

Kids Count IN NEBRASKA

2011 REPORT

A P U B L I C A T I O N O F V O I C E S F O R C H I L D R E N I N N E B R A S K A



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Alegent Health

Kids Count 2011

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 educational, 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 who provide data and expertise on child well-being in Nebraska. The Kids Count Technical Team, comprised of representatives from numerous agencies and organizations in Nebraska and other research experts, provides important information about child well-being. We could not produce this report without their interest and cooperation and the support of their agencies. **Kids Count in Nebraska** began in 1993. This is the project's 19th report in Nebraska. Additional funding for this report comes from Alegent Health and Dr. Thomas Tonniges and Jane Tonniges.

Kids Count photographs feature Nebraska children. Children featured in each section may not be directly involved with any or all programs or issues discussed therein.

Kids Count in Nebraska reports from 2006-2011 are available for download online at www.voicesforchildren.com/kidscount. Additional copies of the **Kids Count in Nebraska 2011 Report**, as well as reports from 1993 through 2010, are available for \$11 from:

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Deyvion

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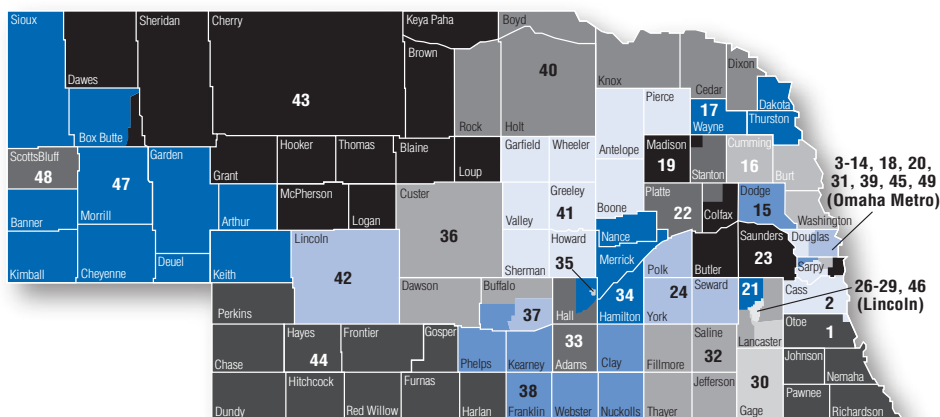
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Note: For more complete district information, see www.nebraskalegislature.gov.

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

The KIDS COUNT Data Center provides comprehensive data on the well-being of children collected by *Kids Count in Nebraska* and other grantees across the nation. The system allows users to create profiles of counties and states, generate graphs, maps and ranking tables. All these tools are also available to create comparative profiles of cities and states. The KIDS COUNT Data Center is free and easy to use.

How KIDS COUNT Data Center Can Benefit You

- Strengthen the needs assessment portion of grant proposals

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Nebraska Legislature

Visit www.nebraskalegislature.gov to view the legislative calendar, read bills, listen live and more. For additional details on Voices for Children priority bills, visit www.voicesforchildren.com. From the homepage, click on Legislative, and then State or Federal.

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.

- Determine community assets and needs
- Create community/state comparisons
- Promote community awareness

How to Access KIDS COUNT Data Center

1. Visit Voices for Children in Nebraska homepage at www.voicesforchildren.com/kidscount.
2. Select "KIDS COUNT Data Center."

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Forecast for Concern:

Nebraska's Future Depends on Investing in Children Today

Children do not choose the family, the geographic location or the circumstances into which they are born. Yet the first 8 years of life – when kids are most dependent upon the adults and systems around them – strongly influence their ability to achieve in school, to pursue advanced education, to land a job that pays the bills, and to ultimately become contributing members of the community. If the systems intended to support young children fail them in any way, their futures are in jeopardy.

But it's not just their futures; it is the future of all of us. Too many young children face factors that place them at risk of growing up unable to maintain our state and nation's workforce and to compete in the global economy. Economic vitality in the United States will slow due to limited growth in the labor market, particularly among the young and skilled. "The composition of the future workforce will shift toward workers from relatively more dysfunctional families with commensurately worse skills."¹

The concern extends to national security. In Nebraska, 15% of recent graduates – or 1 in 6 – score too low on the military's basic exam to join the Army. That's out of the 84% of Nebraska youth who graduate on time. Nationwide, it is estimated that 75% of young Americans are not qualified for military service, due to a combination of factors including poor education, being overweight and having a criminal record.² Yet many adverse outcomes could be prevented with a strong support system and appropriate interventions at an early age.

The intention of this commentary is not to steal away

hope for the future. Such grim projections as those offered above are worst-case scenarios, the result of indifference and inaction. Fortunately, we as a state and as a nation have the collective knowledge to wisely invest in our children now and avert disaster later. But first we must ask ourselves: Do we have the will to invest, even when it's not politically popular?

Voices for Children in Nebraska's mission highlights four areas of children's lives that are integral to their overall well-being: health, education, safety and economic stability. When provided well and consistently, these four areas give children the best opportunity to flourish. When one of these areas of life becomes unstable, however, children may struggle to reach their full potential. And there is no time in a child's life that is more delicate, that is in greater need of stability, than the first few years of life. With this idea in mind, we will provide an overview of how Nebraska's 0- to 8-year-olds are faring in terms of health, education, safety, and economic stability – and the policy solutions that can improve outcomes. Particular emphasis will be placed on some of the most vulnerable of young children in our state: kids in poverty, kids of color and kids who are geographically isolated.

Health

All children deserve access to affordable, quality, comprehensive and preventive health care. Ensuring that our state's children have this access isn't just a moral imperative; it also makes good fiscal sense to identify and treat potential problems early.

Prenatal Care

Regular, quality prenatal care is an early and essential step toward giving children the best chance at a healthy, productive life. When babies don't receive this care, their chances of poor birth outcomes increase. For example, lack of prenatal care has been linked with low birth weight, a condition that increases the risk of mental and behavioral disabilities, chronic respiratory problems, deafness, blindness and cerebral palsy.³ Not only are these human costs great, so too are the economic costs to society. The CDC has estimated a savings of \$14,755 per low weight birth prevented if all U.S. women received adequate prenatal care.⁴ In 2010, 1,843 Nebraska babies were born at low birth weight.⁵ Using the CDC's estimate, that amounts to an economic price tag of \$27.2 million that could have been saved.

It's clear that low birth weight may endanger babies at the time of their birth. What is less obvious – but no less important – is that birth outcomes may signal problems to come later in life. Health at birth “is a useful predictor of important future outcomes such as earnings, education, and disability, though the long-term effects of health at birth are themselves amenable to environmental influences.”⁶

Several successful programs and policies are linked to improved birth outcomes – and success in later life. For instance, nutrition programs including the Supplemental Feeding Program for Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) have reduced instances of low birth weight. This is significant because adults who were born at low weight have worse outcomes in academic attainment, earnings and overall socioeconomic status. Further, girls born at low weight are more likely as adults to deliver low birth-weight babies, especially if living in a low-income neighborhood.⁷

Medical Homes and Health Care Access

From birth through the transition to adulthood, a medical home can help children access preventive, acute and chronic care. The medical home model, developed by the American

Academy of Pediatrics, is intended to be “accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective to every child and adolescent.”⁸ Such models have also been found to increase access to preventive services and decrease costs associated with higher-level care. For instance, a Colorado privately-funded program called the Colorado Children's Healthcare Access Program (CCHAP) assists Medicaid enrollees by helping identify a medical home and providing care coordination. In 14 out of 19 measures used in a study of this program, results were better among CCHAP participants and similar to non-participants in three measures. In general, CCHAP participants were more likely to receive an Early Periodic Screening, Diagnosis, and Treatment (EPSDT) exam or well-child visit; have lower costs for non-ER medical visits; and use the emergency room and hospital less frequently.⁹

In 2007, for which the most recent data are available, 77% of Nebraska's children ages 0 to 5 had a medical home. The rates are lower for certain groups of children in our state:

- 61% among children with special health care needs;
- 51% among poor children (at or below 100% of Federal Poverty Level);
- 63% among low-income children (at or below 200% of FPL);
- 36% for Hispanic children;
- 66% for multi-racial children; and
- 45% among Black children.¹⁰

Children without a medical home may face certain barriers, such as lack of medical insurance or nearby health providers due to geographic isolation. In 2009, 19 Nebraska counties had no physician, and 22 counties had no dentist.¹¹ In 2009, there were 7% of Nebraska's children ages 0-8 who had no health insurance.¹²

Children enrolled in Medicaid are to receive preventive and ongoing care through EPSDT, which can be

viewed as Medicaid's pediatric component. Screenings begin at birth and cover physical and behavioral health, as well as vision, dental and hearing services.¹³ Unfortunately, only about half of Nebraska's eligible children received at least one EPSDT exam in 2009. Almost all infants (96%) were screened, but that percentage dropped off as children aged. Among kids ages 1 to 9, only 57% received at least one exam.¹⁴ This is concerning both for current and long-term health. According to a report by the Center for Health Care Strategies, "Its breadth and depth make EPSDT benefits particularly important because they finance not only preventive and acute care but also early intervention into potentially long term and serious physical, mental, and developmental conditions, even before they become acute and symptomatic."¹⁵

Economic Stability

As early as the moment of birth, we can make an educated forecast of the infant's economic standing as an adult. One study on the persistence of childhood poverty analyzed data from 1968 through 2005, when children were between the ages of 0 and 17, and examined outcomes for the same children at ages 25 to 30.¹⁶ The numbers paint a dismal picture.

Imagine two newborns, side by side in the hospital nursery. Addison's parents are poor; Isabella's parents are not. Though the babies are experiencing the world in similar ways for now, checking in on them at 25 or 30 years of age likely would reveal significant disparity. One point of divergence is likelihood of earning a high school diploma. The more affluent Isabella has only a 7% chance of not earning her diploma – a slim chance when compared with Addison, who faces a 22% likelihood of not receiving her diploma. Not surprisingly, adult earnings are affected. Isabella has had only about a 4% chance of spending half of her early-adult years living in poverty. Addison, by contrast, has a 21% chance of being poor for at least half of her early-adult life. Not only that, Addison is three

times as likely as Isabella to have delivered a baby as an unmarried teenager.¹⁷

The persistence of poverty is worse along racial lines – Black children born poor are three times as likely to spend at least half their childhood in poverty – and for all races, poverty later in life is exacerbated by the length of time children are poor. That children of color in Nebraska are disproportionately burdened by poverty is cause for concern.

During the 2000s, the White, non Hispanic population declined while non-White or Hispanic populations grew in 74 of Nebraska's 93 counties.¹⁸ Statewide, most of Nebraska's population growth is attributable to increases in the Hispanic population, which comprised 63% of the state's 2000-2010 growth rate. The Black, Asian or Pacific Islander, and "Some Other Race or 2+ Races" populations also contributed significant growth to Nebraska during this time. The White non-Hispanic population was responsible for only 5% of growth.¹⁹ See Figure 1.1.

The growing population of people of color is vital to Nebraska's future, as the White Non-Hispanic population alone likely will not grow fast enough to sustain local economies. In fact, from 2000 to 2010, the population of White Non-Hispanic children under age 18 decreased 10%. Compare this with a 54% increase among Non-White, Non-Hispanic children during the same time period.²⁰ Simply put, Nebraska's future hinges on the success of the growing percentage of young children of color.

Unfortunately, we know that some groups of children disproportionately struggle with poverty – making their path from childhood to adulthood especially treacherous. Consider these statistics. In 2010, 52% of Black children in Nebraska were in poverty, as were 50% of Native American children, and 34% of Hispanic children.²¹ By comparison, 15% of White children were poor in 2010. The good news is that some public assistance programs have been proven to effectively lift all children and families out of poverty, while focusing on the most vulnerable.

Assistance for Children

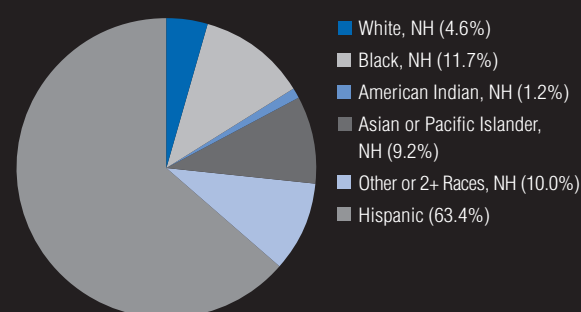
Take SNAP, formerly known as food stamps, as an example. Young children ages 0-8 in Nebraska comprise almost a third of SNAP participants (see Table 1.1 for age breakdown).²² Not only does SNAP improve access to nutritional food, it is an effective tool toward overcoming poverty. In 2010, SNAP moved 13% of participating households in the United States above the poverty line.²³

The program Aid to Dependent Children (ADC), known as the state's cash welfare program, assisted a monthly average of 13,255 children ages 0 to 8 in 2010.²⁴ Unfortunately, the number of children served fell far short of the number of children in need. Based on Voices for Children in Nebraska's calculations, about 44,720 children ages 0 to 8 were in poverty in 2010.²⁵ This age group represented 50% of ADC's participants.²⁶ See Table 1.1.

Child care is one of the largest expenses many Nebraska families have. Depending on region and family composition, costs for child care can rise to as much as one-third to one-half of a family's budget.²⁷ Nonetheless, it's a critical component for families striving to keep afloat financially and to participate fully in the workforce. Despite the toll child care places on working families, Nebraska's eligibility cutoff for assistance amounted to 120% of the poverty level in 2011, or just over \$22,000 for a family of three – leaving many struggling families with no help in ensuring their children are safely cared for while they were at work.²⁸ Further, Nebraska reimburses child-care providers less than the 75th percentile of market rates, the guideline per federal recommendations. When rates are low, child-care providers may be less likely to accept low-income children into care. In addition, quality of care may suffer because reimbursement rates “affect the resources child care providers have to sustain their businesses, offer sufficient salaries to attract and retain qualified staff, maintain low child-staff ratios, afford facilities, and purchase materials and supplies for activities that promote children's learning.”²⁹

Although budgets for assistance programs are strapped

Figure 1.1: Distribution of Population Growth in Nebraska by Race and Ethnicity (2000-2010)



Source: *State and Local Population Counts and Trends: Focus on 2010 Data*, Center for Public Affairs Research (CPAR), University of Nebraska Omaha.

* NH indicates Non Hispanic.

Table 1.1: Nebraska Children in Poverty vs. Program Participation (2010)

Age	Total Children	Estimated Children in Poverty*	ADC	SNAP	Head Start & Early Head Start
<1	26,082	4,956	2,074	5,741	599
1	26,275	4,992	1,731	6,368	413
2	26,674	5,068	1,749	6,565	442
3	26,549	5,044	1,586	6,467	1,956
4	26,328	5,002	1,461	5,869	3,111
5	26,207	4,979	1,410	5,702	—
6	26,172	4,973	1,180	5,342	—
7	25,557	4,860	1,059	4,934	—
8	25,506	4,846	1,005	4,604	—
Total	235,370	44,720	13,255	51,592	6,521

Sources: Total children, 2010 Census SF1 (QT-P2); ADC and SNAP, DHHS; Head Start & Early Head Start, Nebraska Department of Education.

* Based on 19% poverty rate for children ages 0-5 in 2010.

at the state and federal level, ensuring that all families – particularly those with young and otherwise vulnerable children – receive the supports they need to move out of poverty and maintain employment is smart policy. Because we know that children who are born into and experience poverty through their early years are highly likely to be poor as adults, it only makes sense to intervene now to avoid future human and economic costs.

Education

Early Learning

Imagine a new school year is beginning. In a given school, 100 Nebraska kindergartners are starting their elementary-school careers. Based on what we know about kids in our state, we can make these assumptions:

At kindergarten,

- 19 children are living in poverty;³⁰
- 38 kids, as 4-year-olds, had been enrolled in state Pre-K, Pre-K special education or Head Start;³¹ and
- As 3-year-olds, only 18 had been enrolled in such programs.³²

This matters because, even by kindergarten, early literacy skills have begun to reveal themselves along socioeconomic lines. Middle- to high-income 3-year-olds, for instance, have heard three times the number of words as their low-income peers.³³ Both family and organizational supports are key to developing early literacy skills such as vocabulary, knowing the alphabet and letter sounds, and interest in reading stories and written expression.³⁴ The combination of living in low-income families and not participating in early literacy programs can leave children behind even before they begin school.

Unfortunately, our state devotes far fewer financial resources to the very young than to their older brothers and sisters. According to the Nebraska Children and Families

Foundation, early care and education in our state receives only about 1% of the funding that K-12 education receives.³⁵ While investment in K-12 education is critical, it is concerning that early education receives so little funding by comparison. In fact, the National Institute for Early Education Research (NIEER) ranks Nebraska 39th in terms of resources devoted to early childhood. To reach NIEER's benchmarks of quality standards – which include early learning, teacher training, class size, staff-child ratios, and other services – Nebraska would have to invest about \$3,808 per child per year. Currently, about \$2,070 is spent per child enrolled in Pre-K programs.³⁶

Fast forward a few years. It's the end of third grade. Though not a milestone celebrated with kid-sized caps and gowns, this is a pivotal time in a child's life.³⁷ This is the time when a child is expected to make the switch from learning to read and reading to learn. In other words, the end of third grade is a deadline of sorts. If students don't make this transition on time, academic life will only become more challenging as the school years go on. A fourth grader who reads at a first- or second-grade level doesn't understand one-half to two-thirds of the curriculum.³⁸ The problem only becomes more pronounced with time. Researchers have found that a poor reader in third grade likely will be a poor reader in high school.³⁹ "Skill begets skill; learning begets learning. Early disadvantage, if left untreated, leads to academic and social difficulties in later years. Advantages accumulate; so do disadvantages."⁴⁰

What do we know, then, about a class of 100 Nebraska fourth-graders? Thirty percent of Nebraska's fourth-grade students scored "below basic" on the grade 4 national reading exam issued by the National Assessment of Educational Progress (NAEP). While lower than the national average of 34%, we should be gravely concerned that nearly a third of our state's children are not learning to read on time.⁴¹ Table 1.2 shows results broken out by race and ethnicity, gender, and eligibility for school lunch. Clear disparities emerge. A huge gap exists particularly when comparing kids of differing

socioeconomic status. Among students who are eligible for free or reduced school meals, 43% scored below basic on the NAEP reading test. Compare that to only 6% of their higher-income peers.⁴² The Annie E. Casey Foundation outlines the problem this way:

*The fact is that the low-income fourth-graders who cannot meet NAEP's proficient level reading today are all too likely to become our nation's lowest-income, least skilled, least productive, and most costly citizens tomorrow. Simply put, without a dramatic reversal of the status quo, we are cementing educational failure and poverty into the next generation.*⁴³

Early reading proficiency can be viewed less as a discrete goal than as a signal of how a child's life is shaping up

overall. Reading on time doesn't necessarily mean the years between 0 and 8 have been trouble-free, but not reading on time hints at bigger problems and a less certain future. According to the National Research Council, a child "who is not at least a moderately skilled reader by that time is unlikely to graduate from high school."⁴⁴ The U.S. Chamber of Commerce weighed in with a 2010 report on why business should support early childhood education:

"With current early childhood education resource levels, too many kindergartners will continue to begin school ill-prepared, language skills and achievement scores in math and reading will likely remain at mediocre levels, costs for interventions during the K-12 years and after will continue to rise, high school graduation

Table 1.2: Grade Four Reading Achievement in Nebraska by Student Characteristics (2011)

Students	Average Score	Below Basic	Percentages at or Above		
Race & Ethnicity			Basic	Proficient	Advanced
White	230	13%	77%	42%	10%
Black	199	55%	44%	15%	1%
Hispanic	208	44%	54%	20%	2%
Asian	234	8%	77%	56%	15%
American Indian/Alaskan Native	*	*	*	*	*
Native Hawaiian/Pacific Islander	*	*	*	*	*
Two or More Races)	216	33%	64%	30%	3%
Gender					
Male	220	26%	67%	33%	7%
Female	226	17%	73%	40%	10%
School Lunch Program					
Eligible	209	43%	54%	21%	3%
Not Eligible	234	6%	82%	48%	12%
All Students	223 ¹	30%	62%	28%	8%

Sources: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP).

¹ The average reading score for all Nebraska fourth-graders was 223, just higher than the national score of 220.

* Reporting standards were not met for this category.

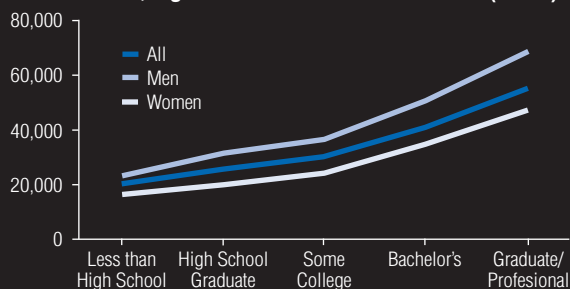
rates and postsecondary degree completion rates will likely remain unchanged, and businesses will lack the necessary workforce to fill the jobs of the future.”⁴⁵

Landing a job that pays the bills often requires some form of higher education. Whether it's an associate's degree or bachelor's, master's or doctorate, an education beyond high school makes a huge difference in the life of the individual and in the economy. In Nebraska in 2010, the median income for a high-school dropout was \$20,222 – \$5,170 less than a worker with a high school diploma and about half that of someone with a bachelor's degree.⁴⁶ Figure 1.2 presents median earnings by educational achievement in Nebraska.

We can look at the numbers and get a glimpse of our current youngsters' future. In the 2010-2011 school year, there were 21,899 fourth-graders in Nebraska.⁴⁷ If one in six students can't read by fourth grade and eventually drops out, the eventual economic impact will be enormous.⁴⁸ Remember, about \$5,000 separates the median annual salaries of a high school dropout and a worker with a bachelor's degree. Using today's dollars, those 3,650 students who are at risk of dropping out by 2019 would account for an \$18.9 million loss in personal income *within a single year*.

Disturbingly, the knowledge base surrounding early childhood success and failure has prompted some states to adopt reactive policies based on grim projections. States including California, North Carolina, Texas and Virginia base their future jail-cell needs by the number of children who are now failing third-grade reading tests.⁴⁹ Even if Nebraska spent the approximately \$4,000 per child NIEER recommends for Pre-K programs, this is far less than the average cost of housing an inmate for a year. In Nebraska, among all Correctional Facilities, the average cost per year of an inmate in 2010 was \$34,115.⁵⁰ Investing in early childhood education is an effective form of crime prevention in our communities.

Figure 1.2: Median Earnings by Educational Attainment, Ages 25 and Over in Nebraska (2010)



Source: U.S. Census Bureau, 2010 American Community Survey 1-Year Estimates, Table B20004.

College Gap

The loss won't just be felt in terms of personal income. It is likely that, unless we correct the course we're on, we will also observe a shortage in qualified job applicants. Georgetown University Center on Education and the Workforce projects that by 2018, 66% of Nebraska's jobs will require a post secondary education.⁵¹ However, the percentage of Nebraskans who will actually have a college degree is expected to be about 50% in 2025. Yet another gap emerges, this one between the number of jobs that will become available and the number of adults who will be qualified to fill them.

While programs to boost educational achievement for older youth are important, we believe that the most effective approach to producing educated and productive adults begins much earlier in life. "Gaps in college attendance across socioeconomic groups are largely shaped by abilities formed in the early years. Gaps in child ability across families of different income levels are associated with parental environments and parenting practices. Early interventions can partially remediate these deficits. Later interventions are much less effective."⁵² Such early interventions have been found to:

- Reduce crime;
- Increase high school graduation and college attendance;
- Reduce grade repetition and special education costs;
- Reduce teen births;
- Raise test scores; and
- Raise IQ, especially among girls.⁵³

In sum, ensuring that the next generation of young adults is educated and able to contribute to our communities starts with today's youngest children. If we hope to recoup the potential losses of an unqualified, unfit future workforce, we should dedicate more resources to early childhood education. It is not enough to imagine a fourth-grade classroom where every child is reading on time; it is imperative to work toward that goal.

Safety

Children of all backgrounds can find themselves in unsafe situations, though kids in poverty are at particularly high risk. A lack of a safe, stable environment presents its own problems for kids who are growing and developing every day, so it should come as no surprise that children who experience trauma or instability in one area of their lives may struggle to be successful in other areas. That's because the stress hormones that are released in a scary situation affect how the brain develops – doing early damage that can have lasting consequences, according to a report from the Center on the Developing Child at Harvard University.⁵⁴ In other words, children's brains can change when trauma occurs, and it isn't for the better and it isn't easily fixed. Such changes to a developing brain follow the child into adulthood, into the community, and ultimately into the child's own future family.⁵⁵

In 2010, 5,169 Nebraska children were victims of abuse or neglect.⁵⁶ Of those kids, 67% were ages 8 and under. Maltreatment is a travesty at any age, but we know that young children are particularly vulnerable to the long-term effects of abuse. Intervening early is important not only to stop the child's suffering but also because it presents the "opportunity to prevent enduring impairment that can lead to a lifetime of poor mental and physical health, diminished economic productivity, and antisocial behavior."⁵⁷

Children placed in out-of-home care, while sometimes necessary for their safety, also face an increased risk of dropping out of school. This may in part be due to increased school mobility, or changing schools. A higher rate of mobility, which can happen when children in care change placements frequently, is linked with lowered academic progress. As children change schools, they may fall behind with each placement or have a difficult time forming relationships with other students and teachers.⁵⁸ When young children in out-of-home care experience developmental, emotional or behavioral problems, early intervention becomes especially important. When compared to other eligible low-income children, young

Table 1.3: Children Entering Out-of-Home Care by Age (2010)

Age	First Removal	Removed Previously	Total
<1	218	9	227
1	190	27	217
2	147	25	172
3	111	38	149
4	126	49	175
5	103	33	136
6	72	43	115
7	75	43	118
8	65	32	197
Total	1,107	299	1,406

Source: State Foster Care Review Board.

