kidscount in Nebraska

2004 REPORT

A Publication of Voices for Children in Nebraska

kidscount

2004

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 twelfth report. Additional funding for this report comes from Wells Fargo and 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 all programs or issues discussed therein.

Additional copies of the 2004 Kids Count in Nebraska report as well as 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002 and 2003 reports, are available for $10.00 each from:

Voices for Children in Nebraska
7521 Main Street, Suite 103
Omaha, NE 68127

Phone: (402) 597-3100
FAX: (402) 597-2705

www.voicesforchildren.com

Cover Photo: Bryson, four
Author: Anne Baker Geisler
Research Coordinator
Voices for Children in Nebraska
Design: Emspace Group
Photography: Scott Hunzeker

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Commentary

The year 2003 proved to be a difficult one in the lives of children in the state of Nebraska. While our state faced a budget crisis, the lives of at least 10 children were tragically lost allegedly due to child abuse and neglect. As child advocates and public officials continued to work to instill change in a badly shattered child protection system, children were falling through the cracks in many cases. In August of 2003, this unforgivable loss of children Nebraska had suffered; was brought to the media's attention. In the years 1998-2003, over 30 children have been lost allegedly at the hands of their parents or caregivers. Of additional concern was the fact that over half of these children had been brought to the attention of the child protection system prior to their death.

In October of 2003, Governor Mike Johanns convened a Children's Task Force to study the problems of the child protection system and how the state could work to prevent such terrible losses from occurring in the future. This task force was given the daunting task of researching, studying and providing recommendations that would overhaul our broken system. This group of appointed members met over a two month period to work on this challenge. The recommendations handed down from this group were published in a report titled "A Roadmap to Safety for Nebraska's Children."

- **Recommendation 1.1:** Implement voluntary universal home visitation services for new parents on a statewide basis.
- **Recommendation 1.2:** Conduct drug screening of newborns and services for follow-up, including treatment programs for mothers.
- **Recommendation 1.3:** Encourage the State Department of Education to require child abuse prevention education to be part of the curriculum in public and private schools.
- **Recommendation 1.4:** Conduct public service announcements on various topics, i.e. shaken baby syndrome, co-dependency, dangers of leaving children with substance abusing adult (in particular meth users), etc.
- **Recommendation 1.5:** Oversight of the State Child Death Review Team's review of child maltreatment related deaths should be assigned to an agency that does not have a potential conflict of interest in the outcome of the review. A process for local child death reviews should be instituted under the administration of the State Attorney General's Office.
- **Recommendation 1.6:** Mandatory training on child maltreatment for professionals who work with children and who are licensed to practice in the State of Nebraska.
- **Recommendation 1.7:** Expand mental health treatment for children and youth to ensure early identification and treatment of problems.
- **Recommendation 1.8:** Drug Courts which incorporate treatment in their program should be established locally and be funded by a combination of federal, state and local funds. The use of Family Drug Courts to mandate treatment of all household members should be explored and the development of pilot programs encouraged.
- **Recommendation 2.1:** Child maltreatment reports involving children under the age of 6 are given priority for a response.
- **Recommendation 2.2:** State law should be amended to require Child Protective Services (CPS) and law enforcement to investigate reports alleging children are in a home where they witness domestic violence or children are in a home where drugs are used, manufactured, or available to the children. HHS policy regarding domestic violence and substance abuse allegations should be changed accordingly.
- **Recommendation 3.1:** Clarify the respective roles of CPS and law enforcement in the investigation of child maltreatment reports with well-delineated mechanisms for accountability and follow through on investigations.
- **Recommendation 3.2:** Expand the availability and utilization of Child Advocacy Centers.
- **Recommendation 3.3:** Require coordinated investigations by CPS and law enforcement.
- **Recommendation 3.4:** Facilitate and enhance the exchange of information between law enforcement and CPS through a shared data base that can be accessed by both parties and through clearer statutory provisions for the mandated sharing of information relevant to child abuse and neglect investigations.
- **Recommendation 3.5:** Require a multidisciplinary approach to the investigation of child maltreatment reports by strengthening the LB 1184 teams through funding for coordination, training and operating expenses for teams.
- **Recommendation 3.6:** Facilitate communication and coordination between CPS and law enforcement agencies through co-location in urban areas and to the extent possible in rural areas of the state.
- **Recommendation 3.7:** Increase the capacity of law enforcement professionals to investigate child maltreatment reports through increased training.

2004

- **Recommendation 4.1:** The Legislature must restore the Crimes Against Children Fund as quickly as possible.
- **Recommendation 4.2:** The Office of the Attorney General should be given the responsibility for handling all juvenile court cases for abuse, neglect and termination of parental rights cases in all jurisdictions where there is no established Separate Juvenile Court. In jurisdictions having a Separate Juvenile Court, such responsibility should be retained by the elected county attorney.
- **Recommendation 4.3:** Guardians ad Litem should be trained, accredited and required to certify to the court they have visited children they represent.
- **Recommendation 4.4:** Court Appointed Special Advocate (CASA) programs should be coordinated by state funded coordinators.
- **Recommendation 4.5:** The Supreme Court should undertake a study in conjunction with the Nebraska State Bar Association (NSBA) to determine 1) to what extent the current judicial system is insensitive to children and 2) whether the establishment of a Family Court system is in the best interest of children of the state and its citizens.
- **Recommendation 5.1:** Increase the number of Protection and Safety Staff to bring caseloads within state standards. Expand the hours CPS staff are available.
- **Recommendation 5.2:** Take the appropriate steps to hire and retain competent Protection and Safety Workers and Supervisors.
- **Recommendation 5.3:** HHS should move toward accreditation through the Council on Accreditation for Agencies serving Children and Families (COA).
- **Recommendation 6.1:** Establish the Child Safety Fund.
- **Recommendation 6.2:** Ensure the Attorney General's Office has the necessary resources to assume the new responsibilities they will be given through implementation of the recommendations in this report.

As the 2004 Legislative session convened, child abuse was at the forefront of the minds of child advocates. While six of the 27 recommendations were at least partially addressed by the Legislature and another three have begun to be addressed by the private sector or Health and Human Services, many advocates were disappointed that more was not accomplished while motivation was at a peak. It will be important to ensure the momentum is maintained to:

1. implement the remaining eighteen recommendations from the task force report

2. ensure the nine recommendations which have been partially implemented are completed and sustained, and

3. put forward additional recommendations that were considered by the Task Force but not fully developed.

In the spring of 2004 the Legislature did appropriate money for the state budget to provide more caseworkers across the state and created the recommended seven new case coordinator positions. These case coordinator positions, which are housed in the state's child advocacy centers, will be utilized to help streamline the work of the multi-disciplinary teams (LB 1184 teams) that are charged with addressing child abuse cases throughout the state and to increase communication and coordination. Some funds were also allocated for training to reinstate the Crimes Against Children Fund.

Voices for Children in Nebraska, along with hundreds of advocates across the state, is concerned that our children need much more. We believe children must be made a priority in our state. Prioritizing children means adding action to rhetoric. It means making and sustaining change in our Child Protective System. It means supporting caseworkers, judges, parents, caregivers and anyone who touches the lives of children. Our elected officials must take a stand for children, even though children cannot cast votes.

Now is the time that our state must come together to make a difference for the lifetime of our children.

The tragedy of child abuse and neglect is not just the irreparable damage that can be done to families and children, but it also entails the long term effects on our neighborhoods, schools, communities and state. No child should face a life where they experience abuse or neglect. The effects of abuse and neglect can penetrate every aspect of a child's development and ultimately diminish their potential as adults. Services and support should be provided to parents, caregivers, neighbors, family members and mentors to ensure children can be raised in loving, caring, and nurturing environments.

**This report can be found in its entirety at http://gov.nol.org/childtaskforce/index.html*

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.

Investigated and Substantiated Cases

The Department of Health and Human Services (HHS) received 16,246 calls alleging child abuse and neglect in 2003, an increase over the 14,258 calls received in 2002. The number of calls averages nearly 45 calls a day. Of the over 16,000 calls received, 9,296 were investigated resulting in 2,423 substantiations involving 3,610 children. This averages out to 25 new investigations each day, 47 child abuse and neglect substantiations involving nearly 69 children per week.

