Young Children's Outcomes

Written by Linda Cox
Nebraska Foster Care Review Board

The Foster Care Review Board conducted a special study of 948 foster children ages birth through five during the last quarter of 2006. Children in this age group are most vulnerable to abuse and show the greatest permanent effects from abusive situations and instability while in foster care. The Board has made a number of recommendations to the lessen the occurrence of the following negative indicators:

Methamphetamine Abuse

- 352 of the 948 children (37.1%) were affected by parental methamphetamine abuse, a difficult addiction to overcome.

Placement Issues

- 182 of the 948 children age birth to five (19.2%) had experienced four or more placement changes while in foster care, a level of instability that many experts find detrimental. Temporary respite and short hospitalizations are not included in the count.

  It could be expected that children have two placements, such as an emergency shelter placement followed by a placement in a foster home; however, the figure above indicates many young children had experienced two or more additional moves while in foster care.

- 359 of the 948 children (37.8%) were in foster homes caring for 3-8 other foster and/or biological children.
  - 216 of the 359 children (60.2%) were placed with siblings.
  - 91 of the 359 children (25.3%) were placed with relatives, including 63 children who were placed with siblings in a relative placement.

Length of Time in Foster Care (Out-of-Home)

- 465 of the 948 children (49.1%) had been in foster care for 12 months or more.
  - Substance abuse
    - 183 of the 465 children (39.4%) had parental meth abuse as a factor.
    - 126 of the 465 children (27.1%) had parental alcohol abuse as a factor.
    - 57 of the 465 children (12.3%) had parental cocaine abuse as a factor.
    - 64 of the 465 children (13.8%) have a developmental disability.
  - Barriers to reunification
    - 98 of the 465 children (21.1%) had parental unwillingness as a barrier.

2005. The large increase in approved foster homes in the past year is a direct result of DHHSs concerted efforts to place children with relatives or friends of the family if a child needs to be in out-of-home care.

Lack of Foster Care Homes

According to DHHS, a total of 5,691 approved and licensed homes were available in Nebraska in 2006. While this is an increase of 1,523 approved and licensed homes from 2005, the number of children in need of foster homes has continued to rise for a number of years, thus creating a greater need for foster placements. Foster care providers are needed, particularly for children who are teenagers, who have special needs (i.e., lower functioning and/or significant acting out behavior) and sibling groups of three or more. Foster homes provide the least restrictive, most family-like out-of-home placement for children who cannot remain at home.

Note: If you are interested in making a difference in a child's life by becoming a foster parent, please call 1-800-7PARENT for information.

Multiple Placements

Unfortunately, it is not unusual for a child to be moved repeatedly while in out-of-home care. The FCRB tracking system counts each move throughout the lifetime of the child as

- 81 of the 465 children (17.4%) had economic issues as a barrier.

- The average length of time in care for the 948 children was 14.3 months. From the perspective of children under age six, 14 months is a long time.

Monitoring Visitation

Some children have court ordered monitoring of visitation with the parent(s) who committed the abuse or neglect that led to the child's removal. This is done to ensure that the child is not further victimized while in foster care, to ensure the parents are behaving in an appropriate manner with the children and to establish the evidence needed to determine the appropriate direction for the case to take.

- 507 of the 948 children had parental visitation supervised by a contractor.
- For 147 of the 507 children (28.9%) it was undocumented how many different contractor staff persons monitored their visitation.
- 174 of the remaining 360 children (48.3%) had four or more different persons monitoring their parental visitation sessions, sometimes changing weekly. This situation affects the ability to understand the case specifics, to gather, document, and communicate this important information and to keep the children safe.

Caseworker Changes

- 342 of the 948 children (36.0%) of the children have had four or more different caseworkers assigned to their cases in their months in foster care, not including intake workers, workers filling it at court, or workers filling in during another's brief absence.
  - 201 of the 342 children (58.8%) had been in foster for less than one year.
  - 141 of the 342 children (41.2%) had been in foster care over one year.
  - 210 of the 342 children (61.4%) had visitation monitored by a contractor.
  - 150 of the 342 children (43.9%) were transported by a contractor.
  - 32 of the 342 children (9.3%) were disabled.

The Foster Care Review Board continues to recommend the following to achieve better outcomes for the children:

- Recruit additional qualified foster homes and increase monitoring and support for those placements.
- Minimize the number of caseworker changes by capping the number of cases for which a caseworker is responsible, adding supports and mentoring, and increasing pay for workers based on excellent performance. Delaware implemented these steps and found it reduced turnover and increased positive results for children.
- Develop an alternative system for visitation monitoring and transportation of children, or at minimum hold contractors more accountable for consistency.

a placement; therefore, if a child is placed in a foster home, then sent to a mental health facility, then placed in a different foster home, three placements would be counted; however, a hospitalization for an operation would not be counted. Again, the ideal situation for a child placed in out-of-home care is to experience only one placement creating the consistency recommended for positive child well-being.

Note: Numbers for multiple placements vary between the Nebraska Foster Care Review Board and the Department of Health and Human Services based on differing definitions of the term 'multiple placements.' DHHS uses the federal definition in order to meet federal standards.

Number of Placements Experienced by Children in Out-of-Home Care

Number of Placements	In Care on Dec. 31, 2006
4 or more	55.1% *(2,856 of 5,186)*

Source: State Foster Care Review Board

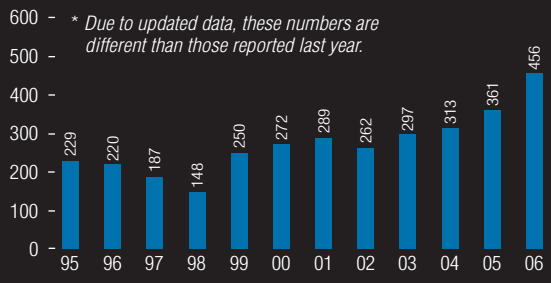
Out-of-Home Care Children by Race and Ethnicity (December 31, 2006)

Race Ethnicity	Number in Care	Percent in Care
White	3,212	61.9%
Black	946	18.2%
Native American	334	6.4%
Asian	23	0.4%
Hispanic	502	9.7%
Other/Not Known	584	11.3%

Source: State Foster Care Review Board

Note: Total does not equal 100%, as Hispanic origin is an ethnicity, not a race.

Number of State Ward Adoptions in Nebraska 1995-2006*



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

Race and Ethnicity

Minority children continue to be over-represented in the Nebraska out-of-home care system. Minority children make up approximately 15% of Nebraska's child population (2000 Census). However, they represent at least 34% of children in out-of-home care.

Adoption Services

As adoption is the preferred permanency plan for children who cannot be safely reunited with their biological family, efforts are being made to encourage the adoption of state wards. The Nebraska Foster and Adoptive Parent Association (NFAPA), in conjunction with Nebraska Department of Health and Human Services and Nebraska Public Policy Group, has developed a book of information on adoption and adoption subsidies for adoptive parents.

In 2006, there were 456 adoptions of state wards finalized in Nebraska. This is a 79% increase in state ward adoptions from 2005 (361 adoptions). Contributing factors to the rise in adoptions in 2006 were the "Through the Eyes of the Child" Initiative of the Nebraska Supreme Court and Governor Heineman's Child Welfare Initiative. His directive to focus on activities that would lead to the achievement of permanency for children resulted in a prioritization of efforts to complete adoption and guardianship paperwork and subsidy requests.