Note: Ages are as of December 31, 2010.

kids in foster care are less likely to be enrolled in Head Start or other early childhood programs – leaving them with an even greater disadvantage.⁵⁹

In Table 1.3, the number of young children who entered out-of-home care in 2010 is broken out by age. In addition, the table shows whether the entrance to care was the child's first removal from home or a subsequent removal.

Conclusion

Whether we concern ourselves with future crime rates or the workplace skills needed to maintain global competitiveness, we as Americans simply cannot afford to ignore our youngest residents. We have an opportunity to invest in those very important years between ages 0 and 8. Once those years pass, the chances of successful intervention begin to dwindle.

We as a state and as members of our communities owe it to our children to ensure that their early lives include all the supports necessary to learn and develop on schedule. The following solutions improve children's lives today so that they grow up to be educated, productive and able to contribute to our world.

- Ensure access to health care for children, beginning with restoring access to prenatal care for all low-income pregnant women. Poor birth outcomes can lead to long-term physical and cognitive disabilities, as well as problems with behavior, social-emotional health, and development.⁶⁰ Further, uninsured children face 1 in 7 odds of not having visited a doctor in more than 2 years.⁶¹
- Increase resources dedicated to early childhood education. Nebraska is ranked 39th in the nation for resources dedicated to early childhood.⁶² Investing in the early years is smart policy because the earlier in life investment occurs, the greater the payoff. "Investments made from birth to age five yield the highest return. The later the investments are made, the lower the return on investment."⁶³

- Expand access to enriched preschool programs. Such programs include preschool and kindergarten classroom work as well as home visits to involve the parents.⁶⁴ A “parent-as partner” philosophy that integrates home visits, parent education, and health and developmental screenings maximizes early learning.⁶⁵
- Increase the utilization of voluntary, home-based programs that connect parents with professionals. Visits begin with pregnancy and continue through the first 3 to 5 years of the child’s life. Home-visit professionals encourage expectant mothers to attend prenatal care appointments, quit unhealthy behaviors and eat a healthy diet. Following birth, home visitors teach parents to encourage early learning and build pre-literacy skills. Not only have such programs improved rates of low birth weight and infant mortality among participants, they also have been shown to cut incidences of child maltreatment in half.⁶⁶
- Improve work supports for families. When family incomes increase, children benefit. Increasing child care

subsidies, transportation assistance and expanded paid leave are examples of policies that support parental employment. “The fact that many families are able to lift themselves out of poverty in some years suggests that programs and policies that support work ... may help parents, and therefore their children, improve their economic standing and stability.”⁶⁷

Today’s systemic failures, especially those that perpetuate and increase child and family poverty, put our nation’s future at risk. On the other hand, smart investments can bring about a brighter future – one that is healthier, better educated, safer and more economically sound.

Focusing our attention on young children now is more than just a smart monetary investment. It is an investment in the hopes of all young Nebraskans who have grown up and will grow up to contribute their skills and successes to our communities. Even amid these troubled economic times, our children can be given the tools to grow up to be successful – not just as individuals, but as the next generation.



¹ James J. Heckman and Dimitriy V. Masterov. “The Productivity Argument for Investing in Young Children,” *Applied Economic Perspectives and Policy*, (2007).

² Nebraska’s Educational System: Supporting Our National Security: How High-Quality Early Care & Education Can Improve School Performance, Mission: Readiness, http://www.missionreadiness.org/wp-content/uploads/NE_Early_Ed_Report.pdf.

³ *Prenatal Care Issue Brief*, Voices for Children in Nebraska, (June 2010).

⁴ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. *An Ounce of Prevention: What are the Returns?* (October 1999).

⁵ Data requested from Vital Statistics, Nebraska Department of Health and Human Services (DHHS).

⁶ Janet Currie. *Inequality at Birth: Some Causes and Consequences*, Department of Economics, Columbia University, IZA, and the National Bureau of Economic Research, (January 2011).

⁷ *Ibid.*

⁸ “Children’s Health Topics: Medical Home,” American Academy of Pediatrics, <http://aap.org/healthtopics/medicalhome.cfm>.

⁹ Sharon Silow-Carroll, M.B.A., M.S.W. and Jodi Bitterman, M.P.H., *Colorado*

Children’s Healthcare Access Program: Helping Pediatric Practices Become Medical Homes for Low-Income Children, The Commonwealth Fund, (June 2010).

¹⁰ Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children’s Health Medical Home State Profile. Data Resource Center for Child and Adolescent Health website, <http://www.medicalhomedata.org>. Figures are for children in Nebraska, with the exception of Black children. Due to a small sample size, this percentage is for the four-state region of Nebraska, Iowa, Kansas and Missouri.

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¹² *Ibid.*

¹³ Sara Rosenbaum and Sara Wilensky, George Washington University Medical School, Kamala Allen, Center for Health Strategies. *EPSDT at 40: Modernizing a Pediatric Health Policy to Reflect a Changing Health Care System*, Center for Health Care Strategies, Inc., (July 2008).

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¹⁵ Sara Rosenbaum and Sara Wilensky, *EPSDT at 40: Modernizing a Pediatric Health Policy to Reflect a Changing Health Care System*.

¹⁶ Caroline Radcliffe and Signe-Mary McKernan. *Childhood Poverty Persistence: Facts and Consequences: Brief 14*, The Urban Institute (June 2010).

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- ¹⁹ *Ibid.*
- ²⁰ *Ibid.*
- ²¹ U.S. Census Bureau, 2010 American Community Survey, Tables C17001A-C17001I.
- ²² Data requested from Financial Services, Operations, DHHS.
- ²³ Esa Eslami, Kai Filion, and Mark Strayer. Project Officer, Jenny Genser. *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2010*, U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, (2011).
- ²⁴ Financial Services, Operations, DHHS.
- ²⁵ Figure is based on a 19% poverty rate for children ages 0-5, per data from the U.S. Census Bureau's 2005-2009 American Community Survey 5-Year Estimates. This is likely a conservative poverty rate because the 5-year average includes pre-recession data. There were 235,370 children ages 0-8 in Nebraska in 2010 according to the U.S. Census Bureau 2010 Decennial Census.
- ²⁶ Financial Services, Operations, DHHS.
- ²⁷ Calculations are from *The Family Bottom Line*. For details, see Page 62.
- ²⁸ Karen Schulman, Senior Policy Analyst, Helen Blank, Director of Leadership and Public Policy. *State Child Care Assistance Policies 2011: Reduced Support for Families in Challenging Times*, National Women's Law Center, (October 2011).
- ²⁹ *Ibid.*
- ³⁰ U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates, Table B17006.
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- ⁴⁹ "Discussion Guide: Ensuring Success for Young Children: Early Childhood Literacy."
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- ⁵⁷ National Scientific Council on the Developing Child.
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- ⁶³ U.S. Chamber of Commerce, Institute for a Competitive Workplace. *Why Business Should Support Early Childhood Education*, (2010).
- ⁶⁴ Heckman and Masterov.
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Voices for Children in Nebraska believes that all kids deserve access to affordable, quality physical and behavioral health care.

Health

Quality and consistent preventive health care, beginning even before birth, gives children the best chance to grow up to be healthy and productive adults. Adequate levels of immunization, public health efforts to prevent disease

and disability, and support for maternal health and positive birth outcomes are examples of measures that help children now and later. Good health, both physical and behavioral, is an essential element of a productive and fulfilling life.

This section will provide data on births, maternal health, infant deaths, immunizations, access to health care, lead exposure, sexually-transmitted infections, and behavioral health.

Infant and Maternal Health

Nebraska Births

This year's Kids Count in Nebraska Report will feature birth data from 2009 and 2010. While the narrative will contain data from both years, supplementary tables for 2009 will be available only on our web site, www.voicesforchildren.com/kidscount.

There was a total of 26,931 live births to Nebraska residents in 2009. In breaking out births by the mother's age, 8.3% of births were to girls 19 and under; 24.0% were to women ages 20-24; 32.7% were to women 25-29; and 35.0% were to women 30 and over. By race, 76.3% of babies were White, 6.6% were Black, 2.6% were Asian, 1.7% were American Indian, and 12.7% were Other. Babies of Hispanic origin accounted for 15.8% of births.

In 2010, Nebraska residents gave birth to 25,916 babies. Of those mothers giving birth, 7.6% were to girls 19 and under; 23.8% to women ages 20-24; 33.4% to women 25-29; and 35.2% to women 30 and over. By race, 78.3% of babies were White; 6.8% were Black; 2.7% were Asian; 1.6% were

American Indian; and 10.5% were Other. Babies of Hispanic origin accounted for 15.2% of births.

Maternal Health, Preconception and Prenatal Care

Many of the factors that determine outcomes for pregnant women and infants occur very early in pregnancy, often before women enter prenatal care or even know they are pregnant. During the first weeks (before 52 days gestation) of pregnancy, exposure to alcohol, tobacco and other drugs; lack of essential vitamins (such as folic acid); workplace hazards; and other factors can adversely affect fetal development and result in pregnancy complications and poor outcomes for both the mother and infant.¹

Preconception care identifies risks and improves the health of women before pregnancy, positively impacting the future health of women, children and families. Prenatal care monitors pregnancy progress and identifies potential problems before they become serious for either mom or baby. Women who see a health care provider regularly

Figure 2.1: Trimester Prenatal Care Began, All Births (2010)

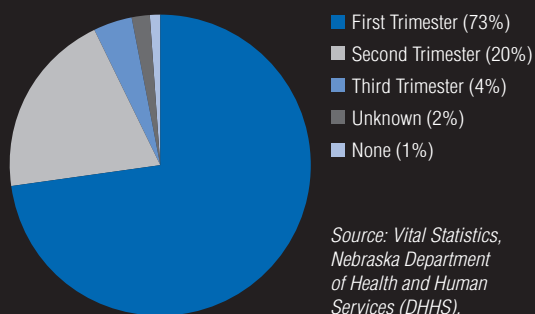


Figure 2.2: Trimester Prenatal Care Began by Race, All Births (2010)

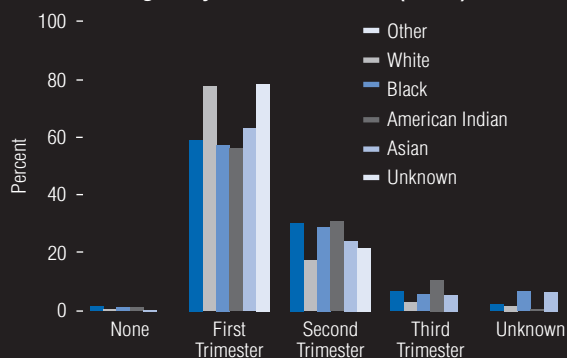
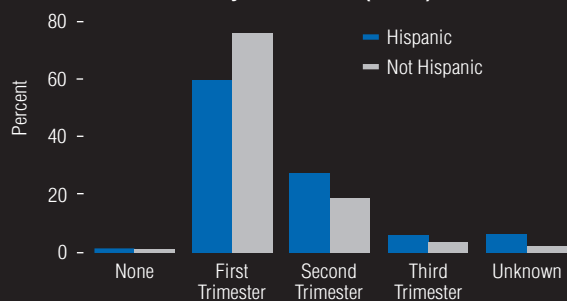


Figure 2.3: Trimester Prenatal Care Began by Ethnicity, All Births (2010)



during pregnancy have healthier babies and are less likely to deliver prematurely or to have other serious problems related to pregnancy. The Centers for Disease Control and Prevention (CDC) recommends starting prenatal care as early as possible, as well as seeking care prior to pregnancy. Nebraska uses the Kotelchuck Index to determine adequacy of prenatal care.² In 2010, 3,551 (13.7%) of births were recorded to mothers who reported inadequate prenatal care, compared with 3,833 (14.2%) of births in 2009. There were 2,612 (10.1%) mothers who reported intermediate prenatal care in 2010, a slight decrease from 2,833 (10.5%) in 2009.³ The number of mothers reporting adequate or 'adequate plus' prenatal care in 2010 increased to 73.5%, up from 72.2% in 2009. Table 2.1 presents data on the adequacy of prenatal care by race and ethnicity.

Table 2.1: Adequacy of Prenatal Care by Race or Ethnicity (2010)

Race or Ethnicity	Inadequate	Intermediate	Adequate or Adequate Plus
American Indian	29.8%	17.2%	53.0%
Asian	20.1%	9.3%	70.6%
Black	22.7%	10.5%	66.8%
White	11.2%	9.8%	79.0%
Other	26.4%	13.9%	59.7%
Hispanic	24.1%	12.8%	63.1%

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

Uninsured women face greater barriers to prenatal care than insured women, even in the presence of strong institutions that are well known in their communities for providing care to the uninsured.⁴ Other commonly cited barriers to adequate prenatal care among low-income women are a lack of transportation, no knowledge of where to find care, not liking the way they were treated at the clinic, language barriers, ignorance as to the importance of prenatal care (particularly for subsequent pregnancies), and uncertainty about whether they wanted the baby or ambivalence about pregnancy.⁵

Infant Mortality

Infant mortality rates are frequently used as an indicator of the standard of well being in a community. In 2009 and 2008, the Nebraska infant mortality rate (deaths per 1,000 births) was 5.4, which represents a decrease from the 2007 rate of 6.8 and is tied with the 2003 infant mortality rate as the

Table 2.2: Infant Mortality Rates* by Race and Ethnicity (2008 and 2009)

	2008	2009
White	5.3	5.6
Black	16.3	11.2
American Indian	4.3	8.5
Asian	1.6	**
Hispanic	5.9	6.3
Other	**	1.2
Overall	5.4	5.4

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

* Infant Mortality Rate is calculated as the number of infant deaths per 1,000 births.

** No data were available for this category.

lowest ever recorded in Nebraska. A total of 145 infant deaths occurred in Nebraska in 2009, one less than 146 in 2008. For infant mortality by race and ethnicity in 2008 and 2009, see Table 2.2. Causes of death among infants are listed in Table 2.3.

Low Birth Weight

The highest predictor of death and disability among infants in the United States is low birth weight. A newborn

weighing less than 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 very low birth weight. Data on low and very low birth weights are provided in Table 2.4.

Smoking is an attributable cause of low weight births. Pregnant women who smoke cigarettes are nearly twice as likely to have a low birth weight baby as women who do not smoke.⁶ The percentage of women in Nebraska who reported smoking during pregnancy was 14.0% in 2009, and 13.3% in 2010.⁷ Other factors related to low birth weight are low maternal weight gain, chronic maternal illness and infections, fetal infections, metabolic and genetic disorders and alcohol and illicit drug use.⁸

Table 2.3: Causes of Infant Deaths (2008-2009)

Causes	2008		2009	
	Number	Percent	Number	Percent
Heart Disease	1	0.7	5	3.4
Pneumonia	3	2.1	2	1.4
Birth Defects	34	23.3	38	26.2
Maternal Complications of Pregnancy	7	4.8	10	6.9
Complications of Placenta, Cord and Membranes	10	6.8	7	4.8
Prematurity	20	13.7	15	10.3
Intrauterine Hypoxia and Birth Asphyxia	0	0.0	3	2.1
Respiratory Distress Syndrome	4	2.7	2	1.4
Other Respiratory Conditions	11	7.5	7	4.8
Prenatal Infections	2	1.4	2	1.4
Other Prenatal Conditions	8	5.5	6	4.1
SIDS	15	10.3	24	16.6
Violent or Accidental Causes	14	9.6	5	3.4
All Other	17	11.6	19	13.1
Total Infant Deaths	146		145	

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

Table 2.4: Low Birth Rate in Nebraska (2008-2010)

	2008		2009		2010	
	Number	Percent	Number	Percent	Number	Percent
Low Weight	1,583	5.9	1,923	7.1	1,843	7.1
Very Low Weight	326	1.2	318	1.2	333	1.3
Total Births	26,992		26,931		25,916	

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

Teen Birth Rate

Although it has been falling, the United States still has the highest teenage pregnancy rate among comparable countries.⁹ While teen pregnancy certainly occurs at all socio-economic levels, teenage mothers are more likely to come from economically disadvantaged families, to be experiencing minimal educational success, and to be coping with substance abuse and behavioral problems.¹⁰ Research shows having children as a teenager can limit a young woman's educational and career opportunities and increase the likelihood that she will need public assistance. In addition, children born to teen mothers are more likely to experience health problems, experience abuse and neglect, do poorly in school, run away from home, and serve time in prison.¹¹ Teen birth is also highly correlated to child poverty. Accord-

ing to The National Campaign to Prevent Teen Pregnancy, two-thirds of families begun by a young unmarried mother live in poverty.¹² The children of teen parents are also more likely to become teen parents themselves, thus perpetuating the cycle of teen pregnancy and generational poverty.¹³

In 2010, girls ages 17 and under gave birth to 562 babies, which is a decrease from 658 babies in 2009. The 2010 birth rate marks a continuing decrease in teen births, with 694 teen births in 2008 and 711 teen births in 2007. When including teens ages 18 and 19, the birth rate decreased in 2009 to 2,236, from 2,311 in 2008, despite a slight increase in 2008 from the 2,303 babies born to girls ages 19 and under in 2007. This represents 8.3% of all babies born in Nebraska in 2009, a decrease from 8.6% of all babies born in Nebraska in 2008.

POLICY BOX

A Health Insurance Exchange in Nebraska Explained

By Aubrey Mancuso and Caitlin Pardue, Voices for Children in Nebraska

The Patient Protection and Affordable Care Act was signed into law in March of 2010. The goal of this new federal law is to provide affordable health insurance to all Americans. Several changes have already been made based on this law including a prohibition against denying children insurance coverage due to pre-existing conditions and allowing young adults to remain on their parents' health insurance plan up to age 26. Another key feature of this new law will be the establishment of a health insurance exchange that will act as a marketplace where individuals and small business can purchase insurance coverage.

What is a Health Insurance Exchange?

A Health Insurance Exchange is a marketplace that contains a set of standardized health care plans that are regulated by a state or federal agency. Ideally, a well-designed exchange will promote insurance transparency and accountability, facilitate increased enrollment, and deliver tax subsidies to help consumers afford insurance. An exchange should

also automatically direct eligible people to Medicaid.¹ States have the option of setting up their own exchange, partnering with other states on an exchange, allowing the federal government to set up an exchange or partnering with the federal government.

What are we doing in Nebraska?

At the time of publication, Nebraska was studying the possibility of creating and running its own health insurance exchange. This would mean that the exchange would be run and managed by state government and the state would make choices about how to structure the exchange to best meet our state's needs. If Nebraska decides not to operate a state exchange, federal law gives the authority to run an exchange in Nebraska to the federal government.²

What does this mean for consumers?

Health plans and carriers in an exchange must meet criteria defined by federal law and exchange management. Plans in the exchange will be required to meet federally defined standards for a minimum benefits package and different levels of coverage will be made available. People who lack other affordable health insurance options and have incomes up to 400% of the Federal Poverty Level will receive tax subsidies to

From 2001-2010 the number of teen births decreased to 6,925. The number of births to teens ages 10-17 steadily declined from 1998 to 2005 but rose again in 2005 and 2007. In 2008, 9.1% of births to mothers ages 10-17 were not the mother's first birth. This number decreased in 2009 to 7.3% and decreased again in 2010 to 5.3%. Of the 562 babies born to teen mothers ages 10-17 in 2010, 300 (53.4%) had White mothers, 81 (14.4%) were born to Black mothers, 27 (4.8%) had American Indian mothers, 2 (0.4%) were born to Asian mothers and there were three births (0.5%) attributed to Unknown race. In addition, 149 (26.5%) births were attributed to teen mothers identified as Other. Teen girls ages 10-17 of Hispanic origin gave birth to 209 (37.2%) babies. Figure 2.4 and Figure 2.5 present data on teen births by age and historical trends.



Aaron and Alex

help with the cost of insurance. A well-designed exchange should help purchasers find the best possible plan value personalized to their specific conditions and doctor network.³ Another benefit to an exchange is that coverage will not always need to be tied to employment. This would mean that families can continue to have health insurance if they change or lose their jobs.

When will the exchange be available?

At time of publication, the law requires that all exchanges, whether state or federal, be set up and officially open January 1, 2014. At that time, all Americans will also be required to carry health insurance. In order for this process to be successful, individuals and families will have time between October 1, 2013 through February 28, 2014 to understand the new system and make their choices on coverage.⁴

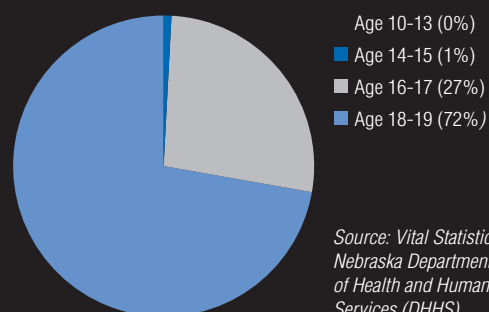
¹ Kaiser Family Foundation. Focus on Health Reform: Explaining Health Care Reform: What are health insurance exchanges? 2009. <http://www.kff.org/healthreform/upload/7908.pdf>

² Lewis, N. *HHS proposes health insurance exchange rules*. July 12, 2011. Information Week. <http://www.informationweek.com/news/healthcare/policy/231001432?pgno=1>

³ Kaiser Family Foundation. Focus on Health Reform: Explaining Health Care Reform: What are health insurance exchanges? 2009. <http://www.kff.org/healthreform/upload/7908.pdf>

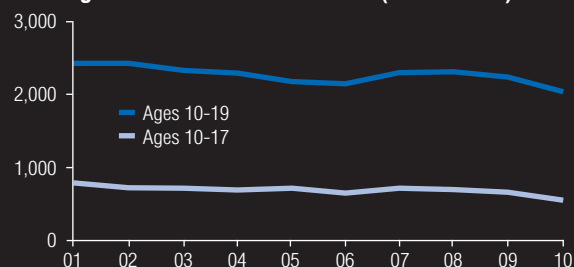
⁴ Appleby, J. & Weaver, C. *After much scrutiny, HHS releases health insurance exchange rules*. July 11, 2011. Kaiser Health News. <http://www.kaiserhealthnews.org/Stories/2011/July/11/Health-Insurance-Exchange-Regulations-Released.aspx>

Figure 2.4: Teen Births by Age (2010)



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

Figure 2.5: Teen Birth Trends (2001-2010)



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

One-Parent and Two-Parent Household 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. The number of unwed mothers decreased in 2010 to 8,702 (33.6%) after growing in 2009 to 9,283 from 9,140 (33.9%) in 2008. Nebraska children living with single parents were more likely to live in poverty (33.6% poverty rate) than children living in married-couple households (6.7% poverty rate) in 2009.¹⁴ The likelihood that a mother will be married upon the birth of the child increases with the age of the mother.

Child and Adolescent Health

Immunizations

The national goal set by the CDC is that 90% of all children receive the primary immunization series, described below, by the age of 2. Using the newest coverage standard, the 2010 U.S. national average was 56.6%. According to the National Immunization Survey (NIS) for 2010, 66.3% of Nebraska two-year-olds (19-35 months of age) had received four DTaP (diphtheria-tetanus-pertussis) shots, four pneumococcal disease shots, three polio shots, one MMR (Measles-Mumps-Rubella) shot, three Hepatitis B immunizations, 4 doses of Hib and one Varicella (chicken pox) shot.

There were 216 cases of pertussis (whooping cough) and no deaths due to pertussis reported in Nebraska in 2010. This is an increase from 2009, which had 140 cases but also no reported deaths. During the last three 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. Most cases have been in the teen and young adult population. However, pertussis can easily be spread and is a potentially deadly disease for young children. The outbreak has highlighted a need for a booster for pertussis. In response to that need, the CDC, along with the American Academy of Pediatrics and the American Academy of Family Physicians, recommended in 2005 that one dose of the newly licensed tetanus, diphtheria

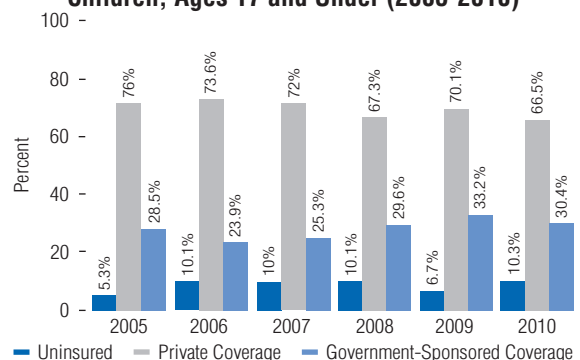
and acellular pertussis booster dose (Tdap) be given at the 7th grade visit. A Nebraska law went into effect on July 1, 2010, requiring all 7th graders to provide proof of a booster dose of Tdap for school.

Access to Health Care

Most uninsured children have working parents whose jobs do not provide 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 the necessary medical needs of the family. In 2010, there were 47,000 uninsured children, ages 17 and under, in Nebraska.¹⁵

Among low-income children ages 18 and under, 30,000 were uninsured in 2010.¹⁶ Low-income is defined as less than 200% of the Federal Poverty Level, or \$36,620 for a family of three in 2010. The rate of uninsured low-income children increased from 2009, when the number was 21,000. Figure 2.6 presents historical data on health coverage of Nebraska children.

Figure 2.6: Health Coverage for Nebraska's Children, Ages 17 and Under (2005-2010)



Source: U.S. Census Bureau, Current Population Survey, Table HI05: Health Insurance Coverage Status and Type of Coverage by State – Children Under 18: 2005 to 2010.

Note: The percentages of children with private and government-sponsored insurance coverage may not add up to 100% because some children may have had more than one type of coverage.

Many of these uninsured low-income children are eligible for Kids Connection. This program was expanded in 2009 to provide low-cost health care coverage for children living in families at or below 200% of the federal poverty

level, up from 185%. Kids Connection refers to the Children's Health Insurance Program (CHIP) which provided health coverage for a monthly average of 26,319 children ages 18 and under in state fiscal year (SFY) 2010. Medicaid provided health coverage for a monthly average of 127,387 children in SFY 2010. Figures 2.7 and 2.8 provide data on Nebraska Medicaid and CHIP expenditures and average monthly eligibility, respectively.