In 1998, the way in which child abuse and neglect data was collected changed. In addition, data extraction formulas were improved in 2004, resulting in changes to calendar year 1999-2002 data and calendar year 2003 data. This updated data is reflected in the chart in this section. This is HHS's most up-to-date data available regarding the number of child abuse and neglect reports and investigations. In addition to the updated statewide data, information is now available pertaining to the six individual HHS Service Areas.

Data shows substantiated cases are more likely to involve young children. In 2003, 64% of the children involved in substantiated cases were ages 0-8. The average age of a child in a substantiated case was seven years old. Children ages 0-3 represented 33% of the children involved in substantiated cases. Children age 2 or under accounted for 640 or almost 18% of the victims. Older children are not less likely to be abused, but instead children who are younger often display stronger evidence of abuse, making it more likely to be reported. In 2003, there were 1,912 female children and 1,692 male children involved in substantiated cases (in six cases, sex was undetermined).

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.

Important Definitions

Definitions of Substantiation: A finding of "Substantiated" includes court substantiated, petition to be filed and agency substantiated cases.

Court substantiated *means that a court of competent jurisdiction has entered a judgment of guilty against the subject of the report of child abuse or neglect upon a criminal complaint, indictment or information or there has been an adjudication of jurisdiction of a juvenile court over the child pertaining to abuse or neglect.*

Petition to be Filed *is a temporary finding that a criminal complaint, indictment or information or a juvenile petition related to abuse or neglect has been filed by the prosecuting attorney.*

Agency substantiation *means a determination, by HHS, that the abuse or neglect is more likely than not to have occurred based upon a preponderance of the evidence gathered in the investigation.*

Source: HHS

Statewide Child Abuse and Neglect Cases

1999-2003

Source: HHSS

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 to HHS or Law Enforcement come from the children themselves. Children often have strong loyalties to their parent(s) and/or the perpetrator and therefore are not likely to report his or her own or their sibling's abuse or neglect. These children may fear the consequences for themselves, the perpetrator and/or their parent(s). There is also a strong possibility the perpetrator has threatened more serious abuse if they tell. Children may be more likely to tell a trusted adult, such as a teacher, care provider or family member if they believe this person will help the family.

Types of Abuse

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

Neglect
stic Violence

Type of Allegation (abuse)	Female	Male	Unknown	Total
Physical Abuse	323	328	1	652
Emotional Abuse	125	113	0	238
Sexual Abuse	238	61	0	299
Emotional Neglect	76	81	1	158
Physical Neglect	1,147	1,108	1	2,257*
Medical Neglect of Handicap Infant	2	2	0	4
TOTALS	**1,912**	**1,692**	**3**	**3,610***

Source: HHS **Totals may vary due to rounding*

Child Abuse Fatalities in 2003

According to Vital Statistics, 12 Nebraska children died as a result of child abuse and/or homocide in 2003. This is one of the highest rates in Nebraska's recent history.

In 1993 the Nebraska State Legislature mandated formation of a Child Death Review Team to review all child deaths. The first report in several years was recently published, covering the years 1996-2001. We look forward to more regularly published Child Death Review Team reports, to provide both a more accurate record of the number of children who have died due to the tragedy of child abuse and begin to identify strategies to prevent these tragedies.

Domestic Violence/ Sexual Assault Programs

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

Safety of children is often linked to the safety of their mother. In recognition of this, many programs work closely with the local office of the Nebraska Health & Human Services System (HHSS). Nine grants were awarded to support advocate liaisons who serve as a link between the crisis program and the HHSS office. The liaisons are currently based in the following communities: Auburn, Bellevue, Columbus, Grand Island, Hastings, Lexington, Lincoln, North Platte, Omaha, and Scottsbluff. The focus of this collaborative project is to enhance options and safety in cases where both domestic violence and child abuse are identified. During the 2002-2003 year, the advocate liaisons worked with 388 people regarding joint child abuse and domestic violence needs.

During the fiscal year 2002-2003, the 22 community based programs served 9,801 people, including 1,823 children. Over two thousand people (2,069) received shelter, including 1,174 children. A total of 50,286 shelter beds were provided, with 29,905 provided to children, and 120,647 meals were provided, with 68,112 to children. The programs also provided 114,230 hours of support and assistance to victims of domestic and sexual violence of all ages.

Of the people who provided demographic information, 6,088 children were reported as living in the home, with 378 reported as having been physically harmed, 118 suspected of being victims of child sexual abuse, and 3,719 witnessing the perpetrator's use of violence.

Some children who witness domestic violence suffer significant effects as a result of the exposure, even though they may not be the primary victims of the violence. However, it is important to note that children react in different ways to the violence. Thus, not all children who witness domestic violence suffer significant negative effects from the experience.

The effects of the violence vary, depending on a variety of factors such as:

- *type and history of the abuse,*
- *age, gender and developmental level of the child,*
- *the child's interpretation of the violence,*
- *how the child has learned to survive and cope with stress,*
- *the support system available to the child, and*
- *the child's ability to accept support and assistance from adults.*

policy box

DOMESTIC ASSAULT

Batterers will now receive a harsher punishment for multiple offenses against an intimate partner with the implementation of LB 613 from the 2004 Legislative Session. This bill created the offense of domestic assault and made communications to a domestic violence advocate confidential. The violations range from Class I misdemeanor to Class II felony depending on the degree of domestic assault and if there have been previous assaults on the same person. An "intimate partner" includes spouse, former spouse, persons who have a child in common, or persons who were involved in a dating relationship. Before this law change victims could be assaulted many times by the same person and the punishment for the batterer never intensified and would not deter the batterer from returning.

Early Childhood Care & Education

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

Early Childhood Development Programs in Nebraska

Head Start and Early Head Start

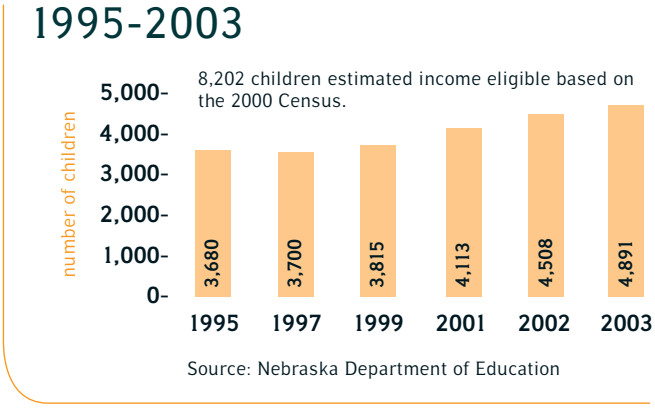
Head Start and Early Head Start programs are federally funded to local communities. The programs provide comprehensive services in child development, health and wellness, nutrition, and social services to support low-income families who have infants, toddlers and preschool children. Early Head Start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

Early childhood brain research provided a catalyst to funding Early Head Start programs within the last decade research concluded that developmentally appropriate experiences contribute to the healthy development of an infant's brain and make a significant difference in whether a child may reach his or her full potential. Head Start and Early Head Start assist 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.

There are approximately 225 Head Start classrooms administered by 18 grantees and two delegate agencies covering 71 counties in Nebraska. According to the most recent federal Head Start Program Fact Sheet, the 2003 funded enrollment for Nebraska was 5,252 children. Actual enrollment typically is much higher — closer to 6,000 children. The federal Program Information Report for 2002-03 indicated that Early Head Start enrollment, including pregnant women and children ages 0 to 3, was 1,268. Of the 140 pregnant women being served, approximately one-third were ages 17 and under. Head Start enrollment of 4,891 includes children age 3 to Kindergarten entrance age. Of the children participating in both Head Start and Early Head Start, 741 had a verified disability or special need.

Approximately 20% of enrollment includes children whose dominant language is not English. The American Indian Program Branch Head Start programs operate 14 classes within Nebraska's geographic borders. The Winnebago, Santee Sioux and Omaha Tribes have a total funded enrollment of 226 children. The Migrant Branch Head Start serves 75 children and families through Panhandle Community Services in Gering. Migrant children and their families are primarily Spanish-speaking. Currently, Head Start funding exists for only 50% of Nebraska's eligible 3 and 4-year-old children and 25% of eligible infants and toddlers.