2007 County Data Notes

**Sources for data on pages 52-55.*

1. TOTAL COUNTY POPULATION
   Source: 2000 U.S. Census of Population and Housing
2. CHILDREN 17 AND UNDER
   Source: 2000 U.S. Census of Population and Housing
3. CHILDREN UNDER 5
   Source: 2000 U.S. Census of Population and Housing
4. BIRTHS IN 2005*
   Source: Nebraska Department of Health and Human Services System (DHHS)
   **2006 Data were not available*
5. MINORITY CHILDREN (ALL CHILDREN MINUS WHITE NON-HISPANIC ONLY)
   Source: 2000 U.S. Census of Population
6. CHILDREN LIVING IN SINGLE PARENT FAMILIES (SINGLE HEAD OF HOUSEHOLD MAY BE MALE OR FEMALE)
   Source: 2000 U.S. Census of Population
7. PERCENT OF POOR CHILDREN WHO LIVE IN SINGLE PARENT FAMILIES
   Source: 2000 U.S. Census of Population
8. PERCENT OF POOR CHILDREN WHO LIVE IN TWO PARENT FAMILIES
   Source: 2000 U.S. Census of Population
9. PERCENT OF CHILDREN LIVING IN POVERTY
   Source: 2000 U.S. Census of Population
10. PERCENT OF CHILDREN UNDER 5 YEARS OF AGE LIVING IN POVERTY
    Source: 2000 U.S. Census of Population
11. PERCENT OF MINORITY CHILDREN LIVING IN POVERTY
    Source: 2000 U.S. Census of Population
12. PERCENT OF MOTHERS WITH CHILDREN UNDER 6 YEARS OF AGE WHO ARE IN THE LABOR FORCE
    Source: 2000 U.S. Census of Population
13. AVERAGE MONTHLY NUMBER OF FAMILIES ON ADC IN 2006
    Source: DHHS
14. AVERAGE MONTHLY NUMBER OF CHILDREN ELIGIBLE FOR MEDICAID SERVICES IN 2006
    Source: DHHS
15. NUMBER OF WOMEN, INFANTS AND CHILDREN PARTICIPATING IN WIC SERVICES IN 2006
    Source: DHHS
16. AVERAGE NUMBER OF CHILDREN PARTICIPATING IN FREE AND REDUCED BREAKFAST PROGRAM IN 2006
    Source: Nebraska Department of Education
17. AVERAGE NUMBER OF CHILDREN PARTICIPATING IN FREE OR REDUCED PRICE SCHOOL LUNCH IN 2006
    Source: Nebraska Department of Education
18. AVERAGE DAILY NUMBER OF CHILDREN SERVED BY THE SUMMER FOOD PROGRAM IN 2006
    Source: Nebraska Department of Education
19. BIRTHS TO TEENS AGES 10 TO 17 YEARS OLD FROM 1996 to 2005*
    Source: DHHS
    ** 2006 Data were not available*
20. OUT OF WEDLOCK BIRTHS FROM 1996 TO 2005
    Source: DHHS
    ** 2006 Data were not available*
21. INFANT DEATHS 1996 to 2004
    Source: DHHS
    ** 2005 Data were not available*
22. DEATHS IN CHILDREN AGES 1 TO 19 FROM 1996 to 2004
    Source: DHHS
    ** 2005 Data were not available*
23. NUMBER OF INFANTS BORN AT LOW BIRTH WEIGHTS IN 2005
    Source: DHHS
    ** 2006 Data were not available*
24. HIGH SCHOOL GRADUATES 2005-2006
    Source: Nebraska Department of Education
25. SEVENTH TO TWELTH GRADE SCHOOL DROPOUTS FOR THE SCHOOL YEAR 2005-2006
    Source: Nebraska Department of Education
26. NUMBER OF CHILDREN WITH VARIFIED DISABILITY RECEIVING SPECIAL EDUCATION FOR THE SCHOOL YEAR 2005-2006
    Source: Nebraska Department of Education
27. COST PER PUPIL FOR THE SCHOOL YEAR 2005-2006 BY AVERAGE DAILY MEMBERSHIP
    Source: Nebraska Department of Education
28. HEAD START AND EARLY HEAD START ENROLLMENT FOR NOVEMBER 2006
    Source: Nebraska Department of Education (data is self-reported by Head Start programs)
29. CHILDREN IN FOSTER CARE BY COUNTY OF COMMITMENT TOTAL ON DECEMBER 31, 2006. INCLUDES VOLUNTARY, UNREPORTED AND TRIBAL COURT COMMITMENTS NOT INCLUDED IN THE COUNTY BREAKDOWNS.
    Source: Nebraska Foster Care Review Board
30. REPORTED NUMBER OF YOUTH 19 AND YOUNGER WITH STD'S IN YEARS 1997-2006
    Source: DHHS
31. JUVENILE ARRESTS 2006
    Source: Nebraska Crime Commission and Omaha Police Department

Data included on County Data pages are reflective of county specific data only. Data from agencies that include data from outside sources such as "out of state, other, etc." may not be included.