Blood Lead Levels

Blood lead testing is recommended for all children at 12 to 24 months of age, as well as for any child 6-years-old and younger who has been exposed to lead hazards. Elevated blood lead levels (EBLL) can cause increased behavioral problems, malnutrition, and significant physical and cognitive development problems. Lead poisoning can be fatal.

In 2010 there were 24,028 Nebraska children 0-6 years old tested for blood lead levels. Of those, 172 (0.7%) had EBLL. This is an increase in the number of children tested from 2009, (23,347) and a decrease in children 0-6 with EBLL (314 or 1.34%). However, it is difficult to obtain the number of children poisoned as some parents do not bring children back into clinics for confirmatory tests, and not all children are tested.

The Nebraska Department of Health and Human Services (DHHS) Childhood Lead Poisoning Prevention Program (CLPPP) collects data from laboratories that perform blood lead tests on children 0-6 years of age. This information is tracked in a database that generates reports, identifies children with elevated test results and allows the program to provide appropriate case management.

Behavioral Health

DHHS funds behavioral health and substance abuse services for children. Children who utilize state-funded services are most often from lower-income Nebraska families or are involved in the court system. In general, services paid for by private insurance are not included in the data; therefore, the



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Figure 2.7: Nebraska Medicaid Expenditures by Category (SFY 2010)

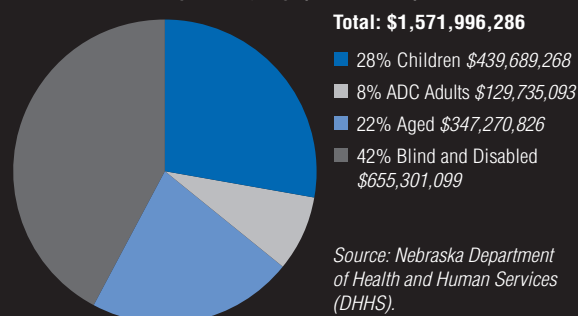
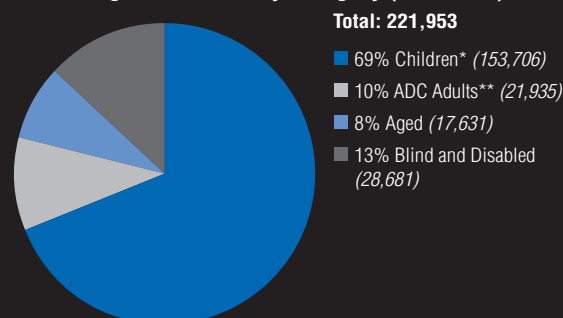


Figure 2.8: Nebraska Medicaid Average Monthly Eligible Persons by Category (SFY 2010)



* Children's category combines Medicaid and SCHIP coverage.

** ADC Adults are those receiving Aid to Dependent Children, or temporary cash assistance through the state of Nebraska.

total is an underestimate of the number of children receiving behavioral health services in the state.

Community-Based Services and Residential Treatment

Mental health and substance abuse services are provided to youth in an array of prevention and treatment services. These services may be provided by the following divisions within DHHS: the Division of Behavioral Health (DBH), the Division of Children and Family Services and the Division of Medicaid and Long-Term Care. The data provided include only services funded by DBH.

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 also 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.

Of the community-based programs funded by DBH, services were provided to an unduplicated count of 3,824 children ages 18 and under in SFY 2010, not including youth served in a Regional Center. Among these youth, 3,182 received mental health services only, 625 received substance abuse services only, and 17 received both community based mental health and substance abuse services. Of youth served by DBH, 912 were considered to have “serious emotional disturbance,” a category encompassing a range of mental health disorders.

Regional Centers

In CY2010, inpatient and residential mental health and substance abuse services were provided to adolescents at the

Lincoln and Hastings Regional Centers. The adolescent program at the Lincoln Regional Center (LRC) at the Whitehall Campus consisted of a 16-bed residential program (two 8-bed units) and an eight-bed treatment group home. The Hastings Regional Center (HRC) operated a 40-bed Chemical Dependency Program for youth from the Youth Rehabilitation and Treatment Center (YRTC) in Kearney.

During calendar year 2010, a total of 170 youth received services from a regional center: 143 males received services from the Hastings Regional Center and 27 youth were served in the LRC adolescent program (all males). By race, 129 of the 170 youth were White (76%), 18 were Black or African American (11%), 12 were American Indian (7%), 8 were multiracial (5%), 1 was Native Hawaiian, and 2 listed their race as “other” (1%).

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. 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.

The survey was most recently completed in fall 2010. Though YRBS is administered on a semi-regular basis, the most recent reliable data for comparison are from 2005. Both the 2005 and 2010 surveys had enough responses to develop a weighted sample, which did not occur in the 2007 survey. The following sections use data from the 2010 YRBS.¹⁷

There are six categories of health risk behaviors included in the YRBS survey:

- Behaviors that result in unintentional 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

Alcohol and Other Drugs

The 2005 YRBS reported that nearly 43% of students had at least one drink of alcohol within the past 30 days. That rate decreased to 26.6% in 2010. Another decrease occurred among students who reported binge drinking, or having five or more drinks in a row within a couple of hours, within the past 30 days. In 2010, 16.4% of students reported such behavior, compared with 29.8% in 2005.

Some of the other drugs youth in 2010 reported using at least once during their life were marijuana (25.0%); inhalants such as glue, paints, or aerosols (9.7%); ecstasy (4.5%); cocaine (4.2%); and methamphetamines (2.7%). Twenty percent of students reported being offered, sold, or given an illegal drug by someone on school property during the past 12 months, a drop from 22% in 2005.

Tobacco

In 2010, 15.0% of the students surveyed report that they currently smoke cigarettes, a drop from 21.8% in 2005. Just over a third of students in 2010 reported ever trying smoking, 38.7% - a drop from 53.4% in 2005. Decreases also occurred among smokeless tobacco and cigar use. In 2010, 6.4% of respondents indicated they currently use smokeless tobacco and 9.6% use cigars, cigarillos or little cigars.

Motor Vehicle Crashes and Seat Belt Use

The leading cause of Nebraska deaths among youth ages 15-24 is automobile crashes. According to the 2010 YRBS, 23.9% of students reported riding in a vehicle driven by someone who had been drinking alcohol in the last 30 days. In addition, 7.2% had driven a motor vehicle themselves

one or more times in the past 30 days when they had consumed alcohol. Both statistics mark a decrease since 2005, when 35.6% had ridden with someone who had been drinking, and 7.2% had driven themselves after drinking alcohol.

Teen Sexual Behavior

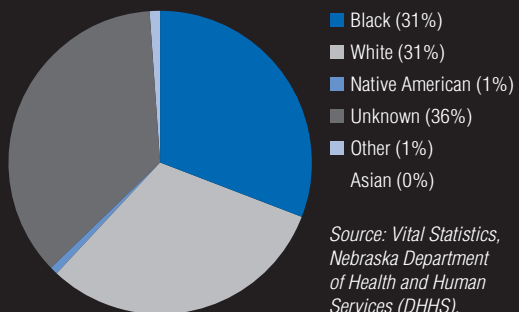
According to the 2010 YRBS, 37.1% of the adolescents surveyed reported that they had experienced sexual intercourse at least one time in their life, a decrease from 40.8% in 2005. Of the adolescents who reported having had sexual intercourse within the past 3 months, 19.8% used alcohol or drugs prior to their last experience. The majority of these teens, 62.0%, reported using a condom the last time they had sexual intercourse, lessening their chances of contracting a sexually transmitted disease or becoming pregnant. Just under 4% of the respondents reported having had sexual intercourse before the age of 13, and 10.6% had experienced intercourse with four or more people during their life.

Obesity, Dieting and Eating Habits

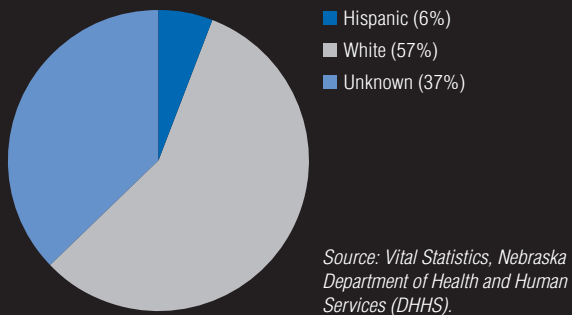
YRBS student respondents were requested to include their height and weight measurements on their surveys. In 2010, 28.5% of students described themselves as being either slightly or very overweight. Based on their Body Mass Index (BMI), 13.6% of students were overweight and 11.6% were obese. Forty-three percent of students surveyed were trying to lose weight.

An increasing percentage of 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. In 2010, 53.7% of students met this recommendation, compared with 36.5% in 2005. Ten percent of students were not physically active for at least 60 minutes during any of the past 7 days. Only 16.5% of students ate fruits and vegetables 5 or more times a day during the past week.

**Figure 2.9: STI Cases by Race,
19 and Under (2010)**



**Figure 2.10: STI Cases By Ethnicity,
19 and Under (2010)**



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Sexually Transmitted Infections (STIs) and HIV/AIDS Among Youth

There were 2,053 reported cases of sexually transmitted infections reported by children ages 19 and under in Nebraska in 2010. This marks a decreasing trend from 2,316 cases in 2009 and 2,633 cases in 2008. Figures 2.9 and 2.10 present reported cases of STIs by race and ethnicity, respectively.

According to the CDC, young people, especially youth of color, are at persistent risk for HIV infection. Young people with HIV infections often slowly develop AIDS during their lifetimes. In Nebraska, there were 13 children living with HIV

ages 0-11 and 56 children ages 12-19, a total of 69 child HIV cases as of 2010. Twenty people under age 19 at the time of AIDS diagnosis have died from the disease between 1983 and 2010.

According to the CDC, youth need accurate and age-appropriate information about HIV infection and AIDS, including how to reduce or eliminate risk factors, where to get tested for HIV and how to use a condom correctly before they engage in sexual behaviors that put them at risk for infection.



¹ Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, April 21, 2006, Vol. 55, No. RR-6.

² According to the Nebraska Vital Statistics Report 2009, the Kotelchuck Index determines adequacy of prenatal care using information from the birth certificate about when prenatal care begins and how many visits occur prior to delivery.

³ Out of the 25,916 births that occurred in Nebraska in 2010, 25,206 had known Kotelchuck Index scores.

⁴ Marsha Regenstein, Ph.D., Linda Cummings, Ph.D., and Jennifer Huang, M.S., "Barriers to Prenatal Care: Findings from a Survey of Low-Income and Uninsured Women Who Deliver at Safety Net Hospitals," National Public Health and Hospital Institute, Prepared for the March of Dimes, October 2005.

⁵ Ibid.

⁶ U.S. Department of Health and Human Services, "The Health Consequences of Smoking: A Report of the Surgeon General C2004," Centers for Disease Control and Prevention, Office on Smoking and Health, Atlanta, GA, May 2004.

⁷ Vital Statistics, Nebraska Department of Health and Human Services.

⁸ March of Dimes, "Quick Reference Fact Sheets: Low Birthweight," November 2005, http://www.marchofdimes.com/professionals/14332_1153.asp.

⁹ The National Campaign to Prevent Teen Pregnancy, "Why It Matters:

Linking Teen Pregnancy Prevention to Other Critical Social Issues," www.teenpregnancy.org.

¹⁰ Annie E. Casey Foundation, "Why Teens Have Sex: Issues and Trends," KIDS COUNT Special Report, 1998.

¹¹ Annie E. Casey Foundation, "Unequal Opportunities for Adolescent Reproductive Health," Race Matters Tool Kit, <http://www.aecf.org/knowledgecenter/publicationsseries/racematters.aspx>.

¹² The National Campaign to Prevent Teen Pregnancy, "Why It Matters: Linking Teen Pregnancy Prevention to Other Critical Social Issues," www.teenpregnancy.org.

¹³ Annie E. Casey Foundation, "Unequal Opportunities for Adolescent Reproductive Health," Race Matters Tool Kit, <http://www.aecf.org/knowledgecenter/publicationsseries/racematters.aspx>.

¹⁴ U.S. Census Bureau, 2010 American Community Survey, Table B17010.

¹⁵ U.S. Census Bureau, Current Population Survey, 2010 Annual Social and Economic Supplement, Table HI05.

¹⁶ U.S. Census Bureau, Current Population Survey, 2010 Annual Social and Economic Supplement, Table HI10. "Low-income" families were those who were living below 200% of the federal poverty level, which was about \$44,100 for a family of four in 2010.

¹⁷ 2010 Youth Risk Behavior Survey Results, http://www.education.ne.gov/HIV/2010_YRBS-Results/results.htm.

Voices for Children in Nebraska believes all children should have the supports and services to succeed in school from birth through high school graduation.

Education

We believe that a good education begins early. Access to high-quality early childhood and pre-kindergarten programs provides an important foundation for children to build upon as they move through their school years and even into

adulthood. Additional supports such as special education, English language learning programs, and quality alternative education programs help ensure that children with varying needs keep pace. Children who are well educated are much more likely to become successful adults. Higher education is linked to higher income, higher job satisfaction, lower divorce rates and lower crime rates. By ensuring that all children have access to high-quality educational opportunities, we are investing in the future of our communities, our state and our economy.

This section will provide data on early childhood education programs, child care facilities and subsidies, graduation rates and student characteristics.

Early Childhood

Head Start and Early Head Start

Head Start and Early Head Start are federally-funded programs that provide comprehensive services in child development, health and wellness, nutrition, and social services to support low-income families who have infants, toddlers, and pre-school children. Early Head Start also serves pregnant women. There are four cornerstones of Head Start: child development, family development, staff development and community development.

Head Start serves preschool-age children, while Early Head Start focuses on children from birth to age 3. Children participate in program formats that focus on the cognitive, social and emotional development in preparation for the transition to school. Programs also assist families in helping

children reach their full potential by providing developmentally appropriate learning environments through parenting education and support, mentoring, volunteering, employment opportunities and collaborations with other quality early childhood programs and community services.

National research has shown that both children and parents benefit from Early Head Start and Head Start programs. Three-year-olds who participated in Early Head Start performed significantly better on a range of measures of cognitive, language and social-emotional development than a randomly assigned control group. In addition, their parents scored significantly higher than control group parents on many aspects of the home environment and parenting behavior. Such studies indicate that Early Head Start programs have positive impacts on parents' progress



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POLICY BOX ■■■■■■

Legislature Aims for Truancy Reduction

By Ann Jackson, Voices for Children in Nebraska

Nebraska state officials have made truancy reduction a community goal through the passage of legislative bills, LB 800 and LB 463. Governor Dave Heineman, the Legislature, and others are calling attention to the issue of truancy because missing school is linked to lowered academic achievement.¹

Nearly 22,000 Nebraska students missed more than 20 days of school last year.² Students who miss more than 20 days of school have lower test scores on statewide tests compared to their peers who missed less than 20 days.³ Furthermore, truancy increases the likelihood a student will become a dropout and or enter the juvenile justice system.⁴

LB 463 aimed to clarify and expand upon LB 800, which was passed in 2010. LB 463 called for:

- A transfer of \$100,000 from the Commission on Public Advocacy Operations Cash Fund to the Supreme Court Education Fund, to assist the juvenile justice system in programming to reduce absenteeism and unnecessary involvement with the system;
- A transfer of \$300,000, across two years, from the Commission on Public Advocacy to the Court Appointed Special Advocate (CASA) fund (see Page 48 for details on CASA); and
- Authorization of the Omaha metro-area Learning Community Coordinating Council to allocate funds for diversion programming to reduce truancy.⁵

Grand Island School District's truancy program to keep kids in school has gained statewide attention. Often, the hearing becomes a support system in helping address student needs. Grand Island's program aims to keep students from accumulating too many unexcused absences, and also to solve the problem before the case must be sent to the county court.⁶

¹ Office of Governor Dave Heineman. "Gov. Heineman and Omaha Superintendents Outline Plan to Increase Student Achievement," (August 2, 2011), http://www.governor.nebraska.gov/news/2011/08/02_student_achievement.html.

² Paul Hammel. "A battle plan for 'war on truancy'." Omaha World-Herald, (July 11, 2011). <http://www.omaha.com/article/20110711NEWS01/707119920>.

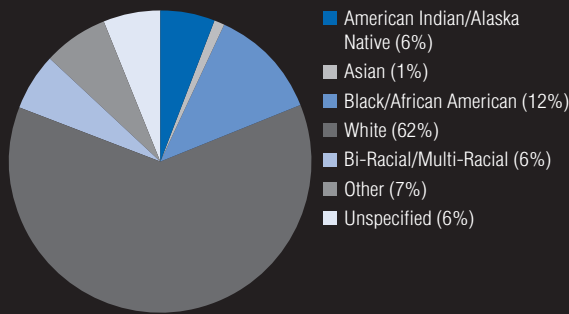
³ *Ibid.*

⁴ Office of Governor Dave Heineman.

⁵ Nebraska Legislative Bill 463, (May 11, 2011).

⁶ Christopher Burbach. "Team approach to truancy." Omaha World-Herald, (March 28, 2010).

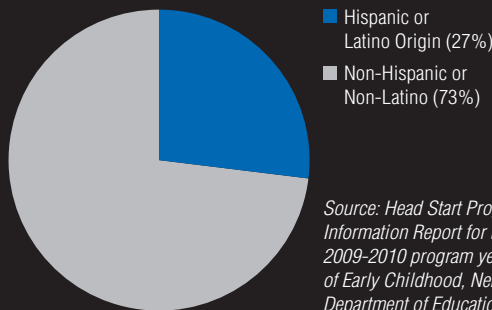
Figure 3.1: Head Start/Early Head Start Enrollment by Race (Program Year 2009-2010)



Source: Head Start Program Information Report for the 2009-2010 program year, Office of Early Childhood, Nebraska Department of Education.

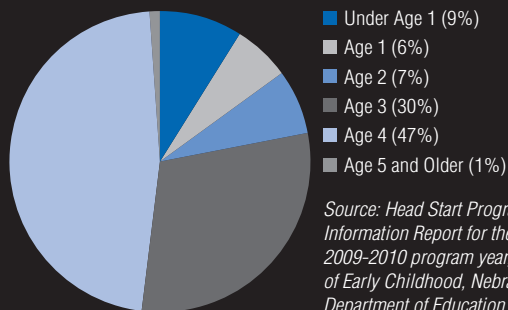
Note: The race of 379 children was unspecified.

Figure 3.2: Head Start/Early Head Start Enrollment by Ethnicity (Program Year 2009-2010)



Source: Head Start Program Information Report for the 2009-2010 program year, Office of Early Childhood, Nebraska Department of Education.

Figure 3.3: Ages of Children in Head Start and Early Head Start Programs (Program Year 2009-2010)



Source: Head Start Program Information Report for the 2009-2010 program year, Office of Early Childhood, Nebraska Department of Education.

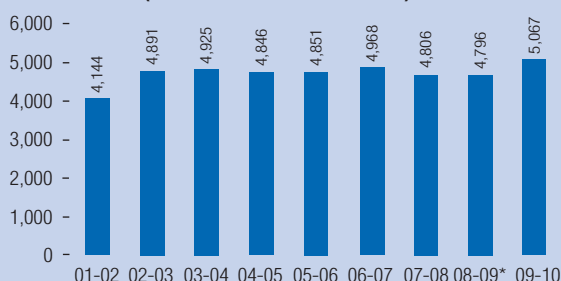
toward self-sufficiency.¹ Evidence also shows that Head Start children experience cognitive, social and physical gains in the short-term, which can have meaningful implications for long-term academic performance.² Unfortunately, despite its significant impact on children's development and achievement, neither Head Start nor Early Head Start has enough funding to reach all children in need of services.

During the 2009-2010 program year, 22 Head Start and 11 Early Head Start programs provided services for young children and their families in 77 of Nebraska's 93 counties. This is an increase from 74 counties served last year, as funding from the American Recovery and Reinvestment Act of 2009 (ARRA) allowed some programs to expand services. Out of 22 Head Start programs, there were 15 grantee programs, one migrant program, 3 delegate agencies, and 3 American Tribe programs. Head Start and Early Head Start services were offered in a variety of settings in the state. Services were provided for children in 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. Head Start programs served 1,440 Nebraska children six or more hours per day, 4-5 days a week. An additional 3,992 children were served in part-day programs, which are less than six hours a day, 4-5 days a week.

According to the Head Start Program Information Report for the 2009-2010 program year, Nebraska Head Start/Early Head Start programs served 6,636 children from birth through age 5. Early Head Start programs served 232 pregnant women. Figures 3.1, 3.2, and 3.3 present the racial, ethnic, and age breakdowns of children served.

Figure 3.4 provides historical data on the number of 3- and 4-year-old children enrolled in Head Start and Early Head Start. Of the children served, 3,052 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 primary language other than English was spoken

Figure 3.4: Number of 3- and 4-Year Old Children Enrolled in Head Start/Early Head Start Programs (2001-2002 – 2009-2010)



Source: Office of Early Childhood Education, Nebraska Department of Education.

* Actual number may be higher, as ages for 124 children were not reported.

by 1,575 children. Finally, 1,000 children had determined disabilities. Further details about the programs and their participants are provided in Tables 3.1 and 3.2.

State Early Childhood Education Grant Program

Nebraska's Early Childhood Education Grant Program, administered by the Nebraska Department of Education (NDE), is designed to award state funds to school districts 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. Of the 3,042 children served during the 2009-2010 school year, 97% were either 3- or 4-years-old. The number of children served increased from 2,723 in the 2008-2009 school year.

In 2009-2010, 71 school districts or ESUs across the state received grants that fully or partially funded early childhood education programs. Grantees were required to collaborate with existing local providers, including Head Start and existing early childhood programs. The collaborative groups combined grant funds with existing resources to operate integrated early childhood programs, thus improving access to services for young children in those communities.

A majority of the 3,042 children served in the Early Childhood Education Grant Program were from low-income

Table 3.1: A Closer Look at Head Start and Early Head Start (Program Year 2009-2010)

Children	Head Start	Early Head Start
Percent receiving medical treatment	94.95%	100%
Percent of preschool children completing professional dental exams	94.26%	N/A
Classroom and Staff		
Percent of preschool teachers who meet current federal degree/credential requirements*	99.67%	N/A
Percent of preschool teaching assistants who meet federal degree/credential requirements that become effective September 2013*	79.47%	N/A
Staff who are Current or Former Head Start Parents (both HS/EHS and contracted)	22.70%	20.19%

Source: Head Start Program Information Report for the 2009-2010 Program Year, Office of Early Childhood, Nebraska Department of Education.

* As indicated in Section 648A of the Head Start Act.

Note: Percentages are based on 6,068 families served.

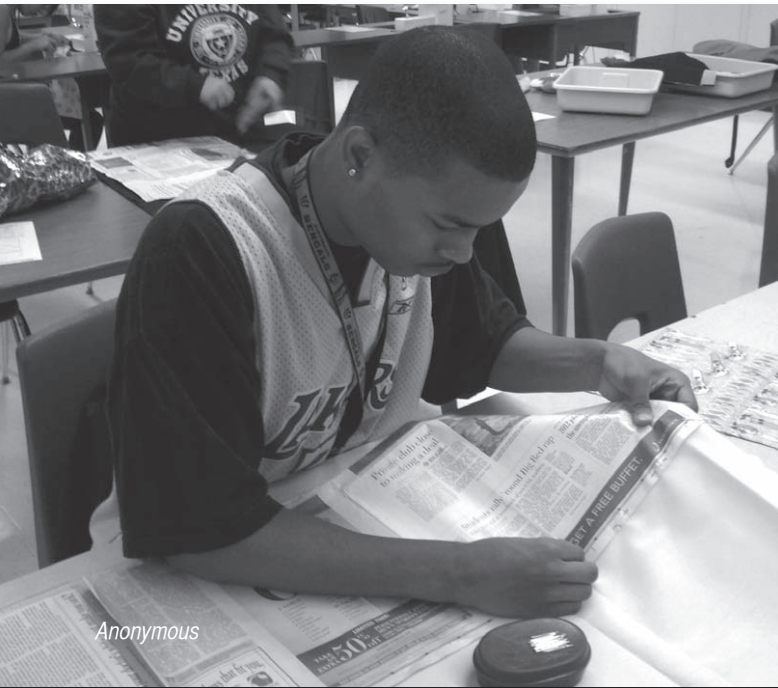
Table 3.2: Families Utilizing Head Start and Early Head Start (Program Year 2009-2010)

Family Involvement	Number	Percent
Two-Parent Families	3,151	51.93%
Single-Parent Families	2,917	48.07%
One or both parents employed	4,390	72.35%
Families receiving emergency/crisis intervention services*	1,851	30.50%
Families receiving adult education (GED programs, college selection, etc.)	1,134	18.69%
Families receiving parenting education	4,560	75.15%
Families receiving at least one family service	5,231	86.21%

Source: Head Start Program Information Report for the 2009-2010 Program Year, Office of Early Childhood, Nebraska Department of Education.

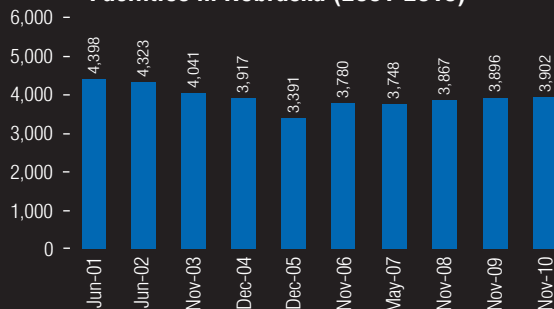
* Emergency/crisis intervention services means meeting immediate need for food, clothing or shelter.

Note: Percentages are based on 6,068 families served.