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



Source: Nebraska Department of Education

State Grant-Funded Early Childhood Programs

Since 1992, Early Childhood Projects served 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. In 2002-2003, twenty-five communities in Nebraska currently received 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. State grant funds are awarded to fund up to one-half of the total

operating budget of the program. Administered through local schools or educational service units, Early Childhood Grant Programs currently were funded to serve approximately 1,100 children.

The early childhood programs target pre-kindergarten age children;

1) whose family income qualifies them for participation in the federal free or reduced lunch program,

2) who were born prematurely or at low birth weight,

3) who reside in a home where a language other than spoken English is used as the primary means of communication, or

4) whose parents are younger than eighteen or who have not completed high school.

Even Start Family Literacy Program

In an effort to break the cycle of poverty, fight illiteracy and improve educational opportunities for families, the Even Start Family Literacy Program integrates early childhood education, adult literacy or adult basic education, and parenting education. In 2003, 407 families including 594 children, received services through one of the eight Even Start Family Literacy programs in Nebraska. Nearly 50% of the participating adults are English language learners. Even Start is funded through federal US Department of Education, Title I, Part B, Subpart 3 and is administered by the Nebraska Department of Education, Division of Early Childhood.

Early Childhood Special Education and Early Intervention Programs

Children from birth through age three who have verified disabilities can receive services through their local school district in collaboration between Health and Human Services and the Department of Education. As of December 1, 2003, these Early Childhood Special Education and Early Intervention programs served 5,705 children ages birth through age five.

Children from Tabitha Intergenerational Center

Child Care Facilities and Subsidies

In Nebraska, a child care provider or facility providing care for four or more children from more than one family must be licensed by Nebraska Health and Human Services Systems (HHSS) Regulation and Licensure. Nebraska continued to lose licensed child care facilities in 2003 with a decrease of 72 facilities, leaving a total of 4,041 facilities. The 2000 Census estimated 117,048 children under age 5 in Nebraska. The vast majority will require child care outside the household at some point in their young lives. The lack of quality and licensed child care in Nebraska often results in long waiting lists and families' use of unlicensed care.

In 2003, families with income at or below 185% of the federal poverty level (see Economic Well-being section of this report), who had previously received Aid to Dependent Children (ADC) assistance could utilize child care subsidies. Families who had not received ADC were eligible only if their income was below 120% of the federal poverty level. Throughout 2003, HHSS subsidized the child care of 28,500 unduplicated children, a decrease from 2002 of more than 1,300 of unduplicated children. The monthly average was 13,575 children. With an average cost of $1,585 per child, $45,567,467 federal and state dollars were used for child care subsidies in Nebraska. This is a decrease of more than $3.5 million dollars to child care facilities. Subsidies are usually paid directly to the providers. The average subsidy cost per child paid by Health and Human Services during SFY2003 was approximately $279 per month, more than $1,585 a year. The rates established to pay for child care subsidy for preschool and school age children range between $13.00 and $21.00 per day. For in-home care, where the child care provider comes to the home of the child, HHSS uses a basic rate of $5.15 per hour.

T.E.A.C.H. Early Childhood® NEBRASKA

T.E.A.C.H. Early Childhood® began in 1990 in North Carolina, and is currently licensed in 24 states. The goal of this program is to improve the quality of early care by improving the education of people working in child care, increasing their compensation, and ensuring continued employment in their current programs.

T.E.A.C.H. Early Childhood® NEBRASKA began in December 2001, and the first child care provider began attending classes during the spring of 2002. The project provides funds for 80% of the cost of tuition and books, limited travel funds, funds to hire a substitute while providers are in classes or studying, and a $350 bonus at the end of a contract year. This program is a collaborative effort among T.E.A.C.H. Early Childhood® NEBRASKA, the student, the center, and the community college. The first two-year contract ended on September 30, 2003.

During the first two years, a total of 212 Nebraska teachers, teacher aides, family home providers, director/employees, and director/ owners opted to begin or continue their higher education.

T.E.A.C.H. Early Childhood® recipients earned a total of 1,637 credits at Metropolitan Community College, Southeast Community College, Central Community College, Northeast Community College, Mid-Plains Community College and Western Community College

T.E.A.C.H. recipients impacted 1,981 children. Thirty-four percent of these children were from families receiving child care subsidy through the Health and Human Services.

T.E.A.C.H. participants lived across the state, with 39% living in Douglas/Sarpy County, 13% living in Lancaster County, and 48% living in the rest of the state.

T.E.A.C.H. participants work in family child care homes, for-profit centers, independent and public not for profit centers, Head Start centers, and faith based organizations.

T.E.A.C.H. Early Childhood® NEBRASKA is managed by the Nebraska Association for the Education of Young Children, Inc. through a contract with the Nebraska Department of Education.

Funding is provided through the HHS Child Care Developmental Fund and private foundations.

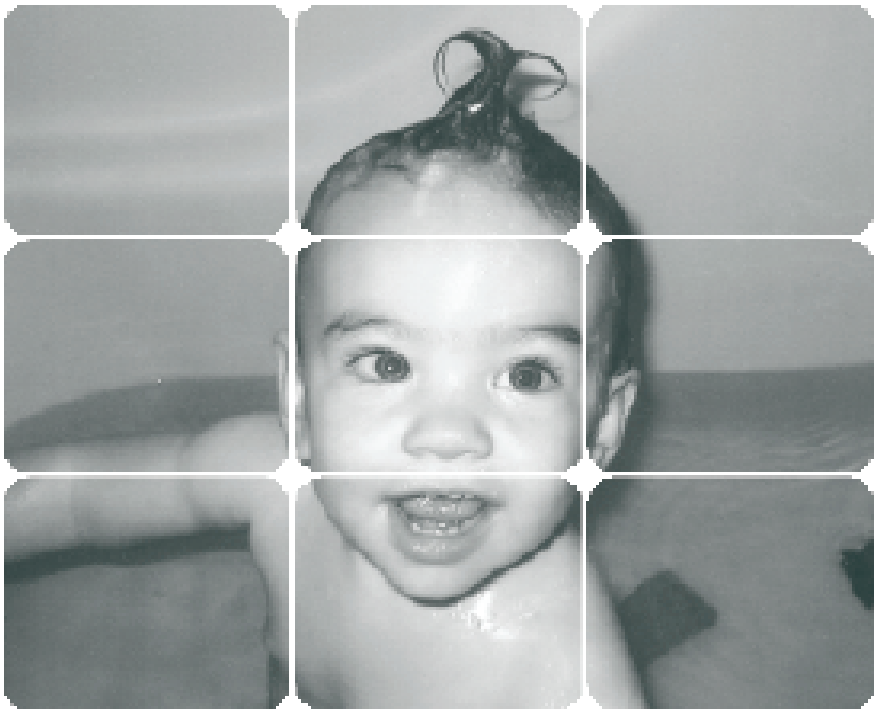
Economic Well-Being

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 (TANF)

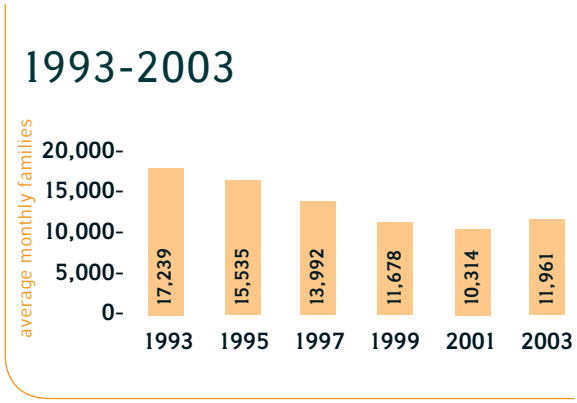
Aid to Dependent Children (ADC) remains the title of government "cash assistance" in Nebraska. TANF, as the program is known at the federal level, focuses on non-cash resources and education to foster self-sufficiency among program recipients. Nebraska's Employment First Program was created to assist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

In Nebraska, ADC was provided to a monthly average of 11,961 families totaling $50,590,595, an average of $352.48 per month per family in 2003. Unfortunately, the maximum ADC payment amounts to only approximately 32% of poverty as prescribed by Nebraska law (see the guidelines on page 9). These families included 21,685 children. The utilization of ADC decreased steadily since it peaked at 17,239 in 1993, until 2 years ago, when it began to increase again.