2007 County Data Notes

	1. TOTAL POPULATION	2. CHILDREN AGES 0-17	3. CHILDREN UNDER 5	4. 2005 BIRTHS	5. MINORITY CHILDREN	6. CHILDREN WITH SINGLE PARENTS	7. % POOR WITH SINGLE PARENTS	8. % POOR WITH TWO PARENTS	9. % CHILDREN IN POVERTY	10. % UNDER 5 IN POVERTY	11. % MINORITY CHILDREN IN POVERTY	12.% WORKING MOMS WITH CHILD(REN) UNDER 6	13. FAMILIES ON ADC IN 2006	14. MEDICAID ELIGIBLE CHILDREN	15. 2006 AVERAGE MONTHLY WIC PARTICIPATION
Adams	31,151	7,616	1,986	440	879	1,434	68	32	10	12	17	76	185	2,446	765
Antelope	7,452	2,050	447	80	50	270	41	59	17	19	39	80	17	570	115
Arthur	444	106	23	3	7	15	38	62	15	20	50	83	1	32	4
Banner	819	236	39	5	21	19	31	69	19	8	69	65	1	49	11
Blaine	583	153	32	4	3	8	3	97	22	32	0	69	2	48	5
Boone	6,259	1,822	370	59	43	225	28	72	12	15	18	80	6	265	131
Box Butte	12,158	3,420	797	143	677	650	68	32	14	18	37	71	83	1,020	307
Boyd	2,438	609	123	8	11	67	21	79	20	16	0	77	6	169	51
Brown	3,525	875	188	25	26	129	45	55	15	22	46	81	2	263	70
Buffalo	42,259	10,566	2,805	638	1,178	1,941	71	29	10	14	24	79	242	3,234	849
Burt	7,791	2,001	441	88	123	339	56	44	12	9	13	77	39	466	115
Butler	8,767	2,443	599	66	84	330	29	71	10	14	33	75	19	419	102
Cass	24,334	6,792	1,699	334	315	1,125	68	32	7	12	5	74	74	1,401	341
Cedar	9,615	2,828	582	126	57	240	23	77	11	8	0	83	7	429	142
Chase	4,068	1,025	227	46	79	155	41	59	11	16	15	71	11	248	84
Cherry	6,148	1,659	380	81	162	295	44	56	13	17	22	75	24	616	158
Cheyenne	9,830	2,587	628	138	243	544	57	43	12	15	31	76	27	608	152
Clay	7,039	1,921	409	72	146	256	40	60	13	16	26	76	20	422	123
Colfax	10,441	3,017	748	215	1,085	455	26	74	14	16	21	66	52	782	536
Cuming	10,203	2,774	665	123	261	344	34	66	10	14	24	74	14	477	154
Custer	11,793	3,097	672	134	104	422	36	64	16	20	26	75	32	921	283
Dakota	20,253	6,177	1,772	417	2,473	1,409	67	33	15	17	23	73	132	2,226	1,072
Dawes	9,060	1,918	451	96	260	401	47	53	14	31	32	69	60	780	204
Dawson	24,365	7,120	2,043	410	2,678	1,311	48	52	14	16	21	65	139	2,594	1,252
Deuel	2,098	489	91	25	29	77	42	58	12	13	29	87	5	95	27
Dixon	6,339	1,741	405	85	167	260	46	54	12	17	12	78	11	367	123
Dodge	36,160	8,922	2,225	511	772	1,816	53	47	10	14	22	73	199	2,761	1,086
Douglas	463,585	123,221	34,293	8,199	36,781	30,153	77	23	13	14	31	70	5,669	43,637	11,809
Dundy	2,292	534	122	26	39	51	24	76	16	16	31	84	5	169	36
Fillmore	6,634	1,748	387	67	108	231	56	44	8	11	21	76	17	496	114
Franklin	3,574	875	186	35	17	144	41	59	17	15	43	74	12	205	64
Frontier	3,099	806	170	32	13	119	30	70	10	10	10	75	3	166	49
Furnas	5,324	1,285	300	52	55	220	45	55	15	17	44	76	11	420	109
Gage	22,993	5,514	1,353	276	259	970	53	47	10	13	25	83	84	1,463	396
Garden	2,292	499	83	19	21	86	26	74	22	22	52	79	5	153	19
Garfield	1,902	447	91	15	19	51	8	92	12	11	0	84	6	155	52
Gosper	2,143	510	111	21	17	53	22	78	11	6	0	78	4	111	37
Grant	747	218	37	3	7	34	50	50	17	21	0	65	1	46	14
Greeley	2,714	731	154	27	31	89	46	54	22	23	0	74	8	184	73
Hall	53,534	14,535	4,090	965	3,475	2,996	59	41	16	20	28	73	463	6,054	2,367
Hamilton	9,403	2,733	629	85	96	377	51	49	10	10	37	78	23	5535	158
Harlan	3,786	916	183	27	22	134	17	83	14	20	4	69	12	225	56

Hayes	1,068	284	47	6	19	7	3	97	26	26	46	70	1	40	5
Hitchcock	3,111	740	135	25	36	120	33	67	23	26	37	66	6	252	62
Holt	11,551	3,148	674	120	78	371	14	86	15	13	22	81	32	842	296
Hooker	783	188	32	5	7	19	30	70	5	6	0	74	1	43	12
Howard	6,567	1,860	397	82	60	300	35	65	14	13	24	77	21	479	154
Jefferson	8,333	1,940	440	79	62	297	51	49	10	15	8	75	33	471	127
Johnson	4,488	1,086	245	57	134	155	40	60	11	11	11	83	14	292	112
Kearney	6,882	1,842	424	84	96	283	56	44	10	10	2	79	13	383	112
Keith	8,875	2,243	508	93	193	400	40	60	13	20	25	76	28	564	164
Keya Paha	983	234	60	6	17	27	12	88	34	46	0	60	1	61	16
Kimball	4,089	1,010	220	39	75	166	29	71	12	13	22	80	15	349	79
Knox	9,374	2,393	539	102	373	374	27	73	30	23	36	83	44	807	109
Lancaster	250,291	58,828	16,680	4,067	9,808	12,457	67	33	10	12	24	75	1,488	17,135	5,613
Lincoln	34,632	9,085	2,287	488	1,051	1,812	64	36	12	16	21	69	204	2,714	848
Logan	774	211	40	10	10	27	32	68	13	18	11	33	5	68	17
Loup	712	190	45	4	8	13	5	95	23	23	9	68	2	35	7
Madison	35,226	9,450	2,433	566	1,732	1,748	55	45	13	17	31	76	206	3,081	1,047
McPherson	533	147	39	4	10	9	19	81	22	11	100	73	0	17	8
Merrick	8,204	2,260	522	73	102	355	61	39	10	10	25	76	25	479	151
Morrill	5,440	1,480	321	68	266	226	27	73	20	24	36	72	34	557	134
Nance	4,038	1,126	250	43	39	169	30	70	17	24	23	74	9	298	57
Nemaha	7,576	1,756	352	70	81	324	35	65	13	20	0	66	29	449	127
Nuckolls	5,057	1,184	250	59	32	162	33	67	17	17	38	78	15	287	76
Otoe	15,396	4,050	986	195	245	638	53	67	9	14	28	74	58	866	244
Pawnee	3,087	700	151	17	25	103	37	63	14	14	0	80	6	170	44
Perkins	3,200	852	173	34	61	110	24	76	20	25	17	55	6	163	57
Phelps	9,747	2,584	606	110	162	390	43	57	12	12	34	72	43	614	210
Pierce	7,857	2,276	470	85	69	267	30	70	14	18	28	79	15	394	110
Platte	31,662	9,184	2,296	455	1,092	1,464	43	57	9	11	20	75	118	2,020	771
Polk	5,639	1,418	326	59	43	155	42	58	7	11	48	71	11	256	61
Red Willow	11,448	2,847	712	140	184	516	65	35	11	14	17	83	28	830	303
Richardson	9,531	2,434	495	81	200	503	60	40	10	15	29	74	34	649	142
Rock	1,756	404	96	16	7	52	22	78	36	36	63	70	3	129	30
Saline	13,843	3,481	863	203	502	679	51	49	9	7	21	70	26	855	435
Sarpy	122,595	37,367	10,112	2,431	6,047	6,135	60	40	5	6	8	70	463	5,272	1,966
Saunders	19,830	5,532	1,260	261	179	735	46	54	7	10	8	73	54	1,005	234
Scotts Bluff	36,951	9,588	2,404	520	2,953	2,387	58	42	22	26	42	72	326	4,233	1,220
Seward	16,496	4,079	942	184	173	536	43	57	6	8	9	79	20	609	179
Sheridan	6,198	1,587	359	71	340	337	48	51	20	27	42	75	38	639	169
Sherman	3,318	814	172	29	25	107	27	73	19	33	0	61	8	224	82
Sioux	1,475	359	79	14	15	45	26	74	24	12	0	73	3	80	7
Stanton	6,455	1,922	433	74	130	273	68	32	7	5	25	77	8	343	57
Thayer	6,055	1,459	343	55	60	250	55	45	15	16	51	81	11	333	66
Thomas	729	172	43	6	1	23	14	86	21	10	0	69	2	29	25
Thurston	7,171	2,642	688	150	1,857	811	61	64	33	34	41	71	266	1,636	42
Valley	4,647	1,147	258	44	63	167	47	53	16	17	58	76	14	325	91
Washington	18,780	5,086	1,207	226	164	672	46	54	8	12	13	73	47	747	239
Wayne	9,851	2,131	523	104	119	298	48	52	11	16	40	79	23	412	114
Webster	4,061	957	210	28	32	150	30	70	14	12	27	68	13	227	35
Wheeler	886	258	69	7	5	23	19	81	28	32	100	76	1	70	19
York	14,598	3,691	814	172	181	539	41	59	10	13	55	80	19	903	282
State Total	1,711,263	450,242	117,048	26,412	82,116	88,431	60	40	12	14	27	73	11,625	132,643	40,182