Anonymous

Figure 3.5: Number of Licensed Child Care Facilities in Nebraska (2001-2010)



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

Note: Because of the point-in-time nature of this data collection, we are unable to obtain data from previous years for the same month each year. We hope to obtain data in November from 2008 forward and correct this problem.

families, as 59% of children served were eligible for free or reduced school lunch. English was not the primary language used in the home of 13% of the children served. Of the children served by the Early Childhood Grant Programs in 2009-2010, 61% were White, 30% were Hispanic, 6% were Black or African American, 2% were American Indian/Alaskan Native, and 1% were Pacific Islander/Asian.

Even Start Family Literacy Programs

The Even Start Family Literacy Program is a program of the U.S. Department of Education, administered through NDE, which aims to improve the educational opportunities of low-income families. It integrates intensive early childhood education with adult literacy and adult basic education. Even Start also includes support for English language learners and parenting education. Eligible participants in Even Start programs are parents who qualify for participation in an adult education program with their children, birth through age 7. 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.

In the 2009-2010 grant year, only two Even Start programs were funded in Nebraska. These sub-grantees were in Lincoln and Crete. This marks a continuing decrease from the eight programs funded in 2006-2007, due to cuts in federal funding. Nebraska's Even Start programs served 75 families, including 119 adults and 153 children during the 2009-2010 program year. Of all parents served, 39% or 46 parents were English language learners. Of the 34 newly enrolled families, all were living at or below the federal poverty level (see page 62 for federal poverty guidelines).

Early Development Network and 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 3) or an Individualized Education Program (for children ages 3 to 21) must be developed. Service coordinators with the Early Development Network are available to assist families with children from birth to age 3 who have disabilities. In 2010, an annual count of 6,938 children from birth to age 3 were served by the Early Development Network or were referred but did not receive early intervention services, for a variety of reasons. These reasons include, upon referral: child received a screening evaluation but found not eligible; family chose not to participate in services; child passed away; family moved out of state.

Services for young children with disabilities are required to be provided in natural environments for children birth to age 3 and in inclusive environments for children ages 3 to 5. The terms “natural” and “inclusive” environments are defined as settings that would be natural 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.

Child Care Facilities and Subsidies

To be able to fully participate in the workforce, families need safe, high quality child care that supports a full range of children’s developmental needs. According to the U.S. Census Bureau, 131,908 children were under age 5 in Nebraska in 2010.³ The vast majority of these children will require child care outside the household at some point in their young lives, as 95% of children under age 6 in Nebraska have either one or two working parents.⁴ The lack of quality and licensed child care in Nebraska often results in long waiting

lists and families’ use of unlicensed care. In Nebraska, a child care provider or facility providing care for four or more children from more than one family must be licensed by the Nebraska Department of Health and Human Services (DHHS). Data pulled from the Nebraska Department of Health and Human Services in November 2010 indicate that Nebraska had a total of 3,902 child care facilities with a total capacity of 107,993 children. In 2010, as in the previous two years, both the number of licensed providers, as well as their total capacity, increased; this is a reversal from a trend of past years in which the number of licensed child care providers decreased while the total capacity in licensed child care programs increased. The number of facilities over time is presented in Figure 3.5. In January 2010, Nebraska had 1,622 “approved” or license-exempt providers. Providers who are license-exempt are limited in the number of children who receive care. Those who care for four or more children who are not family members must be licensed. Licensed providers have been inspected by a fire marshal and must meet minimal health and safety standards. Caregivers must also have been cleared with the Central Registry for Abuse and Neglect.⁵

In 2010, families who had previously received Aid to Dependent Children (ADC) with incomes at or below 185% of the federal poverty level, could utilize child care subsidies.⁶ Families who had not received ADC were eligible only if their income was at or below 120% of the federal poverty level. Throughout SFY 2010, DHHS subsidized the child care of 34,057 unduplicated children, an increase from 32,748 children in SFY 2009. An average of 18,328 children received a subsidy each month. This is an increase from 17,003 children served monthly in 2009. A total of \$85,314,367 in federal and state funds was used for child care subsidies in Nebraska, for an average annual payment of \$2,481 per child. Subsidies were paid directly to the providers. While not all children received the subsidy for all 12 months of the year, DHHS paid an average subsidy of \$384 per child per month in SFY 2010. DHHS rates for SFY 2010 ranged from

\$2.25 to \$5.50 per hour for infants (\$20.00 to \$40.00 per day) and \$2.25 to \$5.00 per hour for toddlers, preschool and school-age children (\$19.00 to \$34.00 per day). For in-home care, in which the child care provider comes to the home of the child, DHHS used the federal minimum wage rate, \$7.25 per hour in SFY 2010.

K-12

High School Graduates

During the 2009-2010 school year, 21,513 Nebraska high school students were awarded diplomas. The 2009-2010 graduation rate was 90.0% compared with 89.9% in 2008-2009, 89.8% in 2007-2008 and 89.3% for the 2006-

Table 3.3: Graduation Rates by Race, Ethnicity and Gender (2009-2010 School Year)

Students Race*	Graduation Rate**
White	93.20%
Black	74.13%
Asian	94.25%
Hispanic	78.54%
Indian	63.30%
Female	91.38%
Male	88.72%
Nebraska Total	90.03%

Source: Nebraska Department of Education.

* Racial/ethnic groups are reflective of those referenced by the data source.

** Graduation rate is calculated using the NCES formula.

2002-2003, which is the definition used in this report. The NCES definition calculates a four-year rate by dividing the number of graduates with regular diplomas in a given year by the sum of the number of dropouts in each of the four years, during which the students moved through high school, and the high school diploma recipients.

2007 school year. In the 2009-2010 school year, graduation rates for White, Asian, and Female students were higher than the statewide rate; however, the rates for Black, Hispanic, Indian, and Male students were below the statewide rate. Table 3.3 presents graduation rates by race, ethnicity and gender.

Nebraska has used the definition for graduation rate developed by the National Center for Education Statistics (NCES) since

Nebraska parents or legal guardians have the option to provide educational opportunities for their children outside of approved or accredited public or non-public schools. During the 2009-2010 school year, there were 6,295 exempt or "home school," students in Nebraska, which is an increase from 6,134 students in 2008-2009 and 6,062 students in 2007-2008. Figure 3.6 demonstrates the trends in the number of home schooled children since the 2000-2001 school year.

In addition, 1,241 students ages 16-19 took all or portions of the General Education Development (GED) test in 2010. Of these, 983 (79.2%) successfully completed the tests and qualified for a GED credential, which is an increase from 888 students (64.2%) who successfully completed the test in 2009.

School Dropouts

During the 2009-2010 school year, 1,968 Nebraska students dropped out of school, 1,197 male and 771 female. This was a decrease of 322 dropouts from the previous school year, 169 male and 153 female.⁷ Research indicates that some groups have higher dropout rates than others. For instance, the higher dropout rates among Black and Latino students may be linked with higher rates of poverty and level of segregation.⁸ Figure 3.7 on page 37 compares percent of dropouts to percent of enrollment by race and ethnicity.

Expelled Students

During the 2009-2010 school year, 907 Nebraska students in grades 7-12 were offered alternative education in response to expulsion. This is an increase from 892 students in the 2008-2009 school year.⁹ Table 3.4 presents the number of statewide expulsions starting with the 2000-2001 school year.

In general, students expelled from public school 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 his or her education in either a formal alternative program or at home. In some

Table 3.4: Statewide Expulsions (School Years 2000-2001 – 2009-2010)

School Year	Number of Expulsions
2000-2001	770
2001-2002	816
2002-2003	857
2003-2004	858
2004-2005	924
2005-2006	928
2006-2007	959
2007-2008	1,000
2008-2009	892
2009-2010	907

Source: Nebraska Department of Education.

cases, the student and his or her parents may develop a written plan outlining 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.

Special Education

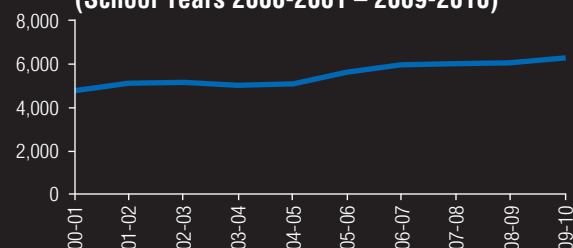
On October 1, 2010, 47,845 Nebraska students from birth to age 21 received special education services. It is important for a child's development and education that the need for special education be identified at an early age. There were 6,886 children, birth to age five, with a verified disability receiving special education services (this is a point-in-time count for October 1). School districts reported 40,959 students ages 6 to 21 with disabilities during the 2009-2010 school year.

Student Characteristics

Some student characteristics are linked with additional barriers to academic and personal success. Students face unique challenges when they frequently change schools, have difficulty speaking English, or live in poverty. Figure 3.8 highlights decreasing trends in mobility rate, increasing eligibility for free for free reduced meals, and increasing rates of English language learning in Nebraska public schools.

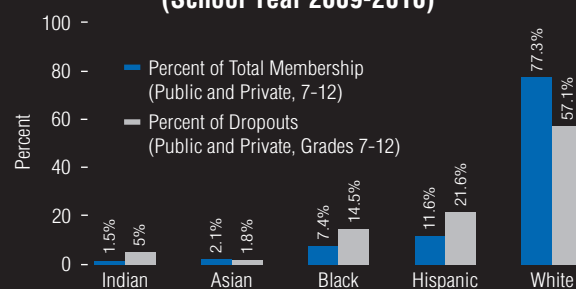
Mobility rate highlights students entering and leaving school during the school year. Research indicates that as students move more frequently, they face an increased risk

Figure 3.6: Exempt or “Home School” Students (School Years 2000-2001 – 2009-2010)



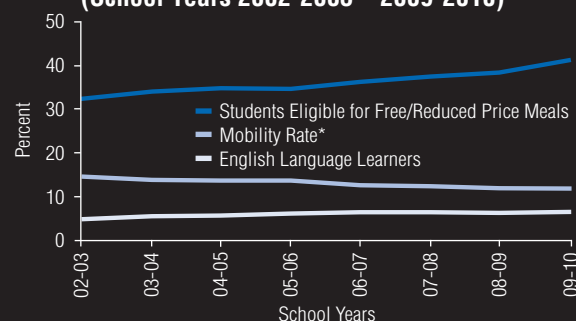
Source: Nebraska Department of Education.

Figure 3.7: Percent of Dropouts Compared to Percent of Enrollment by Race and Ethnicity (School Year 2009-2010)



Source: Nebraska Department of Education.

Figure 3.8: Nebraska Public Schools Trends in Student Characteristics (School Years 2002-2003 – 2009-2010)



Source: Nebraska Department of Education, <http://reportcard.education.ne.gov>.

* Mobility Rate – Beginning in 2008-2009, the method of calculating mobility rates changed. Caution should be used when comparing student mobility across years.

of lower test scores and of dropping out. Further, schools with high student mobility are more likely to have higher rates of school crime and suspension, as well as lower rates of student participation in the classroom.¹⁰

Increasing rates of eligibility for free and reduced meals correlate with increasing poverty. Poverty influences which opportunities may be available to children.¹¹ However, free and reduced meals through the School Lunch Program help connect students with nutritious meals they may not otherwise access. Such meals help children with classroom attendance, behavior, and attention.¹²

English language learners (ELL) refer to students whose primary language is not English and who have difficulties speaking, reading, writing, or understanding English.¹³ Nationally, ELL students are more likely to be placed in remedial or low-level courses and taught basic skills. Consequently, they may have less access to courses that prepare them for college, thereby adding an additional barrier to future success.¹⁴

School Meal Programs

School Lunch and Breakfast

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 (see the Economic Stability section, Page 62, for FPL). Through this program, the USDA subsidizes all lunches served in schools. During the 2009-2010 school year in Nebraska, 429 districts participated with 1,031 lunch sites. There were 115,602 children found to be income eligible for free and reduced meals on the last Friday in September 2010. The County Data section provides an indicator on the percent of children eligible for free and reduced meals in each county.

The USDA also provides reimbursements to schools for breakfast as they do for lunch. Unfortunately, fewer

schools choose to participate in the breakfast program. During the 2009-2010 school year, 863 schools in 272 districts participated in the school breakfast program.

In the 2009-2010 school year, the USDA reimbursed a total of \$51,256,568 for all free/reduced breakfast and lunches in Nebraska. The state government match for free/reduced lunch and breakfast was \$402,669.



¹ "Early Head Start Benefits Children and Families," Early Head Start Research and Evaluation Project, April 2006.

² Barbara L. Devaney, Marilyn R. Ellwood, and John M. Love, "Programs that Mitigate the Effects of Poverty on Children," *The Future of Children Journal*, Volume 7, No. 2, Summer/Fall 1997.

³ U.S. Census Bureau, 2010 Census Summary File 1, Age Groups and Sex, Table QT-P1.

⁴ U.S. Census Bureau, 2010 American Community Survey, Table B23008.

⁵ "Choosing Child Care for Your Children," Nebraska Department of Health and Human Services. Retrieved from <http://www.dhhs.ne.gov/chscchoos02.htm>.

⁶ See page 62 of this report for poverty levels.

⁷ Dropout rates are calculated using grades 7-12.

⁸ Orfield, G., Losen, D., Wald, J., & Swanson, C. *Losing Our Future: How Minority Youth are Being Left Behind by the Graduation Rate Crisis*, Cambridge, MA: The Civil Rights Project at Harvard University, 2004.

⁹ The total of 907 is an unduplicated count of students expelled from each district, though students could have been counted twice if expelled from more than one district.

¹⁰ Beesley, A., Moore, L., and Gopalani, S. (2010). Student mobility in rural and nonrural districts in five Central Region states (Issues & Answers Report, REL 2010–No. 089). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory Central. Retrieved from <http://ies.ed.gov/ncee/edlabs>.

¹¹ Annemarie Bailey Fowler and Tiffany Seibert, *Kids Count in Nebraska 2008 Report*, Voices for Children in Nebraska.

¹² "Child Nutrition Fact Sheet: National School Lunch Program," Food Research & Action Center. Retrieved from <http://frac.org/newsite/wp-content/uploads/2009/09/cnnsfp.pdf>.

¹³ "2009-2010 State of the Schools Report: A Report on Nebraska Public Schools." Nebraska Department of Education. Retrieved from <http://reportcard.education.ne.gov/20082009/Main/Definition.aspx?Def=ELL/Defn-StudentChar-ELL.htm>.

¹⁴ "A Teacher's Guide to State English Language Learner Assessment and Accountability," National Council of La Raza, 2009. Retrieved from <http://www.aecf.org/KnowledgeCenter/SearchResults.aspx?keywords=ELL&source=topsearchKC>.

Voices for Children in Nebraska believes that all children deserve safe and appropriate living environments.

Safety

We believe all children should have protection from physical, emotional and sexual abuse, neglect, and exploitation. The best living environment for a child most often is in his or her

own home. However, when a child is abused or neglected at home, or in some way presents a risk to oneself or to others, the safest option for the child and the community may be placement in out-of-home care. Children who have been made wards of the state by court order fall under the care of the Nebraska Department of Health and Human Services. We believe that child safety is best achieved through a stable system with appropriate placement services and prevention. In addition, family supports can help preserve safety for the child and the community.

Sometimes children and youth break the law. The juvenile justice system should be designed in a way that holds youth accountable for their actions while recognizing their unique brain development and capacity for rehabilitation.

This section will provide data on child deaths, child abuse and neglect, domestic violence, child welfare and juvenile justice.

Child Deaths

In 2010, there were 130 child deaths, ages 1-19, in Nebraska. This was an increase from 121 child deaths in 2009 and a decrease from 147 in 2008. The leading cause of child death in Nebraska is motor vehicle accidents. In 2009, 45 children ages 1-19 were killed in motor vehicle accidents (37.2% of all child deaths ages 1-19), an increase from 38 deaths (25.9%) in 2008. That number fell to 32 in 2010. According to the Nebraska Department of Roads, 255 children suffered disabling injuries due to accidents in 2010, a decrease from 300

in 2009. Table 4.1 presents leading causes of child deaths.

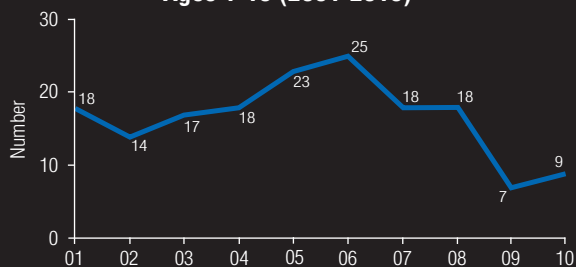
Child deaths due to non-motor vehicle accidents hit a low in 2009 with 13 deaths, compared with 27 in 2010. Eight child deaths were attributed to cancer in 2009 and 13 occurred in 2010. Though Nebraska experienced a peak in child suicides in the middle of the decade, a declining trend has followed. In 2009, there were 7 child suicides and in 2010, there were 9. See Figure 4.1 on for trends in child suicides since 2001. In 2009, the top 5 causes of child death were motor vehicle accidents (45), non-motor vehicle acci-

Table 4.1: Selected Causes of Death Among Children Ages 1-19 (2000-2009 and 2001-2010)

Causes	Frequency	
	2000-2009	2001-2010
Motor Vehicle Accidents	560	534
Non-Motor Vehicle Accidents	206	215
Suicide	177	168
Homicide	110	100
Cancer	122	124
Birth Defects	67	71
Heart	43	43
Cerebral Palsy	24	24
Asthma	20	20
Pneumonia	14	14
HIV/AIDS	2	1
All Other Causes	256	243
Total	1,601	1,557

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

Figure 4.1: Child Deaths by Suicide Ages 1-19 (2001-2010)



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

dents (13), birth defects (11), cancer (8), and homicide (8).

In 2010, the top 5 causes were motor vehicle accidents (32), non-motor vehicle accidents (27), cancer (13), birth defects (11), and homicide (11).

Child Maltreatment

Child Abuse Fatalities

In 1993, the Nebraska State Legislature mandated formation of a Child Death Review Team (CDRT) to review all child deaths. The team is required by statute to review all deaths of children in the state ages 0 to 17 – regardless of whether they appear to be suspicious or violent – and make recommendations for reducing future deaths.

According to data provided by DHHS' Vital Records, there were 8 child deaths in 2009 that were officially classified as homicides and 11 in 2010. The CDRT within DHHS continues to finalize its separate review of the deaths of children ages 17 and under that have occurred in recent years. The CDRT identified 6 deaths in 2009 that were considered a result of maltreatment. In 2010, the team considered 5 deaths a result of maltreatment. In two of the deaths in 2009,

It's the Law!

The state of Nebraska requires all persons 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 DHHS 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. In 2010, the top five sources of maltreatment reports were law enforcement personnel (17%), education personnel (14%), parent or legal guardian (12%), unknown source (14%), and friend or neighbor (8%).

the child's father was the perpetrator, in one case the alleged perpetrator was the mother; another was a mother's ex-boyfriend; one was caused by relatives, and another was attributed to a babysitter. Information on perpetrators in the 2010 deaths was not available.

Eight cases from 2009 and 14 cases from 2010 are still under consideration for neglect. In previous years, the number of child deaths due to abuse and neglect was reported as 14 children in 2008, 14 children in 2007, 11 children in 2006, 12 children in 2005, 9 children in 2004, 10 children in 2003, and 7 children in 2002. The CDRT expects the number of abuse and neglect designations to increase over time as the team gains access to more diverse sources of information about each death.

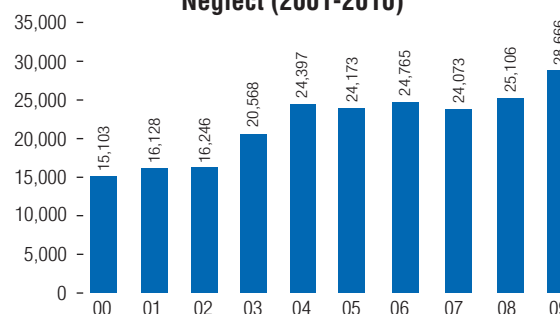
Investigated and Substantiated Cases

Nebraska Department of Health and Human Services System (DHHS) received 33,081 calls to the Child Abuse and Neglect Hotline in 2010. Those calls included 28,666 reports of child abuse and neglect (CAN). As demonstrated in Figure 4.1, reports alleging abuse or neglect in 2010 were at their highest in the last 10 years.

Of the 28,666 child abuse and neglect reports received in 2010, 14,161 (49.4%) were accepted for investigation, also referred to as safety assessment. This is an increase of 122 reports accepted for safety assessment in 2009. From the 14,161 reports accepted for safety assessment, 13,417 (94.7%) assessments were completed as of July 2011. Of the reports selected for assessment, a total of 9,449 (66.7%) cases were 'safe,' 2,246 (15.9%) were 'unsafe' and 2,466 (17.4%) were undetermined. DHHS considers a child safe when he or she faces no current or impending danger, or if the caregiver is able to protect the child from threats.¹ Of those assessed as 'unsafe,' 1,364 ended up as 'court involved,' 689 ended up as 'non-court involved' and 193 were pending case status determination as of July 2011.

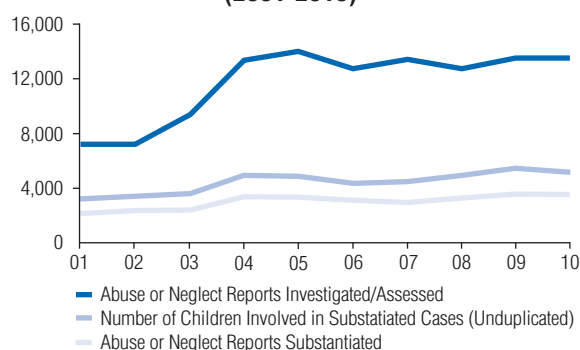
Of those 13,417 completed assessments, 3,396 reports were substantiated, a 25.3% substantiation rate. A

Figure 4.2: Number of Calls to Child Protective Services (CPS) for Alleged Child Abuse and Neglect (2001-2010)



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

Figure 4.3: Statewide Abuse and Neglect Cases (2001-2010)



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

'substantiated' case is one that has gone to court and a judgment of guilty has been issued against the perpetrator.² There was a total of 5,169 children identified as victims in one or more of the substantiated reports. This is a decrease of 268 children from 5,437 in 2009. The number of child victims is an unduplicated total, meaning each child was counted only once, even if the child was involved in two or more substantiated reports. Of the 5,169 victims in 2010, 51.2% (2,648) were female and 48.8% (2,521) were male. Figure 4.3 presents detailed views of abuse and neglect cases over time.

Data show substantiated cases are more likely to involve young children. In 2010, 3,456 (66.9%) of the children involved as substantiated victims were ages 8 and under. Children, ages 3 and under, represented 1,841 (35.6%) of

the children involved as substantiated victims. Children aged 2 and under accounted for 1,426 (27.6%) of the children involved in substantiated cases. Younger children often display stronger evidence of abuse, which is therefore more likely to be reported.

Table 4.2 presents a complete summary of child abuse and neglect reports for 2006-2010. Total reports received are broken down into those alleging CAN. Of those reports alleging CAN, totals are given according to those that were selected for assessment, for which assessment was completed, and those that were in process at the time of reporting. Among completed assessments, further data are provided for those that were substantiated, unfounded and unable to locate. The percentage of 'in process' reports out of the total number of CAN reports accepted for assessment rose to 5.3% from 4.7% in 2009.

Types of Maltreatment

Neglect, physical abuse and sexual abuse are the three main classifications 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 whose physical growth is significantly less than that of peers, labeled "failure to thrive," are often the result of neglect. Neglect is the most common type of child maltreatment. Research indicates that poverty is often linked with neglect, in that a family's financial means may limit its ability to provide for a child's basic needs.³ Indeed, reports of neglect of children in poor households are more likely to lead to placement in out-of-home care, compared with neglect reports of children in nonpoor households.⁴ In addition, differing cultural standards regarding appropriate standards of care for children may contribute to reports of maltreatment.⁵

Table 4.3 lists types of abuse that took place in substantiated cases of child abuse in Nebraska in 2010. A single child can experience more than one type of abuse. This is why there are 5,169 child victims in 2010, while the total number of abuse types totals 6,310.

Table 4.2: Child Abuse and Neglect Reports (2006-2010)

	2006	2007	2008	2009	2010
Total Reports Received	28,358	30,135	29,269	30,309	33,081
Reports Alleging Child Abuse or Neglect (CAN)	24,173 85.2%	24,765 82.2%	24,073 82.2%	25,106 82.8%	28,666 86.7%
Reports in Process, of Those Alleging CAN	595 2.5%	1,775 7.2%	833 3.5%	663 2.6%	744 2.6%
CAN Reports Selected for Assessment*	12,629 52.2%	13,319 53.8%	13,460 55.9%	14,039 55.9%	14,161 49.4%
CAN Reports, Completed Assessments	12,034 49.8%	11,544 46.6%	12,627 52.5%	13,376 53.3%	13,417 46.8%
Substantiated** Reports, of Completed Assessments	3,065 25.5%	2,894 25.1%	3,260 25.8%	3,520 26.3%	3,396 25.3%
Unfounded Reports, of Completed Assessments	8,738 72.6%	8,412 72.9%	9,075 71.9%	9,522 71.2%	9,640 71.8%
Unable to Locate, of Completed Assessments	231 1.9%	238 2.1%	292 2.3%	334 2.5%	381 2.8%

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

* Investigation/Assessment Rate – Percent of reports alleging child abuse and neglect that were investigated or underwent safety assessment.

** Substantiation Rate – Percent of reports selected for investigation/assessment of child and abuse that were substantiated. For 2010, the number of investigations completed was 13,417. Thus, the 2010 substantiation rate was calculated using the completed investigation total and not the total number of cases selected for investigation (3,396/13,417).