Madeline, one year

How many Nebraska families with children receive ADC?



Source: HHSS

Federal and State Tax Credits for Families

In 2003, a total of $177,378,000 was claimed as Earned Income Tax Credit on 107,313 Nebraska tax returns. The federal government created this tax credit in an effort to assist low and moderate-income working families in retaining more of their earned income. In addition, 165,169 families claimed the Child Tax Credit, receiving $149,826,000 and 48,912 families claimed the Dependent Care Credit, receiving $19,471,000.

At least sixteen 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. However, Nebraska is one of 13 states that has refundable State Child and Dependent Care Tax Credits, and has received financial support from the National Women's Law Center in Washington, DC to promote these credits to families. Nebraska also offers free tax assistance to families statewide through a collaboration of state and local agencies.

Single Parent Families

Single parent families are less likely to have sufficient support systems and adequate financial resources than two parent families. The lack of these essential resources has been linked with greater parental stress and, therefore, greater occurrence of child abuse. Research shows more than 50% 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 18 and under[2]. In 2000, the census showed approximately 20% of Nebraska children lived in a single parent headed household.

Divorce and Child Support

Divorce accounts for 46% of all single parent households.[3] In 2003, 5,897 marriages ended in divorce, involving 6,028 children, slightly less than 2002. Of these couples with children who divorced in 2003, the mother was awarded custody 2,198 times, the father 375 times and joint custody was awarded 632 times. 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 97,589 of these cases as of September 2003 and collected $10,919,939 on behalf of children who are dependent on Temporary Assistance to Needy Families (TANF). On behalf of children whose parents were also owed child support but were not receiving TANF, $141,662,376 was collected.

2003 FEDERAL POVERTY GUIDELINES *(at 100% of poverty)*

Size of Family Unit	Gross Annual Income
2	$12,120
3	$15,260
4	$18,400
5	$21,540
6	$24,680

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

policy box

LB 435- MINIMUM WAGE

Legislative Bill 435, introduced in 2003, would have increased the minimum wage for the state of Nebraska from $5.15 to $5.80 on October 1, 2003 and $6.30 on April 1, 2004. The bill was amended on General File to increase the minimum wage to $5.45 and then to $5.75 in 2004. This bill stayed on Select File and did not advance during the 2004 session.

Voices for Children supported this bill, as the current minimum wage has lost 10% of its purchasing power since 1997 because it has failed to keep up with inflation. Moreover, the current minimum wage falls far short of an individual achieving self-sufficiency. According to a report completed by the Nebraska Appleseed Center, an individual with one child living in Omaha needs to earn approximately $7.36/ hour to survive without accessing public benefits.

Source: Appleseed Center for Law in the Public Interest

impact box

THE STRUGGLE WITH MEDICAL DEBT

Medical debt is a growing problem in Nebraska. Medical debt accounts for more than 50% of the bankruptcies in the state. In 2004, 89,000 Nebraskans spent more than 25% of their earnings on health care.

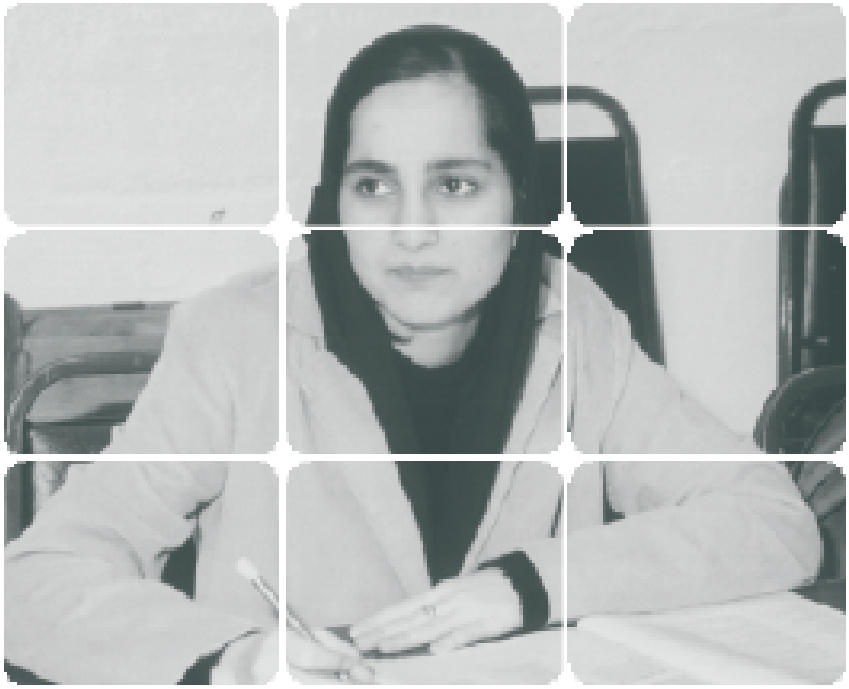
Aggressive collection practices increase the stress on Nebraska families already bogged down by unpaid medical bills. In many cases collection agencies threaten lawsuits for unpaid bills sometimes totaling less than $500. This includes families that had health insurance at the time of medical treatment.

This is not an issue only for the uninsured. As premiums in the state have risen 43% and more employers are choosing high deductible, high co-payment plans to keep their costs low, workers are taking up more of the financial burden for their health care. Over the same time period, wages have gone up 13.5%, which is insufficient to cover rising health insurance premiums and health care costs.

High premiums, soaring prescription costs and rising costs for medical treatment means medical debt will only increase in the coming years. With that, families many times must choose between buying food and paying rent on time or receiving medical treatment and finding a way to pay for that care.

Education

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



Palwasha, 17

High School Graduates

During the 2002-2003 school year, 21,894 Nebraska high school students were awarded diplomas. The 2002-2003 graduation rate is 84.6%. As of 2002-2003, Nebraska has adopted the national definition for graduation rate. The definition was developed by the National Center for Education Statistics (NCES). For the past several years, Nebraska has published a twelfth grade graduation rate which simply compares high school diploma recipients to Fall 12th grade membership for the same year. The NCES definition attempts to calculate a four-year rate. These are two totally different approaches; one is a one-year retention rate, while the other is a four-year retention rate. For most districts, and for Nebraska as a whole, the graduation rate will be lower under the new definition; however for a few districts the graduation rate may increase.

Of these graduates, approximately 90% were White, (Not Hispanic); 4.1% were Black, (Not Hispanic); 3.8% were Hispanic; 1.5% were Asian or Pacific Islander; and .8% were American Indian/Alaskan Native. In addition, 2,090 Nebraskans finished their high school education by passing the General Equivalency Diploma (GED) tests during the 2003 calendar year.

School Dropouts

During the 2002-2003 school year, 2,911 Nebraska students dropped out of school, 1,703 male and 1,208 female. (Dropouts are calculated using grades 7-12.) Minority groups have a higher drop out rates than white students. In the 2002-2003 school year, 1.3% of White (Not Hispanic) students dropped out of school. While Hispanic students made up almost 8.5% of Nebraska students, grades K-12, they comprised over 19.3% of the dropouts. Less than 7% of Nebraska students were Black (Not Hispanic), but constituted nearly 16% of the total dropouts. (See graph on page 11.)

Expelled Students

During the 2002-2003 school year, 857 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 their education, either in a formal alternative program or his or her home. Prior to expulsion it is necessary for the student and his/her parents to develop a written plan outlining behavioral and academic expectations in order to be retained in school. Some schools are developing creative and motivational alternative programs to meet the needs of students.