2007 County Data Notes

	31. JUVENILE ARRESTS 2006	30. STDS 19 & UNDER 1997-2006	29. FOSTER CARE DECEMBER 31, 2006	28. HEAD START NOVEMBER 2006	27. COST PER PUPIL 2005-2006	26. SPECIAL EDUCATION 2005-2006	25. DROPOUTS 2005-2006	24. GRADUATES 2005-2006	23. LOW BIRTH WEIGHT 2005	22. 1-19 DEATHS 1995-2004	21. INFANT DEATHS 1995-2004	20. OUT OF WEDLOCK BIRTHS 1996-2005	19. TEEN BIRTHS 10-17 1996-2005	18. SUMMER FOOD PROGRAM	17. FREE/REDUCED SCHOOL LUNCH	16. FREE/REDUCED BREAKFAST
Adams	419	1,572	215	138	1,164	30	29	27	348	46	878	8,816	162	101	282	282
Antelope	94	607		15	141	3	7	5	129	3	188	10,195	17	6	15	6
Arthur	0	0		0	5	0	0	0	8	0	13	17,134		0	0	0
Banner	0	49		1	7	1	2	0	18	0	16	13,091		0	0	2
Blaine	40	82		0	1	0	1	0	10	1	22	14,515		0	1	0
Boone	172	363		15	128	4	6	4	112	4	144	9,857	18	5	13	7
Box Butte	57	609		48	465	9	9	7	151	3	266	8,506	28	20	44	200
Boyd	81	157		5	25	3	6	0	27	0	86	13,238		4	2	22
Brown	30	145		11	59	1	5	1	53	1	82	9,553	27	1	17	1
Buffalo	822	1,956	508	120	1,435	37	43	47	515	30	1,059	7,815	116	69	361	442
Burt	131	349		24	201	2	10	6	102	4	242	9,016	18	10	18	29
Butler	110	423		15	192	3	7	1	144	2	203	9,438	17	30	12	22
Cass	366	870		80	741	25	27	33	257	10	730	8,838	140	37	124	32
Cedar	102	597		10	154	8	20	6	171	3	221	9,785	18	1	7	17
Chase	0	246		15	96	4	6	3	66	2	99	10,291	10	6	5	35
Cherry	129	341		17	193	5	8	5	84	4	102	10,679	10	4	2	8
Cheyenne	164	466	191	42	337	10	13	10	121	10	243	9,463	40	25	19	107
Clay	70	257	83	17	164	6	11	1	67	3	169	10,011	36	8	11	3
Colfax	193	937		96	653	16	19	10	165	17	241	8,457	80	10	28	13
Cuming	188	647		38	282	5	6	6	147	4	260	8,626	38	7	12	30
Custer	116	623		36	264	9	11	11	174	0	306	9,940	29	16	21	42
Dakota	448	1,556	214	162	1,440	26	18	32	204	33	637	7,923	140	64	201	348
Dawes	109	339	30	21	271	5	5	2	143	56	188	9,057	28	8	141	41
Dawson	598	2,443	532	202	1,470	44	51	20	305	38	906	7,875	61	59	127	322
Deuel	19	159		8	42	1	6	1	48	3	64	13,104	15	3	2	5
Dixon	69	229		25	184	2	8	7	79	7	182	8,587	4	12	17	40
Dodge	343	2,034		135	1,365	36	39	30	467	30	1,133	8,016	125	106	238	270
Douglas	14,471	28,959	1,746	2,834	24,693	568	462	657	5,522	1,115	12,614	8,209	1,088	1,926	12,203	4,392
Dundy	25	134		4	40	0	5	2	17	0	71	11,488	10	2	1	0
Fillmore	95	334		19	125	6	11	5	90	1	269	10,742	17	15	98	8
Franklin	32	123		5	56	0	2	3	28	4	43	9,760	32	8	1	6
Frontier	35	208		10	51	1	7	1	56	3	97	10,624	10	3	9	9
Furnas	233	540		16	90	5	6	3	80	3	225	10,250	20	11	9	27
Gage	251	946		73	650	19	33	18	254	22	640	8,425	71	55	88	182
Garden	53	138	34	2	28	2	3	0	25	3	41	14,342	7	2	7	0
Garfield	25	99		3	25	2	2	1	46	0	41	10,283	26	3	1	2
Gosper	33	74		7	49	4	1	0	25	0	69	9,800	10	1	2	1
Grant	0	35		1	5	1	4	2	9	0	21	18,267		0	3	0
Greeley	112	304		9	51	3	4	3	52	0	106	11,313	26	5	3	0
Hall	1,605	4,740	834	420	3,233	80	60	77	682	153	1,502	7,467	185	154	431	564
Hamilton	0	401		23	173	8	5	2	124	1	293	8,534	18	11	22	6
Harlan	29	114		4	68	2	5	0	19	0	69	9,351	10	1	4	6

