kidscount in Nebraska

2003 REPORT

A Publication of Voices for Children in Nebraska

Voices For Children NEBRASKA

kids count

kidscount

2003

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 utilizing the best available data. Key indicators measure the education, social, economic and physical well-being of children.

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

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

Additional copies of the 2003 Kids Count in Nebraska report as well as 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001 and 2002 reports, are available for $10.00 each from:

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Commentary

Danny, 4

Nebraska citizens continuously think of our state as a place where we can have “the Good Life”. Unfortunately, we see a different message being relayed to many of our children. While in many ways Nebraska does offer the good life, we are clearly witnessing the disparities children are facing in attaining the good life of which we are so proud.

We think regularly and more publicly about some types of disparity, such as racial disparity. Battles have been fought and lives lost trying to balance the racial justice scales. Gender equity is almost as prominently discussed in some circles as well. It is with less frequency however, that discussion is framed solely around childhood disparities as we are doing in this Kids Count Commentary.

When children are treated disparately, many will grow up at a disadvantage. They will not have the same opportunities provided to other children and they are not as likely to achieve the same developmental potential. The simple fact children do not have a voice in political debates and voting booths often leaves all children at somewhat of a disadvantage in contrast to other classes of people, such as business leaders or senior citizens. But unfortunately, some children experience even greater disparities than others.

We have divided several of the disparities into categories, in order to clarify how so many children are struggling in our state. These include: Geography, Gender, and Race/Ethnicity.

Geography

One of our major challenges here in the Great Plains is our large composition of rural areas. The United States Census Bureau defines non-metropolitan, non-micropolitan, as rural counties, those without a town of more than 2500 citizens. More than half (53) of Nebraska counties are considered rural. In these areas, children are obviously going to face unique challenges in their lives. Whether it is the availability of services including quality healthcare, quality and affordable childcare, medical resources, education, or Head Start programs, children face a tenuous battle. Along with the lack of available resources, children and families face economic hardship as well. According to the Bureau of Economic Analysis, US Department of Commerce, Nebraska lays claim to 7 of the 12 poorest counties, per capita, personal income, in our country. Included with their rankings, they are: Loup (1), Blaine (2), Arthur (3), Grant (7), McPherson (8), Sioux (9), and Hooker (12).[1] These counties and the residents within are constantly striving for "The Good Life." In some cases families must travel 40-100 miles for groceries, medical care, and other basic services. Children who grow up in rural areas are more likely to face lifelong problems including poverty, poor healthcare, and less education, among others.

Gender

When we look to gender disparities, we meet with different challenges. In the Juvenile Justice system, girls are being incarcerated at an increasingly faster rate than the male population. Since 1995, the number of girls held at the Douglas County Youth Center has more than doubled.[2]

History has shown females make up a smaller portion of the criminal population, and typically commit minor offenses compared to males. These statistics have led to the implication that female criminal behavior is a less significant issue than male criminal behavior, which in actuality has concealed the trend in the rising number of females involved in the justice system. Perceptions such as these have in turn hindered the opportunity for gender-specific programs that address the specialized needs of female offenders.[3]

2003

Girls are less likely to receive help for mental health issues, spend longer amount of time in juvenile programs and more likely to become involved in unhealthy relationships. Girls are less likely to receive help for trauma related mental health issues such as anger and depression, spend longer amounts of time in juvenile programs and are more likely to be targeted for repeat victimization. A large percent of girls in the Juvenile Justice system are survivors of sexual assault, child sexual assault, and dating violence. These young women often have limited options for activities, work and school/family involvement, including fewer support systems. We must work to provide adequate, age appropriate services that address trauma and the unhealthy coping mechanisms used by young women after experiencing or witnessing a traumatic event.

Race and Ethnicity

Differences in race and ethnicity also create large challenges for children especially in the early stages of life. Minority children are less likely to receive prenatal care, quality childcare and are more likely to be the victims of infant mortality. In addition, they are more likely to live in poverty and to attend schools with lower achievement test scores. They are also more likely to spend time in our Foster Care system. According to the 2000 census, minority children make up 15% of Nebraska's child population, however, they make up over 30% of the children in out-of-home care.[4] As these children grow older, they also face obstacles in the Juvenile Justice system, as there is a disproportionate amount of minority youth confinement in Nebraska. This unfortunately can lead to even higher disparities as the adolescents move into adulthood.

Take Action

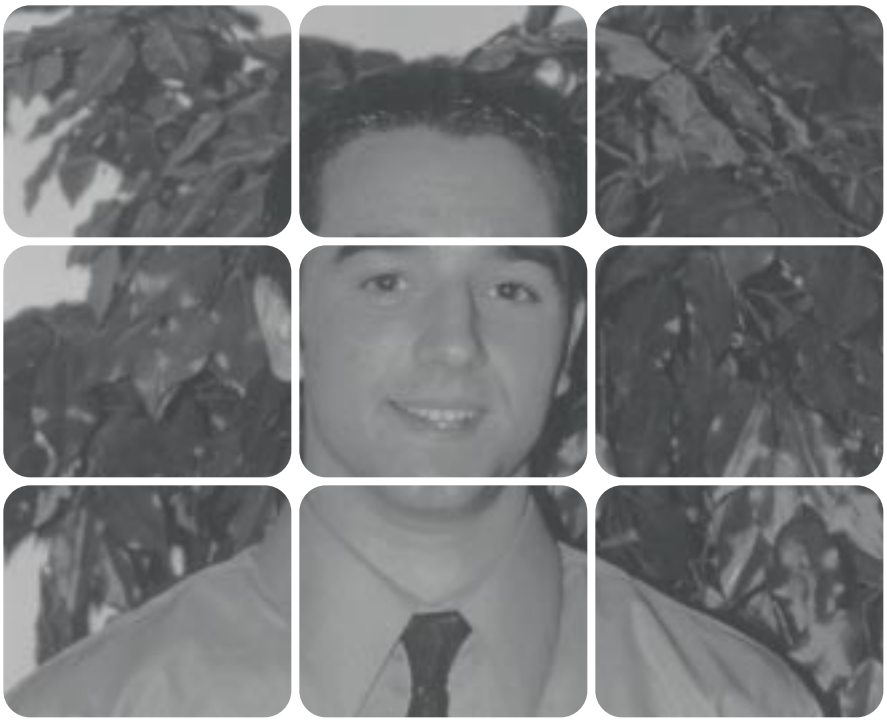
What can Nebraska citizens do for these children? It is vital we make an investment early and continue to nurture our investment until the children become positive, productive members of our society. We need to ensure children are provided with their basic needs, both early and continuously throughout childhood. We must ensure each child has access to affordable, quality childcare and each family has health care coverage. It is imperative we prioritize funding our education system, creating excellent, high achieving schools in every area of our state, to guarantee each child has equal access to a first-rate education. In addition, improvements must be made to our child protective services and foster care system, to make certain our young citizens are protected and well taken care of. We can work to provide prevention programs for both boys and girls in schools and other settings that include information on bullying, healthy relationships, and school violence.

We must eliminate the disparities our children face. Taking these steps will truly make Nebraska a land of "the Good Life".

Myra, 1 and Chance, 1

Child Abuse & Dome

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



Jake, 17

Investigated and Substantiated Cases

The Department of Health and Human Services (HHS) received 16,128 calls alleging child abuse and neglect in 2002, a 6.8% increase over the 15,103 calls received in 2001. Of the more than 16,000 calls received, 7,328 were investigated resulting in 2,192 substantiations involving 3,454 children. This averages out to 42 child abuse and neglect substantiations involving nearly 66 children per week. The year 2002 showed a 6% increase over 2001 in the number of substantiated cases and the number of children involved in those cases.

It is difficult to accurately display and identify trends in data due to a change in how data is recorded by HHS through the N-FOCUS/CWIS database. N-FOCUS/CWIS database changes made in 1998 affect the trend data in three ways. First, during transition years, estimates were used due to the lack of availability of all case documentation. Second, the calculation of the number of victims based on children in the household has changed, thus reducing the number of victims documented. Additionally, prior to 1999 a record was not maintained of all calls reporting abuse and neglect. That number has been available since 1999 and has steadily increased each of the last four years reported.

Data shows substantiated cases are more likely to involve young children. In 2002, 2,209 or 64% of the children involved in substantiated cases were ages 0-8. The average age of a child in a substantiated case was 7 years old. Children ages 0-3 represented 1,152 or 33% of the children involved in substantiated cases.

Children age 2 or under represented 909 or 26% of the victims. Children of all ages are equally likely to be abused, however, abuse suspicions regarding younger children are more likely to be reported. In 2002, there were 1,801 female children and 1,642 male children involved in substantiated cases (11 were unrecorded). According to hospital discharge records, males are the most probable perpetrator of physical abuse resulting in the need for medical assistance and are usually the spouse or partner of the child's mother.

It's the Law!

The State of Nebraska requires all citizens who suspect or have witnessed child abuse or neglect to report the incident to their local law enforcement agencies or to Child Protective Services (CPS).

Only 1% of child abuse reports 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 or their siblings' abuse for themselves, the perpetrator and/or their parent(s). There is also a strong possibility that the perpetrator has threatened more serious abuse if they tell.

Types of Abuse

Neglect, physical abuse and sexual abuse are the three main classifications that fall under the umbrella of child abuse. Because children may experience more than one form of abuse, HHS 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 who are labeled failure to thrive are often the result of neglect.

Child Abuse Fatalities in 2002

According to Vital Statistics, three Nebraska children died as a result of child abuse in 2002. However, it is important to note this number may not be completely accurate. Recent media coverage has noted the actual number of deaths may be higher than the vital

Neglect
stic Violence

statistic report. Due to the discrepancies of death reports, the number of child deaths can be conflicting. In 1993 the Nebraska State Legislature mandated a Child Death Review Team be formed to investigate all child deaths. Unfortunately, there has not been a report issued since 1997. We look forward to forthcoming Child Death Review Team reports, as this may improve the discrepancies and provide a more accurate record of the number of children who have died due to the tragedy of child abuse.

Domestic Violence/ Sexual Assault Programs

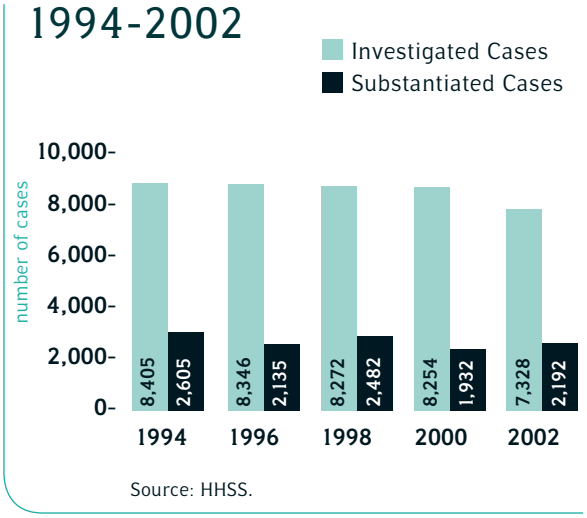
There is no question that children are negatively impacted and affected by violence in their homes. Nationwide, researchers and service providers are looking more closely at how a batterer's use of violence affects his ability to parent, and how his violence affects the child(ren)'s relationship with their mother. While data on this topic is limited, consider the following information:

- The data available suggests that fathers who abuse their adult partners are less involved with their children, are less likely to engage in rational discussions with their children and are less affectionate than fathers who are not violent.[1]
- Batterers may use custody of the children to punish, control, marginalize or hurt their female partners and their children, and are more likely to contest custody than the general divorcing population.[2]
- Batterers are less likely to pay child support fully and consistently than non-abusive fathers.[3]
- Batterers often avoid paying child support all together, especially if they do not intend to seek custody.[4]
- When fathers fight for custody, they win 70% of the time, whether or not they have been an absentee or violent father.[5]
- Fathers who batter the mother are twice as likely to seek sole custody of their children as nonviolent fathers.[6]

As of 1997, 13 states had adopted a statute that specifies a rebuttable presumption that it is detrimental to the child to be placed in sole custody, joint legal custody, or joint physical custody with a perpetrator of family violence.[7]

Due to a change in the software used to collect statistical data, there is no statewide report for Nebraska's Network of Domestic Violence Sexual Assault Programs for the fiscal year of July 2001-June 2002. Preliminary reports and anecdotal information show little to no decline of domestic violence or in the need for services. Nebraska's 22 community based domestic violence/sexual assault programs remain dedicated to meeting the need for victim support and perpetrator accountability.