Table 4.3: Types of Substantiated Abuse (2010)

Abuse Type	Gender		Total Substantiated Allegations
	Male	Female	
Physical Abuse	300	318	618
Emotional Abuse	28	21	49
Sexual Abuse	305	61	366
Emotional Neglect	130	131	261
Physical Neglect	2,472	2,540	5,012
Medical Neglect of Handicapped Infant	3	1	4
Total Substantiated Allegations	3,238	3,072	6,310
Total Victims	2,648	2,521	5,169

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

Domestic Violence/Sexual Assault Programs

Domestic violence, sexual assault, and stalking are prevalent in every country, in every state, and in every community. Unfortunately, research indicates that when children are exposed to domestic violence – whether through sight, sound, or direct involvement – they are more likely to experience negative outcomes themselves. For instance, children may be more likely to show signs of depression, anxiety, physical aggression, general behavioral problems and other trauma symptoms.⁶

In Nebraska, during the 2009 - 2010 reporting period, there were 22 community-based domestic violence/sexual assault programs and 4 tribal programs serving the Ponca, Winnebago, Omaha, and Santee Sioux nations.⁷ 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.

The 22 local domestic violence/sexual assault pro-

grams endeavor to meet the needs of victims/survivors and empower them as they respond to the violence perpetrated against them. Programs also work to hold offenders accountable, and partner with other agencies to increase community awareness and support.

Between October 1, 2009, and September 30, 2010, the 22 programs provided the following services.⁸

- Direct services, such as shelter, crisis support, medical advocacy, and legal advocacy, assisted 28,047 people. This is a 39% increase from the people served during the 2008-2009 reporting period. Of the people served, 16,945 (60%) were adult women, 1,766 (6%) were adult men, and 9,336 (33%) were children and youth.
- A total of 104,034 shelter beds were provided to adults and children, an increase of 22% from the previous reporting period.
- The program staff and volunteers responded to 58,955 crisis calls through the programs' 24-hour hotlines.
- Programs also provided 46,800 hours of individual supportive counseling and advocacy to adult survivors, and 10,736 hours of group supportive counseling and advocacy.
- Children and youth received 16,801 hours of supportive counseling related to services and assistance, in addition to 4,898 additional hours of activities.

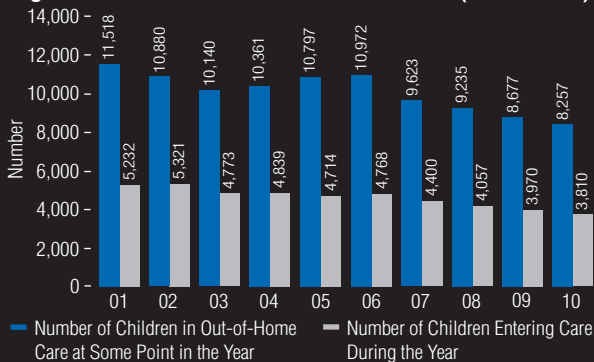
Child Welfare

How Many Children Are in the System?

A total of 8,257 Nebraska children were in out-of-home care at some point in 2010. This was a decrease of 420 from 2009. During the calendar year 2010, 3,809 entered care while 4,004 children exited. Both the number of children who entered and those who exited care decreased from 2009. Of the 3,809 children who entered care in 2010, 2,321 (60.1%) were placed in out-of-home care for the first time and 1,488



Braxton

Figure 4.4: Children in Out-of-Home Care (2001-2010)

Source: Foster Care Review Board.

Table 4.4: Out-of-Home Care Children by Race and Ethnicity (December 31, 2010)

Race/Ethnicity	Number	Percent
White	2,709	52.6%
Black	1,056	20.5%
Native American	349	6.8%
Hispanic	625	12.1%
Asian	40	0.8%
Multiple Races	218	4.2%
Other/Unknown/Declined	150	2.9%
Total	5,147	100.0%

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

(39.1%) for the second time or more. A total of 4,301 children were in care on December 31, 2010 – 147 fewer children in care than the previous year. Of the 4,301 children in care on this date, 4,287 were DHHS wards. Figure 4.4 presents a historical view of the number of children in out-of-home care since 2001.

Children of color represent 27.0% of Nebraska's child population (ages 19 and under).⁹ However, children of color made up 44.5% of children in out-of-home care on December 31, 2010.¹⁰ These data are presented in Table 4.4.

Research continues to show that parents of color are no more likely than White parents to abuse or neglect their children.¹¹ Despite this fact, children of color continue to be overrepresented in the Nebraska out-of-home care system. National research has shown that race is one of the primary determinants in child protective services' decisions during reporting, investigation, substantiation, placement, and exit from care.¹²

In 1982, the Foster Care Review Board (FCRB) was created as an independent agency responsible for reviewing the plans, services and placements of foster children. These reviews fulfill federal review requirements. About 320 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. For this section, the FCRB provided data in the subsection "Out-of-Home Care Placements," on number of adoptions, and in the figures and tables as indicated. DHHS provided data on licensed and approved foster homes, for multiple placements by race and ethnicity, about Safe Haven placements, and in the figures and tables as indicated.

Out-Of-Home Care Placements

Children may enter out-of-home care for a variety of reasons. Neglect is the most frequently recorded cause for removal

of children from the home of their parent(s) or guardian(s). Parental drug abuse is the second most prevalent cause for removal; substandard or unsafe housing the third most common reason, and the child's own behaviors the fourth most common reason. Table 4.5 presents a summary of reasons children entered out-of-home care in 2010.

Once in out-of-home care, there is a variety of placement possibilities for children. Of the 4,301 children in care on December 31, 2010, there were 1,879 (44%) in foster homes; 1,016 (24%) placed with relatives; 752 (18%) in group homes, residential treatment centers or centers for the developmentally disabled; 370 (9%) in detention; 125 in emergency shelters; 73 were runaways or had unknown whereabouts; and 47 were living independently or semi-independently, as they were near adulthood. The remaining 39 children were placed in psychiatric treatment or inpatient substance abuse facility; medical facility; other; or type not reported.

Of the 4,004 children who left foster care during 2010, a total of 3,200 (74%) were returned to their parents and 395 (9%) children were adopted. The number of completed adoptions in 2010 decreased compared to the 487 completed adoptions in 2009. In 2010, 275 (6%) youth "aged out" of the system. Thirty-two (1%) children were released from detention or youth residential treatment centers and returned to their parents. Three children died while in foster care in 2010. The deaths were attributed to medical issues, a car accident, and suicide. This is the same number of deaths among children in foster care in 2009.

Licensed and Approved Foster Homes

In December 2010, there were 1,715 licensed foster homes. In becoming a licensed or approved foster home provider, candidates must go through local, state and national criminal background checks, as well as through child and adult abuse registry and sex offender registry checks. Licensed providers must also participate in a home study, which includes a series of interviews, and complete initial and ongoing training.

Table 4.5: Summary of Reasons Children Entered Foster Care (Reviewed 2010)ⁱ

Category	All Children Reviewed		By Number of Removals			
			Children who were in foster care for the first time		Children who were in foster care at least once previously	
Neglect ⁱⁱ	1,9629	57.9%	1,218	57.1%	734	59.3%
Parental Drug Abuse	999	29.5%	619	28.8%	380	30.7%
Parental Meth Abuse ⁱⁱⁱ	543	16.0%	—	0.0%	—	0.0%
Parental Alcohol Abuse	414	12.2%	238	11.1%	176	14.2%
Housing Substandard/Unsafe	852	25.2%	544	25.3%	308	24.9%
Physical Abuse	640	18.9%	353	16.4%	287	23.2%
Parental Incarceration	327	9.7%	215	10.0%	112	9.0%
Abandonment	244	7.2%	128	6.0%	116	9.4%
Parental Illness/Disability	205	6.1%	102	4.7%	103	8.3%
Sexual Abuse ^{iv}	248	7.3%	144	6.7%	104	8.4%
Death of Parent(s)	24	0.7%	11	0.5%	13	1.1%
Relinquishment	15	0.4%	4	0.2%	11	0.9%
Domestic Violence	435	12.8%	308	14.3%	127	10.3%
Child's Behaviors	822	24.3%	341	15.9%	481	38.9%
Child's Mental Health	151	4.5%	60	2.8%	91	7.4%
Child's Disabilities	60	1.8%	26	1.2%	34	2.7%
Child's Drug Abuse	102	3.0%	45	2.1%	57	4.6%
Child's Meth Abuse	2	0.1%	1	0.0%	1	0.1%
Child's Alcohol Abuse	44	1.3%	19	0.9%	25	2.0%
Child's Illness	42	1.2%	29	1.3%	13	1.1%
Child's Suicide Attempt	20	0.6%	11	0.5%	9	0.7%
Parental Mental Health	254	7.5%	203	9.4%	51	4.1%
Abuse of Sibling	156	4.6%	134	6.2%	22	1.8%
Parent also in Foster Care	10	0.3%	8	0.4%	2	0.2%
Born Affected (Drugs/Alcohol)	17	0.5%	16	0.7%	1	0.1%

ⁱ Up to ten reasons for entering foster care could be identified for each child reviewed. Multiple reasons may be selected for each child. This chart contains all the reasons identified at the time of removal.

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

ⁱⁱⁱ Parental meth abuse is a subset of parental drug abuse.

^{iv} Children and youth often do not disclose sexual abuse until after removal from the home. This chart includes only sexual abuse identified as an initial reason for removal and does not reflect later disclosures.

Note: The percentages are based on 3,387 individual children reviewed. Of those children 2,149 were in foster care for the first time, while 1,238 had been in care at least once previously. Many of the behaviors identified as a reason for children and youth to enter foster care are predictable responses to prior abuse or neglect.

Source: State Foster Care Review Board.

Approved providers are relatives or individuals known to the child or family prior to placements.

In December 2010, there were 1,947 approved foster homes, a decrease of 69 approved foster homes from 2009. Licensed foster homes also decreased by 293 in 2010, to 1,715. In general, some of the loss in licensed homes may occur due to a decrease in the number of youth in foster care or because the licensed homes adopt the children whom they were fostering and then decided against fostering more children. Also, as approved homes can only be used for children who are relatives or close friends of the child, these homes are closed to further placements as soon as the specific child leaves the home.

Lack of Foster Care Homes

According to DHHS, a total of 3,662 approved or licensed homes were available in Nebraska in December 2010. This is a decrease of 362 possible placements from December 2009. Nebraska has long faced an ongoing need for foster placements, but fluctuations in the child welfare system in the 2009 and 2010 have worsened the likelihood of appropriate foster placements. More children have reportedly been placed in group homes, which often are not the ideal placement. Further, group homes themselves have struggled to meet the increasing needs of children placed out of home. Foster care providers are always needed, particularly for children who are teenagers, who have special needs (i.e., lower functioning and/or significant acting-out behaviors) 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

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. Unfortunately,

it is not unusual for a child to be moved repeatedly while in out-of-home care. Numbers for multiple placements vary between the FCRB and DHHS based on differing definitions of the term 'multiple placements.' DHHS uses the federal definition in order to meet federal standards and to be able to compare placement rates across states. The FCRB closely matches the federal definition for placement setting changes, with modifications based on statute and best practice. The FCRB modifications typically result in a calculation presenting a higher number of placements. Though this report has previously used data collected by FCRB for multiple placements, these data were not available this year. Instead, statistics using data from DHHS are reported.

Of children in care on December 31, 2010, 25.3% had experienced four or more placements. Generally, Black and American Indian youth experienced the most placements, compared to other youth in foster care. For example, on December 31, 2010, 8.0% of American Indian youth and 6.0% of Black youth in care had experienced 10 or more placements compared to 5.2% of White youth. Table 4.6 provides data on the number of placements in foster care by race and ethnicity.

Table 4.6: Number of Placements by Race and Ethnicity (December 31, 2010)

Race/Ethnicity	Placements			
	1 to 3	4 to 6	7 to 9	10+
Asian	72.5%	17.5%	5.0%	5.0%
Black/African American	71.1%	16.4%	6.5%	6.0%
Hispanic	81.1%	12.2%	3.0%	3.7%
Multi-Racial	75.7%	16.5%	4.6%	3.2%
Native American	70.5%	13.8%	7.7%	8.0%
Other/Unknown/Declined	79.3%	11.3%	6.0%	3.3%
White (Not Hispanic)	74.8%	14.8%	5.2%	5.2%
Total	74.3%	14.7%	5.4%	5.2%

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

Note: Caution should be used if comparing these data to the same from previous Kids Count reports, as a different source is used this year. The sources use different methodology in calculating number of placements.

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 DHHS and Nebraska Public Policy Group, Inc., has developed a book of information for prospective adoptive parents.

In calendar year 2010, there were 398 adoptions of state wards finalized in Nebraska. This is a decrease from 2009 when 491 adoptions were finalized, and a continued decrease from 2008 when 572 adoptions were finalized. The decrease in adoptions is likely due to changes related to child welfare reform. Figure 4.5 presents historical data on adoption since 2001.

Nebraska Safe Haven Law

Safe Haven laws have been enacted in all 50 states to address infant abandonment and infanticide, in response to an increase in the abandonment of infants. The first Safe Haven law passed in Texas in 1999 to allow “mothers in crisis to safely relinquish their babies to designated locations where the babies are protected and provided with medical care until a permanent home can be found.”¹³ Safe Haven laws are intended to allow a parent of an infant, or an agent of the parent, to remain anonymous and to be shielded from prosecution for abandonment or neglect in exchange for surrendering the baby safely.

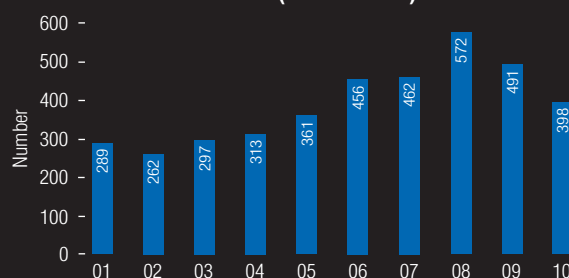
In 2010, one Safe Haven baby entered care in Scotts Bluff County. Though her age was unknown, she appeared to be a newborn.

Juvenile Justice

Arrests

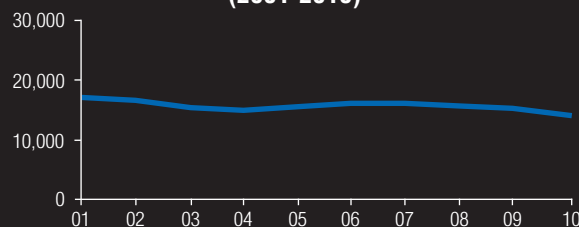
In calendar year (CY) 2010, 14,030 Nebraska juveniles were arrested. Figure 4.6 presents a historical view of juvenile arrests, demonstrating a 25.1% decrease from 18,750 arrests in 2000 to 14,030 arrests in 2010.

Figure 4.5: Number of State Ward Adoptions in Nebraska (2001-2010)



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

Figure 4.6: Juvenile Arrests, 17 and Under (2001-2010)



Source: Nebraska Commission on Law Enforcement and Criminal Justice.

Table 4.7: Selected Nebraska Juvenile Arrests by Offense and Gender (2010)*

Offense	Males	Females	Total
Violent Offenses	180	26	206
Felony Assault	80	20	100
Robbery	70	6	76
Forcible Rape	27	0	27
Murder and Manslaughter	3	0	3
Non-Violent Offenses	9,109	4,521	13,630
Larceny Theft (Except Motor Vehicle)	1,649	1,352	3,001
All Other Offenses (Except Traffic)	1,500	661	2,161
Misdemeanor Assault	1,315	606	1,921
Liquor Laws	1,007	734	1,741
Drug Abuse Violations	1,092	278	1,370
Vandalism-Destruction of Property	868	161	1,029
Disorderly Conduct – Disturbing the Peace	464	273	737
Runaways	273	170	443
Curfews and Loitering Law Violations	157	137	294
Burglary-Breaking or Entering	236	18	254
Driving Under the Influence	135	70	205
Weapons: Carrying, Possessing, etc.	141	9	150
Sex Offense (Except Forcible Rape and Prostitution)	86	15	101
Stolen Property: Buy, Receive, Possess, Conceal	135	20	155
Offenses Against Family and Children	15	11	26
Arson	26	3	29
Forgery & Counterfeiting	10	2	12
Prostitution and Commercialized Vice	0	1	1

Source: Nebraska Commission on Law Enforcement and Criminal Justice.

* This does not include all arrest or offense types.

Females comprised 32.7% (4,597) of all juvenile arrests in 2010, and males made up the remaining 67.3% (9,433). These averages are consistent with the percentages of female and male juvenile offenders over the last several years. Violent crime arrests comprised only 1.5% of all juvenile arrests in 2010. Table 4.7 presents juvenile arrests by offense and gender, while Figures 4.7 and 4.8 present juvenile arrests in 2010 by age and race. While we can track juvenile arrests by race, unfortunately, we are unable to report juvenile arrests by ethnicity statewide because the Omaha Police Department and the Douglas County Sheriff's Office do not provide the Nebraska Crime Commis-

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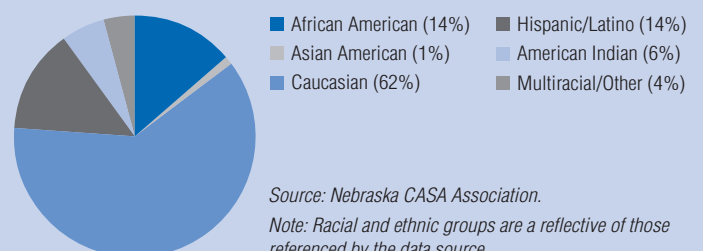
CASA Reduces Time Children Spend in Out-of-Home Care

By Sarah Barnett, Voices for Children in Nebraska

Court Appointed Special Advocates, (CASA), are volunteers who advocate on behalf of a child in the Nebraska juvenile court system. A judge appoints a volunteer to a case, and the CASA volunteer, "...speak[s] in court for the safety and well-being of abused and neglected children."¹ The goal of the program is to provide children with an adult advocate who will help the child or children reach a safe and permanent home in which they thrive.

CASA volunteers strengthen continuity for children. Most CASA volunteers serve as their child's advocate from the time a judge appoints them until court involvement ends. The steady presence of a CASA volunteer helps ensure that information about a child's experiences,

Nebraska Children Served by Court Appointed Special Advocates by Race and Ethnicity (2010)



Source: Nebraska CASA Association.

Note: Racial and ethnic groups are a reflective of those referenced by the data source.

sion with these data. For this reason, we have no way of knowing whether Hispanic juveniles are overrepresented in juvenile arrests in the largest and most diverse city and county in the state.

Detention

For 2010, Voices for Children is unable to report an accurate statewide total of juvenile detention due to difficulties in data collection. At the time this report went to print, data from the Scotts Bluff County Detention Center were unavailable from the Nebraska Crime Commission. Consequently, 2010 detention data for juveniles ages 17 and under, presented

needs and wishes does not get lost when changes in systems or service personnel occur.

In Nebraska in 2010, CASA served 1,129 children in 34 counties. Of these 1,129 children, 459 were new cases, and 487 cases were closed. There were 438 volunteer advocates in the program, and the total number of hours reported by volunteers was 31,556. The estimated dollar value of volunteer time was valued at \$674,036 for the year 2010.²

The CASA program is an effective tool for child advocacy in the court systems, by decreasing both the time spent in out-of-home-care and the time spent in long-term foster care, as well as reducing recidivism rates for children. A 2008-2009 Creighton University study of CASA for Douglas County found that the time a child spends in out-of-home placements is reduced by four months when a child has a CASA volunteer compared with children who do not have a volunteer.³ Furthermore, 13% of children with CASA volunteers spend time in long-term foster care (defined as more than three years in care), as opposed to 27% of all children in foster care.⁴ CASA also helps reduce the recidivism rate for children, keeping the rate at 1% to 9%, compared to the 16% rate of children without CASA volunteers who reenter the system.⁵

¹ Data received from Gwen L. Hurst-Anderson, Executive Director, Nebraska CASA Association, June 21, 2011.

² *Ibid.*

³ *Ibid.*

⁴ U.S. Department of Justice Office of the Inspector General ("OIG"), Audit Division, Audit Report No. 07-04, December 2006

⁵ *Ibid.*

Figure 4.7: Juvenile Arrests by Age (2010)

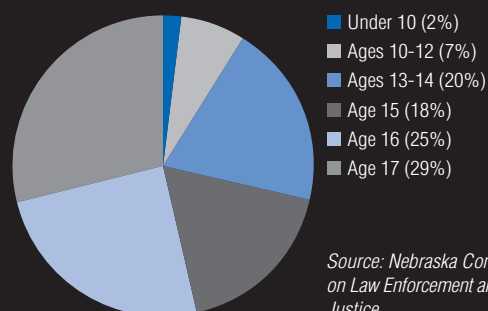
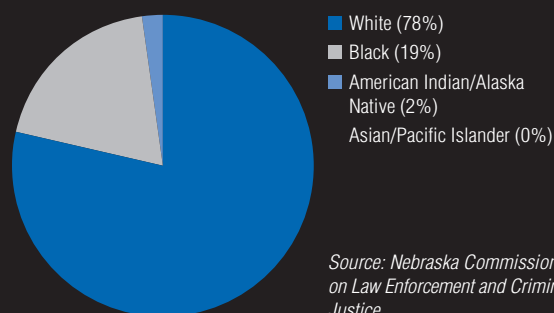


Figure 4.8: Juvenile Arrests by Race (2010)



in Table 4.8, do not provide a complete reflection of youth detention in Nebraska.

In our data collection process, Voices for Children in Nebraska contacted each of the four detention centers to request 2010 data. Each facility provided 2010 data for youth ages 17 and under. A snapshot of these data is provided in Table 4.9. The data provided by individual detention centers contain breakouts by gender, race and ethnicity. Totals vary slightly from those provided by the Crime Commission.

Probation

In 2010, there were 5,152 juveniles supervised on probation. Of those, 62% were White, 17% were Black, 3% were Native American, 1% were Asian, and 18% were of a race classified as "Other." Moreover, 19% of juveniles placed on probation were Hispanic. During 2010, 2,009 juveniles were successfully released from probation. Of those juveniles successfully released from probation, 68% were White, 13% were Black, 2% were Native American, 1% was Asian, and 17% were classified as "Other." Of those juveniles successfully released from probation, 18% were Hispanic. There were 1,411 juveniles placed on probation for misdemeanors and 170 placed on probation for felonies. Due to changes in probation's data system, numbers from 2010 should not be compared to previous years.

Youth Rehabilitation and Treatment Centers (YRTC)

The two Youth Rehabilitation and Treatment Centers in Nebraska are located in Kearney and Geneva. In state fiscal year (SFY) 2009-2010, 449 males were admitted for treatment to Kearney and 143 females to Geneva. In all, a total of 592 youth were committed to YRTC care from July 2009-June 2010. This was a decrease of 11 YRTC commitments from the previous fiscal year.

YRTC Kearney had an average daily population of 151 in SFY 2009-2010. This number does not include the 116 youth who were paroled from YRTC Kearney to the Hastings Juvenile Chemical Dependency Program, which

provides intensive residential chemical dependency services. Males at Kearney remained an average of 160 days and had an average age of 16 at admission. Of all young men committed to Kearney, 49% were White, 24% were African American, 23% were Hispanic, 3% were American Indian and 1% were Asian. The major offenses committing males to YRTC Kearney were assault (28.7%), theft (18.0%), criminal mischief (7.5%), burglary (8.9%), and possession of drugs (11.1%). Forty-six students earned their General Educational Development (GED) credentials while at Kearney. The average per diem cost for 2009-2010 at Kearney was \$183.11 per youth. In 2009-2010, YRTC Kearney paroled 116 youth to Hastings Juvenile Chemical Dependency Program.

Geneva provided services for an average of 75 females per day in SFY 2009-2010. The average female committed to Geneva was 16 years old at admission and remained there 229 days. The top offenses were assault (25.1%), shoplifting (11.1%) and theft (11.8%). This excludes those committed for parole safekeeping, which means that youth were returned to Geneva until a hearing could be held to determine if parole should be revoked. Seventeen students received their high school diplomas in 2009-2010. Of the young women placed at YRTC Geneva, 42% were White, 22% were Black, 22% were Hispanic, 9% were American Indian, and 5% were Other. The per diem cost of Geneva for 2009-2010 was \$257.48 per youth.

Juveniles Treated As Adults

There are fundamental differences between the culpability of juveniles and adults who have committed crimes. Adolescents do not have the same capacity to understand long-term consequences, control impulses, handle stress and resist peer pressure as adults. New brain-development research has revealed the systems of the brain which govern "impulse control, planning and thinking ahead are still developing well beyond age 18."¹⁴ Research consistently indicates that treating children as adults in the justice system neither works as a deterrent, nor does it prevent or reduce violence.

In fact, the Centers for Disease Control and Prevention has found that the “transfer of youth to the adult criminal justice system typically results in greater subsequent crime, includ-

ing violent crime, among transferred youth.”¹⁵ Nebraska has no minimum age at which a juvenile can be tried as an adult. Though a 2010 U.S. Supreme Court ruling declared

Table 4.8: Juveniles Held in Juvenile Detention Facilities (2010)

	Lancaster County Detention Center (Lancaster County)	North East Nebraska Juvenile Services (Madison County)	Scotts Bluff County Detention Center (Scotts Bluff County)	Douglas County Youth Center (Douglas County)
White	70%	77%	N/A	45%
Black	22%	8%	N/A	53%
American Indian/Alaskan Native	5%	15%	N/A	2%
Asian/Pacific Islander	2%	0%	N/A	6.6%
Unknown	1%	0%	N/A	0%
Total	802	509	N/A	1,530*

Sources: Nebraska Commission on Law Enforcement and Criminal Justice.

Note: Data reported are for youth ages 17 and under.

* Total includes 160 youth who were on home monitoring equipment.