Hayes	15	73		3	11	0	2	0	25	0	16	12,654		1	2	8
Hitchcock	65	152		7	66	1	2	3	13	1	83	14,872		5	1	2
Holt	185	699	79	32	242	8	14	7	173	100	295	10,700	47	14	19	36
Hooker	29	60		1	11	0	0	2	15	1	27	12,030		1	0	9
Howard	197	491		18	164	3	5	4	115	1	188	8,734	33	7	20	16
Jefferson	184	509	68	32	187	5	5	4	137	8	349	9,490	17	21	27	99
Johnson	110	300	57	14	118	2	6	3	73	5	118	9,119		9	22	3
Kearney	49	227		17	140	7	9	1	114	1	288	9,612	17	8	14	43
Keith	84	335		41	256	9	8	8	120	13	187	8,997	17	12	23	51
Keya Paha	35	63		2	11	0	0	0	7	0	9	13,109		0	0	9
Kimball	73	156		13	119	2	3	2	39	6	82	11,521	20	19	15	1
Knox	251	664		33	310	6	16	8	142	12	284	10,355	47	3	16	15
Lancaster	3,391	9,609	784	1,021	9,446	237	164	282	2,564	432	6,365	8,108	1,008	1,057	3,483	3,312
Lincoln	575	1,544	333	146	1,407	36	42	37	415	25	1,101	8,103	70	170	167	570
Logan	23	60		2	13	2	3	0	11	0	50	11,735		0	1	0
Loup	40	67		1	6	0	1	1	10	0	21	12,048		0	0	0
Madison	800	2,170	39	203	1,769	37	38	33	584	32	1,004	8,708	100	113	284	636
McPherson	0	0		1	5	0	1	0	9	0	10	18,076		0	1	0
Merrick	85	383		13	201	7	9	5	109	6	130	8,404	16	16	16	3
Morrill	188	464	79	24	167	5	11	7	50	0	125	9,159	20	14	30	39
Nance	45	268		19	107	5	6	5	75	3	120	8,579	17	6	8	0
Nemaha	87	310		18	179	5	10	6	100	8	174	8,639	32	6	27	65
Nuckolls	33	367		17	98	3	6	3	80	1	273	11,528	35	3	15	0
Otoe	154	682		60	491	13	17	11	226	19	467	8,038	55	15	55	103
Pawnee	44	212		6	41	2	5	3	42	0	86	9,655	17	0	7	6
Perkins	0	107		6	48	1	4	1	37	2	70	11,753		2	2	3
Phelps	127	403		32	250	4	11	8	95	16	353	9,271	17	28	16	61
Pierce	119	419		17	169	7	8	3	116	3	226	8,745	4	11	19	18
Platte	341	1,489		145	1,185	36	43	27	437	39	721	7,986	183	59	128	405
Polk	54	385		7	101	1	7	5	99	1	192	9,642		2	14	10
Red Willow	114	505		44	374	8	9	11	132	10	413	7,925	18	31	56	157
Richardson	214	590	17	33	262	6	10	4	109	10	242	10,167	52	13	28	58
Rock	29	73		5	17	1	2	1	20	0	41	14,723		1	1	0
Saline	210	708		47	477	9	15	12	183	26	436	8,389	32	28	83	108
Sarpy	659	3,104	583	376	3,766	122	89	132	1,657	71	3,004	7,871	125	227	924	1,463
Saunders	119	824		44	428	14	15	17	277	7	465	8,029	44	31	53	103
Scotts Bluff	735	2,296	472	315	2,024	38	56	48	407	49	757	8,303	334	187	388	583
Seward	91	505		28	293	6	15	8	227	6	371	8,307	17	30	40	115
Sheridan	125	377	89	25	233	5	8	5	75	3	133	10,543	10	9	24	30
Sherman	88	230		9	81	3	6	0	30	2	80	10,009	27	5	6	0
Sioux	0	0		1	14	2	0	1	10	0	11	15,755		0	1	0
Stanton	67	137		21	152	0	7	1	30	3	81	9,647	17	5	11	64
Thayer	61	290		11	83	3	10	1	89	0	147	11,798	17	11	11	22
Thomas	0	33		2	8	1	3	1	12	0	16	18,104		3	0	0
Thurston	421	1,052	391	131	1,056	17	11	10	74	26	372	12,552	211	23	318	3
Valley	95	241		11	85	4	6	1	53	4	110	11,006	29	11	12	12
Washington	37	466		37	415	14	22	19	242	9	532	7,869	18	23	85	140
Wayne	85	457		13	230	9	13	3	120	4	266	8,536	18	6	54	27
Webster	82	209		9	78	3	3	0	56	1	136	9,418	37	5	5	12
Wheeler	32	68		1	16	2	1	0	8	0	18	12,574		0	0	1
York	91	543		28	439	13	11	18	195	16	413	10,032	47	43	34	186
*State Totals	32,648	90,582	7,378	7,869	68,666	1,720	1,751	1,822	21,188	2,601	46,239	8,510	5,532	5,186	21,208	16,136

** Some totals are not balanced due to agency procedures.*

Methodology, Data Sources and Definitions

General

Data Sources: Sources for all data are listed below by topic. In general, data were obtained from the state agency with primary responsibility for children in that category and from reports of the U.S. Census Bureau and the U.S. Department of Commerce. With respect to population data, the report utilizes data from the 2000 U.S. Census of Population and Housing.

Race – *Race/Hispanic identification* – Throughout this report, race is reported based on definitions used by the U.S. Census Bureau. The census requests adult household members to specify the race for each household member including children. New 2000 guidelines, implemented in an effort to reflect the growing diversity of our nation's population, allowed the respondents to report as many racial categories as applied. Because the 1990 Census required respondents to pick only a single, mutually exclusive, category, the 1990 and 2000 Census data regarding race are not directly comparable. The 2000 Census treats Hispanic origin as a separate category and Hispanics may be of any race, as in the 1990 Census.

Rate – Where appropriate, rates are reported for various indicators. A rate is the measure of the likelihood of an event/case found in each 1,000 or 100,000 "eligible" persons (Child poverty rates reflect the number of children living below the poverty line as a percentage of the total child population).

Selected Indicators for the 2007 Report – The indicators of child well-being selected for presentation in this report reflect the availability of state data, the opinion and expertise of the *Kids Count in Nebraska* project consultants and advisors, and the national Kids Count indicators.

Indicators of Child Well-Being

Child Abuse and Neglect/Domestic Violence

Data Sources: Data were provided by the Nebraska Department of Health and Human Services (DHHS), the Nebraska Child Death Review Team, and the Nebraska Domestic Violence Sexual Assault Coalition. Data regarding hospital discharges and abuse fatalities were taken from Vital Statistics provided by DHHS.

The Nebraska Child Death Review Team (CDRT) was created in 1999 by the Nebraska Legislature. The CDRT reviews the numbers and causes of deaths of children ages 0 to 17. CDRT members also try to identify cases where a person or community could reasonably have done something to prevent the death. All child deaths are reviewed.

Abuse –

- ***Physical:*** Information indicates the existence of an injury that is unexplained; not consistent with the explanation given; or is non-accidental. The information may also only indicate a substantial risk of bodily injury.
- ***Emotional:*** Information indicates psychopathological or disturbed behavior in a child which is documented by a psychiatrist, psychologist or licensed mental health practitioner to be the result of continual scapegoating, rejection or exposure to violence by the child's parent/caretaker.
- ***Sexual:*** Information indicates any sexually oriented act, practice, contact, or interaction in which the child is or has been used for the sexual stimulation of a parent, the child, or other person.

Neglect –

- ***Emotional neglect:*** Information which indicates that the child is suffering or has suffered severe negative effects due to a parent's failure to provide the opportunities for normal experience which produce feelings of being loved, wanted, secure and worthy. Lack of such opportunities may impair the child's ability to form healthy relationships with others.
- ***Physical neglect:*** The failure of the parent to provide for the basic needs or provide a safe and sanitary living environment for the child.
- ***Medical Neglect of Handicapped Infant:*** The withholding of medically indicated treatment (appropriate nutrition, hydration and medication) from disabled infants with life-threatening conditions. Exceptions include those situations in which the infant is chronically

and irreversibly comatose; the provision of this treatment would merely prolong dying or not be effective in ameliorating or correcting all of the infant's life-threatening conditions, and the provisions of the treatment itself under these conditions would be inhumane.

Findings: These are five categories of findings –

- ***Court Substantiated:*** A District Court, County Court, or Separate Juvenile Court has entered a judgment of guilty on a criminal complaint, indictment, or information, or an adjudication of jurisdiction on a juvenile petition under Section 43-247 (3)(a), and the judgment or adjudication relates or pertains to the same matter as the report of abuse or neglect.
- ***Court Pending:*** A criminal complaint, indictment, or information or a juvenile petition under Section 247(3)(a), has been filed in District Court, County Court, or Separate Juvenile Court, and the allegations of the complaint, indictment, information, or juvenile petition relate or pertain to the same subject matter as the report of abuse or neglect. Previously, "Petition to Be Filed"
- ***Inconclusive:*** The evidence indicates it is more likely than not (preponderance of evidence standard) that the child abuse or neglect occurred and a court adjudication did not occur.
- ***Unable to Locate:*** Subjects of the maltreatment report have not been located after a good-faith effort on the part of the Department.
- ***Unfounded:*** All reports not classified as "court substantiated," "court pending," "inconclusive" or "unable to locate" will be classified as "unfounded."