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

STATEWIDE EXPULSIONS 1992-1993 THROUGH 2002-2003

1992-1993	273
1993-1994	209
1994-1995	283
1995-1996	443
1996-1997	615
1997-1998	663
1998-1999	849
1999-2000	824
2000-2001	770
2001-2002	816
2002-2003	857

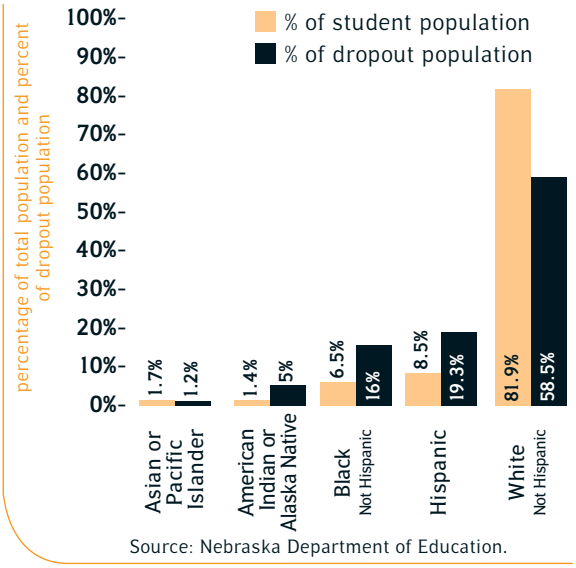
Source: Nebraska Department of Education

EXPULSIONS BY RACE AND GENDER 2001-2002

Race/Ethnic Origin	Female	Male	TOTAL
White (Not Hispanic)	109	344	453
Asian or Pacific Islander	1	13	14
Hispanic	19	78	97
American Indian/Alaskan Native	15	13	28
Black (Not Hispanic)	96	169	265
TOTAL	240	617	857

Source: Nebraska Department of Education

Student Dropout Populations by Race and Ethnicity



Source: Nebraska Department of Education.

Special Education

During the 2002-2003 school year, 45,821 Nebraska students from birth to age 21 received special education services. It is important for a child's development and education that the need for special education be identified at an early age. There were 5,705 preschool children, birth to age five with a verified disability also receiving special education services. School districts reported 40,116 students age 6-21 with disabilities.

policy box

NO CHILD LEFT BEHIND *READING FOCUS*

The No Child Left Behind Act was enacted in 2001 as an education reform designed to change America's schools by closing the achievement gap, ensuring all students can attain academic success. This act is based on four pillars: accountability for results including annual state and school district report cards, more freedom for states and communities in spending federal education funds, implementation of educational methods that have been scientifically proven to be effective, and more choices for parents concerning transferring their child if his/her school does not meet state standards for at least two consecutive years

Ideally, through No Child Left Behind (NCLB), individuals in the community will have the opportunity to become informed about the state of their schools. Additionally, individuals and community groups will have the information needed to distinguish which schools are in most need of assistance. There are several key educational areas under this act including reading, math, science, assessments, quality of teachers and more.

Reading is considered to be one of the cornerstones of the No Child Left Behind Act. Nebraska has adopted content standards in reading for the end of grades 1, 4, 8, and 12 and standards-based assessments in grades 4, 8, and 11. Unfortunately, Nebraska appears to be only partially on track in regards to these reading standards and guidelines set forth in NCLB. (Source: 2003 Education Commission of the States)

Parents can help Nebraska children and schools reach these goals. Establishing good reading habits, encouraging, and teaching children to read at an early age is mandatory for many reasons. Children will use reading skills throughout their lives. For example, today's children will be expected to read challenging materials in order to become employable, therefore they must obtain these necessary skills at a young age. Additionally, if children are unable to read, even at an early age, they may become frustrated and withdraw themselves from school and other educational activities. In addition, children who learn to read well in early grades are more likely to become successful learners in other areas throughout their lives. Moreover, research shows children who read more outside of school perform higher on standardized tests.

Fortunately, there are many steps parents can take to help their children learn to read. According to the Partnership for Reading, there are several things that parents can look for in their child's classrooms and many things parents can do at home to encourage and promote the learning to read. At home, parents can assist their children by practicing the sounds of language, helping children take spoken words apart, and practicing the alphabet. In addition, parents can share the joy of reading by listening to their children read at home. In the classroom, parents should look for teachers to teach phonics, letter-sounds relationships, and reading comprehension.

Once a child has learned to read, the learning process should not end. Parents can build reading accuracy by pointing out words the child may have misread and assist the child in reading it correctly. Additionally, parents can help in building reading comprehension.

Parents and schools must work together so all Nebraska's children are able to read.

1. Starting Out Right: Promoting Children's Reading Success. *http://bob.nap.edu/readingroom/books/sor/sor-1.htm*

2. Put Reading First – Parent Guide. *http://www.nigl.gov/partnershipforreading/publications/reading_first2.html*

3. Anderson, R.C., Wilson, P.T., and Fielding, L.E. "Growing in Reading and How Children Spend Their Time Outside of School", Reading Research Quarterly, 23 (1998). 285-303.

4. The Partnership for Reading. Put Reading First: Helping Your Child Learn to Read – A Parent Guide. *http://www.nifl.gov*

Health – Physical and Behavioral

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

Birth

In 2003, there were a total of 25,900 live births to Nebraska residents. Nearly 7.0% or 1,794 of these births were of low birth weight, while the majority were born healthy (see Low Birth Weight section following). Women ages 10-19 became the mothers of 2,330 or almost 9% of the babies born, a slight decrease over the previous year. The number of unwed parents grew slightly in 2003, with 7,680 (29.6%) babies born out of wedlock. Almost 11% were born to mothers who did not receive adequate prenatal care during their first trimester of pregnancy.

Claire, four; Jaime, four; Ione, five

Prenatal Care

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

In Nebraska in 2003, 2,664 births are recorded to mothers who did not receive adequate prenatal care and 4,037 were reported to have intermediate prenatal care. This totals more than 25% of births. Over 75% of White, 72% of Asian, 64% of Black, 50% of American Indian/Alaskan Native and 63% of Hispanic newborns had mothers who received what was considered "adequate or adequate plus" prenatal care.

In 2003, 36 newborns died before their first birthday due to birth defects. Research has shown there is a correlation between the health of the mother prior to conception and birth outcomes. Consuming folic acid prior to and following conception and living a healthy lifestyle will improve the chances of a healthy birth and may reduce the likelihood of birth defects including spina bifida.

Infant Mortality

Infant mortality rates are frequently used as an indicator of 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 2003, the Nebraska infant mortality rate (deaths per 1,000 births) was 5.4, a decrease from 7.0 in 2002. In 2003, 141 Nebraska children died prior to their first birthday.

Nebraska residents lost 1,724 babies under the age of one from 1994-2003. Birth defects, 25% 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 2003, White Nebraskans experienced an infant mortality rate of 4.8; while Blacks experienced a rate of 15.9, Native Americans 13.2, and those of Hispanic origin had a rate of 5.2.

Low Birth Weight

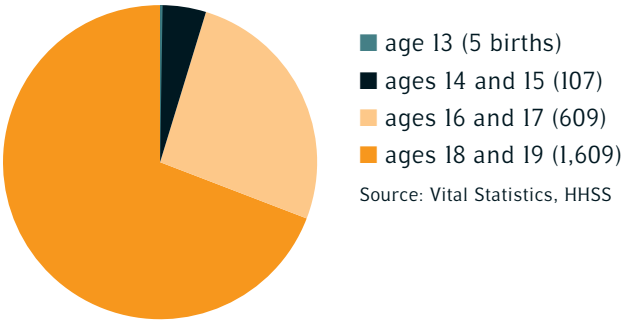
The highest predictor of death and disability in the United States is low birth weight. A newborn weighing below 2,500 grams or 5.5 pounds is considered of low birth weight and a newborn weighing less than 1,500 grams or 3.3 pounds is considered of a very low birth weight. In Nebraska, 1,794 newborns were of low birth weight (6.9%); Of these 1,794, 1.2% or 315, were born with a very low birth weight. Both of these categories improved from 2002, with fewer babies being born at these low weights.

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]

Births to Teens

While teen birthrates have been falling in the United States, it has the highest teenage pregnancy rate of all developed countries.[2] Research shows having children as a teenager can limit a young woman's educational and career opportunities, increase the likelihood that she will need public assistance, and can have negative effects on the development of her children.[3] In Nebraska, 2,330 babies were born to girls age 19 and under in 2003. This is a small decline from 2002. Across a ten-year span since 1994, 8,191 were born to mothers under age 18. Of the 721 babies born to teen mothers ages 10-17 in 2003, 539 had White mothers, 117 were born to Black mothers, 42 had Native American mothers, and three were born to Asian mothers. Adolescent females of Hispanic ethnicity gave birth to 190 babies.