Table 4.9: Juveniles Held in Juvenile Detention Facilities as Reported by Individual Facilities (2010)

	Lancaster County Detention Center (Lancaster County)¹	North East Nebraska Juvenile Services (Madison County)²	Scotts Bluff County Detention Center (Scotts Bluff County)	Douglas County Youth Center (Douglas County)³
Female	28.1%	23.3%	22.6%	26.0%
Male	71.9%	76.7%	77.4%	74.0%
Total	100.0%	100.0%	100.0%	100.0%
White	54.6%	51.1%	75.9%	32.1%
Black	22.5%	6.6%	2.1%	52.9%
American Indian/Alaskan Native	5.5%	12.7%	22.1%	1.9%
Asian/Pacific Islander	1.6%	0.0%	0.0%	0.4%
Other	15.8%	29.6%	0.0%	12.7%
Total	100.0%	100.0%	100.0%	100.0%
Hispanic	14.8%	29.6%	40.0%	12.2%
Non Hispanic	85.2%	70.4%	60.0%	87.8%
Total	100.0%	100.0%	100.0%	100.0%
Count	818	636	145	1,350

Sources: Lancaster County Detention Center, North East Nebraska Juvenile Services, Scotts Bluff County Detention Center and Douglas County Youth Center.

¹ The Other race category includes 121 Hispanic youth and 8 youth who were of another race category.

² The Other race category contains solely Hispanic youth.

³ The Other race category includes 6 youth of another race and 165 Hispanic youth.

Note: Data reported are for youth ages 17 and under.

unconstitutional the sentencing of life without the possibility of parole for youth convicted of non-homicide offenses, the Nebraska Legislature has yet to prohibit the sentencing of youth to life without possibility of parole.¹⁶ While young people must accept responsibility and the consequences of their actions, our justice systems must acknowledge the fundamental differences between juveniles and adults to effectively pursue the goals of promoting public safety, while improving the odds of success for troubled youth.

In 2010, the cases of 5,338 Nebraska juveniles were filed in adult court; of these, 869 cases were transferred to juvenile court. Filings in adult court represented 38% of juvenile arrests in 2010. Once processed through the adult system and committed to adult prisons, research shows that juveniles have fewer treatment opportunities in the adult correctional system than youth held in juvenile facilities.¹⁷ Nationally, youth in adult jails and prisons face high rates of victimization, particularly sexual assault or beatings, and are more likely to commit suicide.¹⁸ In 2010, 90 Nebraska youth, ages 18 and under, were processed through the adult system and housed in a Nebraska Correctional Youth

Facility. This is an increase from 87 youth in 2009. Of these 90 youth, 19 were incarcerated for robbery, 15 for assault, 14 for burglary, 12 for theft, 8 for other, 6 for weapons, 5 for homicide, 4 for drugs and 3 each for motor vehicle and sex offenses. Additionally, 7.8% of the youth incarcerated in adult prisons in Nebraska were 16 and under. Of all youth 18 and under incarcerated in adult prisons, 60.0% were youth of color (classified as Black, Hispanic or Native American), 37.8% were White and 2.2% were classified as “Other.”

There were 170 juveniles under age 18 held in adult detention facilities in 2010. Juveniles detained in adult facilities must be separated by “sight and sound” from adult detainees, according to the federal Juvenile Justice and Delinquency Prevention Act (JJDPA). In the past, Kids Count has shared average number of days juveniles spent in adult facilities; however, those figures were not available this year.

As of October 2011, there were 27 persons serving sentences of life without the possibility of parole who were sentenced for crimes committed before age 18. Twelve

IMPACT BOX ■■■■■■

Providing “In-Home” Services in the Child Welfare System

By Sarah Forrest, Voices for Children in Nebraska

Out-of-home care is meant to be a temporary living situation, where children are kept safe until they can be returned to their families of origin or placed into another permanent living situation, like adoption or guardianship. Unfortunately, nationally and in Nebraska, out-of-home care usually does not work the way in which it was intended. In October 2011, the median number of months a child spent in out-of-home care in Nebraska was 8.8.¹ Out-of-home care can be traumatic for children who love their parents and want to be with them, regardless of safety. Once a child is removed from home, it can also be challenging to reunify the

family permanently. In 2008, the federal Fostering Connections to Success and Improving Adoptions Act aimed to address some of the failings of out-of-home care. In 2011, Nebraska placed some of this act into state statute, with the passage of LB 177 (Campbell).

While both of these pieces of legislation should be considered victories for Nebraska’s children, it only addresses one part of the child welfare system. Since we know out-of-home care is often traumatic and can have poor outcomes for children, it is reasonable to look for ways to keep more children safely with their families. For the past decade, however, Nebraska has removed children from their homes at more than twice the national rate. Approximately 70% of Nebraska’s state wards have been in out-of-home care over the past few years. Only 30% remain in their homes and receive services.² The high number of children in out-of-home care was one of the reasons that Nebraska’s Department of Health and Human Services (DHHS) embarked on a

Table 4.10: Juvenile Interaction with the Justice System by Race (2010)

	Teen Population ⁱ	Arrests ⁱⁱ	Youth in Detention Facilities ⁱⁱⁱ	Placed on Probation ^{iv}	YRTC Commitments ^v	Juveniles Tried in Adult Court ^{vi}	Juveniles Incarcerated in Adult Prison ^{vii}
White	70%	78%	45%	62%	47%	60%	38%
Black	5%	19%	32%	17%	24%	10%	39%
Native American	1%	2%	6%	3%	5%	2%	0%
Asian	2%	0%	1%	1%	1%	1%	0%
Other	22%	0%	17%	18%	24%	14%	23%
Unknown	0%	0%	0%	0%	0%	13%	0%
Total	213,321	14,030	2,949	5,152	592	4,469	90

Note: Percentages are rounded to the nearest whole number; figures may not add to 100%.

ⁱ The "Teen Population" in this figure comprises youth in Nebraska ages 10 through 17 in 2010, according to 2010 U.S. Decennial Census Tables P12A-P12I. "Other" includes, of all teens, 4% of two or more races, 12% Hispanic and 6% other.

ⁱⁱ Arrests include 1,729 Hispanic youth.

ⁱⁱⁱ Data were provided by individual detention facilities. "Other" represents primarily Hispanic youth, who made up 16% of youth in detention, and 1% other.

^{iv} Out of the total of 5,152 juveniles on probation, 957 or 19% were Hispanic.

^v This is the total of YRTC commitments at both Geneva and Kearney for FY2010. The Geneva totals by race and ethnicity include commitments of parole safekeepers, those offenders being held until a hearing to determine whether or not parole should be revoked. The Kearney totals do not include parole safekeepers. For Kearney, "Other" represents Hispanics only. For Geneva, "Other" represents primarily Hispanic youth and a small number from an "other" category.

^{vi} Juveniles Tried in Adult Court is broken down by race and ethnicity, so the "Other" percentage encompasses 14% Hispanic. Total juveniles tried in adult court is out of 4,469 juvenile cases filed in adult court and not transferred to juvenile court.

^{vii} Juveniles in Adult Prison is broken down by race and ethnicity, so the "Other" percentage encompasses 19 Hispanic and 2 youth from an "other" category.

child welfare reform initiative in 2009 that aimed to "flip the pyramid," and serve more children in their homes through the use of private contractors. The privatization of services has not had a significant impact on the number of children served in their homes, however.

Nationally, attention to providing "in-home" services (also called family preservation and wrap-around) grew in the late 1980s, as a number of states invested in pilot projects in response to the federal mandate that states provide evidence that "reasonable efforts" to keep families together had been made before children were removed into out-of-home care.³ In general, family preservation programs aim to intervene intensively with families for short periods to address any safety concerns. These programs can help address challenges families find themselves in whether it be safe and stable housing, providing for their children's basic needs, or training for effective parenting. While not every family who comes to the attention of child protective services will be a candidate

for in-home services, using them selectively can be effective and can prevent unnecessary removals. More recently, differential response, an alternative to formal child protective services investigations, has also shown some success in effectively engaging and preserving families.⁴

Unfortunately, only limited federal funding is available to support family preservation and wrap-around services. If Nebraska really wants to provide safe and meaningful in-home services to children and their families, it will require substantial state investment in building and supporting effective services that focus on and address the needs of families.

¹ COMPASS. Nebraska DHHS, October 2011. <http://www.hhs.state.ne.us/compass/acc/reunif-median.htm>

² Pathways to Progress: Data at a Glance. Nebraska DHHS, April 2011. <http://www.dhhs.ne.gov/FamiliesMatter/docs/PathwaysDAG.pdf>

³ Farrow, Frank. "The Shifting Impact of Intensive Family Preservation Services." *University of Chicago – Chapin Hall Center for Children*. 2001.

⁴ "Differential Response to Reports of Child Abuse and Neglect." *Child Welfare Information Gateway*: 2008. http://www.childwelfare.gov/pubs/issue_briefs/differential_response/

of these persons sentenced to life without parole as juveniles are Black, 13 are White, 1 is Hispanic and 1 is Native American. Eighteen were sentenced in Douglas County.¹⁹

Racial Disparities in the Juvenile Justice System

Nationally, the problem of the overrepresentation of youth of color in our juvenile and adult criminal justice systems is

pervasive and troubling. It is critical that data are collected and analyzed at every phase of the juvenile justice process to identify at what point of interaction with the system the disparate outcomes are taking place. Table 4.10 presents data on juvenile interaction with the justice system by race.



¹ Nebraska Department of Health and Human Services, DHHS, "Nebraska Safety Intervention System - Assessment Overview," <http://www.hhs.state.ne.us/jus/memos/NSIS-AO.pdf>.

² *Ibid.*

³ J.M. Gaudin Jr., U.S. Department of Health and Human Services, "Child Neglect, A Guide for Intervention," 1993, <http://www.childwelfare.gov/pubs/usermanuals/neglect/neglectb.cfm>.

⁴ Wendy A. Walsh, "Hard Times Made Harder: Struggling Caregivers and Child Neglect," Carsey Institute Issue Brief No. 19, Fall 2010.

⁵ J.M. Gaudin Jr., "Child Neglect, A Guide for Intervention."

⁶ Sarah E. Evans, Corrie Davies and David DiLillo, "Exposure to Domestic Violence: A Meta-Analysis of Child and Adolescent Outcomes," *Aggression and Violent Behavior*, 2008.

⁷ One local domestic violence/sexual assault program was dissolved as of June 30, 2010. That service area is now covered by another program. The services offered by the original program between October 2009 – June 2010 are reflected in this report.

⁸ Program statistics were compiled by the Nebraska Domestic Violence Sexual Assault Coalition (NDVSAC), 2010. This report includes the statistics provided to the NDVSAC by the local domestic violence/sexual assault programs. These numbers reflect only the services provided by the programs to the NDVSAC. They do not include services provided to victims/survivors by other agencies (i.e., police, medical). Therefore, this information should be seen as a conservative estimate. The actual number of victims, survivors, and services provided in Nebraska is likely to be much greater.

⁹ 2010 U.S. Census of Population, Summary File 1, Tables P12A-P12L.

¹⁰ Percentage of children of color was calculated by subtracting the number of White, Not Hispanic children from the total, and then dividing by the total.

¹¹ Robert B. Hill, Ph.D., Senior Researcher, Westat, "Synthesis of Research on Disproportionality in Child Welfare: An Update," Casey-CSSP Alliance for Racial Equity in the Child Welfare System, October 2006.

¹² *Ibid.*

¹³ "Child Welfare Information Gateway: Infant Safe Haven Laws, State Statute Series," http://www.childwelfare.gov/systemwide/laws_policies/statutes/safehaven.cfm.

¹⁴ "Less Guilty by Reason of Adolescence," MacArthur Foundation Research Network on Adolescent Development and Juvenile Justice, Issue Brief No. 3, available at www.adjj.org/downloads/6093issue_brief_3.pdf.

¹⁵ Centers for Disease Control and Prevention, November 30, 2007, "Effects on Violence of Laws and Policies Facilitating the Transfer of Youth From the Juvenile to the Adult Justice System: A Report on Recommendations of the Task Force on Community Prevention Services," *Morbidity and Mortality Weekly Report*, Vol. 56, No. RR-9, available at www.cdc.gov/mmwr/PDF/rr/rr5609.pdf.

¹⁶ *Graham v. Florida*. 2009. <http://www.supremecourt.gov/opinions/09pdf/08-7412.pdf>.

¹⁷ Center for the Study and Prevention of Violence, "CSPV Fact Sheet, Judicial Waivers: Youth in Adult Courts," FS-008, 1999, available at www.colorado.edu/cspv.

¹⁸ Fagan, J., M. Frost, and T.S. Vivona, "Youth in Prisons and Training Schools: Perceptions and Consequences of the Treatment-Custody Dichotomy," *Juvenile and Family Court*, 1989, as qtd in *The Annie E. Casey Foundation, 2008 KIDS COUNT Data Book*.

¹⁹ Coalition for the Fair Sentencing of Youth, with data from the Nebraska Department of Correctional Services.

Voices for Children in Nebraska believes that children grow best in families that can meet their essential needs without support.

Economic Stability

Achieving economic self-sufficiency occurs when parents have the education and skills to access work that pays a living wage. In turn, parents who are economically self-

sufficient can provide their children affordable housing, child care, health care, food and transportation. When parents are temporarily unable to afford these basic necessities for their families, public assistance provides a vital safety net for families who are temporarily unable to provide these necessities on their own. A well-structured public assistance program would gradually taper off assistance while supporting families moving toward financial independence. Our children, communities and state are stronger when all of Nebraska's families are able to participate fully in the workforce and establish financial security.

This section will provide data on Nebraska poverty, family composition and utilization of public programs including cash assistance, homelessness assistance and nutrition assistance.

Poverty in Nebraska

Economic insecurity and hardship are linked to numerous adverse outcomes that limit the opportunities and future productivity of children. Impoverished and low-income children face elevated risks of the following:

- Lack of adequate nutrition;
- Low-quality child care and the absence of positive early learning opportunities;
- Unsafe neighborhoods and schools;
- Trauma, abuse and/or neglect;
- Parental substance abuse, parental depression and domestic violence;
- Exposure to environmental toxins;

- Being uninsured, leading to a lack of access to quality and preventive health care; and
- Increased interaction with the juvenile justice and child welfare systems.

Poverty in Nebraska has increased since 2000, following a period of decline in the 1990s. As Table 5.1 indicates,

Table 5.1: Poverty Rate in Nebraska (2000 and 2010)

	2000	2010
Child Poverty Rate	10.0%	18.2%
Family/Household Poverty Rate	6.5%	8.8%
Overall Poverty Rate	9.6%	12.9%

Source: U.S. Census Bureau, 2010 American Community Survey, Tables B17001, B17010, and B17001, respectively.

all three poverty rates (overall, family and child) have experienced statistically significant increases since 2000.

In order to effectively combat and prevent poverty, families must receive adequate returns on their work to produce a stable income and develop savings and assets that help them survive crises and plan for the future. When these conditions are unable to be met, families need a strong and effective safety net to sustain them during times of economic downturn and help them return to financial stability.

Statewide, our child and family poverty rates reveal distinct disparities, particularly among the Black or African American and Native American populations as presented in Table 5.2. While poverty brings risks for all children, these risk factors are particularly acute when interwoven with racial and ethnic systemic barriers to opportunity. These disparities have been created and exacerbated by structural inequities in our public and private systems which treat people differently based upon race. Embedded structural inequality still

exists in job markets, school systems, health care systems, criminal justice systems, housing markets and various other systems. These structural inequalities have led to greater barriers to opportunity for people of color and higher rates of poverty as a result. With more children of color growing up in poverty and an increasing child poverty rate overall, we must work to overcome the structural inequities that people in poverty and people of color face to ensure all children are provided the greatest opportunities to succeed.

Temporary Assistance for Needy Families (TANF)

Temporary Assistance for Needy Families (TANF), as the program is known at the federal level, provides non-cash resources and education to families experiencing temporary financial hardship. Aid to Dependent Children (ADC) remains the title of the government's 'cash assistance' program in Nebraska. Nebraska's Employment First program was created to assist parents in acquiring and sustaining self-sufficiency through employment. Medicaid coverage, child care services and subsidies and job support are all provided through Employment First; cash assistance may be drawn for a total of 60 months in one's lifetime. While reading this section, it is important to note that data presented in this section reflect the current economic downturn.

In Nebraska, children comprise 75% of total ADC enrollment, according to a snapshot of program recipients from June 2010. There was a monthly average of 18,183 children receiving ADC benefits in state fiscal year (SFY) 2010, an increase from 17,163 in SFY 2009. ADC was provided to a monthly average of 9,126 Nebraska families in SFY 2010, an increase from a monthly average of 8,597 families in SFY 2009. The total amount of monthly payments equaled \$35,409,646, an average of \$323.35 per family per month in 2010. This is a \$5.31 increase in average payments per family from 2009. Approximately 45% of the cost of ADC benefits was paid for by state general funds, and the remaining 55% was provided by federal TANF funds.

The maximum ADC payment amounts to 24% of the

Table 5.2: Nebraska Poverty Rate by Race and Ethnicity* (2010)

Race	Child Poverty Rate (17 and Under)	Overall Poverty Rate
White Alone	14.5%	11.0%
Black or African American Alone	52.2%	36.6%
American Indian and Alaska Native Alone	49.7%	42.7%
Asian Alone	5.2%	11.3%
Some Other Race Alone	26.9%	18.8%
Two or More Races	31.3%	27.6%
Ethnicity		
White Alone, Not Hispanic or Latino	11.2%	9.5%
Hispanic or Latino	33.8%	27.0%

Source: U.S. Census Bureau, 2010 American Community Survey, Tables C17001A-C17001I.

** Racial and ethnic groups are based on those used by the U.S. Census Bureau.*

federal poverty level as prescribed by Nebraska law.¹ A family of four was considered to be living in poverty if its monthly income was under \$1,837.50 in 2010. However, a family that size could receive a maximum of only \$435 a month in ADC assistance, an amount that falls far short of bringing a family out of poverty. Figure 5.1 presents a historic view of ADC utilization since 2001. Though there was a slight uptick in 2010, the average number of Nebraska families receiving ADC monthly has steadily decreased from a slight peak in 2004.

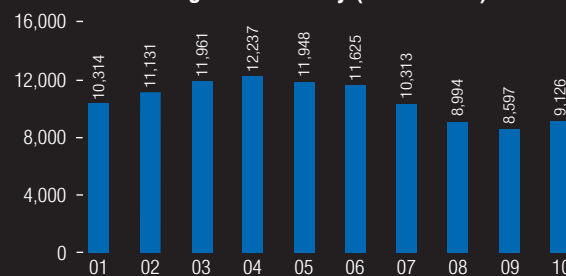
A June 2010 snapshot of ADC recipients, broken down into age groups, shows that the 0-5 age group is the largest recipient of ADC benefits at 38% (see Figure 5.2). The next chart, Figure 5.3, presents a June snapshot of ADC recipients by race, indicating that 39% of ADC participants were White, followed by 28% who were Black.

The slight increase in ADC utilization in 2010 is unsurprising in light of across-the-board increases in individual, family and child poverty. Unfortunately, the increased average number of families accessing ADC monthly was hardly enough to keep pace with the increase in poverty over the same time period. While ADC family enrollment increased 6.2% from 2009 to 2010, the family poverty rate increased an alarming 25.7%.² If ADC is to fulfill its goal of helping families support themselves without public assistance, we must ensure that work supports exist to enable families to meet their basic needs through high-quality employment.

Single-Parent Families

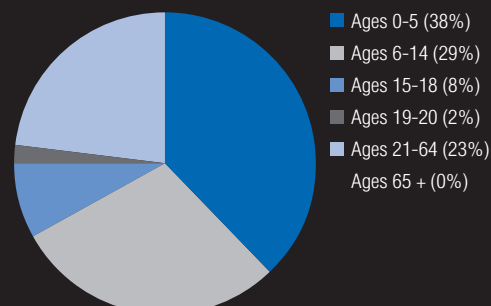
In 2010, 27.9% of Nebraska children lived in a single-parent household.³ The economic burden of raising children for single-parent families is often difficult to bear. Of the Nebraska families that were headed by a single parent in 2010, 33.6% lived in poverty, as compared with 6.7% of families headed by married couples.⁴ Single parents may struggle more than their married counterparts with the costs of child care, balancing work and home duties, and spending quality time with their children. A lack of essential resources and

Figure 5.1: Average Number of Nebraska Families Receiving ADC Monthly (2001-2010)



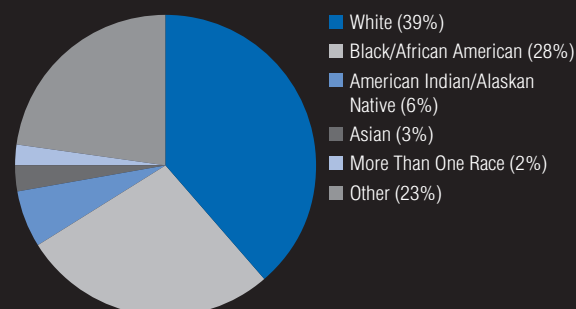
Source: Financial Services, Operations, Nebraska Department of Health and Human Services (DHHS).

Figure 5.2: ADC Recipients by Age (June 2010)



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

Figure 5.3: ADC Recipients by Race (June 2010)



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

few supports have been linked with parental stress which can lead to a greater occurrence of child abuse or neglect.⁵ Figure 5.4 illustrates all children in poverty by family type.

Divorce and Child Support

In 2010, 12,047 couples were married and 6,603 marriages ended in divorce. The number of marriages in 2010 was slightly higher than in 2009 (12,027 marriages) and the number of divorces was higher than in 2009 (6,084). In 2010, divorce affected 6,251 children, an increase from 2009 when 5,790 children were affected. Of the divorces granted in 2010, custody was awarded to mothers 2,156 times (1,982 times in 2009), to fathers 348 times (341 times in 2009), joint custody was awarded 876 times (781 times in 2009), and another arrangement was identified 85 times.

The court may award child support to the custodial parent. However, the custodial parent does not always receive child support from the non-custodial parent. A parent can request DHHS assistance if they are not receiving the child support they are owed. The assistance will be provided by Child Support Enforcement (CSE), an agency that operates under DHHS. In FY 2010, CSE provided assistance to 106,937 cases. Families receiving Aid to Dependent Children (ADC) filed 8,820 cases and non-ADC families filed 98,117 cases. In FY 2010, CSE collected a total of \$202,052,677 in child support payments and disbursed a total of \$202,083,347.

Federal and State Tax Credits for Families

The Earned Income Tax Credit (EITC) was created by the federal government in an effort to assist low- and moderate-income working families emerge from poverty. In 2010, a total of \$279,892,000 was claimed as the federal Earned Income Tax Credit on 135,000 Nebraska federal tax returns. In addition, 153,640 families claimed the federal Child Tax Credit, receiving \$210,187,000 and 103,370 families claimed the federal Child and Dependent Care Credit, receiving \$138,818,000.

In 2006, the Nebraska State Legislature voted to enact the state Earned Income Tax Credit (EITC), which

provided a refundable tax credit equaling 8% of the federal EITC for working families. In 2007, the state refundable EITC rose to 10%. In 2010, the Nebraska state EITC was claimed on 131,559 returns (a slight increase from 131,468 returns in 2009), and \$27,608,000 was refunded. The Nebraska Child and Dependent Care Credit was claimed on 56,746 Nebraska state income tax returns, and the total amount received, including both the refundable and non-refundable credit, was \$12,482,000 in 2009.

Nebraska also offers free tax assistance to families statewide through a collaboration of state and local agencies. To access free tax assistance, call 2-1-1 or visit www.canhelp.org/EITC.htm.

Homeless Assistance Programs

The objective of the 2010-2011 Nebraska Homeless Assistance Program (NHAP) was to assist in the immediate alleviation of homelessness of Nebraska citizens using the Department of Housing and Urban Development's (HUD) Emergency Shelter Grant Program (ESG) funds and the Nebraska Homeless Assistance Trust Fund (HSATF). The federal ESG funds provided approximately 23% of NHAP funding; the state's HSATF provided approximately 77%.

For the 2010-11 grant cycle, funded subgrantees collaborated to assist 12,609 individuals who were homeless and 35,035 individuals who were near homeless.

The state strongly supports a collaborative approach to addressing the needs of people who are homeless through a Continuum of Care process, which was initiated by HUD in 1994. The process promotes a coordinated strategic planning approach for programs that assist families and individuals who are homeless and near homeless. This approach is a community- and regional-based process that provides a comprehensive and coordinated housing and service delivery system. NHAP-funded subgrantees are required to be active participants in their local and regional Continuums of Care. All regional Continuums have representatives on the Nebraska Commission on Housing and Homelessness

(NCHH) State Continuum of Care Committee, which is the advisory committee for the NHAP.

All NHAP-funded subgrantees are required to participate in a Homeless Management Information System (HMIS). The 2010-2011 NHAP grant cycle was the fourth full grant year that NHAP-funded subgrantees reported data through HMIS. During this time, the NHAP has had agreements with Nebraska Management Information System (NMIS) and the Nebraska Domestic Violence Sexual Assault Coalition to obtain required year-end data.

There still remain a few issues before statewide counts will be unduplicated. Currently, counts are unduplicated within each agency and each Continuum of Care region. Counts are not, however, unduplicated across the seven Continuum regions statewide. As subgrantees continue to share data, duplicated records will decrease.