Investigate and Substantiated Cases of Child Abuse and Neglect



Source: HHSS.

TOTAL ANNUAL COST OF CHILD ABUSE & NEGLECT IN THE UNITED STATES

DIRECT COSTS	
Hospitalization	$6,205,395,000
Chronic Health Problems	$2,987,957,400
Mental Health Care System	$425,110,400
Child Welfare System	$14,400,000,000
Law Enforcement System	$24,709,800
Judicial System	$341,174,702
Total Direct Costs	**$24,384,347,302**
INDIRECT COSTS	
Special Education	$223,607,830
Mental Health and Health Care	$4,627,636,025
Juvenile Delinquency	$8,805,291,372
Lost Productivity to Society	$656,000,000
Adult Criminality	$55,380,000,000
Total Indirect Costs	**$69,692,535,227**
TOTAL COST	**$94,076,882,529**

Source: Prevent Child Abuse America[8]

Early Childhood Care & Education

Children from birth to age 8 are considered in the early childhood stage of life. During this critical period, children will grow and learn more than they will any other time in their lives. In order to make the most of this developmental stage, children require high quality care. While ideally, this care is provided by the parent(s), families are faced with the reality that the single parent or both parents must be employed for financial survival. In Nebraska, 73% of working mothers have children under the age of six. Young children who receive quality care may benefit cognitively, socially and emotionally increasing their chances of achieving a productive adulthood from which we all will benefit.

Early Childhood Development Programs in Nebraska

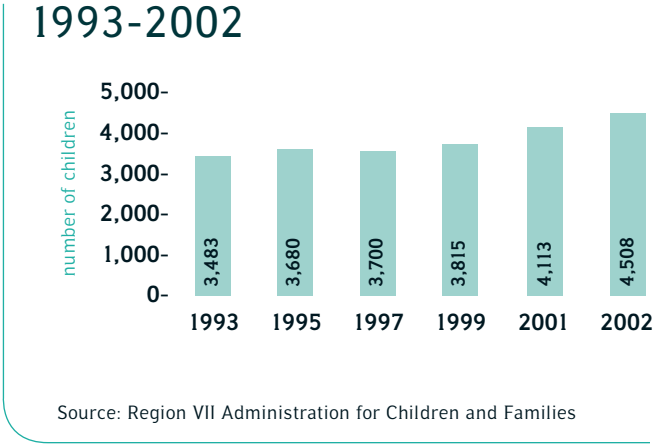
Head Start and Early Head Start

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

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

In 2002, there were approximately 244 Head Start classes in operation by 18 grantees covering 87 counties in Nebraska with an actual enrollment of 5,463. Total funded enrollment is 4,730. Early Head Start enrollment, pregnant women and children ages 0 to 3, was 955. Head Start enrollment, children 3 to Kindergarten entrance was 4,508. Of the child participants in both programs, 718 were identified as having special needs. Approximately 17% of enrollment includes children whose dominant language is not English. The American Indian Program Branch Head Start operates 13 classes within Nebraska's geographic borders. The Winnebago, Santee Sioux and Omaha Tribes are grantees with a total funded enrollment to serve 226. Migrant Branch Head Start operated 13 classes. The grantee is Panhandle Community Services in Gering. Migrant Head Start served 82 children, 80 for which Spanish is their dominant language. Currently, Head Start funding exists for about half of the 3 and 4 year old children who are eligible.

How many of Nebraska's 8,202 eligible 3- and 4-year old children were enrolled Head Start Program?

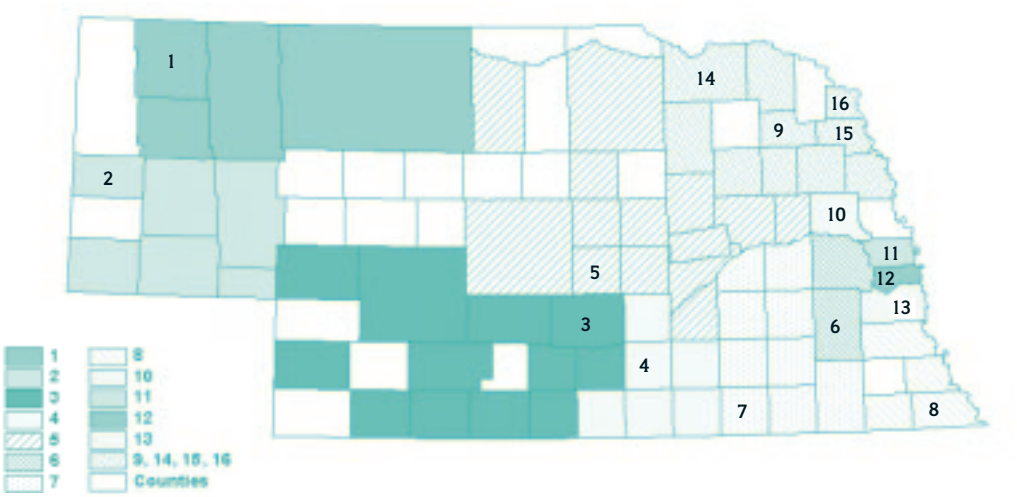


Source: Region VII Administration for Children and Families

State Grant-Funded Early Childhood Programs

Since 1992, Early Childhood Projects have been serving young children and their parents in 10 Nebraska communities. In 2001, in response to the Governor's identification of early childhood as a state priority, the legislature appropriated additional funds to expand the number of programs. Twenty-eight communities in Nebraska currently receive grants to offer integrated child development programs by combining existing resources with state grants ranging from $30,000 to $50,000 per classroom. Total grant amounts to communities vary according to the number of classrooms and the length and duration of services, which range from part-day to full-day and school-year to year-round programs. Administered through local schools or educational service units, Early Childhood Grant Programs currently are funded to serve approximately 1,130 children.

Nebraska Head Start Grantees
COUNTIES SERVED



1. Northwest Community Action: CHADRON
2. Panhandle Community Services: GERING
3. Community Action Partnership of Mid-Nebraska: KEARNEY
4. Head Start Child and Family Development Program: HASTINGS/GRAND ISLAND
5. Central Nebraska Community Services: LOUP CITY
6. Lincoln Action Program: LINCOLN
7. Blue Valley Community Action: FAIRBURY
8. Southeast Nebraska Community Action: HUMBOLDT
9. Goldenrod Hills Community Services: WISNER
10. Midland Lutheran College: FREMONT
11. Child and Family Development Corporation: OMAHA
    Salvation Army: OMAHA
12. LaVista/Papillion Schools Cooperative: PAPILLION
13. Plattsmouth Public Schools: PLATTSMOUTH
14. Santee Sioux American Indian Tribe: NIOBRARA
15. Winnebago American Indian Tribe: WINNEBAGO
    Omaha American Indian Tribe: MACY
16. Boys and Girls Home of Nebraska: DAKOTA CITY

Even Start Family Literacy Programs

In an effort to break the cycle of poverty, illiteracy and improve educational opportunities for families, the Even Start Literacy program integrates early childhood education, adult literacy or adult basic education, and parenting education. In 2002, 364 families with 515 children received services through one of the nine federally funded Even Start Literacy programs in Nebraska.

Early Childhood Special Education and Early Intervention Programs

Children from birth through age 3 who have verified disabilities can receive services through their local school district in collaboration between Health and Human Services and the Department of Education. In 2002, these Early Childhood Special Education and Early Intervention programs served 5,451 children ages 0 through age 5.

Child Care Facilities and Subsidies

In Nebraska, when child care is provided to four or more children from different families for compensation, a license by Health and Human Services System (HHSS) is required. Nebraska experienced a decrease from 4,679 to 4,323 or 8% of the total number of the licensed child care providers (FCCH I, FCCH II, Child Care Centers, and Preschool) from 1998-2002. During that same time period, the overall license capacity increased from 92,288 to 96,231, an increase of 4%. The Census calculated 117,048 children under age 5 in Nebraska in the year 2000, the vast majority of whom will require child care outside the household at some point in their young lives. The lack of quality and licensed child care in Nebraska often results in long waiting lists and the utilization of unlicensed care by families.

In 2002, families at or below 185% of the federal poverty level (see Economic Well-being section of this report) could utilize child care subsidies. In July 2002, as a result of action taken by the governor and the legislature, the income limit for families who were not transitioning from ADC assistance was reduced to 120% of the federal poverty level. Transitioning families remained at 185% FPL with a new 24 month time limit. In 2002, HHSS subsidized the child care of 29,884 unduplicated children, a slight increase of unduplicated children over 2001, with a monthly average of 15,456 children. With an average cost of $1,648 per child, a total of $49,249,704 federal and state dollars were used for childcare subsidies in Nebraska. Subsidies are usually paid to the providers directly. The average subsidy cost per child paid by Health and Human Services during SFY2002 was approximately $268 per month, more than $3,000 a year. The rates established to pay for childcare subsidy for preschool and school age children range between $13 and $25 per day. For in-home care, where the child care provider comes to the home of the child, HHSS uses a basic rate of $5.15 per hour.

> "I am very thankful for the Even Start program and for everything they have provided. It helps me to know my daughter is at a great place everyday."
>
> Even Start mom in Crete, Nebraska

Economic Well-Being

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

Temporary Assistance to Needy Families

The Temporary Assistance to Needy Families (TANF) is a federal block grant, coupled with state general funds to provide low-income families with cash assistance through the Aid to Dependent Children (ADC) program and non-cash resources that foster self-sufficiency among the program's participants. Nebraska's Employment First Program was created to assist parents in acquiring and sustaining self-sufficiency within 48 months. Medicaid coverage, child care services and supplements, and job support are all provided through Employment First; cash assistance may be drawn for 24 of the 48 months.

In Nebraska, ADC was provided to a monthly average of 11,131 families totaling $47,056,793, an average of $352.29 a month per family in 2002. Unfortunately, the maximum ADC payment amounts to approximately 32% of poverty as prescribed by Nebraska law (see the guidelines on page 9). These families had 20,555 children. The utilization of ADC had been dropping since a peak of 17,239 families in 1993. However, in fiscal year 2002, the utilization rose once again.

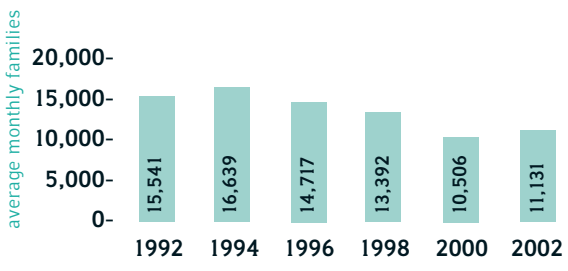
NEBRASKA CHILDREN IN POVERTY	1990	2000
Percent of Nebraska Children in Poverty	14	12
Percent of Nebraska Children Under Age 5 in Poverty	17	14
Percent of Nebraska Minority Children in Poverty	37	30

Source: United States Census Bureau.

The above table shows that during the 1990s poverty decreased, but according to a new Census Bureau program, more current information shows that Nebraska children are facing an increase in poverty. Nebraska was one of nine states that showed a statistically significant increase in percent of children in poverty between 2000 and 2002, from an estimate of 12% in 2000, to an estimated 13% in poverty in 2002. In addition, it stated 29% of families with a female householder with no husband present had incomes below the poverty line.

How many Nebraska families with children receive ADC?

1992-2002



Source: HHSS

Ella and Ivy, 5 months

Earned Income Tax Credit

In 2002, a total of $171,054,000 was claimed as Earned Income Tax Credit on 104,166 Nebraska tax returns. The federal government created this tax credit in an effort to assist low- and moderate-income working families in retaining more of their earned income. At least 16 states have also established State Earned Income Tax Credits, based on a percentage of the federal credit. This has been found to be an effective assistance for low-income families. Nebraska has rejected such legislative proposals.