NEBRASKA TEEN BIRTHS BY AGE OF TEEN 2003



Source: Vital Statistics, HHSS

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 2003, 91.5% or 660 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 calendar year 2003, 80.4% 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 79.4%. In Nebraska, Varicella (chicken pox) vaccine rates continued to increase from 74.8% in 2002 to 75.3% in 2003. The U.S. national average for varicella vaccine was 84.8%, also an increase.

There were 15 cases of pertussis (whooping cough) reported in Nebraska in 2003. This is an increase of two cases of pertussis from 2002. Generally, the disease does not have a strong effect on older children or adults, however it can be easily passed to young children who may end up hospitalized. Although there have been no deaths in recent years, pertussis is a potentially deadly disease for young children.

Child Deaths

Slightly over half of child deaths are attributed to accidents in Nebraska. Child deaths include any child between the ages of one and 19. In 2003, 38% of the 162 total child deaths, were due to motor vehicle accidents, a decrease from 2002. Fourteen percent of the deaths were due to non-motor vehicle accidents. Ten child deaths were attributed to cancer, 17 children were lost to suicide and 10 to homicide in 2003. According to the 2004 National Kids Count Data Book, Nebraska is ranked 20 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, 1994-2003

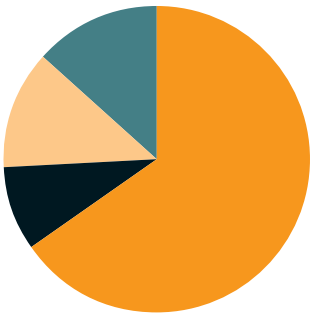
CAUSES	FREQUENCY
Motor Vehicle Accidents	619
Non-Motor Vehicle Accidents	241
Suicide	174
Homicide	132
Cancer	119
Birth Defects	68
Heart	61
Infectious/Parasitic	28
Asthma	25
Pneumonia	17
All Other Causes	280
TOTAL	**1,764**

Source: HHSS

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 low cost health care coverage for children living in families at or below 185% of the federal poverty level. Kids Connection includes both the State's Children's Health Insurance Program (SCHIP) and the Nebraska Medical Assistance Program (Medicaid). Kids Connection provided health coverage for 131,525 children, nearly 30% of all Nebraska children 18 and under in 2003.

NEBRASKA MEDICAID AVERAGE MONTHLY ELIGIBLE PERSONS BY CATEGORY 2003



TOTAL: $201,533

- 65.3% children ($131,525)
- 9.1% aged ($18,401)
- 12.4% ADC adults ($24,963)
- 13.2% blind and disabled ($26,644)

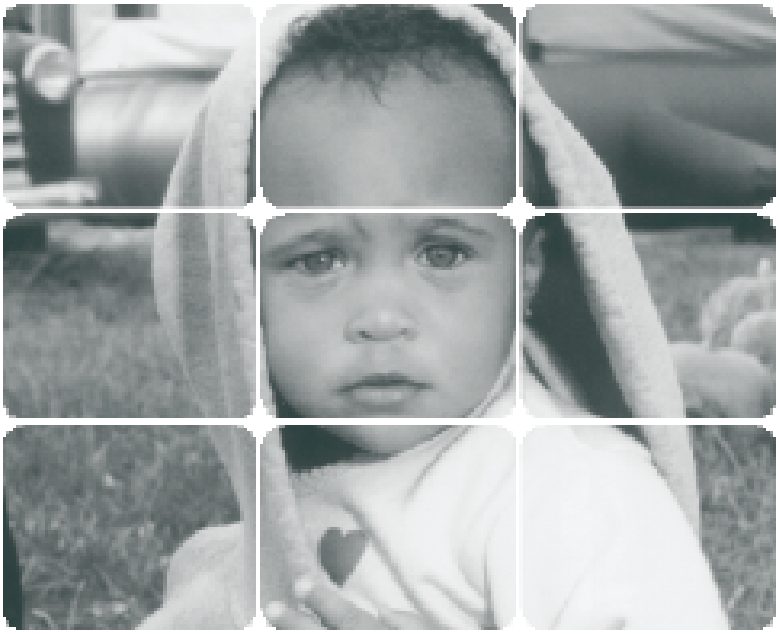
Source: HHSS

NEBRASKA MEDICAID VENDOR EXPENDITURES BY ELIGIBILITY 2003

TOTAL: $1,205,792,543

- 35.8% blind and disabled ($431,387,733)
- 29.3% aged ($353,339,357)
- 26.9% children ($324,543,213)
- 8% ADC adults ($96,522,240)

Source: HHSS



Reyannon, 15 months

Chance, two years

Blood Lead Levels

In 2003, 18,917 children in Nebraska were tested for elevated blood lead levels and 463 were considered to have blood lead levels in the range where detrimental effects on health have been clearly demonstrated. This appears to be a dramatic decrease over previous years. However, in previous years, total raw data was used. In addition, it is difficult to obtain the number of children poisoned as some parents do not bring children back into clinics for confirmatory tests. Elevated blood lead levels can be linked to: increased behavioral problems, malnutrition, significant detrimental physical and cognitive development problems. Lead poisoning can be fatal. Blood lead testing is recommended for all children at 12 to 24 months of age and any child age six and under who has been exposed to lead hazards.

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

Mental Health and Substance Abuse Treatment

The Nebraska Health and Human Services 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 Adolescent and Family Services (AFS) program at LRC consists of a six-bed inpatient program located on the regional center campus and several residential programs for adolescents – the 20-bed Residential Program, two eight-bed residential programs and an eight-bed treatment group home. The inpatient program served 72 youth in FY03. The Adolescent Residential Program served 69 youth, and the psychiatric residential and group home programs served 28 youth. (These are duplicated counts; some youth may have been served in more than one program.)

Hastings Regional Center (HRC) operates a chemical dependency program for youth from the Youth Rehabilitation and Treatment Center in Kearney. During FY03 they served 91 youth in this program. Nine 18 year olds were served in the HRC adult psychiatric programs.

The Norfolk Regional Center does not have any specialized programs for children or adolescents. However, during FY03 they served two persons who were 18 years old.

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 service and therapeutic group home services.

Approximately 2,583 Nebraska children ages 0-18 received community -based mental health and substance abuse services in the most recent fiscal year. Out of those children, 2,005 received mental health services only, 518 received substance abuse services only and 60 received both mental health and substance abuse service.

Youth Risk Behavior Survey

Developed by the National Centers 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 2003 Youth Risk Behavioral Survey of Nebraska Adolescents

Hugo, six months

The 2003 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. Forty-six percent of the students surveyed had consumed alcohol in the last 30 days prior to the survey and 32% had reported episodic heavy drinking in that same time period. While this is a small decrease from the previous report, it is still of concern. The report goes on to say that youth alcohol use is associated with increased occurrence of unprotected sex and sex with multiple partners, marijuana use, lower academic performance and fighting. Some of the other drugs youth utilized were marijuana (18%), inhalants such as glue, paints, or aerosols (4%), methamphetamines (6%), and cocaine (3%).

Tobacco

In Nebraska, 24% of the students surveyed report that they currently smoke cigarettes. Females report a higher usage of cigarettes, with just over 25% of teen girls reporting they currently smoke. Sixty percent of all teens surveyed reported they had smoked at some point in their life. In addition, 10% indicated they currently use smokeless tobacco, and 18% use cigars.

Motor Vehicle Crashes

The leading cause of Nebraska death among youth age 15-24 is automobile crashes. According to the YRBS, 39% of students reported, in the last 30 days, riding in a vehicle driven by someone who had been drinking alcohol. In addition, 21% had driven a motor vehicle themselves one or more times in the past 30 days when they had consumed alcohol.