Victim – For the purpose of Child Welfare and Child Abuse and Neglect a victim is always a child. A child involved in an allegation as being abused is identified as a victim. For the purpose of this report, "victim" refers to a child who was abused and the action has been substantiated with a finding of "court substantiated," "court pending," or "inconclusive."

Domestic Violence/ Sexual Assault Programs – Programs for adults and children whose health/safety are threatened by domestic violence and sexual assault.

Early Care and Education

Data sources: Parents in the workforce data was taken from the U.S. Census of Population and Housing, 2000. Data concerning child care subsidies and licensed child care was provided by DHHS. Data concerning Head Start was provided by the Administration for Children and Families, U.S. Department of Health and Human Services, Office of Family Supportive Services and Office of Head Start. Data concerning early childhood initiatives was obtained from the Nebraska Department of Education Office of Early Childhood.

Child Care Subsidy – DHHS provides full and partial child care subsidies utilizing federal and state dollars. Eligible families include those on Aid to Families with Dependent Children and families at or below 185% of poverty. As of July 1, 2002, the eligibility level was reduced to at or below 120% poverty for families not receiving ADC. Most subsidies are paid directly to a child care provider, while some are provided to families as vouchers.

Licensed Child Care – State statute requires DHHS to license all child care providers who care for four or more children from more than one family on a regular basis, for compensation. A license may be provisional, probationary or operating. A provisional license is issued to all applicants for the first year of operation.

Center-Based Care – Child care centers which provide care to many children from a number of families. State license is required.

Fa**mily Child Care Home I –** Provider of child care in a home to between 4 and 8 children from families other than providers at any one time. State license is required. This licensure procedure begins with a self-certification process.

Family Child Care Home II – Provider of child care serving 12 or fewer children at any one time. State license is required.

Head Start – The Head Start program includes health, nutrition, social services, parent involvement and transportation services. This report focuses on the largest set of services provided by Head Start – early childhood education.

Economic Well Being

Data Sources: Data related to Temporary Assistance to Needy Families (or Aid to Dependent Children as it is called in Nebraska), Kids Connection income guidelines, poverty guidelines and child support collections was provided by DHHS. Data concerning divorce and involved children were taken from Vital Statistics provided by DHHS. Data enumerating the number of children in low-income families and cost burden for housing were taken from the 2000 Census of Population and Housing. Data on the Earned Income Tax Credit program were provided by the Nebraska Department of Revenue.

Education

Data Sources: Data on high school completion, high school graduates,

secondary school dropouts, expulsions and children with identified disabilities were provided by the Nebraska Department of Education.

Dropouts – A dropout is an individual who: 1) was enrolled in school at some time during the previous year and was not enrolled at the beginning of the current school year, or 2) has not graduated from high school or completed a state or district-approved educational program. A dropout is not an individual who: 1) transferred to another public school district, private school, home school (Rule 12 or Rule 13), state or district-approved education program, or 2) is temporarily absent due to suspension, expulsion, or verified legitimate approved illness, or 3) has died.

Graduation – As of 2002-2003 school year, Nebraska has adopted the national definitions for graduation rate. The definition was developed by the National Center for Education Statistics (NCES). For the past several years, Nebraska has published a twelfth grade graduation rate which simply compares high school diploma recipients to fall twelfth grade membership for the same year. The NCES definition attempts to calculate a four-year rate. These are two totally different approaches; one is a one-year retention rate, while the other is a four-year retention rate. For most districts, and for Nebraska as a whole, the graduation rate will decline under the new definition; however for a few districts the graduation rate will increase.

The rate incorporates four years worth of data and thus is an estimated cohort rate. It is calculated by dividing the number of high school completers by the sum of the dropouts for grades nine through twelve respectively, in consecutive years, plus the number of completers.

Expulsion – Exclusion from attendance in all schools within the system in accordance with Section 79-283. Expulsion is generally for one semester unless the misconduct involved a weapon or intentional personal injury, for which it may be for two semesters (79-263).

Special Education – Specially designed instruction to meet the individual needs of children who meet the criteria of a child with an educational disability provided at no extra cost to the parent. This may include classroom support, home instruction, instruction in hospitals and institutions, speech therapy, occupational therapy, physical therapy and psychological services.

Health – Physical and Behavioral

Data Sources: Data for Medicaid participants were provided by DHHS. Data related to pertussis, immunizations, STD's, and blood lead levels were provided the DHHS. Data related to infant mortality, child mortality and birth are based on DHHS 2004 Vital Statistics Report and unpublished data from the Child Death Review Team. Data related to adolescent risk behaviors, sexual behaviors and use of alcohol, tobacco, and other drugs are taken from the 2005 Youth Risk Behavior Survey. Data enumerating motor vehicle accident related deaths and injuries were provided by the Nebraska Department of Roads.

Data pertaining to children receiving mental health and substance abuse treatment in public community and residential treatment facilities were provided by Nebraska Department of Health and Human Services, Division of Behavioral Health Services, Behavioral Health Data System operated by Magellan Behavioral Health Services, Lincoln 2006.

Prenatal Care – Data on prenatal care are reported by the mother and on birth certificates.

Low Birth Weight – A child weighing less than 2,500 grams, or approximately 5.5 pounds at birth.

Juvenile Justice

Data Sources: Data concerning total arrests and the number of juveniles in detention centers were provided by the Nebraska Commission of Law Enforcement and Criminal Justice (Crime Commission). Data concerning juveniles currently confined or on parole was provided the DHHS, Office of Juvenile Services. Data on youth committed to YRTC programs were provided by DHHS. Data on youth in the adult corrections system were provided by the Department of Corrections. Data on youth arrested/convicted of serious crimes and juvenile victims of sexual assault were provided by the Crime Commission. Data concerning juveniles on probation were provided by the Administrative Office of the Courts and Probation. Juvenile Detention – Juvenile detention is the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the Court, requiring a restricted environment for their own or the community's protection, while legal action is pending. Youth Rehabilitation and Treatment Center (YRTC) – A long-term staff secure facility designed to provide a safe and secure environment for Court adjudicated delinquent youth. A YRTC is designed to provide services and programming that will aid in the development of each youth with a goal of successfully reintegrating the youth back into the community.

Nutrition

Data Sources: Data on households receiving food stamps, the

USDA Special Commodity Distribution Program, the USDA Commodity Supplemental Foods Program, and the WIC Program were provided by DHHS. Data related to the USDA Food Programs for Children was provided by the Nebraska Department of Education.

Out-of-Home Care

Data Sources: Data on approved and licensed foster care homes and state ward adoptions are provided by DHHS. All other data are provided by the Foster Care Review Board.