Single Parent Families

Single parent families are less likely to have sufficient support systems and adequate financial sources than two parent families. Shortage of these essential resources has been linked with greater parental stress and, therefore, greater occurrence of child abuse. Research shows that more than 50% of our nation's children will spend all or part of their childhood in a single parent household.

Forty-five percent of single parent families headed by a woman and 19% of single parent families headed by a man live in poverty, as compared to only 8% of married couples with children under the age of 18.[2] In 2000, the census showed approximately 20% (90,000 +) of Nebraska children lived in a single parent headed household.

Divorce and Child Support

Nationally, divorce accounts for 46% of all single parent households.[3] In Nebraska in 2002, 6,143 marriages ended in divorce, involving 6,399 children. Of the couples with children who divorced in 2002, more than two-thirds (68.3%) of the time sole custody was awarded to the mother. Child support can be awarded to the custodial parent. Unfortunately, the court awarded child support is not always paid to the custodial parent. A parent can request HHSS assistance if they are not receiving the child support that they are owed. HHSS responded to 98,077 of these cases as of September 2002 and collected $11,990,310 on behalf of children who are dependent on Temporary Assistance to Needy Families (TANF). HHSS collected $135,927,424 in child support for children of parents who were not receiving TANF.

2002 FEDERAL POVERTY GUIDELINES *(at 100% of poverty)*

Size of Family Unit	Gross Annual Income
2	$11,940
3	$15,020
4	$18,100
5	$21,180
6	$24,260

Source: HHSS.
Note: The 2000 census estimates that 12% of all Nebraska children and 14% of Nebraska children under 5 live in poverty.

impact box

WELFARE REFORM

August 2003 marked the seventh anniversary of Temporary Assistance to Needy Families, or TANF, which reorganized the nation's welfare system. Recent studies have indicated that while the number of welfare cases has declined in the past seven years, the amount of families living in poverty has not followed the same trend.

- Caseloads of welfare recipients decreased by 53% within the first five years of TANF, while the nation's poverty level declined by 13.9%.
- Welfare recipients with paying jobs declined from 32% in 1999 to 28% in 2002.
- In 2002, only 42% of individuals who had left the welfare system were employed, as opposed to 50% employment in 1999.
- One-quarter to one-third of individuals who leave the welfare system end up returning within one year.[4]

Halla, 1 ½

Education

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

Haylee, 4

High School Graduates

During the 2001-2002 school year, 21,534 Nebraska high school students were awarded diplomas. Nearly 93% of the possible graduation cohort (1997-1998 9th graders) is estimated to have completed high school in 2002. Of these graduates, approximately 90% were White, Not Hispanic, 3.7% were Black, Not Hispanic, 3.3% were Hispanic, 1.7% were Asian or Pacific Islander, and .6% were American Indian/Alaska Native.

In addition, 1,392 Nebraskans finished their high school education by passing the GED tests.

> "... the number of homeless children and youth is definitely on the rise."
>
> *-Roger Reikofski*
>
> *Nebraska Homeless Education Coordinator*

impact box

An additional stress on the education system in Nebraska is the attempt to locate and serve the homeless population of children in our state. According to Roger Reikofski, the Nebraska Homeless Education Coordinator, finding these children proves difficult.

"The only data found to determine the number of homeless children is submitted by the homeless shelters throughout Nebraska. In receiving these reports, there is no assurance that the numbers are accurate, as they could be duplicated counts. This occurs when the same homeless child is counted at more than one shelter. This does happen, although I have no data on how often. Also, there are no statistics concerning how many homeless children and youth are living in doubled up situations, vehicles, buildings, motels, on the streets or in other places besides homes of their own. All of which could and in most cases should, be considered homeless. With this in mind, in 2002, shelters in Nebraska reported having 10,964 children and youth in their facilities. These same shelters reported 7,279 children and youth for 2001. This indicates the number of homeless children and youth is definitely on the rise in Nebraska."

School Dropouts

During the 2001-2002 school year, 4,028 Nebraska students dropped out of school, 2,379 male and 1,649 female. (Dropouts are calculated using grades 7-12.) Minority groups carry higher drop out rates than white students. In 2002, 1% of white students dropped out of school. While Hispanic students made up almost 8.5% of Nebraska students, grades K-12, they comprised more than 15% of the dropouts. Just over 6% of Nebraska students were black, but constituted nearly 16% of the total dropouts.

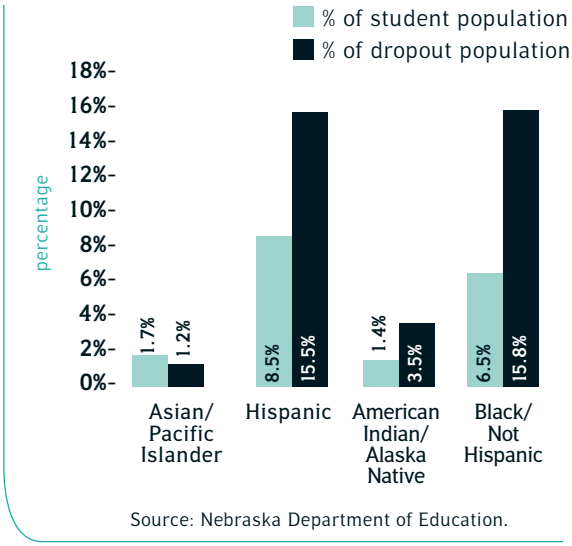
Expelled Students

During the 2001-2002 school year, 816 Nebraska students, grades 7-12, were offered alternative education in response to expulsion from customary education.

In general, public school students are provided with an alternative school, class, or educational program upon expulsion. In Nebraska, a student can be expelled from a school but not from the school system, allowing for the student to continue his or her education. Prior to expulsion it is necessary for the student and his/her parents to develop a written plan outlining behavioral and academic expectations in order to be retained in school. Some schools are developing creative and motivating alternative programs to meet the needs of students.

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

Minority Student and Dropout Populations



Source: Nebraska Department of Education.

EXPULSIONS BY RACE AND GENDER 2001-2002

Race/Ethnic Origin	Female	Male	TOTAL
White	94	374	468
Asian/Pacific Islander	0	11	11
Hispanic	21	64	85
American Indian/Alaskan Native	11	23	34
Black	87	131	218
TOTAL	213	603	816

Source: Nebraska Department of Education.

STATEWIDE EXPULSIONS 1991-1992 THROUGH 2001-2002

1991-1992 284	1997-1998 663
1992-1993 273	1998-1999 849
1993-1994 209	1999-2000 824
1994-1995 283	2000-2001 770
1995-1996 443	2001-2002 816
1996-1997 615	

Source: Nebraska Department of Education.

Special Education

During the 2001-2002 school year, 45,052 of Nebraska students age birth to 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 5,457 preschool children, birth to age 5 with a verified disability receiving special education services. School districts reported 39,601 students age 6-21 with disabilities.

Sergio, 6

Health – Physical and Behavioral

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

Birth

In the year 2002, there were a total of 25,381 live births to Nebraska residents. Nearly 7.2% or 1,820 of these births were of low birth weight, while the majority were born healthy. Women ages 10-19 became the mothers of 2,418 or almost 10% of the babies born; 7,262 (28.6%) were born to unwed parents and 10.5% were born to mothers who did not receive adequate prenatal care during their first trimester of pregnancy.

Prenatal Care

According to the Centers for Disease Control and Prevention, nearly one third of American women who give birth will experience a pregnancy-related complication. Early and appropriate prenatal care can detect potential problems and may prevent serious consequences for both the mother and her baby. The Centers for Disease Control and Prevention recommend starting prenatal care as early as possible, even prior to pregnancy. In Nebraska in 2002, 2,654 births are recorded to mothers who did not receive adequate prenatal care and 3,926 were reported to have intermediate prenatal care. This totals more than 25% of births. More than 75% of white, 72% of Asian, 59% of black, 49% of American Indian/Alaskan Native and 62% of Hispanic newborns had mothers who received adequate or adequate plus prenatal care.

In 2002, 42 newborns died of birth defects prior to their first birthday. Research has shown there is a correlation between the health of the mother prior to conception and birth outcomes. Consuming folic acid prior to and following conception and living a healthy lifestyle will improve the chances of a healthy birth and may reduce the likelihood of birth defects including spina bifida.

Infant Mortality

Infant mortality rates are frequently used as an indicator of over-all human well being in a community. Although the United States spends more on health care than any other country, it still has a higher infant mortality rate than 21 other industrialized nations.[1] In 2002, the Nebraska infant mortality rate (deaths per 1,000 births) was 7.0, up from 6.8 in 2001. In 2002, 178 Nebraska children died prior to their first birthday.

Sydney, 2 ½ and Courtney, 1 ½

Nebraska residents lost 1,794 babies under the age of one from 1993-2002. Birth defects, 24% of deaths, were the number one cause of infant death during these years, while 15% were attributed to Sudden Infant Death Syndrome (SIDS). Premature births constitute approximately 8.5% of deaths. Infant mortality rates are generally higher for minority populations. In 2002, white Nebraskans experienced an infant mortality rate of 6.1; while blacks experienced a rate of 20.9, Native Americans 14.9, and those of Hispanic origin had a rate of 6.9. The black infant mortality rate which had declined drastically in 2001, climbed back to 20.9 in 2002.

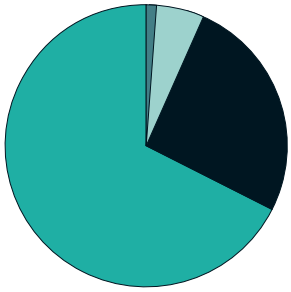
Low Birth Weight

The highest predictor of death and disability in the United States is low birth weight. A newborn weighing below 2,500 grams or 5.5 pounds is considered of low birth weight and a newborn weighing less than 1,500 grams or 3.3 pounds is considered of a very low birth weight. In Nebraska, 1,820 of newborns were of low birth weight (7.2%); 1.3% or 331 were born with a very low birth weight.

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

Mariah 5 ½ months

TEEN BIRTHS BY AGE OF TEEN 2002



- age 13 (3 births) .4%
- ages 14 and 15 (118) 43%
- ages 16 and 17 (604) 28%
- ages 18 and 19 (1,693) 68%

Source: Vital Statistics, HHSS.

Births to Teens

While teen birthrates have been falling in the United States, the Nation has the highest teenage pregnancy rate of all developed countries.[2] Research shows having children as a teenager can limit a young woman's educational and career opportunities, increase the likelihood that she will need public assistance, and can have negative effects on the development of her children.[3] In Nebraska, 2,418 babies were born to girls age 19 and under in 2002. Across a 10-year span since 1993, 8,274 were born to mothers under age 18. Of the 725 babies born to teen mothers ages 10-17 in 2002, 532 had white mothers, 133 were born to black mothers, 38 had Native American mothers, and 4 were born to Asian mothers. Adolescent females of Hispanic ethnicity gave birth to 201 babies.

Out-of-Wedlock Births

The risk of having children with adverse birth outcomes, such as low birth weight and infant mortality, are greater for unmarried mothers than for married mothers. Children born to single mothers are also more likely to live in poverty than children born to married couples.[4] The likelihood that a mother will be married upon the birth of the child increases with the age of the mother. In 2002, 91% or 662 of the mothers age 17 and under were not married upon the birth of their child.

Immunizations

The national goal set by the U.S. Centers for Disease Control and Prevention (CDC) is that 90% of all children be immunized (except for preschool boosters) by the age of two. According to the National Immunization Survey for 2002, 78.2% of Nebraska two-year-olds have received four DPT (diptheria-tetanus-pertussis) shots, three polio shots, one MMR (measles-mumps-rubella) shot, three HIB (H. influenza type b), and three Hepatitis B immunizations. The U.S. national average was 74.8%. In Nebraska, Varicella (chicken pox) vaccine rates continued to increase from 69.1% in 2001 to 74.8% in 2002. The U.S. national average for Varicella vaccine was 80.6%, also an increase.

There were 13 cases of pertussis (whooping cough) reported in Nebraska in 2002. This is an increase of 2 cases of pertussis from 2001. From 1998-2002, there have been 94 cases total in Nebraska. Children are the most frequent age group with reported pertussis but older persons have accounted for a larger proportion of cases than they have in the past. Young patients have a greater chance of hospitalization or complications from pertussis than older patients. Although there have been no deaths in recent years, pertussis is a potentially deadly disease for young children.