Teen Sexual Behavior

According to the YRBS, 43% of the adolescents surveyed reported that they had experienced sexual intercourse at least one time in their life, an increase of 1% over 2001. Thirty-one 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, 60%, reported using a condom the last time they had sexual intercourse, lessening their chances of contracting a sexually transmitted disease or becoming pregnant. Five percent of the respondents reported having had sexual intercourse before the age of 13, and 12% 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 2003, 33% of students described themselves as being either slightly or very overweight. However, only 10% were actually considered to be overweight or at risk of becoming overweight based on their Body Mass Index (BMI). Forty percent of the females surveyed described themselves as overweight, however only 10% were at risk of becoming overweight or were overweight according to their BMI. Although only 10% 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 8% did not participate in sufficient moderate physical activity. Forty-one percent of the students reported insufficient or no level of physical activity on the 30 days preceding the survey. Eighty-four percent ate less than five servings of fruits and vegetables per day during the seven days prior to the survey and 82% reported that they did not regularly consume milk during the seven days preceding the survey.

Sexually Transmitted Diseases (STD) Among Nebraska Teens: An Alarming Trend

- In 2003, 47% of high school students surveyed had sexual intercourse, 14% of high school students had four or more sex partners during their lifetime, and 37% of sexually active high school students did not use a condom at last sexual intercourse. This is higher than the Youth Risk Behavior Survey.
- The estimated total number of teens living in the United States with an incurable STD is over 65 million.
- Two-thirds of all STDs occur in people 25 years of age and younger, and one in four new STD infections occur in teenagers.
- Over the last few years, the incidence rate of STD's in Nebraska has increased.
- Many of the individuals suffering from this increase in STD prevalence are Nebraska teens.

Human Papillomavirus (HPV)

There are many types of sexually transmitted diseases, but recent studies have found that Genital HPV, which is caused by human papillomavirus, affects a large amount of individuals and may be especially concerning for teenagers. HPV is a group of viruses that included more than 30 viruses that are sexually transmitted. These viruses can infect the genital area of men and women. High-risk types of these viruses have been associated with cancer of the cervix, vulva, vagina, penis, or anus, and low-risk types may cause genital warts.

HPV is likely the most common STD among young, sexually active people. A recent U.S. study among female college students found that an average of 14 percent became infected with genital HPV each year. About 43 percent of the women in the study were infected with HPV during the three-year study period. Typical prevalence of HPV for women under the age of 25 is between 28 and 46 percent.

STD services in Nebraska:

The county health departments in Lincoln and Omaha operate confidential STD clinics. The phone numbers for STD services information are:

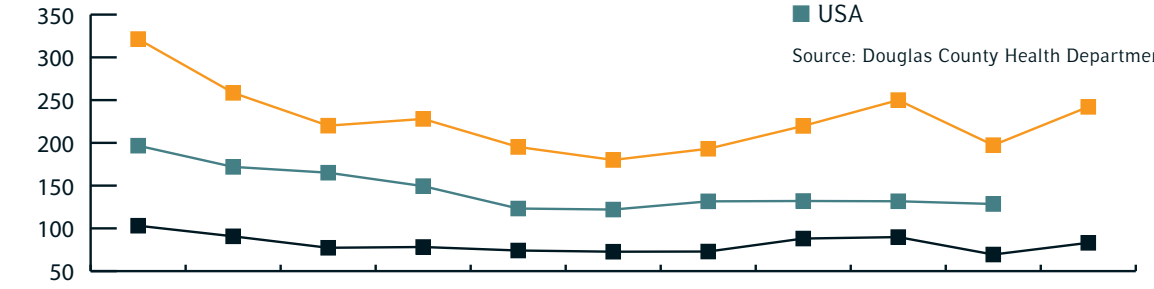
Omaha: (402) 444-7750

Lincoln: (402) 441-8065

Sources:
-American Social Health Administration
-National Center for Chronic Disease Prevention and Health Promotion
-Department of Health and Human Services Centers, for Disease Control and Prevention

GONORRHEA RATES FOR DOUGLAS CO., NEBRASKA AND USA

Gonorrhea cases per 100,000 population

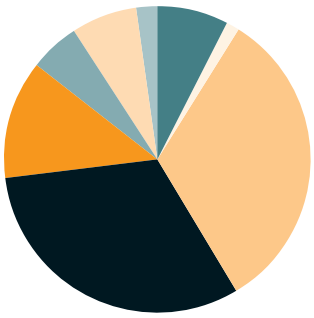


Source: Douglas County Health Department

Douglas Co.	321.4	258.5	220.1	228	195.2	180	193.1	219.8	250	197.3	242.1
Nebraska	103.1	90.7	77.3	78.2	74.1	72.7	72.9	88.1	89.8	69.4	83.1
USA	196.7	171.9	165.1	149.4	123.2	122	131.6	132	131.7	128.5	NA

GONORRHEA BY AGE GROUP, DOUGLAS COUNTY, NE

Based on date of diagnosis (Total cases = 1,135)

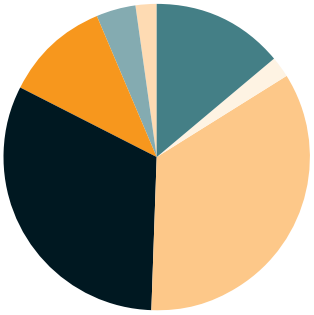


- Unknown (7.6%)
- 10-14 years (1.4%)
- 15-19 (32.6%)
- 20-24 (31.5%)
- 25-29 (12.5%)
- 30-34 (5.5%)
- 35-44 (6.8%)
- 44 (2.1%)

Source: Douglas County Health Department

CHLAMYDIA BY AGE GROUP, DOUGLAS COUNTY, NE

Based on date of diagnosis (Total cases = 2,354)



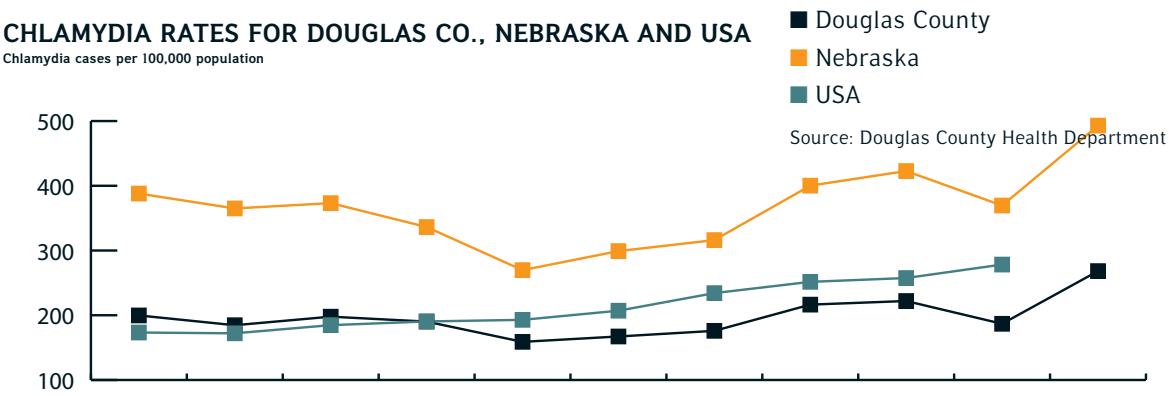
- Unknown (13.8%)
- 10-14 years (2.3%)
- 15-19 (34.2%)
- 20-24 (31.5%)
- 25-29 (11.1%)
- 30-34 (4.0%)
- 35-44 (2.1%)

Source: Douglas County Health Department

Not Shown on Chart
0-9 years (.1%)
44 (.8%)

CHLAMYDIA RATES FOR DOUGLAS CO., NEBRASKA AND USA

Chlamydia cases per 100,000 population



Source: Douglas County Health Department

Douglas Co.	388	365	373.2	336.3	269.7	299.1	316.1	400.2	422.8	369.5	492.9
Nebraska	199.7	184.6	197.8	190.2	158.9	167.2	175.9	216.4	222	186.8	268.2
USA	173.3	172.1	184.7	190.4	192.9	207	234.2	251.6	257.5	278.3	NA

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.

Jesse, 18

Juvenile Arrests

In 2003, 14,711 Nebraska juveniles were arrested, a continued decrease over the last several years. While female juvenile offenders comprise almost 31% of all juvenile arrests, they outnumber male offenders in the number of arrests for offenses against family or children, and prostitution. Male offenders make up approximately 69% of all juvenile arrests.