Approved Foster Care Homes – DHHS approves homes for one or more children from a single family. Approved homes are not reviewed for licensure. Data on approved homes have been maintained by DHHS since 1992. These homes are the homes of relatives or individuals known to the child.

Licensed Foster Care Homes – Must meet the requirements of DHHS. Licenses are reviewed for renewal every two years.

Multiple Placements –

- ***From the Foster Care Review Board (FCRB):*** The FCRB tracking system counts each move throughout the lifetime of the child as a placement; therefore, if a child is placed in a foster home, then sent to a mental health facility, then placed in a different foster home, three placements would be counted; however, a hospitalization for an operation would not be counted. Again, the ideal situation for a child placed in out-of-home care is to experience only one placement creating the consistency recommended for positive child well-being.
- ***From Department of Health and Human Services (DHHS):***
  - *Federal Description:* Number of Previous Placement Settings During This Removal Episode
  - *State Interpretation:* The number of places the child has lived, including the current setting, during the current removal episode.

  Do not include when the child remains at the same location, but the level of care changes i.e.:

  Foster Home A, who becomes
  Adoptive Home A = 1 placement

  Do not include when the child runs or is with parent and returns to the same foster home i.e.:

Eden, 2

Foster Home A ▶ Runaway or with Parent ▶
Foster Home A = 1 placement

Foster Home A ▶ Runaway or with Parent ▶
Foster Home B= 2 placements

There are certain temporary living conditions that are not placements, but rather represent a temporary absence from the child's ongoing foster care placement. As such, the State must exclude the following temporary absences from the calculation of the number of previous placement settings for foster care:

a) Visitation with a sibling, relative, or other caretaker (i.e., pre-placement visits with a subsequent foster care provider or pre-adoptive parents)
b) Hospitalization for medical treatment, acute psychiatric episodes or diagnosis
c) Respite care
d) Day or summer camps
e) Trial home visits
f) Runaway episodes

Out-of-Home Care – 24-hour substitute care for children and youth. Out-of-home care is temporary care until the child/youth can be returned to his or her family, placed in an adoptive home, receive a legal guardian or reach the age of majority. Out-of-home care includes the care provided by relatives, foster homes, group homes, institutional settings and independent living.

Kids Count Team Members*

**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.*

Voices for Children in Nebraska

Kathy Bigsby Moore, *Executive Director*

Sarah Ann Lewis, *Policy Coordinator*

Annemarie Bailey Fowler, *Research and Opportunity@Work Coordinator*

Tiffany Seibert, *Policy Research Associate*

Jill Westfall, *Communications & Operations Coordinator*

Susan Novak Haas, *Special Event Coordinator*

Connie Hacker, *Accounts Manager*

Team Members

Scot Adams, Ph.D., Director, Division of Behavioral Health, DHHS

Heidi Arndt, Office of Early Childhood, Nebraska Department of Education

Richard Baier, Director, Nebraska Department of Economic Development

Deborah Barnes-Josiah, Ph.D., Maternal and Child Health Epidemiologist, Lifespan Health Services Unit, Division of Public Health, DHHS

Robert Beecham, Administrator, Education Support Services, Nebraska Department of Education

Mike Behm, Executive Director, Nebraska Commission on Law Enforcement & Criminal Justice

Ellen Fabian Brokofsky, Probation Administrator, Nebraska Supreme Court

Robert Bussard, Program Specialist, Division of Behavioral Health, DHHS

Vivianne Chaumont, Director, Division of Medicaid and Long Term Care, DHHS

Jean L. Chicoine, Ph.D., Nebraska Homeless Assistance Program, Economic Assistance and Child Support Enforcement Unit, Division of Children and Family Services, DHHS

Douglas C. Christensen, Ph.D., Commissioner of Education, Nebraska Department of Education

Kim Collins, Administrator, Program Analysis and Research, Financial Services, Operations, DHHS

Marcia Corr, Administrator, Office Early Childhood, Nebraska Department of Education

Linda Cox, Special Projects Coordinator, Foster Care Review Board

Ann Coyne, Ph.D., School of Social Work University of Nebraska – Omaha.

Dave Dearmont, Research Services, Nebraska Department of Revenue

Jerome Deichert, M.A., Center for Public Affairs Research, UNO

Matthew Dicke, Analyst, Nebraska Commission on Law Enforcement and Criminal Justice

Kathleen Dolezal, Policy Advisor, Governor's Policy Research Office

Douglas Ewald, Director of Revenue, Nebraska Department of Revenue

Sheila Ewing, Teams Administrator, HHSS, Administration for Children and Families, Region VII

Sara Farrand, Special Populations, Nebraska Department of Education

Frank Fornataro, IT Business Analyst, Child Welfare Unit, Division of Children and Family Services, DHHS

Judi M. gaiashkibos, Executive Director, Nebraska Commission on Indian Affairs

Lynn Goering, R.D., LMNT, WIC Administrative Operations Coordinator, DHHS

Sherri Haber, Operations, Child Welfare Unit, Division of Children and Family Services, DHHS

MJ Hall, Communications Director, Nebraska Department of Roads

Gary Hamer, Deputy Director, Nebraska Department of Economic Development

Chris Hanus, Administrator, Child Welfare Unit, Division of Children and Family Services, DHHS

Mike Harris, Administrator, Economic Assistance and Child Support Enforcement Unit, Division of Children and Family Services, DHHS

Paula Hartig, Administrator, Research and Performance Measurement, Financial Services, Operations, DHHS

Donna Hasse, IT Business Systems Analyst, Probation Administration, Nebraska Supreme Court

Becki Hickman, Planning and Research, Nebraska Department of Correctional Services

Melody Hobson, Office of Early Childhood, Nebraska Department of Education

Robert Houston, Director, Nebraska Department of Correctional Services

Elizabeth Hruska, Budget Analyst, Legislative Fiscal Office

Cecilia Huerta, Executive Director, Mexican American Commission

Scott Hunzeker, Research Analyst, Nebraska Department of Labor

Russell Inbody, School Budgeting and Accounting, Nebraska Department of Education

Frank Jenson, Deputy Probation Administration, Nebraska Supreme Court

Marilyn Keelan, Nebraska Commission on Law Enforcement and Criminal Justice

Steve King, Manager, Planning, Research & Accreditation Section Nebraska Department of Corrections

Lori Koenig, IT Business Analyst, Child Welfare Unit, Division of Children and Family Services, DHHS

Todd Landry, Director, Division of Child and Family Services, DHHS

Fernando Lecuona, Commissioner, Nebraska Department of Labor

Ann Linneman, Program Analyst, Financial and Program Analysis, Financial Services, Operations, DHHS

Barbara Ludwig, Manager, Immunizations, Lifespan Health Services Unit, Division of Public Health, DHHS

Kathy McKillip, Chairperson, Nebraska Commission on the Status of Women

Rick McNeese, Ph.D., Behavioral Health Assistant Administrator for Substance Abuse, Nebraska Department of Correctional Services

Betty Medinger, Administrator, Child Care/Community Services Block Grant/Homeless Program, Economic Assistance and Child Support Enforcement Unit, Division of Child and Family Services, DHHS

Mark Miller, Health Data Coordinator, Health Statistics Unit, Division of Public Health, DHHS

Norm Nelson, Statistical Analyst, Research and Performance Measurement, Financial Services, Operations, DHHS