Child Deaths

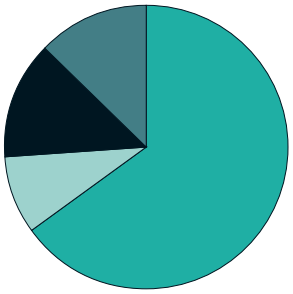
Slightly more than half of child deaths are attributed to accidents in Nebraska. In 2002, 42% of the 174 total child deaths, children age 1-19, were due to motor vehicle accidents, an increase since 2001. Twelve percent of the deaths were due to non-motor vehicle accidents. Eleven child deaths were attributed to cancer, 14 children were lost to suicide and 10 to homicide in 2002. According to the 2003 National Kids Count Data Book, Nebraska is ranked 34 out of 50 states and the Virgin Islands for rate of teen (ages 15-19) deaths by accident, homicide, and suicide. Substance abuse is often associated with deaths to suicide and homicide.

SELECTED CAUSES OF DEATH, BY FREQUENCY AGES 1-19 IN NEBRASKA, 1993-2002

CAUSES	FREQUENCY
Motor Vehicle Accidents	623
Non Motor Vehicle Accidents	252
Suicide	169
Homicide	139
Cancer	125
Birth Defects	63
Heart	60
Infectious/Parasitic	37
Asthma	23
Pneumonia	21
All Other Causes	277
TOTAL	**1,789**

Source: HHSS.

MEDICAID ELIGIBLES 2002

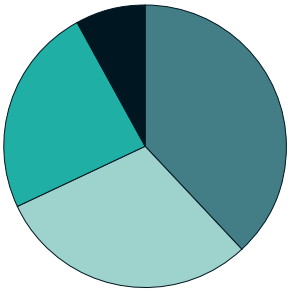


- 65.0% children
- 8.9% aged
- 13.4% ADC adults
- 12.7% blind and disabled

Source: HHSS.

MEDICAID VENDOR EXPENDITURES BY ELIGIBILITY 2002

TOTAL: $1,163,193,478



- 38% blind and disabled ($440,516,795)
- 30% aged ($351,004,561)
- 24% children ($281,132,301)
- 8% ADC adults ($90,539,821)

Source: HHSS.

impact box

Over the past 10 years, the Nebraska African American infant mortality rate (IMR) has remained 2-3 times higher than the White Nebraska IMR. The average White Nebraska IMR from 1993-2002 was 6.96 deaths per 1,000 live births compared to the African American IMR for the same period which was 17.51 deaths per 1,000 live births; this is a 2.5 times risk (NHHSS Vital Statistics).

Nebraska's African American IMR is also higher than the national average. The most recent national African American IMR was 13.5 deaths per 1,000 live births in 2001 (NCHS). The most recent Nebraska African American IMR was 20.9 deaths per 1,000 live births in 2002 (NHHSS Vital Statistics).

Despite considerable fluctuation from year to year in the African American IMR, the overall trend shows a slight decrease over the 10 year period. This is a dramatic difference from the national trend that has shown a large and steady decrease in the African American infant mortality rate.

Nebraska's 2002 African American infant mortality rate of 20.9 is worse than many developing Central and South American countries such as Argentina (17.6), Cuba (7.5), Jamaica (11.9) and Venezuela (19.5) to name just a few (WHO, 2000).

Or simply put, in Nebraska, one out of every 50 African American babies dies before its first birthday.

Source: Nebraska Health and Human Services

Kylynn, 5

Access to Health Care

Uninsured children tend to live in employed families that do not have access to insurance. Most often in these cases the employer does not offer insurance, the insurance offered is too expensive or the insurance does not cover all of the necessary medical needs of the family. Many of these uninsured children are eligible for Kids Connection. Kids Connection provides free health care coverage for children living in families at or below 185% of the federal poverty level. Kids Connection includes both the Children's Health Insurance Program (CHIP) and the Nebraska Medical Assistance Program (Medicaid). Kids Connection provided health coverage for 132,518 children in an average month, approximately 30% of all Nebraska children 18 and under in 2002.

Blood Lead Levels

In 2002, 18,538 Nebraska children were reported having been tested for elevated blood levels and 958 were considered to have blood lead levels in the range where detrimental effects on health have been clearly demonstrated. Increased behavioral problems, malnutrition, significant detrimental physical and cognitive development problems can be attributed to elevated blood lead levels. Lead poisoning can be fatal. Blood lead testing is recommended for all children at 12 to 24 months of age.

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

Mental Health and Substance Abuse Treatment

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

Regional Centers

The Lincoln Regional Center (LRC) served 249 Nebraska youth in 2002. Sixty-two were served in their inpatient psychiatric program, 65 in the Adolescent Psychiatric Residential Program, 98 received service from the Adolescent OJS Program and 24 received services from the LRC Adolescent Sex Offender Community Residential Program. There is some overlap in youth served among LRC programs and, therefore, a total number of unduplicated youth served is unavailable. During fiscal year 2001, the Hastings Regional Center opened a program providing substance abuse treatment services for youth served at the Youth Rehabilitation and Treatment Center (YRTC) in Kearney. During 2002, 89 youth were served in this program. Hastings also served 7 youth in the psychiatric unit. Four youth were served at the Norfolk Regional Center in 2002.

impact box

The Plight of Uninsured Children

- **There are 8 million uninsured children in America**
- **Of those 8 million uninsured children, 65% are eligible for Medicaid and SCHIP, but are not enrolled, which translates to 5 million American children who are unnecessarily uninsured.**

CONSEQUENCES OF BEING UNINSURED

- **20% of uninsured children have untreated vision problems**
- **51% of uninsured children had a physician visit during the previous year, compared with 76% of insured children**
- **21% of uninsured children had a regular dental checkup, while half of insured children did**

CHILDREN WITHOUT HEALTH COVERAGE ARE:

- **8 times less likely to have a regular source of medical care**
- **5 times more likely to use emergency rooms for regular care**
- **4 times more likely to delay seeking care**

MEDICAID EXPENDITURES FOR CHILDREN

- **In 2002, children made up 51% of all Medicaid recipients, but only 17% of Medicaid expenditures**
- **Of estimated Medicaid expenditure growth between 2002 and 2004, children will only account for 14% of costs**[5]

Community-Based Services

Publicly funded services available through community-based organizations include out-patient programs with counseling for mental health and/or substance abuse, substance abuse prevention, partial care and halfway house services, mental health day treatment, emergency psychiatric services, and therapeutic group home services.

Mental health and substance abuse services through community-based programs were received by approximately 2,968 Nebraska children ages 0-18 in the most recent fiscal year. Out of those children, 2,412 received mental health services only, 510 received substance abuse services only, and 46 received both mental health and substance abuse service. The Magellan program information is not representative of all mental health services provided to Nebraska children. The community-based programs served 2,161 children considered to have serious emotional disturbance, according to Magellan.

Youth Risk Behavior Survey

Developed by the National Center for Disease Control and Prevention and prepared by Nebraska Health and Human Services System (HHSS), the Youth Risk Behavior Survey (YRBS) includes self-reported health information from a sample of Nebraska 9-12 graders in 2001. This survey is given every two years. The goal of the report is to determine and reduce common youth health risks, increase access and delivery to health services, and positively affect the often risky behavioral choices of youth. It is important to note this survey is completed by a majority of school districts in the state. However, one of the largest, Omaha Public Schools, did not participate. 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

Source: The 2001 Youth Risk Behavioral Survey of Nebraska Adolescents.

The 2001 Youth Risk Behavioral Survey of Nebraska Adolescents Highlights

Alcohol and Other Drugs

Unfortunately, other surveys support the YRBS finding that alcohol is heavily used by youth in Nebraska. Fifty-three percent of the students surveyed had consumed alcohol in the last 30 days prior to the survey and 39% had reported episodic heavy drinking in that same time period. The report goes on to say that youth alcohol use is associated with increased occurrence of unprotected sex and sex with multiple partners, marijuana use, lower academic performance and fighting. Some of the other drugs youth utilized were marijuana (18%), inhalants such as glue, paints, or aerosols (11%), methamphetamines (6%), and cocaine (5%).

Tobacco

In Nebraska, 31% of the students surveyed report that they currently smoke cigarettes and 15% smoke cigars, cigarillos, or little cigars, 15% smoked on 20 or more days in the month prior to the survey. Ten percent reported having chewed tobacco or snuff at least once in the past 30 days.

Motor Vehicle Crashes

The leading cause of Nebraska death among youth age 15-24 is automobile crashes. According to the YRBS, 44% of students reported, in the last 30 days, riding in a vehicle driven by someone who had been drinking alcohol and 25% had driven a motor vehicle themselves in the past 30 days one or more times, when they had been drinking alcohol.

Teen Sexual Behavior

Forty-two percent of the adolescents surveyed reported that they had experienced sexual intercourse at least one time in their life, an increase of 4% over 1999. Thirty percent of the adolescents who reported having had sexual intercourse used alcohol or drugs prior to their last sexual intercourse experience. The majority of these teens, 59%, reported using a condom the last time they had sexual intercourse, lessening their chances of contracting a sexually transmitted disease or becoming pregnant. Thirty percent of the respondents reported having had sexual intercourse with one or more people in the past three months, and 11% had experienced intercourse with four or more people during their life.

Obesity, Dieting, and Eating Disorders

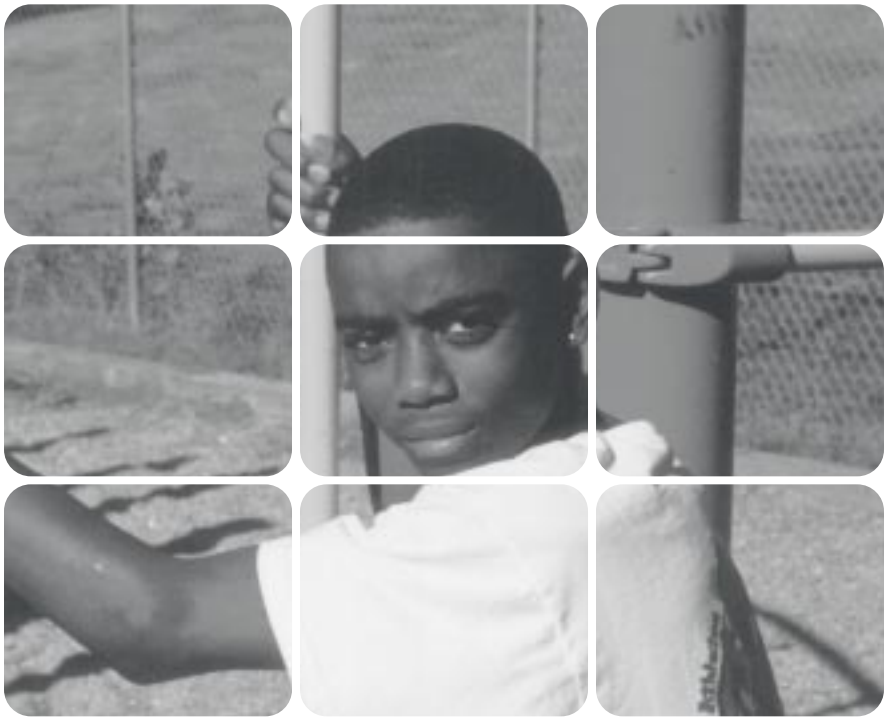
The YRBS student respondents were requested to include their height and weight measurements on their surveys. In 2001, 30% of students reported being either slightly or very overweight. However, only 20% were actually considered to be overweight or at risk of becoming overweight based on their Body Mass Index (BMI). Thirty-seven percent of the females surveyed described themselves as overweight, however only 16% were at risk of becoming overweight or were overweight according to the BMI. Although only 16% of the female students met the BMI criteria for overweight or at risk of becoming overweight, 65% of the females surveyed reported that they were trying to lose weight at the time of the survey. Twenty-five percent of the males surveyed were also trying to lose weight at the time of the survey.