USDA Nutrition Programs

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP), formerly called food stamps, is a highly successful program created to reduce food insecurity. SNAP benefits, distributed via Electronic Benefit Transfer (EBT) cards, are provided by the United States Department of Agriculture (USDA) to aid families with incomes at or below 130% of the federal poverty level (FPL) in maintaining a low-cost, healthy diet. The federal government pays for 100% of SNAP benefits, while administrative costs are covered by state governments. Nationally, in 2010, SNAP moved 13% of participating households above the poverty line. Among the poorest households, SNAP lifted 16% above 50% of the poverty guideline.⁶

The Nebraska Department of Health and Human Services (DHHS) has been particularly successful in administering the program. SNAP is a critically important part of Nebraska's low-income safety net, and DHHS must be commended for its effective administration of benefits. In state fiscal year (SFY) 2010, the use of food stamps continued to rise over previous years. DHHS distributed food stamps to an average of



Figure 5.4: Nebraska Children in Poverty by Family Type (2010)

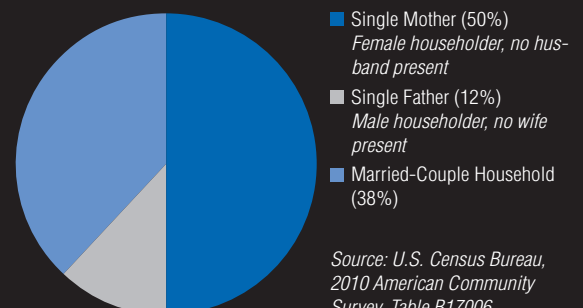
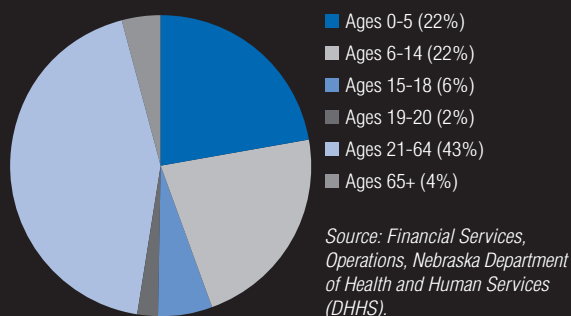
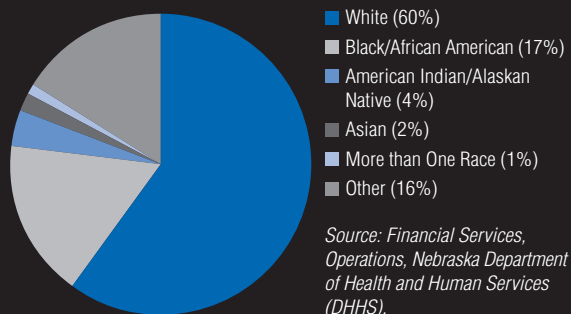


Figure 5.5: SNAP Participants by Age (June 2010)**Figure 5.6: SNAP Participants by Race (June 2010)**

157,263 persons or 68,098 households each month in SFY 2010. The average payment was \$282.89 per household or \$122.50 per person, totaling \$231,168,977 (99.57% of the funding was provided by the federal government). There were 83,597 children, ages 18 and under, who received food stamps in Nebraska in June 2010. This is an increase from 71,038 children in June 2009. Figures 5.5 and 5.6 demonstrate food stamp participation by age and race, respectively.

Women, Infants and Children (WIC)

The special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a short-term intervention program designed to influence lifetime nutrition and healthy behaviors in a targeted, high-risk population. WIC provides nutrition and health information, breastfeeding support and monthly vouchers or coupons for specific healthy foods to Nebraska's pregnant, post-partum and breastfeeding mothers, as well as to infants and children up to age 5. Examples of such foods are fresh fruits and vegetables, 100% whole wheat bread, whole wheat and corn tortillas, brown rice, milk, juice, cheese, eggs, beans, peanut butter and cereal. Eligible participants must meet the income guidelines of 185% of FPL 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. In October 2009, Nebraska revamped its WIC nutrition program to reflect the latest science on healthy diets and address obesity. These changes provide better access to food with less fat and more fiber and help families consume fewer overall calories, eat more vegetables and fruits, and drink fewer sweetened beverages.

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 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. In addition, the WIC program promoted longer pregnancies, fewer premature births, lower incidence of moderately low and very low birth weight infants and a greater likelihood of receiving prenatal care.⁷ Children participating in WIC also demonstrate better cognitive perfor-

Table 5.3: WIC Participation by Category (Fiscal Year 2010)*

Breastfeeding Women	2,446
Postpartum Women	3,408
Pregnant Women	4,126
Infants	10,525
Children	24,116
Total	44,621

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

* These data reflect average participation per month during that fiscal year.

mance. In FY 2010, Nebraska WIC served a monthly average of 44,621 participants (9,980 women, 10,525 infants and 24,116 children) through 111 clinics. Of the 25,916 babies born in 2010, 40.6%

were enrolled in the WIC program. The

2010 average cost for food benefits and nutrition services for a pregnant woman participating in the Nebraska WIC Program was approximately \$702 per fiscal year. Tables 5.3 and 5.4 demonstrate WIC participation by category and the average number of participants since 2001, respectively.

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 54,755 meals was served daily to Nebraska children through the SFSP in 2010. In 2010, 31 of the 93 Nebraska counties offered the SFSP.

Commodity Supplemental Food Program (CSFP)

Women who are pregnant, breast-feeding and postpartum or families with infants and children up to age six who are at or below 185% of poverty are eligible for the USDA Commodity Supplemental Food Program (CSFP). The program provides surplus commodity foods such as non-fat dry milk, cheese, canned vegetables and fruits, bottled juices, pasta, rice, dry

Table 5.4: Average Monthly WIC Participants (2001-2010)

Year	Participants
2001	33,797
2002	36,454
2003	37,731
2004	39,087
2005	40,252
2006	40,773
2007	41,482
2008	43,855
2009	44,941
2010	44,494

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

beans, peanut butter, infant formula and cereal. For federal fiscal year (FY) 2010, a monthly average of 866 women, infants and children were served by CSFP with 10,392 food packages. This is a 9.9% decrease in the number served from FY 2009. CSFP serves all 93 counties through

55 distribution sites across the state. Each year the number of individuals served and funds allocated are determined by USDA.



¹ Calculations were based on a four-person household with a \$22,050 annual income, considered the 2010 poverty level. That amounts to \$1,837.50 a month. The maximum monthly ADC payment in Nebraska for a four-person household was \$435.

² From 2009 to 2010, the Nebraska family poverty rate increased from 7.0% to 8.8%, an increase of 25.7%. Family enrollment in ADC increased only 6.2%, from 8,597 in FY 2009 to 9,126 in FY 2010.

³ U.S. Census Bureau, 2010 American Community Survey 1-Year Estimates, Table B09005.

⁴ U.S. Census Bureau, 2010 American Community Survey 1-Year Estimates, Table B17010.

⁵ Jill Goldman, Marsha K. Salus with Deborah Walcott, and Kristie Y. Kennedy, "A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice," U.S. Department of Health and Human Services, Administration on Children and Families, Children's Bureau, Office on Child Abuse and Neglect, 2003.

⁶ U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, *Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2010*, by Esa Eslami, Kai Filion, and Mark Strayer. Project Officer, Jenny Genser. Alexandria, VA: 2011.

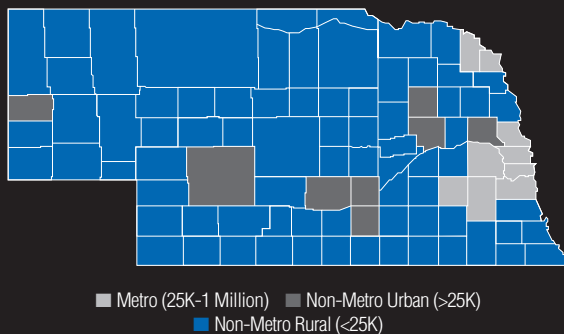
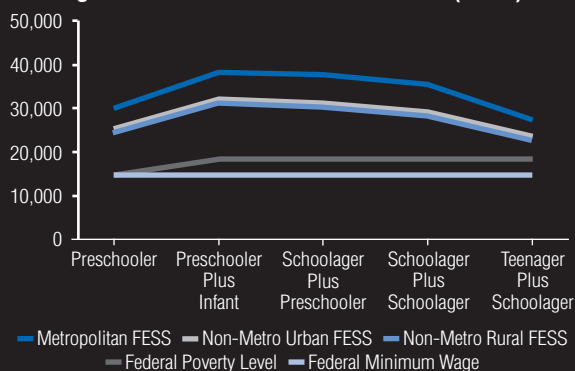
⁷ Barbara Devaney, Linda Bilheimer, Jennifer Schore, "The Savings in Medicaid Costs for Newborns and their Mothers From Prenatal Participation in the WIC Program: Volume 2," United States Department of Agriculture, Food and Nutrition Service, Office of Analysis and Evaluation, April 1991.

Table 5.5: Federal Poverty Guidelines (2010)

Persons in Family or Household	100% Poverty	130% Poverty*	185% Poverty	200% Poverty* (Low-Income)
1	\$10,830	\$14,079	\$20,036	\$21,660
2	\$14,570	\$18,941	\$26,955	\$29,140
3	\$18,310	\$23,803	\$33,874	\$36,620
4	\$22,050	\$28,665	\$40,793	\$44,100
5	\$25,790	\$33,527	\$47,712	\$51,580

Source: Federal Register, Vol. 75, No. 148, August 3, 2010, pp. 45628-45629, <http://aspe.hhs.gov/poverty/10poverty.shtml>.

* Approximations are based on 100% of the federal poverty guidelines.

Figure 5.7: Rurality of Nebraska Counties**Figure 5.8: Families With One Adult (2010)**

IMPACT BOX

Family Bottom Line

In 2009, Opportunity@Work, a Nebraska coalition dedicated to promoting financial stability, produced *The Family Bottom Line* report. This report analyzed varying family types and what it really took – financially speaking – to get by. *The Family Bottom Line* was developed to provide “a contextually relevant benchmark against which to compare Nebraska families to determine how they are faring economically relative to where they live.” Researchers studied family types across the state for the purpose of providing policymakers, stakeholders and everyday Nebraskans with a real-life picture of where families fall short financially. Beginning with this edition of the Kids Count in Nebraska Report, we will begin updating pieces of *The Family Bottom Line* to show a current picture of what families need to get by.

First, it is important to understand how *The Family Bottom Line* is determined. Though many are familiar with the Federal Poverty Level (FPL) Guidelines (see Table 5.5), we believe this measure does not adequately address the resources needed to achieve economic self-sufficiency. Instead of the FPL, *The Family Bottom Line* uses the Family Economic Self-Sufficiency Standard (FESS).¹ This measure is a guide to show what a family needs to earn to meet its basic needs without any form of private or public assistance.

FESS is adjusted according to family composition and where the family lives. Nebraska counties were divided into three categories based upon population density: metropolitan, non-metropolitan urban, and non-metropolitan rural. Figure 5.7 illustrates the rurality of Nebraska counties, based on federally-defined Rural-Urban Continuum Codes.

Unlike the FPL, FESS distinguishes itself by taking into consideration a family’s real-life basic needs. These include housing,

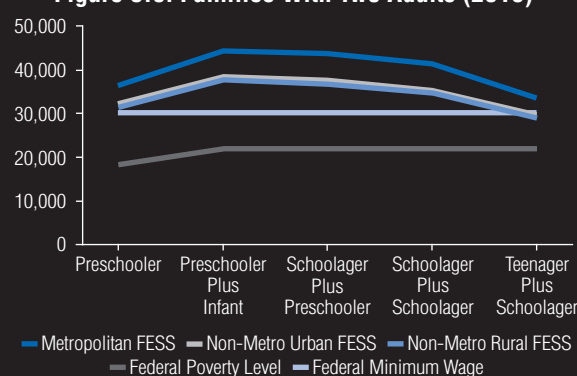
child care, food, transportation, health care, taxes, and miscellaneous expenses, such as clothing, diapers and cleaning supplies. Figures 5.8 and 5.9 compare three income measures: FPL, Federal Minimum Wage, and FESS adjusted for rurality. Calculations are based on family composition. Figure 5.8 outlines these measures for a single parent; Figure 5.9, for a two-parent household.

In a one-adult household with the parent working full-time at minimum wage, the family would be considered poor in almost every composition according to federal guidelines. Worse, in no circumstances would the full-time, minimum-wage working parent make enough in any geography to meet *The Family Bottom Line*. In some cases, minimum-wage work pays less than half of what a family really needs to get by.

The picture is slightly different for a two-parent household. Two parents each working full-time at a minimum wage will rise above the poverty line. However, in all family compositions with young children, the two working parents will still not be able to meet *The Family Bottom Line* for self-sufficiency.

So what does it take to earn enough to be self-sufficient? Tables 5.6 and 5.7 provide breakouts of what parents must earn per hour, based on family composition and geography. It is worth noting that the 2011 minimum wage of \$7.25 is less than what any of the families listed would need to be self-sufficient. According to *Family Bottom Line* research, child care comprises the largest share of a family's expenses, regardless of region. Other expenses included in the FESS are housing, food, transportation and taxes. Health care is not included, as the measure assumes that health insurance is provided by employers. For a closer look at proportional expenses across regions for a given family, please see the Kids Count in Nebraska Report's supplementary materials online at www.voicesforchildren.com/kidscount.

Figure 5.9: Families With Two Adults (2010)



**Table 5.6: Two-Adult Families
FESS Hourly Wage Estimates (2010)**

	Metropolitan	No-Metro Urban	Non-Metro Rural
Preschooler	\$8.74	\$7.72	\$7.54
Preschooler & Infant	\$10.62	\$9.22	\$9.05
Schoolager & Preschooler	\$10.49	\$9.00	\$8.84
Schoolager & Schoolager	\$9.91	\$8.47	\$8.31
Teenager & Schoolager	\$8.04	\$7.12	\$6.96

**Table 5.7: One-Adult Families
FESS Hourly Wage Estimates (2010)**

	Metropolitan	No-Metro Urban	Non-Metro Rural
Preschooler	\$14.44	\$12.22	\$11.86
Preschooler & Infant	\$18.47	\$15.46	\$15.11
Schoolager & Preschooler	\$18.22	\$15.06	\$14.74
Schoolager & Schoolager	\$17.08	\$14.01	\$13.70
Teenager & Schoolager	\$13.17	\$11.30	\$11.00

¹ Data used to calculate information in this section is courtesy of Nebraska Appleseed Center for Law in the Public Interest. For more information on how the Self Sufficiency Standard for Nebraska 2010 was calculated, please visit www.neappleseed.org.

2011 County Data Notes

1. TOTAL COUNTY POPULATION IN 2010

Source: 2010 U.S. Census of Population, Summary File 1, Table QT-P1.

2. CHILDREN 19 AND UNDER IN 2010

Source: 2010 U.S. Census of Population, Summary File 1, Table QT-P1.

3. CHILDREN UNDER 5 IN 2010

Source: 2010 U.S. Census of Population, Summary File 1, Table QT-P1.

4. CHILDREN OF COLOR 19 AND UNDER IN 2010

Includes Census race/ethnic categories: Black Non-Hispanic, American Indian Non-Hispanic, Asian or Pacific Islander Non-Hispanic, 2+ Races Non-Hispanic, and Hispanic.

Source: 2010 U.S. Census of Population, Summary File 1, Tables P12A-P12I.

5. PERCENT OF CHILDREN AGES 17 AND UNDER IN POVERTY IN 2005-2009

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates, Table B17006.

6. PERCENT OF CHILDREN UNDER 5 YEARS OF AGE LIVING IN POVERTY IN 2005-2009

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates, Table B17006.

7. PERCENT OF CHILDREN OF COLOR AGES 17 AND UNDER IN POVERTY IN 2005-2009

Includes Census race/ethnic categories: Black or African American Alone, American Indian or Alaska Native Alone, Asian Alone, Native Hawaiian and Other Pacific Islander Alone, Some Other Race Alone, Two or More Races, and Hispanic or Latino.

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates, Tables B17001A-B17001I.

8. PERCENT OF CHILDREN AGES 17 AND UNDER IN POVERTY WHO LIVE IN SINGLE PARENT HOUSE HOLDS

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates, Table B17006.

9. PERCENT OF CHILDREN AGES 17 AND UNDER IN POVERTY WHO LIVE IN MARRIED-COUPLE FAMILIES

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates, Table B17006.

10. PERCENT OF MOTHERS WITH CHILDREN UNDER 6 YEARS OF AGE WHO ARE IN THE LABOR FORCE

Source: U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates, Table B23003.

11. AVERAGE MONTHLY NUMBER OF FAMILIES ON ADC IN 2010

Fractional figures have been rounded to display whole numbers. The state total does not include a monthly average of 15 families on ADC in 2010 that were labeled 'out-of-state' and are not attributed to any county.

Source: Financial and Program Services, DHHS.

12. AVERAGE MONTHLY NUMBER OF CHILDREN ENROLLED FOR MEDICAID AND CHIP SERVICES IN 2010

In this context, "eligible" means that a child has been determined eligible and is participating in the program. These are average monthly eligible figures. Fractional figures have been rounded to display whole numbers. This total includes 1,679 out-of-state children who were eligible in 2010.

Source: Financial and Program Services, DHHS.

13. NUMBER OF CHILDREN AGES 18 AND UNDER RECEIVING FOOD STAMP BENEFITS IN JUNE 2010

Source: Financial and Program Services, DHHS.

14. NUMBER OF WOMEN, INFANTS AND CHILDREN PARTICIPATING IN WIC SERVICES IN SEPTEMBER 2010

Total includes three unknown.

Source: DHHS.

15. AVERAGE NUMBER OF FREE/REDUCED LUNCHES SERVED DAILY IN OCTOBER 2010

Calculated as the total free and reduced lunches served by all sponsors within a given county divided by the average number of days sponsors served meals within a given county.

Source: Nebraska Department of Education.

16. PERCENTAGE OF STUDENTS ELIGIBLE FOR FREE AND REDUCED PRICE MEALS (LAST FRIDAY IN SEPTEMBER 2010)

For counties with multiple school districts, district percentages were averaged to create a county average. Data only includes public schools. Percentages by school district and school building are available on the NDE website.

Source: State of the Schools Report, Nebraska Department of Education.

17. AVERAGE DAILY NUMBER OF MEALS SERVED BY THE SUMMER FOOD PROGRAM IN 2010

The Summer Food Program average daily number of meals is calculated by dividing the total number of meals served in a month at each site by the number of operating days. Some sites serve breakfast only, lunch only, or both breakfast and lunch. To calculate a daily average, the meal (either breakfast or lunch) with the greatest number of meals served was selected to calculate the daily average for each site. Then all average daily meals at each site in a county were averaged to create a county average.

Source: Nebraska Department of Education.

18. TOTAL BIRTHS IN 2010

Source: Vital Statistics, DHHS.

19. PERCENTAGE OF BIRTHS TO MOTHERS AGES 17 AND YOUNGER OUT OF TOTAL BIRTHS WITHIN A COUNTY IN 2010

Source: Vital Statistics, DHHS.

20. NUMBER OF BIRTHS TO TEENS AGES 10- TO 17-YEARS-OLD FROM 2001-2010

Source: Vital Statistics, DHHS.

21. NUMBER OF OUT-OF-WEDLOCK BIRTHS FROM 2001 TO 2010

Source: Vital Statistics, DHHS.

22. NUMBER OF INFANT DEATHS FROM 2000 to 2009

Source: Vital Statistics, DHHS.

23. CHILD DEATHS (AGES 1 TO 19) FROM 2001 to 2010

Source: Vital Statistics, DHHS.

24. NUMBER OF INFANTS BORN AT LOW BIRTH WEIGHTS IN 2010

Source: Vital Statistics, DHHS.

25. HIGH SCHOOL GRADUATES IN SCHOOL YEAR 2009-2010

******States are required to maintain the confidentiality of data under No Child Left Behind. Data under a specified limit is masked at the county-level but counted in the state total.**

Source: Nebraska Department of Education.

26. DROPOUTS (SEVENTH TO TWELTH GRADES) IN SCHOOL YEAR 2009-2010

******States are required to maintain the confidentiality of data under No Child Left Behind. Data under a specified limit is masked at the county-level but counted in the state total.**

Source: Nebraska Department of Education.

27. NUMBER OF CHILDREN WITH VERIFIED DISABILITY RECEIVING SPECIAL EDUCATION ON OCTOBER 1, 2010

Source: Nebraska Department of Education.

28. COST PER PUPIL BY AVERAGE DAILY MEMBERSHIP IN SCHOOL YEAR 2009-2010

Source: Nebraska Department of Education.

29. HEAD START and EARLY HEAD START ENROLLMENT FOR NOVEMBER 2010

Includes 267 children whose home county was not specified, either because the program served multiple counties or a Tribal grantee.

Source: Nebraska Department of Education (Data are self-reported by Head Start programs).

30. CHILDREN IN FOSTER CARE TOTAL ON DECEMBER 31, 2010.

Data are provided by county of commitment. Statewide total includes 1 commitment for which county was not indicated.

Source: Nebraska Foster Care Review Board.

31. REPORTED NUMBER OF YOUTH 19 AND YOUNGER WITH STD'S IN YEARS 2001-2010

Counties of 33 cases are unknown.

Source: Vital Statistics, DHHS.

32. JUVENILE ARRESTS IN 2010

Three juvenile arrests, included in the state total, occurred on state property but were not allocated to any county.

Source: Nebraska Commission on Law Enforcement and Criminal Justice.

NOTE: 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. Column totals may vary from the statewide total/average due to rounding.

2011 County Data

17. Average Daily Number of Meals Served by the Summer Food Program (2010)	457
16. % of Students Eligible for Free & Reduced Price Meals (Last Friday in September 2010)	38%
15. Free/Reduced School Lunch (October 2010)	1,858
14. WIC Participation (on September 2010)	828
13. Food Stamp Participation Children 18 & Under (June 2010)	1,583
12. Medicaid and SCHIP Children Enrolled (2010)	2,874
11. Families on ADC (2010)	217
10. % of Mothers in Labor Force With Children Under 6 (2005-2009)	83.0%
9. % of Children 17 & Under in Poverty in Married-Couple Family (2005-2009)	10.6%
8. % of Children 17 & Under in Poverty in Single-Parent Household (2005-2009)	34.2%
7. % of Children of Color 17 & Under in Poverty (2005-2009)	31.5%
6. % of Children Under 5 in Poverty (2005-2019)	20.1%
5. % of Children 17 & Under in Poverty (2005-2009)	16.5%
4. Children of Color 19 & Under (2010)	1,626
3. Children Under 5 (2010)	2,097
2. Children 19 & Under (2010)	8,791
1. Total Population (2010)	31,364
Adams	31,364
Antelope	6,685
Arthur	460
Banner	690
Blaine	478
Boone	5,505
Box Butte	11,308
Boyd	2,099
Brown	3,145
Buffalo	46,102
Burt	6,858
Butler	8,395
Cass	25,241
Cedar	8,852
Chase	3,966
Cherry	5,713
Cheyenne	9,998
Clay	6,542
Colfax	10,515
Cuming	9,139
Custer	10,939
Dakota	21,006
Dawes	9,182
Dawson	24,326
Deuel	1,941
Dixon	6,000
Dodge	36,691
Douglas	517,110
Dundy	2,008
Fillmore	5,890
Franklin	3,225
Frontier	2,756
Furnas	4,959
Gage	22,311
Garden	2,057
Garfield	2,049
Gosper	2,044
Grant	614
Greeley	2,538
Hall	58,607
Hamilton	9,124
Harlan	3,423
Antelope	1,700
Arthur	133
Banner	164
Blaine	126
Boone	1,426
Box Butte	3,101
Boyd	482
Brown	736
Buffalo	3,334
Burt	1,675
Butler	2,248
Cass	6,962
Cedar	2,447
Chase	1,021
Cherry	1,370
Cheyenne	2,610
Clay	1,819
Colfax	3,344
Cuming	2,466
Custer	2,804
Dakota	6,913
Dawes	2,439
Dawson	7,616
Deuel	439
Dixon	1,671
Dodge	9,654
Douglas	149,115
Dundy	478
Fillmore	1,524
Franklin	759
Frontier	723
Furnas	1,255
Gage	5,584
Garden	426
Garfield	471
Gosper	492
Grant	135
Greeley	648
Hall	17,427
Hamilton	2,550
Harlan	797
Antelope	436
Arthur	35
Banner	36
Blaine	22
Boone	334
Box Butte	780
Boyd	99
Brown	149
Buffalo	3,334
Burt	389
Butler	492
Cass	1,585
Cedar	610
Chase	280
Cherry	310
Cheyenne	656
Clay	403
Colfax	980
Cuming	569
Custer	682
Dakota	1,900
Dawes	495
Dawson	1,932
Deuel	112
Dixon	399
Dodge	2,500
Douglas	40,081
Dundy	105
Fillmore	330
Franklin	179
Frontier	148
Furnas	257
Gage	1,386
Garden	104
Garfield	89
Gosper	117
Grant	38
Greeley	175
Hall	4,724
Hamilton	526
Harlan	181
Antelope	436
Arthur	35
Banner	36
Blaine	22
Boone	334
Box Butte	780
Boyd	99
Brown	149
Buffalo	3,334
Burt	389
Butler	492
Cass	1,585
Cedar	610
Chase	280
Cherry	310
Cheyenne	656
Clay	403
Colfax	980
Cuming	569
Custer	682
Dakota	1,900
Dawes	495
Dawson	1,932
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Dixon	399
Dodge	2,500
Douglas	40,081
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Fillmore	330
Franklin	179
Frontier	148
Furnas	257
Gage	1,386
Garden	104
Garfield	89
Gosper	117
Grant	38
Greeley	175
Hall	4,724
Hamilton	526
Harlan	181
Antelope	436
Arthur	35
Banner	36
Blaine	22
Boone	334
Box Butte	780
Boyd	99
Brown	149
Buffalo	3,334
Burt	389
Butler	492
Cass	1,585
Cedar	610
Chase	