Terri Nutzman, Administrator, Juvenile Justice Unit, Division of Children and Family Services, DHHS

Kathie Osterman, Administrator, Communications and Legislative Services, Operations, DHHS

Sean Owings, Data Analyst, Highway Safety, Nebraska Department of Roads

Michael Overton, M.S., Director, Statistical Analysis Center, Nebraska Commission on Law Enforcement & Criminal Justice

Barb Packett, Commodity Supplemental Food Program Manager, Lifespan Health Services Unit, Division of Public Health, DHHS

Jim Pearson, Special Assistant to Director, Nebraska Department of Roads

Magda Peck, Sc.D., Associate Chair, Dept. of Pediatrics, University of Nebraska Medical Center

Randy Peters, State Traffic Engineer, Nebraska Department of Roads

Christine Peterson, Chief Executive Officer, DHHS

Kim Plouzek, Program Manager, DHHS

Todd Reckling, Administrator, Policy Section, Division of Children and Family Services, DHHS

Kevin Roach, Chair, Nebraska Commission on Indian Affairs

Pat Roschewski, Director of Assessment, Nebraska Department of Education

Joann Schaefer, M.D., Director and Chief Medical Officer, Division of Public Health, DHHS

Deb Scherer, R.N., Administrator, Operations Unit, Division of Medicaid and Long Term Care, DHHS

Sandra Scott, Program Specialist, Economic Assistance and Child Support Enforcement Unit, Division of Children and Family Services, DHHS

Sue Semerena, Administrator, Environmental Health Unit, Division of Public Health, DHHS

Michael Shambaugh-Miller, Assistant Professor and Director of the Nebraska Health Information Project, Department of Health Service Research and Administration, College of Public Health, University of Nebraska Medical Center

Eleanor Shirley-Kirkland, Head Start-State Collaboration Director, Nebraska Department of Education

Connie Stefkovich, Administrator, Nutrition Services, Nebraska Department of Education

Carolyn Stitt, Executive Director, Foster Care Review Board

W. Lynn Stone, Program Analyst, Financial Services, Operations, DHHS

Eric Thompson, Director, Bureau of Business Research, University of Nebraska-Lincoln

Joy Tillema, Director of Research and Analysis, United Way of the Midlands

Peggy Trouba, WIC Program Manager, Lifespan Health Services Unit, Division of Public Health, DHHS

Pat Urzedowski, Children's Services Agencies, Facilities and Programs Manager, Licensing Unit, Division of Public Health, DHHS

Janice Walker, State Court Administrator, Nebraska Supreme Court

David Wegner, Deputy Probation Administrator, Nebraska Supreme Court

Mark Weilage, Ph.D., Behavioral Health Assistant Administrator for Mental Health, Nebraska Department of Correctional Services

Linda Zinke, Executive Director, Nebraska Association for the Education of Young Children, Inc.

Michelle Zinke, Children's Services and Training Director, Nebraska Domestic Violence Sexual Assault Coalition

References

Child Abuse and Neglect/Domestic Violence

(Domestic Violence/Sexual Assault Programs)

1) *Nebraska's Network of Domestic Violence Sexual Assault Programs Annual Statistical Report*, 2005-2006. Compiled by the Nebraska Domestic Violence Sexual Assault Coalition.
2) Ibid.
3) Ibid.
4) Ibid.
5) Ibid.
6) Ibid.
7) Tjaden & Thoennes, 1998, as cited in *Welfare, Poverty, and Abused Women*: New Research and Its Implications, by Eleanor Lyon, 2000
8) See Raphael, J. 2001. Domestic Violence as a Welfare-to-Work Barrier: Research and Theoretical Issues. Pp. 443-456 in Claire Renzetti, Edleson, J., and Bergen, R.K., Eds., *Sourcebook on Violence Against Women*. Thousand Oaks, CA: Sage; Raphael, J. 1999. Keeping women poor: How domestic violence prevents women from leaving welfare and entering the world of work. Pp. 31-43 in Ruth Brandwein, Ed., *Battered women, children, and welfare reform*: The ties that bind. Thousand Oaks, CA: Sage; Riger, S., C. Ahrens, and A. Blickenstaff. 2000. Measuring interference with employment and education reported by women with abusive partners: Preliminary data. *Violence and Victims* 15: 161-172; and Lloyd, S., & N. Taluc. 1999. The effects of male violence on female employment. *Violence Against Women 5*: 370-92; and Tolman, R., & D. Rosen. 2001. Domestic violence in the lives of women receiving welfare: Mental health, substance dependence, and economic well-being. *Violence Against Women 7*: 141-158.
9) Lyon, E. 1997. *Poverty, Welfare and Battered Women: What Does the Research Tell Us?* Harrisburg, PA; National Resource Center on Domestic Violence.
10) *Beating Back the Revolution: Domestic Violence's Economic Toll on Women*, Dollars and Sense 12, Horn, 1992.

Economic Well – Being

1) Nebraska Appleseed Center for the Law In the Public Interest www.neappleseed.org
2) The Center for the Study of Social Policy, *Policy Matters*, January 2006
3) 2006 American Community Survey www.factfinder.census.gov

Education

1) Seastrom, M., Hoffman, L., Chapman, C. and Stillwell, R. (2006) "The Freshman Graduation Rate for Public High Schools From the Common Core of : School Years 2002-2003 and 2003-2004." U.S. Department of Education, National Center for Education Statistics. Washington, DC.
2) Rowley and Hurtado. "The Non-monetary Benefits of Higher Education," 2002. University of Minnesota, St. Paul, Minnesota.

Health – Physical and Behavioral

1) National Center for Chronic Disease Prevention and Health Promotion www.cdc.gov
2) Ibid.
3) Moore, K.A. (1993). Teenage Childbearing: A Pragmatic Perspective. Child Trends, Inc. Washington, D.C. and Maynard, R.A. (ed). 1996.
4) Forum on Child and Family Statistics.

Juvenile Justice

1) Center for the Study and Prevention of Violence, CSPV Fact Sheet. Judicial Waivers. Youth in Adult Courts, www.colorado.edu/cspv/factsheets/JudicialWaivers.html

Notes

voices for children IN NEBRASKA

7521 Main Street

Suite 103

Omaha, Nebaska 68127

402-597-3100

402-597-2705 Fax

www.voicesforchildren.com

The 2007 Kids Count in Nebraska Report is generously funded by:

kids count

Other Organizational support provided by:

Jane and Dr. Thomas Tonniges

WELLS FARGO

SHARE OUR STRENGTH
It takes more than food to fight hunger

MISSION STATEMENT

Voices for Children is an independent, non-profit organization committed to serving Nebraska's children by:

- Advocating for the best interests of children;
- Equipping parents, professionals, and volunteers to effectively meet the deepest needs of Nebraska's children;
- Inspiring all Nebraskans to put the needs of children first.

VISION STATEMENT

Voices for Children in Nebraska is recognized as the vital resource, trusted advisor, and influential leader – advocating for Nebraska's children.

STATEMENT OF PURPOSE

Voices for Children is a statewide, non-profit child advocacy organization committed to educating the public about the needs of children and improving conditions when and where necessary. We work cooperatively with community groups and individuals to give children a voice in the classroom, the courtroom, the legislative chambers, and the media.