Thirty-two percent of the students reported that they did not participate in sufficient vigorous physical activity and 72% did not participate in sufficient moderate physical activity. Twenty-six percent of the students reported insufficient levels of physical activity on the 30 days preceding the survey. Eighty-two percent ate less than five servings of fruits and vegetables per day during the seven days prior to the survey and 77% reported that they did not regularly consume milk during the seven days preceding the survey.

Myra, 1

Juvenile Justice

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



Marcus, 14

Juvenile Arrests

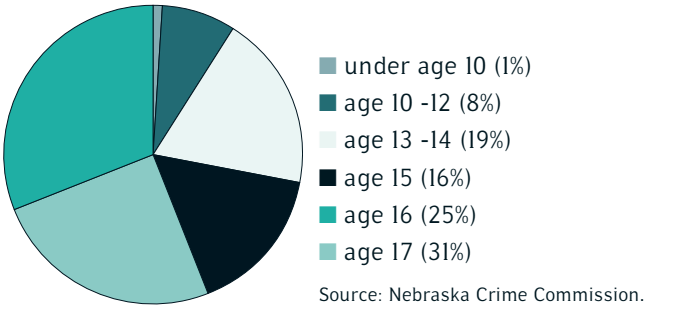
In 2002, 16,314 Nebraska juveniles were arrested, a continued decline during the previous several years. While female juvenile offenders comprise almost 32% of all juvenile arrests, they outnumber male offenders in only the number of runaways in 2002. Male offenders make up approximately 68% of all juvenile arrests.

SELECTED NEBRASKA JUVENILE ARRESTS BY OFFENSE AND GENDER 2002

OFFENSE	MALES	FEMALES	TOTAL
Larceny – Theft	2,093	1,494	3,587
Liquor Laws	1,786	1,123	2,909
All Other Offenses	1,674	706	2,380
Misdemeanor Assault	1,087	556	1,643
Drug Abuse Violations	1,030	235	1,265
Vandalism – Destruction of Property	893	157	1,050
Weapons: Carrying, Possessing, etc.	113	14	127
Felony Assault	76	26	102
Sex Offense (except forcible rape & prostitution)	108	5	113
Arson	81	1	82
Robbery	72	13	85
Forgery & Counterfeiting	28	29	57
Forcible Rape	12	0	12
Prostitution	1	0	1
Murder & Manslaughter	4	0	4

Source: Nebraska Crime Commission.

JUVENILE ARRESTS BY AGE 2002



Source: Nebraska Crime Commission.

Probation

In 2002, 3,917 Nebraska juveniles were on probation. This is a decrease of 1,852 juveniles from those on probation in 2001. In 2002, 4 youth were adjudicated for homicide, 262 were placed on probation in adult court and 126 were supervised for sex offenses or rape. During 2002, 5,424 juveniles were adjudicated and supervised for misdemeanor offenses. There were 676 felony adjudications.

Youth Rehabilitation and Treatment Centers

The two Youth Rehabilitation and Treatment Centers (YRTC) in Nebraska are located in Kearney (established for males in 1879) and Geneva (established for females in 1892). The YRTC Kearney mission is: To provide each youth with the supervision, care and treatment that affords him the opportunity to become a law-abiding and productive citizen. The YRTC in Geneva's mission is: To protect society through the various component areas that will help each youth to substitute socially acceptable behavior for previous delinquent conduct. There were 496 males treated at Kearney and 118 females at Geneva for a total of 614 youth in YRTC care during July 2001 – June 2002, a decrease of more than 100 total YRTC commitments during the previous year.

Geneva provided services for an average of 93 females per day. The average female committed to Geneva in 2001-2002 was 16 years old at admission and remained there nine months. The top offenses that resulted in a Geneva commitment were assault (29), theft (24) and parole violations (23). The majority of females placed at YRTC Geneva were Caucasian 63%, 19% were African American, 9% were Hispanic, 8% were Native American and 1% were considered "other."

YRTC Kearney had an average daily population of 230 in 2001-2002, a decrease of 19 from the previous year. Males at Kearney remained an average of 170 days (approximately 5 and 1/2 months) and more than 60% were 16-17 years of age. Most young men committed to Kearney were Caucasian (59%), 17% were African American, 16% were Hispanic, 5% were Native American, 1% were Asian and 2% were classified as "other." The major offenses committing males to YRTC Kearney were theft (24%), assault (21%) and criminal mischief (9%).

Adult Jail and Parole for Juveniles

In 2002, 78 Nebraska youth under the age of 19 were processed through the adult system and housed in adult prisons. Of these juveniles, roughly 41% were incarcerated for robbery, burglary or theft, while the remaining were held for drug offenses, weapon offenses, sex offenses, homicide and other crimes. One youth was held for homicide in 2002. Studies show trying juveniles in adult court has not been found to be an effective intervention in reducing juvenile crime, however it is used nationally. "Youth in the adult system are more likely to recidivate – and to recidivate more quickly and with serious offenses – than youth who are prosecuted through the juvenile system."[1]

impact box

JUVENILE JUSTICE AND DIVERSION PROGRAMS

Juvenile diversion programs continue to gain popularity in the Juvenile Justice system to deflect youth from involvement in the court system. Eligibility for such programs is determined prior to involvement in the courts, and the goal is to redirect first time offenders towards treatment and care programs without court proceedings.

Recent studies of Nebraska diversion programs have indicated that such programs are more effective for dealing with first time offenders because they decrease stigma associated with the court system, reduce court costs, and improve the juvenile justice system's efficiency. Additionally, parents of diversion participants indicated that the programs provided opportunities for improved communication and understanding, while building stronger parent/child relationships. Diversion programs offer youth the opportunity to be held accountable and accept responsibility without having a criminal record.

Studies have also indicated that diversion reduces the amount of repeat offenders. Moreover, because juvenile diversion programs require the collaboration of law enforcement, court systems, juveniles and their families, and community resources, everyone involved in the process benefits.[2]

Nutrition

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

Eric, 3 and Maria

Food Stamps

Food Stamps are coupons provided by the USDA to aid families that have incomes at or below 130% of poverty in order to maintain a low-cost and healthy diet. Nebraska Health and Human Services (HHSS) distributed Food Stamps to an average of 86,146 persons or 37,132 households monthly in Nebraska in 2002, an average of $161.62 per household and $69.66 per person totaling $72,013,664. There were 45,484 children ages 0-17 found eligible to receive Food Stamps.

USDA Nutrition Programs School Lunch

Families are eligible for free or reduced price lunches based on their income level through the USDA School Lunch Program. Families must have an income at or below 130% of poverty to receive free lunch and at or below 185% of poverty to receive reduced price meals. Through this program the USDA subsidizes all lunches served in schools. During the 2001-2002 school year, 482 school districts offered school lunches at a total of 1,052 Nebraska schools. An average of 80,519 children actually received free and reduced price lunches. Unfortunately, 97,017 children were found income eligible for free and reduced price lunches leaving 16,498 eligible children without access to school lunch. A total average of 204,352 children participated in the school lunch program in Nebraska.

School Breakfast

The USDA provides reimbursements to schools for breakfast as they do for lunch. During the 2001-2002 school year 554 schools in 203 districts participated in the school breakfast program. An average of 36,605 students benefited from the breakfast program. An average of 22,108 students received free breakfast while 4,101 students were charged a reduced price for their school breakfasts. A total of $39,011,145.50 was spent, or reimbursed, for all breakfast and lunches in fiscal year 2002 in Nebraska.

Summer Food Service Program

The USDA Summer Food Program (SFSP) was created to meet the nutritional needs of children and low-income adults during the summer. A total of 7,328 Nebraska children participated in the SFSP in 2002. Only 21 of the 93 Nebraska counties offer the SFSP, an increase over the 17 counties who participated in 2001. Due to the sites that offer two meals daily, the actual unduplicated number of child participants may be lower than the total given as one child may be counted twice for receiving both breakfast and lunch daily.

Commodity Distribution Program

The USDA purchases surplus commodities through price support programs and designates them for distribution to low-income families and individuals through food banks, soup kitchens and pantries. In 2002, 77,334 Nebraska households were served through the Commodity Distribution Program, an average of 6,445 households per month.

Child and Adult Care Food Program

In 2002, an average of 11,152 daily lunches were provided in child and adult care centers and 2,296 in homes through this food program.

Commodity Supplemental Food Program

Commodity Supplemental Food Program (CSFP) works to improve the health of low-income pregnant and breastfeeding women, new mothers up to one year postpartum, infants, children up to age six, and seniors at least 60 years of age, by distributing a monthly food package, to each eligible participant, which is designed to supplement nutrients typically lacking in their diets.

Women who are pregnant, breastfeeding or postpartum, infants and children up to age 6 who are at or below 185% of poverty are eligible for CSFP. The program provides commodity foods, such as cheese, non-fat dry milk, canned fruits, vegetables and juices, pasta/rice/instant potatoes, peanut butter, infant formula and cereal to all eligible participants. A monthly average of 1,277 women, infants and children were served by CSFP totaling 15,324 food packages for fiscal year 2002. Seniors age 60 years and older who are at or below 130% of poverty may also participate in the program. Seniors receive 147,948 food packages averaging 12,329 participants per month. There are 46 CSFP distribution sites serving all 93 counties.

Individuals cannot participate in WIC and CSFP at the same time, however, they may be eligible for other programs such as food stamps and may receive benefits from food pantries and other feeding programs.

WIC

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a short-term intervention program designed to influence lifetime nutrition and health behaviors in a targeted, high-risk population. WIC served an average of more than 7.49 million participants per month through 10,000 clinics nationwide in 2002. WIC provides supplemental foods such as milk, juice, cheese, eggs and cereal to Nebraska's pregnant, postpartum and breastfeeding mothers, infants and children up to age five who have a nutritional risk and meet the income guidelines of 185% of poverty. Parents, guardians and foster parents are encouraged to apply for benefits. The Nebraska WIC Program served 65% of the estimated income eligible persons for 2002 based on average monthly participation. Of the 24,493 babies in Nebraska in 2002, 38% (9,360) were on WIC. Participation has increased steadily over the past four years (1998-2001) and has experienced significant increases from 2001 to 2002. Average participation per month was 36,454 (8,793 women, 9,213 infants and 18,448 children) in 2002. Studies have shown Medicaid costs were reduced on average between $12,000 and $15,000 per infant for every very low birth-weight (less than 1500 grams) prevented. Costs for food benefits and nutrition services average approximately $540 per year for a pregnant woman on WIC. WIC children demonstrate better cognitive performance. Participation in the program helps ensure children's normal growth, reduce levels of anemia, increase immunization rates, improve access to regular health care and improve diets.

NE WIC PARTICIPATION BY CATEGORY FOR FEDERAL FISCAL YEAR 2002

Breast Feeding Women	2,106
Postpartum Women	2,712
Pregnant Women	3,975
Infants	9,213
Children	18,448
Total	36,454

Source: HHSS.

impact box

The USDA recently released information regarding the negative aspects associated with income verification, resulting in its belief that the verification process does more harm than good. First, one study revealed the number of ineligible children who receive free meals is much lower than previously expected. Second, it has been shown that the verification process proves to be an obstacle for those children waiting for acceptance into the program. Furthermore, these studies show the accuracy of eligibility certifications does not improve. Finally, the studies have shown there are more eligible children that are not enrolled than there are that are ineligible and enrolled in the program.

WIC PARTICIPANTS

Year	Average Monthly Program Participants
1992	28,714
1993	31,885
1994	33,592
1995	35,059
1996	35,376
1997	32,351
1998	31,107
1999	32,379
2000	32,194
2001	33,797
2002	36,454

Source: HHSS.

Out-of-Home Care

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

State Foster Care Review Board

In 1982, the State Foster Care Review Board (FCRB) was created as an independent agency responsible for reviewing the plans, services, and placements of children who have been in out-of-home care for six months or longer. These reviews fulfill federal IV-E review requirements. More than 350 trained citizen volunteers serve on local FCRB boards to engage in this important review process. Completed reviews are shared with all case-involved legal parties. The FCRB also has an independent tracking system for all children in out-of-home care, and regularly disseminates information on the status of Nebraska children in out-of-home care. With the exception of the approved and licensed foster care home data, all of the data in this section was provided by the FCRB through their independent tracking system.