County Indicator

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
Hayes	967	237	46	12	9.0%	13.2%	0.0%	0.0%	9.4%	58.1%	2	47	17	4	48	50%	0
Hitchcock	2,908	661	159	36	19.1%	23.9%	9.9%	20.4%	18.6%	63.2%	6	284	130	70	141	46%	0
Holt	10,435	2,648	663	182	10.8%	8.0%	38.4%	31.3%	8.6%	83.1%	21	824	334	288	682	42%	378
Hooker	736	171	35	3	11.8%	0.0%	0.0%	24.1%	7.8%	100.0%	1	35	13	10	79	46%	0
Howard	6,274	1,667	396	109	16.8%	11.8%	10.7%	45.4%	13.0%	71.6%	17	422	192	120	419	36%	0
Jefferson	7,547	1,755	426	139	17.3%	24.0%	0.0%	22.2%	15.7%	92.2%	20	520	242	145	629	42%	104
Johnson	5,217	1,072	278	183	13.9%	26.9%	9.8%	27.3%	13.4%	70.8%	19	307	169	98	254	36%	182
Kearney	6,489	1,714	442	159	14.3%	18.8%	3.9%	40.0%	5.1%	97.6%	14	464	207	119	305	26%	0
Keith	8,368	1,963	467	259	10.4%	17.3%	31.6%	21.3%	7.2%	75.0%	24	564	307	139	415	34%	241
Keya Paha	824	181	42	4	29.6%	27.9%	22.2%	0.0%	29.6%	37.5%	1	47	2	11	41	51%	0
Kimball	3,821	934	245	168	16.1%	17.3%	0.0%	50.5%	4.1%	37.5%	10	355	179	72	210	34%	0
Knox	8,701	2,263	522	468	19.9%	19.6%	57.1%	53.1%	9.4%	83.5%	22	764	374	130	694	43%	151
Lancaster	285,407	76,983	20,171	18,258	13.9%	18.1%	30.3%	34.3%	7.5%	76.6%	1,240	20,561	12,010	6,465	12,784	31%	7,102
Lincoln	36,288	10,006	2,569	1,557	9.0%	14.7%	11.7%	21.4%	4.7%	79.3%	183	3,095	1,840	886	2,444	32%	986
Logan	763	200	54	13	0.7%	0.0%	100.0%	33.3%	0.0%	0.0%	3	53	30	12	63	25%	0
Loup	632	148	38	9	20.2%	23.2%	0.0%	0.0%	23.9%	64.3%	0	43	1,687	9	40	68%	0
Madison	539	156	46	8	10.5%	6.3%	0.0%	28.6%	8.2%	60.0%	195	3,286	18	1,057	2,872	34%	199
McPherson	34,876	9,911	2,596	2,747	14.4%	19.9%	32.1%	34.7%	9.6%	81.3%	1	40	256	5	0	0%	0
Merrick	7,845	2,121	474	251	8.0%	19.7%	35.8%	21.6%	6.6%	50.4%	13	633	291	172	401	36%	0
Morrill	5,042	1,320	325	335	20.8%	24.4%	36.4%	39.9%	13.7%	82.7%	14	524	93	129	397	55%	144
Nance	3,735	961	230	46	10.3%	15.3%	28.6%	16.7%	8.8%	73.4%	7	237	335	59	256	36%	0
Nemaha	7,248	1,897	438	131	8.1%	12.2%	51.9%	23.7%	2.7%	85.7%	22	510	150	87	390	28%	0
Nuckolls	4,500	1,011	234	74	33.8%	42.7%	27.3%	44.0%	29.0%	55.7%	8	299	586	65	477	41%	0
Otoe	15,740	4,105	1,008	560	15.6%	18.7%	49.6%	32.0%	11.2%	92.1%	60	1,079	220	281	853	31%	112
Pawnee	2,773	665	146	44	9.9%	18.5%	71.4%	30.6%	3.9%	55.0%	7	185	89	46	231	54%	253
Perkins	2,970	782	194	63	3.1%	11.4%	9.1%	38.5%	0.0%	78.9%	4	162	63	38	108	30%	0
Phelps	9,188	2,437	594	237	11.0%	15.9%	40.7%	21.8%	9.0%	74.4%	38	651	324	179	426	30%	0
Pierce	7,266	2,038	453	88	8.9%	3.1%	23.1%	19.7%	7.5%	84.0%	12	428	199	102	391	26%	0
Platte	32,237	9,371	2,374	2,361	10.3%	13.3%	23.4%	31.5%	3.9%	69.8%	99	2,241	1,182	794	2,349	30%	552
Polk	5,406	1,404	322	91	8.9%	11.0%	32.1%	40.8%	1.3%	56.3%	6	302	165	76	346	32%	0
Red Willow	11,055	2,902	675	315	7.7%	14.1%	11.4%	28.3%	3.4%	78.4%	35	896	467	306	607	33%	0
Richardson	8,363	1,981	425	231	22.0%	52.1%	37.9%	35.4%	15.7%	80.3%	25	763	464	174	602	41%	58
Rock	1,526	326	85	12	24.6%	28.6%	0.0%	45.8%	19.3%	87.0%	2	125	48	25	78	39%	0
Saline	14,200	4,134	1,006	1,437	13.6%	4.6%	10.9%	26.1%	7.9%	83.4%	43	1,133	389	507	1,046	34%	421
Sarpy	158,840	49,518	13,377	10,832	8.3%	10.3%	20.5%	26.4%	3.5%	76.0%	399	8,198	4,255	2,205	4,459	19%	2,620
Saunders	20,780	5,834	1,398	359	8.9%	12.8%	32.8%	23.7%	6.1%	80.5%	32	1,053	517	273	800	26%	0
Scotts Bluff	36,970	10,202	2,655	3,866	25.4%	32.5%	41.2%	50.2%	11.3%	76.0%	215	4,422	2,585	1,207	2,118	48%	1,549
Seward	16,750	4,804	1,021	308	2.7%	6.6%	10.6%	17.9%	0.9%	84.3%	17	733	326	188	575	21%	0
Sheridan	5,469	1,377	328	423	14.3%	22.5%	32.3%	26.5%	12.0%	63.8%	17	550	278	123	361	49%	280
Sherman	3,152	759	182	28	10.5%	7.1%	100.0%	45.1%	2.6%	64.1%	5	235	90	84	215	53%	0
Sioux	1,311	314	64	39	12.0%	0.0%	13.3%	14.3%	11.7%	33.3%	1	52	23	7	0	30%	0
Stanton	6,129	1,813	463	225	13.2%	17.5%	63.0%	41.0%	4.7%	78.8%	9	280	135	51	153	38%	0
Thayer	5,228	1,220	304	77	17.9%	13.7%	25.0%	23.3%	16.9%	79.3%	9	287	111	84	228	32%	0
Thomas	647	156	33	9	0.0%	0.0%	0.0%	0.0%	0.0%	40.9%	1	45	9	15	31	36%	0
Thurston	6,940	2,710	737	2,072	38.6%	45.0%	50.1%	59.0%	17.7%	75.7%	210	1,752	1,248	55	939	71%	976
Valley	4,260	1,015	249	66	20.4%	17.5%	34.8%	40.6%	16.0%	51.6%	6	297	126	100	203	30%	0
Washington	20,234	5,692	1,195	396	2.3%	2.7%	0.0%	4.1%	2.1%	73.8%	30	863	455	212	762	17%	0
Wayne	9,595	2,729	520	323	14.5%	20.9%	68.2%	52.8%	2.5%	84.6%	26	499	233	113	553	31%	0
Webster	3,812	950	231	118	14.4%	6.2%	64.3%	22.9%	13.0%	75.6%	14	290	146	87	243	38%	0
Wheeler	818	210	48	10	14.1%	23.6%	14.3%	29.7%	10.0%	100.0%	1	63	17	14	57	46%	0
York	13,665	3,431	869	416	6.4%	5.9%	3.6%	11.8%	5.1%	82.9%	20	973	376	290	684	32%	0
State Total	1,826,341	512,472	131,908	138,449	14.4%	18.8%	31.4%	37.6%	6.5%	76.3%	9,126	153,706	83,597	44,297	108,909	35%	54,755

2011 County Data

32. Juvenile Arrests (2010)																
31. STDs 19 & Under (2001-2010)																
30. Foster Care (December 31, 2010)																
29. Head Start (November 2010)																
28. Cost Per Pupil by ADM (2009-2010)																
27. Special Education (October 1, 2010)																
26. Dropouts (2009-2010)																
25. Graduates (2009-2010)																
24. Low Birth Weight (2010)																
23. Child Deaths Ages 1-19 (2001-2010)																
22. Infant Deaths (2000-2009)																
21. Number of Out-of-Wedlock Births (2001-2010)																
20. Number of Births to Mothers Ages 10-17 (2001-2010)																
19. % of Births to Mothers Ages 17 and Under (2010)																
18. Total Births (2010)																
Adams	412	1.2%	133	1,441	28	25	28	393	21	1,094	\$10,535.68	168	68	248	162	
Antelope	83	2.4%	11	172	7	*	7	92	*	182	\$13,980.09	34	3	12	1	
Arthur	7	0.0%	*	5	*	1	0	0	0	16	\$18,433.80	0	1	1	0	
Banner	5	0.0%	*	8	1	0	0	13	0	20	\$15,701.24	0	0	0	0	
Blaine	6	0.0%	*	4	1	0	0	10	0	26	\$18,428.91	0	0	0	0	
Boone	63	0.0%	11	138	2	5	6	74	*	124	\$13,392.84	17	2	10	2	
Box Butte	145	4.1%	50	506	4	17	11	145	*	316	\$12,108.37	18	5	46	196	
Boyd	17	0.0%	2	32	1	2	1	34	0	76	\$16,016.92	0	2	3	3	
Brown	33	0.0%	8	75	*	4	1	43	0	69	\$10,896.38	26	6	15	6	
Buffalo	662	1.7%	113	1,741	37	36	28	532	43	1,251	\$9,653.11	116	91	404	526	
Burt	68	1.5%	18	214	2	7	6	104	10	216	\$10,986.46	34	7	19	16	
Butler	78	0.0%	10	215	3	11	6	117	*	231	\$12,255.82	0	25	10	6	
Cass	293	0.7%	49	761	20	29	19	274	12	582	\$10,790.13	140	31	111	59	
Cedar	115	0.0%	8	158	5	9	3	134	*	201	\$13,288.51	17	0	8	6	
Chase	48	2.1%	17	117	2	6	2	45	*	90	\$13,714.32	10	4	3	0	
Cherry	55	3.6%	24	220	3	6	2	80	*	111	\$15,071.00	0	6	2	12	
Cheyenne	123	0.8%	23	374	13	13	11	116	*	263	\$11,383.28	18	13	15	42	
Clay	65	3.1%	13	187	1	9	1	73	*	120	\$11,971.52	39	7	16	0	
Colfax	177	2.3%	91	844	17	11	7	163	*	247	\$10,865.56	101	14	27	2	
Cuming	108	3.7%	26	293	6	9	7	140	*	292	\$11,317.94	40	14	20	17	
Custer	109	0.9%	23	274	12	10	1	146	*	322	\$12,587.02	27	13	13	39	
Dakota	391	4.6%	150	1,681	21	24	20	291	18	639	\$9,502.14	140	26	141	251	
Dawes	99	3.0%	21	297	3	2	12	125	44	144	\$11,835.87	18	5	111	41	
Dawson	384	3.6%	181	1,651	35	40	20	300	32	797	\$9,453.61	61	63	107	336	
Deuel	13	0.0%	7	65	*	6	0	29	*	58	\$16,591.46	0	1	2	6	
Dixon	73	0.0%	21	215	3	6	4	80	*	177	\$10,772.08	0	3	16	19	
Dodge	491	3.3%	143	1,779	32	38	27	425	47	1,227	\$9,776.86	125	92	305	273	
Douglas	8,201	2.4%	2,574	29,961	561	415	690	5,967	660	14,411	\$9,472.34	1,124	1,737	13,258	3,759	
Dundy	20	0.0%	5	45	1	2	4	28	0	69	\$14,480.32	10	1	1	0	
Fillmore	61	6.6%	26	163	3	11	4	81	0	224	\$14,003.60	17	9	80	2	
Franklin	29	0.0%	5	66	*	0	1	33	*	59	\$10,915.60	23	1	1	10	
Frontier	24	0.0%	6	59	1	0	1	45	0	99	\$14,144.17	10	3	8	2	
Furnas	47	4.3%	11	110	1	5	7	83	*	203	\$12,540.70	20	21	6	0	
Gage	240	1.7%	61	821	17	29	13	218	34	671	\$9,705.36	87	30	68	218	
Garden	16	6.3%	2	44	1	2	2	24	*	30	\$16,525.22	0	0	8	0	
Garfield	6	0.0%	4	24	2	1	1	30	0	49	\$11,608.66	17	2	1	2	
Gosper	19	0.0%	8	45	3	2	1	21	*	56	\$12,443.25	10	4	3	2	
Grant	8	0.0%	*	6	*	2	0	10	0	18	\$20,464.29	0	0	3	0	
Greeley	32	0.0%	3	52	4	3	3	62	0	84	\$15,230.88	16	1	3	0	
Hall	923	3.8%	389	3,987	63	42	56	735	93	1,415	\$9,297.53	197	162	414	854	
Hamilton	95	5.3%	23	221	5	9	8	137	*	298	\$10,996.86	18	7	11	9	
Harlan	40	0.0%	5	73	2	2	2	32	*	59	\$11,208.10	10	12	4	7	

County Indicator	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.	31.	32.
Hayes	9	0.0%	2	13	*	3	0	11	0	15	\$17,804.23	0	0	0	7
Hitchcock	35	11.4%	7	70	2	2	2	15	*	42	\$13,397.72	10	1	1	7
Holt	131	1.5%	19	276	7	15	10	147	0	306	\$14,089.82	46	7	16	25
Hooker	4	0.0%	*	11	*	0	0	20	*	23	\$14,177.14	0	0	0	0
Howard	72	1.4%	8	180	3	1	6	102	*	166	\$10,364.03	20	11	14	7
Jefferson	75	2.7%	23	221	5	7	7	148	*	370	\$12,082.23	31	4	24	5
Johnson	44	2.3%	14	145	1	6	1	52	*	121	\$12,544.67	0	4	30	1
Kearney	87	1.1%	12	170	6	8	7	133	*	267	\$12,021.74	17	20	14	37
Keith	77	2.6%	27	281	12	11	8	96	*	179	\$11,399.48	17	5	9	87
Keya Paha	4	0.0%	2	9	1	0	0	0	*	*	\$18,917.93	0	0	0	0
Kimball	44	2.3%	8	147	2	5	3	41	*	55	\$12,560.12	17	4	11	0
Knox	80	0.0%	27	298	7	19	4	142	*	238	\$12,868.19	18	3	23	4
Lancaster	4,153	1.5%	843	11,537	242	158	307	2,658	402	6,525	\$9,205.77	600	865	3,684	3,074
Lincoln	438	2.7%	130	1,650	29	30	39	410	54	908	\$9,983.39	0	163	207	407
Logan	6	0.0%	1	12	1	2	0	*	0	35	\$14,740.81	0	0	2	0
Loup	5	0.0%	*	5	*	3	1	10	0	22	\$15,764.05	0	0	0	0
Madison	528	3.0%	177	1,998	35	30	31	457	55	955	\$10,484.23	118	85	277	378
McPherson	3	0.0%	1	11	*	0	0	*	0	22	\$20,569.85	0	0	1	0
Merrick	84	4.8%	19	217	6	9	7	103	*	163	\$10,307.03	16	4	14	0
Morrill	58	1.7%	19	178	5	8	4	64	*	107	\$11,998.98	20	2	26	31
Nance	39	2.6%	10	113	3	8	1	76	*	107	\$10,964.19	16	5	6	7
Nemaha	76	1.3%	21	220	1	7	8	88	*	209	\$10,280.03	36	8	30	34
Nuckolls	37	0.0%	10	99	3	1	1	69	*	299	\$13,867.49	35	4	15	1
Otoe	181	1.1%	44	624	13	16	14	226	20	420	\$10,426.53	53	23	75	62
Pawnee	13	0.0%	2	52	1	1	2	39	*	84	\$13,844.95	17	5	7	17
Perkins	26	0.0%	4	59	1	2	0	32	*	57	\$14,929.19	0	1	2	0
Phelps	107	1.8%	19	274	5	6	7	98	11	319	\$10,113.38	17	16	9	38
Pierce	87	0.0%	13	157	3	7	2	107	*	222	\$12,129.34	4	2	17	13
Platte	466	2.1%	134	1,455	33	32	33	437	18	801	\$9,412.09	197	45	180	392
Polk	44	0.0%	7	132	2	7	2	104	*	183	\$12,399.68	0	3	14	3
Red Willow	134	2.2%	20	387	7	15	12	161	*	328	\$10,639.17	18	18	43	116
Richardson	88	0.0%	19	292	3	10	6	126	10	242	\$11,260.77	50	14	45	40
Rock	14	0.0%	3	20	1	0	2	10	0	27	\$17,667.07	0	0	1	0
Saline	219	4.1%	78	725	8	10	12	183	*	348	\$10,215.87	52	11	63	89
Sarpy	2,565	1.2%	365	5,008	113	90	148	1,769	83	3,562	\$9,039.22	221	237	1,169	1,369
Saunders	270	1.1%	29	508	10	25	13	277	12	448	\$10,063.59	44	12	45	55
Scotts Bluff	545	4.2%	249	2,262	39	39	48	414	94	750	\$9,269.05	334	109	333	391
Seward	208	0.0%	17	329	9	13	19	214	10	354	\$10,598.65	17	19	34	66
Sheridan	55	1.8%	19	238	5	4	3	48	*	146	\$11,208.14	27	7	26	50
Sherman	29	0.0%	5	67	4	4	1	44	*	77	\$12,649.63	18	8	5	2
Sioux	10	0.0%	2	14	*	2	1	*	0	*	\$27,073.32	0	0	0	1
Stanton	90	1.1%	20	167	1	5	5	29	0	80	\$10,751.93	17	2	15	25
Thayer	45	2.2%	8	104	3	15	4	80	*	162	\$15,730.81	17	3	8	11
Thomas	11	0.0%	2	9	1	3	1	*	0	16	\$22,301.63	0	0	2	0
Thurston	158	7.0%	123	1,186	16	16	10	71	33	357	\$14,379.87	211	8	258	1
Valley	54	1.9%	7	111	3	5	4	54	*	90	\$13,552.75	17	5	12	0
Washington	210	2.4%	25	486	12	17	8	269	*	554	\$10,013.92	18	28	105	68
Wayne	100	0.0%	7	258	7	6	5	139	*	195	\$10,130.64	20	6	40	13
Webster	40	2.5%	5	85	4	6	3	52	0	126	\$10,946.51	25	2	7	0
Wheeler	9	11.1%	1	18	2	0	0	13	0	14	\$18,762.64	0	0	0	2
York	165	1.8%	43	533	7	8	8	150	*	401	\$11,416.55	51	29	36	205
State Total	25,916	2.2%	6,925	82,565	1,607	1,557	1,843	21,513	1,968	48,133	\$10,091.94	5,437	4,301	22,522	14,029

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.

Population Data – The report utilizes data from the U.S. Census Bureau 2010 Census of Population, the U.S. Census Bureau 2010 American Community Survey and the U.S. Census Bureau 2005-2009 American Community Survey 5-Year Estimates.

Race/Ethnicity – Throughout this report, race/ethnicity is reported based on definitions/categories of race and ethnicity that are used by the data provider. In an effort to maintain the integrity of the data provided to us by the state agencies and other sources, racial/ethnic groups used in the report always correspond to those used in the original data source.

Rate – Where appropriate, rates are reported for various indicators. A rate is the measure of the likelihood of an event/case found in a specific population. For example, 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 2011 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.

Health

Data Sources: The office of Vital Statistics at DHHS provided data on the following: prenatal care, births, infant mortality, low birth weight, teen births, single-parent births, mortality and STIs. Data for Medicaid and Kids Connection participants were provided by Financial Services, DHHS. Data on health coverage and uninsured children were obtained from the U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplements 2005-2010. Data related to pertussis, immunizations, HIV/AIDS and blood lead levels were provided by offices of the Division of Public

Health, DHHS. Data related to adolescent risk behaviors, sexual behaviors and use of alcohol, tobacco, and other drugs were taken from the 2010 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 community-based services and residential treatment were from the Division of Behavioral Health, DHHS. The office of Financial Operations, DHHS, supplied data on the regional centers.

Prenatal Care – Data on prenatal care are reported by the mother on birth certificates in the form of the Kotelchuck Index.

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

Very Low Birth Weight – A child weighing less than 1,500 grams, or 3.3 pounds, at birth.

Education

Early Childhood

Data sources: The number of children under five in Nebraska was determined by the U.S. Census Bureau 2010 Census of Population. The number of children with parents in the workforce was obtained from the U.S. Census Bureau's 2010 American Community Survey. Data concerning child care subsidies and licensed child care were provided by DHHS. Data concerning Early Head Start/Head Start, and early childhood initiatives were obtained from the Nebraska Department of Education, Office of Early Childhood. Data related to the USDA Food Programs for children were provided by the Nebraska Department of Education.

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 previously on ADC at or below 185% of poverty. Families who had not received ADC were eligible only if their income was at or below 120% of the federal poverty level. Subsidies are paid directly to a child care provider.

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. A state license is required.

Family Child Care Home I – Provider of child care in a home to between 4 and 8 children from families other than provider's at any one time. A 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. A 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. Head Start programs can consist of grantee programs, delegate programs, migrant/seasonal programs and American Indian Tribe Programs. A delegate is a subcontractor of a grantee.

K-12

Data Sources: Data on high school completion, high school graduates, secondary school dropouts, expulsions, exempt students 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 – Nebraska has used the definition for graduation rate developed by the National Center for Education Statistics (NCES) since 2002-2003, and this definition is used in this report. The NCES definition calculates a four-year rate by dividing the number of graduates with regular diplomas in a given year by the sum of the number of dropouts in each of the four years, as the students moved through high school, and the high school diploma recipients (*Ex. High school diploma recipients in year 4 divided by dropouts year 1 + dropouts year 2 + dropouts year 3 + dropouts year 4 + high school diploma recipients year 4*).

Beginning with the 2007-2008 school year, Nebraska began to accumulate data in the Nebraska Staff and Student Record System

(NSSRS) to allow the state to calculate the new graduation rate as defined by the U.S. Department of Education. The new graduation rate, the Cohort Four-Year Graduation Rate, follows a cohort or group of students that begins in grade nine in a particular school year and graduates with a high school diploma in four years or less. The new definition utilizes net transfers rather than dropouts to calculate the graduation rate. Nebraska began publishing the Cohort Four-Year Graduation Rate, starting with the 2011 Graduation Cohort, at the end of the 2010-2011 school year. However, this year's Kids Count report uses the NCES formula as in years past.

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.

Safety

Child Maltreatment

Data Sources: Data were provided by the Nebraska Department of Health and Human Services (DHHS), the Nebraska Child Death Review Team (CDRT) and the Nebraska Domestic Violence Sexual Assault Coalition (DVSAC).

The Nebraska Child Death Review Team was created in 1999 by the Nebraska Legislature. The CDRT reviews the numbers and cause of death of children ages 0 through 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, a child or other person.

Neglect –

- **Emotional neglect:** Information indicates that the child is suffering or has suffered severe negative effects due to a parent's failure to provide the opportunities for normal experiences 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: There are five categories of findings –

1. **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.
2. **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."
3. **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.
4. **Unable to Locate:** Subjects of the maltreatment report have not been located after a good-faith effort on the part of the Department.
5. **Unfounded:** All reports not classified as "court substantiated," "court pending," "inconclusive" or "unable to locate" will be classified as "unfounded."

- **Safety Assessment:** A focused information gathering, decision-making and documentation process conducted in response to a child abuse/neglect or dependency report in which possible threats to child safety are identified, analyzed and understood. Through the collection and analysis of discrete information sets, the safety assessment guides decisions about the presence or absence of present danger or impending danger to a vulnerable child, resulting in a decision as to whether a child is safe or unsafe. Safety assessment is continuous and is used to guide key decisions throughout the involvement with the family.
- **Court Involved case:** A case in which the child or children in the family are determined to be unsafe during the safety assessment process, and for whom ongoing services are necessary to address identified safety threats, and the involvement of the court is required to assure the necessary oversight of the family's progress and the child's safety.
- **Non-court Involved case:** A case in which the child or children in the family are determined to be unsafe during the safety assessment process, and for whom ongoing services are necessary to address identified safety threats and the family can and is willing to work with DHHS without the involvement of the court.
- **Safe:** Children are considered safe when there is no present or impending danger or the caregivers' protective capacities control existing threats.
- **Unsafe:** Children are considered unsafe when they are vulnerable to presence of impending danger, and caregivers are unable or unwilling to provide protection.

Victim – For the purpose of child maltreatment, a victim is always a child. "Victim" refers to a child who was abused/neglected, 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. In this section, "victim" may refer to both adults and children.

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 were provided by DHHS, Office of Juvenile Services. Data on youth committed to YRTC programs were taken from the programs' annual reports. Data on youth arrested/convicted of serious crimes 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 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.

Age of Juvenile – According to Nebraska Revised Statutes 43-245 Section 4, juveniles are defined as youth 17 and under.

Child Welfare

Data Sources: Data on approved and licensed foster care homes, adoptions and number of placements were provided by DHHS. All other data were provided by the Nebraska State Foster Care Review Board.

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.

Approved Foster Care Homes – DHHS approves homes for one or more children from a single family. Approved homes can only be used for children who are relatives or close friends of the child; therefore, those homes must be closed for future placements as soon as the specific child leaves the approved home. Approved homes are not reviewed for licensure. Data on approved homes have been maintained by DHHS since 1992.

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.

Does 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

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

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

Economic Stability

Data Sources: Data on poverty levels and single parent families in Nebraska were obtained from the 2009 American Community Survey of the U.S. Census Bureau. Data related to Temporary Assistance for Needy Families (or Aid to Dependent Children, as it is called in Nebraska), poverty guidelines, child support collections and homelessness were provided by DHHS. Data concerning divorce and involved children were taken from Vital Statistics provided by DHHS. Data on federal and state tax credits for families were provided by the Nebraska Department of Revenue. Data on households receiving SNAP, the USDA Special Commodity Distribution Program, the USDA Commodity Supplemental Foods Program, and the WIC Program were provided by DHHS.

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

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TELLING THE WHOLE STORY.

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MISSION STATEMENT

Voices for Children in Nebraska educates and motivates Nebraskans to take action to better the lives of Nebraska's vulnerable children in the areas of health, education, safety and economic stability.

VISION STATEMENT

Widely recognized across the State and revered as the trusted expert and advocate for key children's issues in Nebraska.