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

In 2002, a total of 10,880 Nebraska children were in out-of-home care at some point. This is a slight decrease from the previous year. On January 1, 2002, there were 5,559 children in out-of-home care, during the year 5,321 entered care while 4,896 exited, leaving 5,367 children in care on December 31, 2002. Of the 5,321 children who entered care in 2002, 3,110 or 58% were placed in out-of-home care for the first time and 2,211 for the second or more times. Of the 5,367 children on December 31, 2002, 4,876 were HHSS wards.

Neglect is the most frequently recorded cause for removal of a child from his or her parent(s) or guardian(s) home. Neglect has several forms that range from outright abandonment to inadequate parenting skills which affect child well-being. The child's behavior is the second most prevalent cause of placement followed by physical abuse.

REASONS CHILDREN ENTERED OUT-OF-HOME CARE IN 1997-2002

Reason	1997	1998	1999	2000	2001	2002
Neglect	3,252	4,203	4,038	3,297	4,119	4,147
Child's Behaviors	1,070	909	1,120	796	1,124	1,256
Parental Substance Abuse	843	949	879	779	1,097	1,049
Physical Abuse	853	1,081	1,050	801	908	845
Child's Physical or Emotional Needs	157	453	495	430	518	487
Sexual Abuse	422	459	396	306	484	336
Other	464	386	406	320	376	316
Emotional Abuse	41	303	301	226	290	285

**Up to three reasons are allowed for each child; therefore, the numbers may be duplicated.*
Source: State Foster Care Review Board.

& Adoption

There are a variety of placement possibilities for children in out-of-home care. Of the 5,367 children in care on December 31, 2002, there were 2,350 (44%) in foster homes, 1,025 in group homes or residential treatments centers, 802 placed with relatives, 548 in jail/youth development center, 104 were in adoptive homes not yet finalized and 165 in emergency shelter. The remaining children were involved in Job Corp/school, centers for the disabled, psychiatric, medical, or drug/alcohol treatment facilities, or child caring agencies. Lastly, 112 were runaways/whereabouts unknown and 66 were living independently as they were near adulthood.

Donalyn, 17 and Ashley, 16

Licensed and Approved Foster Homes

In December 2002, there were 2,202 licensed foster homes, an increase of 433 licensed homes over June 2001. The number of approved foster homes has increased from 1,630 to 2,119. Licensed foster homes are required to pass background checks consisting of reference checks, a local criminal record check, and child abuse registry checks. These providers must also participate in a series of interviews and complete initial and ongoing training. In comparison, approved providers are usually relatives or individuals who have known the child or family prior to placement and are not required to pass the same approval process as licensed providers. Due to the lack of training required, approved providers may provide care for the child or children from one family only. Approved providers must pass an in-home evaluation, a child abuse registry check, and local criminal record check.

Lack of Foster Care Homes

According to HHSS, a total of 4,321 approved and licensed homes were available in Nebraska in 2002. Foster care providers are desperately needed because individual homes are the most ideal and least institutionalized environment for children placed in out-of-home care.

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

Multiple Placements

Unfortunately, it is typical for a child to be moved repeatedly while in out-of-home care. The FCRB tracking system counts each move as a placement; therefore, if a child is placed in a foster home, then sent to a mental health facility, then was 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.

NUMBER OF PLACEMENTS EXPERIENCED BY CHILDREN IN OUT-OF-HOME CARE

Number of Placements	In Care on Dec. 31, 1992	In Care on Dec. 31, 2002
4 or more	32.6% (1,851 of 5,679)	51.3% (2,754 of 5,367)
6 or more	20.5% (1,164 of 5,679)	35.4% (1,902 of 5,367)

Source: State Foster Care Review Board.

Race and Ethnicity

Minority children continue to be over-represented in the Nebraska out-of-home care system. Minority children make up approximately 15% of Nebraska's child population (2000 Census), however they represent at least 30% of children in out-of-home care.

OUT-OF-HOME CARE CHILDREN BY RACE (Dec. 31, 2002)

Race	Percent in Care
White	66.7%
Black	16.7%
Other/Not Known	8.9%
Native American	7.5%
Hispanic	4.9%
Asian	1.2%

Source: State Foster Care Review Board.

Adoption Services

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

Nebraska received $293,316 in adoption incentive funds as a bonus from the U.S. Department of Health and Human Services and as a part of the Adoption and Safe Families Act of 1997. This incentive money was for an increase in adoption of state wards.

The adoption incentive funds are being utilized to fund the Answers for Family website, video conference training, video training on the Multi-Ethnic Placement Act, recruitment and training of Foster/Adoptive parents and family group conferencing, which is provided with a contract with UNL Center For Children, Families and the Law.

In 2002, there were 277 adoptions of state wards finalized in Nebraska.

"The Educational Service Unit in our area has been wonderful. The physical therapist, occupational therapist and Early Childhood specialist have been very helpful during the transition of adopting our special needs son."

Adoptive parents, Wilber, Nebraska

Jemi, Kane and Jeff

policy box-LB54

In 2003, Nebraska passed a bill that changed the required educational training for parents of foster children. Prior to passage, Nebraska required all new foster parents to receive between twelve and twenty-four hours of foster parent education, as determined by the Department of Health and Human Services. With the new bill, foster parents who are related to their foster children may have part or all of their training hours waived based on their relative status. However, research has indicated that training programs for foster parents have an important impact on the relationship with foster children. Such training programs help foster parents learn how to nurture children who often emotionally push caregivers away when experiencing difficulties. Children in foster care frequently have fears of abandonment and threatening behaviors, which result in unhealthy attachments to parental figures. Training programs provide techniques and skills to deal with distressed children in situations such as these. Foster parents also learn effective strategies for helping children manage their emotions and behaviors. Despite the personal connection that related foster parents and children have, the needs of the children often extend beyond these relationships. The unique emotional, behavioral, and developmental issues that foster children encounter are not common knowledge to most parents, and training programs for foster parents prepare them to face such situations and develop more effective parenting tools.

County Data Notes

1. TOTAL COUNTY POPULATION

   Source: 2000 U.S. Census of Population and Housing.

2. CHILDREN 17 AND UNDER

   Source: 2000 U.S. Census of Population.

3. CHILDREN UNDER 5

   Source: 2000 U.S. Census of Population.

4. BIRTHS IN 2002

   Source: Nebraska Health and Human Services System (HHSS).

5. MINORITY CHILDREN (ALL CHILDREN MINUS WHITE NON-HISPANIC ONLY)

   Source: 2000 U.S. Census of Population.

6. CHILDREN LIVING IN SINGLE PARENT FAMILIES (SINGLE HEAD OF HOUSEHOLD MAY BE MALE OR FEMALE)

   Source: 2000 U.S. Census of Population.

7. PERCENT OF POOR CHILDREN WHO LIVE IN SINGLE PARENT FAMILIES

   Source: 2000 U.S. Census of Population.

8. PERCENT OF POOR CHILDREN WHO LIVE IN TWO PARENT FAMILIES

   Source: 2000 U.S. Census of Population.

9. PERCENT OF CHILDREN LIVING IN POVERTY

   Source: 2000 U.S. Census of Population.

10. PERCENT OF CHILDREN UNDER 5 YEARS OF AGE LIVING IN POVERTY

    Source: 2000 U.S. Census of Population.

11. PERCENT OF MINORITY CHILDREN LIVING IN POVERTY

    Source: 2000 U.S. Census of Population.

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

    Source: 2000 U.S. Census of Population.

13. AVERAGE MONTHLY NUMBER OF FAMILIES ON ADC IN 2002

    Source: HHSS.

14. AVERAGE MONTHLY NUMBER OF CHILDREN RECEIVING MEDICAID SERVICES IN 2002

    Source: HHSS.

15. NUMBER OF WOMEN, INFANTS AND CHILDREN ELIGIBLE TO PARTICIPATE IN WIC SERVICES IN 2002

    Source: United States Department of Agriculture.

16. NUMBER OF WOMEN, INFANTS AND CHILDREN PARTICIPATING IN WIC SERVICES IN 2002

    Source: HHSS.

17. AVERAGE NUMBER OF CHILDREN PARTICIPATING IN FREE AND REDUCED BREAKFAST PROGRAM IN 2002

    Source: Nebraska Department of Education.

18. AVERAGE NUMBER OF CHILDREN RECEIVING FREE OR REDUCED PRICE SCHOOL LUNCH 2002

    Source: Nebraska Department of Education.

19. AVERAGE DAILY NUMBER OF CHILDREN SERVED BY THE SUMMER FOOD PROGRAM IN 2002

    Source: Nebraska Department of Education.

20. BIRTHS TO TEEN AGES 10 TO 17 YEARS OLD FROM 1993 TO 2002

    Source: HHSS.

21. OUT OF WEDLOCK BIRTHS FROM 1993 TO 2002

    Source: HHSS.

22. INFANT DEATHS 1993 TO 2002

    Source: HHSS.

23. DEATHS IN CHILDREN AGES 1 TO 19 FROM 1993 TO 2002

    Source: HHSS.

24. NUMBER OF INFANTS BORN AT LOW BIRTH WEIGHTS IN 2002

    Source: HHSS.

25. HIGH SCHOOL GRADUATES 2002

    Source: Nebraska Department of Education.

26. SEVENTH TO TWELFTH GRADE SCHOOL DROPOUTS FOR THE SCHOOL YEAR 2001-2002

    Source: Nebraska Department of Education.

27. NUMBER OF CHILDREN WITH VERIFIED DISABILITY RECEIVING SPECIAL EDUCATION FOR THE SCHOOL YEAR 2001-2002

    Source: Nebraska Department of Education.

28. COST PER PUPIL (PUBLIC EXPENDITURES) FOR THE SCHOOL YEAR 2001-2002

    Source: Nebraska Department of Education.

29. HEAD START ENROLLMENT FOR 2002

    Source: U.S. Department of Health and Human Services, Region VII Office of Community Operations.

30. CHILDREN IN FOSTER CARE BY COUNTY OF COMMITMENT 2002 TOTAL INCLUDES VOLUNTARY, UNREPORTED AND TRIBAL COURT COMMITMENTS NOT INCLUDED IN THE COUNTY BREAKDOWNS.

    Source: Nebraska Foster Care Review Board.

31. REPORTED NUMBER OF YOUTH 19 AND YOUNGER WITH STD'S IN YEARS 1993-2002

    Source: HHSS.

32. JUVENILE ARRESTS 2002

    Source: Nebraska Crime Commission and Omaha Police Department.

County Data

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	1. TOTAL POPULATION	2. CHILDREN AGES 0-17	3. CHILDREN UNDER 5	4. 2002 BIRTHS	5. MINORITY CHILDREN	6. CHILDREN WITH SINGLE PARENTS	7. % POOR WITH SINGLE PARENTS	8. % POOR TWO PARENTS	9. % CHILDREN IN POVERTY	10. % UNDER 5 IN POVERTY	11. % MINORITY CHILDREN IN POVERTY	12. % WORKING MOM WITH CHILD(REN) UNDER 6	13. FAMILIES ON ADC	14. MEDICAID ELIGIBLE CHILDREN	15. WIC INCOME ELIGIBLE	16. 2002 AVE. MONTHLY WIC PARTICIPATION
ADAMS	31,151	7,616	1,986	392	879	1,434	68	32	10	12	17	76	164	2,448	1,011	660
ANTELOPE	7,452	2,050	447	67	50	270	41	59	17	19	39	80	17	633	503	134
ARTHUR	444	106	23	8	7	15	38	62	15	20	50	83	2	27	33	11
BANNER	819	236	39	4	21	19	31	69	19	8	69	65	1	78	50	5
BLAINE	583	153	32	2	3	8	3	97	22	32	0	69	2	58	32	13
BOONE	6,259	1,822	370	56	43	225	28	72	12	15	18	80	16	450	393	143
BOX BUTTE	12,158	3,420	797	149	677	650	68	32	14	18	37	71	102	1,124	523	318
BOYD	2,438	609	123	18	11	67	21	79	20	16	0	77	5	198	145	46
BROWN	3,525	875	188	32	26	129	45	55	15	22	46	81	5	358	197	84
BUFFALO	42,259	10,566	2,805	600	1,178	1,941	71	29	10	14	24	79	198	3,383	1,124	867
BURT	7,791	2,001	441	73	123	339	56	44	12	9	13	77	42	581	378	121
BUTLER	8,767	2,443	599	90	84	330	29	71	10	14	33	75	26	505	282	111
CASS	24,334	6,792	1,699	324	315	1,125	68	32	7	12	5	74	90	1,600	941	329
CEDAR	9,615	2,828	582	104	57	240	23	77	11	8	0	83	6	481	445	141
CHASE	4,068	1,025	227	40	79	155	41	59	11	16	15	71	12	276	248	70
CHERRY	6,148	1,659	380	68	162	295	44	56	13	17	22	75	22	705	466	150
CHEYENNE	9,830	2,587	628	118	243	544	57	43	12	15	31	76	32	751	390	148
CLAY	7,039	1,921	409	77	146	256	40	60	13	16	26	76	35	567	266	172
COLFAX	10,441	3,017	748	189	1,085	455	26	74	14	16	21	66	37	753	337	485
CUMING	10,203	2,774	665	126	261	344	34	66	10	14	24	74	19	650	398	195
CUSTER	11,793	3,097	672	129	104	422	36	64	16	20	26	75	40	1,184	456	226
DAKOTA	20,253	6,177	1,772	440	2,473	1,409	67	33	15	17	23	73	116	2,224	733	963
DAWES	9,060	1,918	451	95	260	401	47	53	14	31	32	69	60	946	408	225
DAWSON	24,365	7,120	2,043	419	2,678	1,311	48	52	14	16	21	65	142	2,941	931	1,215
DEUEL	2,098	489	91	12	29	77	42	58	12	13	29	87	4	130	131	26
DIXON	6,339	1,741	405	77	167	260	46	54	12	17	12	78	16	367	282	106
DODGE	36,160	8,922	2,225	494	772	1,816	53	47	10	14	22	73	154	2,713	1,202	884
DOUGLAS	463,585	123,221	34,293	7,962	36,781	30,153	77	23	13	14	31	70	5,223	41,185	14,788	9,622
DUNDY	2,292	534	122	28	39	51	24	76	16	16	31	84	7	172	55	44
FILLMORE	6,634	1,748	387	73	108	231	56	44	8	11	21	76	20	495	213	109
FRANKLIN	3,574	875	186	37	17	144	41	59	17	15	43	74	15	269	138	59
FRONTIER	3,099	806	170	32	13	119	30	70	10	10	10	75	4	192	165	49
FURNAS	5,324	1,285	300	47	55	220	45	55	15	17	44	76	14	466	188	133
GAGE	22,993	5,514	1,353	283	259	970	53	47	10	13	25	83	83	1,624	828	382
GARDEN	2,292	499	83	17	21	86	26	74	22	22	52	79	10	196	88	16
GARFIELD	1,902	447	91	19	19	51	8	92	12	11	0	84	4	213	94	50
GOSPER	2,143	510	111	20	17	53	22	78	11	6	0	78	5	129	71	47
GRANT	747	218	37	6	7	34	50	50	17	21	0	65	0	68	41	11
GREELEY	2,714	731	154	31	31	89	46	54	22	23	0	74	11	289	132	75
HALL	53,534	14,535	4,090	931	3,475	2,996	59	41	16	20	28	73	465	5,854	1,854	2,268
HAMILTON	9,403	2,733	629	125	96	377	51	49	10	10	37	78	25	562	305	177
HARLAN	3,786	916	183	27	22	134	17	83	14	20	4	69	7	249	163	58

HAYES	1,068	284	47	15	19	7	3	97	26	26	46	70	1	70	69	5
HITCHCOCK	3,111	740	135	35	36	120	33	67	23	26	37	66	7	318	154	78
HOLT	11,551	3,148	674	131	78	371	14	86	15	13	22	81	35	1,215	665	278
HOOKER	783	188	32	10	7	19	30	70	5	6	0	74	2	59	23	19
HOWARD	6,567	1,860	397	72	60	300	35	65	14	13	24	77	23	518	247	127
JEFFERSON	8,333	1,940	440	92	62	297	51	49	10	15	8	75	26	622	273	131
JOHNSON	4,488	1,086	245	45	134	155	40	60	11	11	11	83	11	264	139	79
KEARNEY	6,882	1,842	424	69	96	283	56	44	10	10	2	79	15	450	293	118
KEITH	8,875	2,243	508	93	193	400	40	60	13	20	25	76	30	666	360	180
KEYA PAHA	983	234	60	7	17	27	12	88	34	46	0	60	2	79	47	9
KIMBALL	4,089	1,010	220	34	75	166	29	71	12	13	22	80	14	405	157	57
KNOX	9,374	2,393	539	100	373	374	27	73	30	23	36	83	50	993	395	114
LANCASTER	250,291	58,828	16,680	3,821	9,808	12,457	67	33	10	12	24	75	1,369	17,022	5,420	5,372
LINCOLN	34,632	9,085	2,287	445	1,051	1,812	64	36	12	16	21	69	262	2,959	1,221	900
LOGAN	774	211	40	12	10	27	32	68	13	18	11	33	2	38	47	9
LOUP	712	190	45	13	8	13	5	95	23	23	9	68	0	72	35	11
MADISON	35,226	9,450	2,433	577	1,732	1,748	55	45	13	17	31	76	181	3,655	1,090	999
MCPHERSON	533	147	39	4	10	9	19	81	22	11	100	73	0	19	30	7
MERRICK	8,204	2,260	522	98	102	355	61	39	10	10	25	76	22	571	398	158
MORRILL	5,440	1,480	321	64	266	226	27	73	20	24	36	72	34	630	244	138
NANCE	4,038	1,126	250	39	39	169	30	70	17	24	23	74	14	354	204	92
NEMAHA	7,576	1,756	352	76	81	324	35	65	13	20	0	66	28	544	264	85
NUCKOLLS	5,057	1,184	250	64	32	162	33	67	17	17	38	78	13	334	212	77
OTOE	15,396	4,050	986	206	245	638	53	67	9	14	28	74	52	904	483	246
PAWNEE	3,087	700	151	16	25	103	37	63	14	14	0	80	10	191	157	39
PERKINS	3,200	852	173	28	61	110	24	76	20	25	17	55	8	151	96	41
PHELPS	9,747	2,584	606	111	162	390	43	57	12	12	34	72	35	706	347	181
PIERCE	7,857	2,276	470	83	69	267	30	70	14	18	28	79	18	607	338	113
PLATTE	31,662	9,184	2,296	423	1,092	1,464	43	57	9	11	20	75	120	2,227	1,191	734
POLK	5,639	1,418	326	69	43	155	42	58	7	11	48	71	13	290	131	62
RED WILLOW	11,448	2,847	712	150	184	516	65	35	11	14	17	83	23	934	493	268
RICHARDSON	9,531	2,434	495	92	200	503	60	40	10	15	29	74	42	777	431	150
ROCK	1,756	404	96	9	7	52	22	78	36	36	63	70	1	157	110	32
SALINE	13,843	3,481	863	193	502	679	51	49	9	7	21	70	28	895	290	343
SARPY	122,595	37,367	10,112	2,340	6,047	6,135	60	40	5	6	8	70	400	4,685	3,341	1,699
SAUNDERS	19,830	5,532	1,260	257	179	735	46	54	7	10	8	73	51	1,045	765	267
SCOTTS BLUFF	36,951	9,588	2,404	505	2,953	2,387	58	42	22	26	42	72	404	4,870	1,879	1,117
SEWARD	16,496	4,079	942	159	173	536	43	57	6	8	9	79	21	694	453	199
SHERIDAN	6,198	1,587	359	77	340	337	48	51	20	27	42	75	41	676	335	173
SHERMAN	3,318	814	172	36	25	107	27	73	19	33	0	61	8	289	193	85
SIOUX	1,475	359	79	5	15	45	26	74	24	12	0	73	3	79	96	15
STANTON	6,455	1,922	433	89	130	273	68	32	7	5	25	77	19	446	356	81
THAYER	6,055	1,459	343	39	60	250	55	45	15	16	51	81	13	402	303	86
THOMAS	729	172	43	5	1	23	14	86	21	10	0	69	2	39	38	14
THURSTON	7,171	2,642	688	146	1,857	811	61	64	33	34	41	71	332	1,846	664	49
VALLEY	4,647	1,147	258	50	63	167	47	53	16	17	58	76	7	404	251	90
WASHINGTON	18,780	5,086	1,207	216	164	672	46	54	8	12	13	73	35	760	453	234
WAYNE	9,851	2,131	523	92	119	298	48	52	11	16	40	79	26	469	326	112
WEBSTER	4,061	957	210	43	32	150	30	70	14	12	27	68	9	249	140	44
WHEELER	886	258	69	10	5	23	19	81	28	32	100	76	0	86	55	16
YORK	14,598	3,691	814	174	181	539	41	59	10	13	55	80	28	975	431	227
STATE TOTAL	1,711,263	450,242	117,048	25,380	82,116	88,431	60	40	12	14	27	73	11,148	136,855	57,561	36,708

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	32. JUVENILE ARRESTS	31. STDs 19 & UNDER 1993-2002	30. FOSTER CARE 2002	29. HEAD START 2002	28. COST PER PUPIL 2001-2002	27. SPECIAL EDUCATION 2001-2002	26. DROPOUTS 2001-2002	25. GRADUATES 2001-2002	24. LOW BIRTH WEIGHT 2002	23. 1-19 DEATHS 1993-2002	22. INFANT DEATHS 1993-2002	21. OUT OF WEDLOCK BIRTHS 1993-2002	20. TEEN BIRTHS 10-17 1993-2002	19. SUMMER FOOD PROGRAM	18. FREE/SUBSIDIZED SCHOOL LUNCH	17. FREE/SUBSIDIZED BREAKFAST
ADAMS	328	234	158	125	7,292	934	67	373	20	31	33	1,033	131	164	1,194	316
ANTELOPE	3	13	23	17	7,983	187	8	127	4	9	3	129	18		612	95
ARTHUR	0	0	0	0	15,334	10	0	5	0	0	0	5	0		0	0
BANNER	0	0	0	0	9,539	16	0	13	0	2	1	7	1		61	0
BLAINE	0	1	0	0	10,767	25	1	13	0	1	0	5	2		55	0
BOONE	149	16	10	18	7,795	150	5	116	2	7	6	129	21		462	149
BOX BUTTE	25	31	10	66	7,136	359	11	215	9	11	9	465	69	47	570	25
BOYD	79	3	2	0	9,797	129	2	59	1	6	3	29	10		259	
BROWN	36	10	2	18	7,661	86	3	46	2	6	3	65	15		147	
BUFFALO	486	347	115	116	6,636	1,187	34	515	45	38	38	1,328	142	416	1,737	
BURT	85	13	24	17	7,107	251	11	123	2	11	2	193	29		365	
BUTLER	64	14	21	17	7,692	239	8	144	7	5	4	178	21		413	
CASS	351	101	61	140	7,331	719	33	260	22	25	27	725	97		839	
CEDAR	123	5	14	17	7,636	201	2	181	5	19	10	146	9		692	
CHASE	0	4	4	10	8,230	110	6	84	3	5	4	92	18		283	
CHERRY	70	2	6	28	8,137	117	9	65	6	7	5	174	22		304	
CHEYENNE	168	14	29	43	7,947	221	22	155	7	8	11	314	52	243	521	
CLAY	71	19	18	20	7,616	207	2	91	5	11	7	158	23		270	
COLFAX	0	40	15	47	6,504	257	30	161	13	20	18	492	75		630	
CUMING	82	9	10	21	7,099	294	9	163	5	9	5	262	37		633	
CUSTER	99	19	26	20	7,980	273	9	157	8	12	6	241	39		663	
DAKOTA	453	206	50	72	6,360	607	54	223	33	16	37	1,261	167	148	1,215	
DAWES	188	130	6	60	7,263	247	99	220	7	5	3	249	28		349	
DAWSON	249	108	85	61	6,403	744	55	268	32	44	41	1,387	199	136	1,970	
DEUEL	0	1	2	19	9,706	54	5	37	0	4	1	40	7		151	
DIXON	56	15	15	6	6,867	93	1	52	6	9	4	171	28		197	
DODGE	249	184	148	125	6,855	1,179	81	463	28	34	32	1,159	136	123	1,732	
DOUGLAS	12,975	10,887	1,850	893	6,916	11,648	1,648	5,253	610	466	590	22,566	2,957	1,540	25,233	
DUNDY	27	1	1	10	9,593	47	0	27	1	7	0	33	3		102	
FILLMORE	111	94	21	17	8,915	246	6	115	2	8	5	122	19		373	
FRANKLIN	0	3	8	15	8,698	37	1	38	0	2	0	56	9		163	
FRONTIER	38	6	2	10	9,404	115	2	72	4	7	1	50	2		233	
FURNAS	183	7	10	20	9,307	209	10	82	2	6	7	92	16		423	
GAGE	217	96	45	51	7,152	575	26	272	27	35	23	603	95		768	
GARDEN	40	3	5	6	9,785	48	2	35	1	3	2	21	3		194	
GARFIELD	0	3	1	17	8,239	49	0	28	2	1	2	28	3		112	
GOSPER	29	10	6	10	7,699	50	1	25	1	1	3	50	7		90	
GRANT	0	0	0	0	11,329	16	0	18	0	4	1	3	1		34	
GREELEY	115	1	10	17	9,002	100	3	52	3	4	2	63	9		365	
HALL	1,248	399	194	153	6,189	1,523	110	646	72	58	76	2,830	428	513	3,813	
HAMILTON	0	31	12	18	6,775	247	8	136	8	6	7	161	21		376	
HARLAN	28	5	2	10	7,712	54	1	34	0	5	2	59	7		94	

HAYES	0	67		3	10	0	1	0	19	1	22	10,138	0	0	2	1
HITCHCOCK	53	140		12	68	3	2	0	44	3	78	10,193	10	4	2	6
HOLT	174	683		42	222	10	16	3	198	7	302	8,162	37	40	26	115
HOOKER	0	48		2	11	0	0	0	18	0	21	10,632	0	0	0	2
HOWARD	101	459		28	159	7	9	2	106	5	267	6,968	22	10	20	18
JEFFERSON	156	511	51	37	162	5	7	5	152	7	316	7,753	17	14	27	76
JOHNSON	0	213		14	90	2	7	4	80	4	140	7,713	0	8	16	4
KEARNEY	57	237		15	124	8	14	4	111	1	289	7,759	17	17	12	41
KEITH	22	285		50	234	9	8	4	116	19	211	7,134	17	22	28	113
KEYA PAHA	0	48		2	13	1	1	0	10	1	11	10,416	0	0	0	9
KIMBALL	83	181		17	103	2	5	5	56	7	97	7,520	18	14	13	10
KNOX	63	614		34	268	5	15	3	146	13	208	8,423	17	12	15	8
LANCASTER	2,732	8,387	498	1,028	8,198	241	173	293	2,554	616	6,094	7,123	460	770	3,885	3,314
LINCOLN	514	1,502	306	158	1,241	38	45	34	496	52	1,071	7,055	70	181	126	81
LOGAN	25	58		1	8	2	1	1	11	0	28	9,738	0	3	2	2
LOUP	27	85		1	6	0	1	1	10	0	17	8,433	0	0	0	0
MADISON	45	1,900	27	194	1,518	42	46	37	592	50	1,067	6,521	90	98	276	693
MCPHERSON	0	0		0	3	0	1	1	11	0	10	11,632	0	0	0	0
MERRICK	72	321		24	205	7	13	10	105	2	168	7,365	18	9	16	6
MORRILL	147	418	68	30	170	6	13	7	73	10	127	7,837	30	12	20	65
NANCE	58	299		22	99	4	6	3	85	3	98	7,646	17	7	11	30
NEMAHA	0	254		14	161	6	10	3	96	7	153	7,583	30	7	26	80
NUCKOLLS	23	378		19	93	2	8	7	118	4	317	8,678	15	16	10	10
OTOE	47	470		74	442	15	20	15	206	19	428	6,753	53	24	37	97
PAWNEE	70	195		7	40	3	5	0	43	0	82	7,680	23	2	8	6
PERKINS	0	103		7	39	1	5	1	47	4	72	9,659	10	2	1	14
PHELPS	83	332		36	210	10	14	4	141	14	370	7,530	17	19	16	57
PIERCE	115	424		24	163	9	12	5	127	10	237	7,286	6	6	14	27
PLATTE	208	1,281		149	1,080	38	38	29	476	65	810	6,663	94	54	103	428
POLK	60	370		8	93	4	7	4	131	1	199	8,164	0	4	14	2
RED WILLOW	95	541		49	338	9	10	9	160	10	390	7,124	18	24	52	166
RICHARDSON	231	790		38	250	6	9	5	155	14	248	8,185	50	12	22	85
ROCK	0	77		3	18	1	3	1	25	0	42	10,446	0	0	1	2
SALINE	165	582		32	348	10	13	15	190	16	411	6,626	32	21	74	144
SARPY	312	1,757	79	389	3,224	129	104	158	1,402	162	2,688	6,541	125	267	801	1,239
SAUNDERS	102	700		47	379	12	15	22	256	16	451	7,000	44	28	58	113
SCOTTS BLUFF	504	2,101	408	340	1,898	33	53	46	430	159	795	6,466	203	157	375	476
SEWARD	31	515		31	262	5	14	9	239	6	430	7,613	17	30	38	116
SHERIDAN	53	337	30	34	221	6	12	8	101	6	135	7,797	50	18	26	111
SHERMAN	82	214		14	87	3	6	2	38	3	78	8,541	18	2	4	12
SIOUX	0	0		1	12	2	0	1	9	0	9	14,656	0	0	1	0
STANTON	0	139		26	153	0	7	8	34	8	84	6,965	12	4	9	47
THAYER	33	278		9	83	1	5	2	110	0	128	9,366	17	6	12	10
THOMAS	0	52		2	12	1	3	0	13	1	16	12,042	0	0	0	1
THURSTON	387	981	173	118	991	17	12	13	97	865	455	9,755	17	8	275	0
VALLEY	22	237		12	79	4	6	3	72	3	108	8,654	20	7	13	35
WASHINGTON	30	368		39	355	17	18	9	261	20	561	6,860	18	24	69	118
WAYNE	69	391		15	192	7	14	8	137	5	244	7,326	23	5	89	34
WEBSTER	16	200		11	73	3	2	0	48	1	150	7,880	15	8	5	28
WHEELER	40	71		2	16	3	1	0	17	0	12	9,769	0	0	0	0
YORK	65	487		28	373	12	11	11	198	20	414	8,285	47	46	31	162
STATE TOTALS	25,677	80,519	4,970	8,274	61,771	936	1,789	1,820	21,534	4,028	45,062	7,126	4,144	5,367	19,796	16,314

Methodology & D

GENERAL

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

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

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

Selected Indicators for the 2003 Report - The indicators of child well-being selected for presentation in this report reflect the availability of state data, the opinion and expertise of the Kids Count in Nebraska project consultants and advisors, and the national Kids Count indicators.

INDICATORS OF CHILD WELL-BEING

CHILD ABUSE AND NEGLECT/DOMESTIC VIOLENCE

Data Sources: Data was provided by the Nebraska Health and Human Services System, (HHSS), and the Nebraska Domestic Violence/Sexual Assault Coalition. Data regarding hospital discharges and abuse fatalities was taken from Vital Statistics provided by HHSS.

Neglect – Can include emotional, medical, physical neglect, or failure to thrive.

Substantiated Case – A case has been reviewed and an official office or court has determined that credible evidence of child abuse and/or neglect exists. Cases are reviewed by HHSS and/or an appropriate court of law.

Agency Substantiated Case – HHSS determines a case to be substantiated when they find indication, by a "preponderance of the evidence" that abuse and/or neglect occurred. This evidence standard means that the event is more likely to have occurred than not occurred.

Court Substantiated Case – A court of competent jurisdiction finds, through an adjudicatory hearing, that child maltreatment occurred. The order of the court must be included in the case record.

Domestic Violence Shelter – Shelters (public or private) for women and children whose health/safety are threatened by domestic violence.

EARLY CARE AND EDUCATION

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

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

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

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

Family Child Care Home I – Provider of child care in licensee's home to 10 or fewer children, not including provider's own children age 8 or older at any one time. State license is required. This licensing procedure begins with a self-certification process.

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

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

ECONOMIC WELL-BEING

Data Sources: Data related to Temporary Assistance to Needy Families, Kids Connection income guidelines, poverty guidelines, and child support collections was provided by HHSS. Data concerning divorce and involved children was taken from Vital Statistics provided by HHSS. Data enumerating the number of children in low-income families and cost burden for housing was taken from the 2000 Census of Population and Housing. Data on the Earned Income Tax Credit program was provided by the Department of Revenue.

EDUCATION

Data Sources: Data on high school completion, high school graduates, secondary school dropouts, expulsions, and children with identified disabilities was provided by the Nebraska Department of Education.

Dropouts – A dropout is an individual who: A) was enrolled in school at some time during the previous year, or B) was not enrolled at the beginning of the current school year, or C) has not graduated from high school or completed a state or district-approved educational program, or D) does not

Data Sources efinitions

meet any of the following exclusionary conditions; 1) transfer to another public school district, private school, home school, or state or district-approved educational program. 2) Temporary absence due to suspension, expulsion, or verified legitimate approved illness, or 3) Death.

High School Completion – A comparison of the number of twelfth grade students and the number of students who receive a regular diploma for the same year.

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.

Beginning for school year 2002-2003, the Nebraska Department of Education has adopted the National definition for graduation rate. The definition was developed by the National Center for Education Statistics (NCES). The NCES definition attempts to calculate a four-year rate.

HEALTH - PHYSICAL AND BEHAVIORAL

Data Sources: Data for Medicaid participants was provided by HHSS. Data related to pertussis, immunizations, STDs, and blood lead levels was provided by HHSS. Data related to infant mortality, child mortality, and birth is based on HHSS 2002 Vital Statistics Report. Data related to adolescent risk behaviors, sexual behaviors, and use of alcohol, tobacco, and other drugs are taken from the 2001 Youth Risk Behavior Survey. Data enumerating motor vehicle accident related deaths and injuries was provided by the Nebraska Department of Roads.

Data pertaining to children receiving mental health and substance abuse treatment in public community and residential treatment facilities was provided by HHSS.

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

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

JUVENILE JUSTICE

Data Sources: Data concerning total arrests and the number of juveniles in detention centers was provided by the Nebraska Commission on Law Enforcement and Criminal Justice. Data concerning juveniles currently confined or on parole was provided by the Department of Health and Human Services, Office of Juvenile Services. Data on youth committed to YRTC programs was provided by the HHSS. Data on youth in the adult corrections system was provided by the Department of Corrections. Data on youth arrested/convicted of serious crimes and juvenile victims of sexual assault was provided by the Crime Commission. Data concerning juveniles on probation was provided by the Administrative Office of the Courts and Probation.

Juvenile Detention – Juvenile detention is the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the Court, requiring a restricted environment for their own or the community's protection, while pending legal action.

Youth Rehabilitation and Treatment Center (YRTC) – A long term staff secure facility designed to provide a safe and secure environment for Court adjudicated delinquent youth. A YRTC is designed to provide services and programming that will aid in the development of each youth with a goal of successfully reintegrating the youth back into the community.

NUTRITION

Data Sources: Data on households receiving food stamps, the USDA Special Commodity Distribution Program, the USDA Commodity Supplemental Food Program, and the WIC Program was provided by HHSS. Data related to the USDA Food Programs for Children was provided by the Nebraska Department of Education.

OUT OF HOME CARE

Data Sources: Data was provided by HHSS and the Foster Care Review Board.

Approved Foster Care Homes – HHSS approves homes for one or more children from a single family. Approved homes are not reviewed for licensure. Data on approved homes has been maintained by HHSS since 1992. Often these homes are the homes of relatives.

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

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.

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"We worry about what a child will be tomorrow, yet we forget that he is someone today."

- Stacia Tauscher

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