SELECTED NEBRASKA JUVENILE ARRESTS BY OFFENSE AND GENDER 2003

OFFENSE	MALES	FEMALES	TOTAL
Larceny – Theft	1,676	1,123	2,799
Liquor Laws	1,472	1,045	2,517
All Other Offenses	3,481	1,414	4,895
Misdemeanor Assault	1,154	506	1,660
Drug Abuse Violations	899	190	1,089
Vandalism-Destruction of Property	989	170	1,159
Weapons: Carrying, Possessing, etc.	147	5	152
Felony Assault	95	13	108
Sex Offense (except forcible rape & prostitution)	101	8	109
Arson	70	10	80
Robbery	46	5	51
Forgery & Counterfeiting	22	15	37
Forcible Rape	14	1	15
Prostitution	3	4	7
Offenses Against Family and Children	12	17	29
Murder & Manslaughter	4	0	4

Source: Nebraska Crime Commission

Probation

In 2003, there were 5,707 juveniles supervised on probation while there were 5,537 juveniles supervised in 2002. This is a 2.5% increase from 2002. During 2003, statewide, 2,696 juveniles satisfactorily completed probation while there were 2,762 juveniles who completed probation satisfactorily in 2002. This is a decrease of nearly 3%.

In 2003, 13 juveniles were adjudicated for homicide and 92 juveniles were adjudicated for sex offense or rape. Additionally, there were 103 juveniles sentenced in adult court.

According to the Nebraska Probation Management Information System (NPMIS), from 2002 to 2003, the number of misdemeanor juvenile cases increased 9.2% and the number of felony juvenile cases decreased 9.4%.

JUVENILE ARRESTS BY AGE 2003

Source: Nebraska Crime Commission

Youth Rehabilitation and Treatment Centers (YRTC)

The two Youth Rehabilitation and Treatment Centers in Nebraska are located in Kearney (established for males in 1879) and Geneva (established for females in 1892). The YRTC Kearney mission is: To help youth live better lives through effective services affording the youth the opportunity to become law abiding and productive citizens. The YRTC in Geneva's mission is: To protect society by providing a safe, secure and nurturing environment in which the young women who come to us may learn, develop a sense of self, and return to the community as productive and law abiding citizens. In the fiscal year 2002-2003 502 males were admitted for treatment to Kearney and 132 females to Geneva for a total of 634 youth in YRTC care from July 2002 – June 2003, an increase of 20 total YRTC commitments over the previous year.

Geneva provided services for an average of 95 females per day. The average female committed to Geneva in 2002-2003 was 16 years old at admission and remained there 9-1/2 months. The top offenses were theft (44), assault (28) and criminal mischief (31). The majority of females placed at YRTC Geneva were White 59%, 22% were Black, 13% were Hispanic, 5% were Native American and 1% were considered "other".

YRTC Kearney had an average daily population of 192 in 2002-2003, a decrease of 38 from the previous year. Males at Kearney remained an average of 162 days (approximately 5-1/2 months) and 62% were 16-17 years of age. Most young men committed to Kearney were White (52%), 20% were Black, 16% were Hispanic, 9% were Native American, 1% were Asian and 2% were classified as "other." The major offenses committing males to YRTC Kearney were theft (22%), assault (15%) and possession of drugs (12%).

Adult Jail and Parole for Juveniles

In 2003, 62 Nebraska youth ages 18 and under were processed through the adult system and housed in adult prisons. Of these juveniles, roughly 50% were incarcerated for robbery, burglary or theft, while the remaining were held for drug offenses, weapon offenses, sex offenses, homicide and other crimes. One youth was held for homicide in 2003. Studies show trying juveniles in adult court is not an effective intervention in reducing juvenile crime, however it is used nationally. "Youth in the adult system are more likely to recidivate – and to recidivate more quickly and with serious offenses – than youth who are prosecuted through the juvenile system."1

impact box

MENTAL HEALTH ISSUES IN THE JUVENILE JUSTICE SYSTEM: WHAT IS BEING DONE?

Researchers have repeatedly found that individuals involved in the juvenile justice system have higher prevalence rates of mental health problems compared to the rest of the population. Specifically, according to the National Mental Health Association, as many as 60-75 percent of incarcerated youth have a mental health disorder.

Some children in the juvenile justice system suffering from these disorders have committed serious crimes, but many have been victims of their communities' failed efforts in providing them adequate services. Additionally, many of these individuals have been victims of abuse, family discord, learning disabilities, and parental drug use.

Research by Justice for Juveniles has found that many community members are unaware of the amount of individuals in the juvenile justice system with mental health problems. In addition, within the system, there are few services available to meet the needs of these individuals. Their suggestions include; implementing screening and assessment for mental health and substance use disorders at all points of contact in the system, implementing a full range of services to these youth in the system, and creating a task force that aims at addressing these problems for this population.

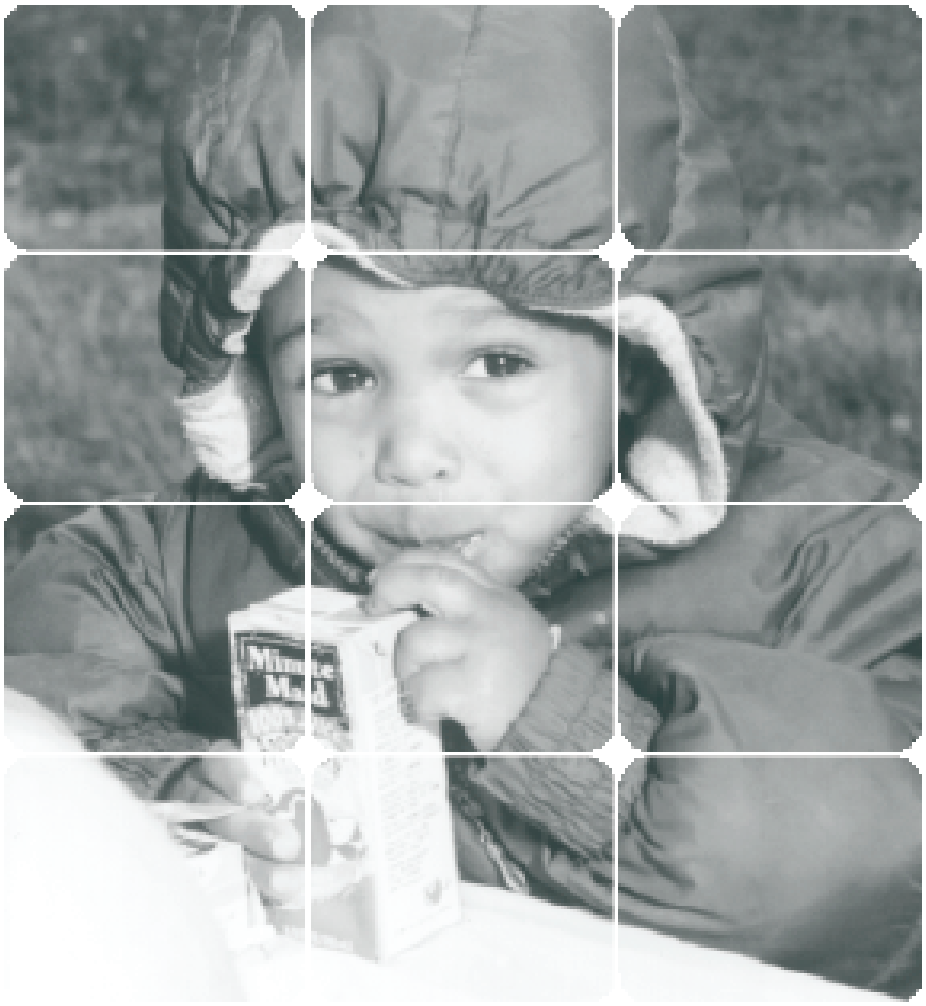
Several treatment programs have been suggested to be effective in reducing recidivism rates among youth involved in the juvenile justice system. Specifically, research has indicated that this rate may be up to 25% lower for individuals in treatment compared to a control group. There are several recommendations for an effective treatment program for this type of population. Specifically, the program must be structured, emphasize teaching valuable life skills such as including social skills training, provide individual counseling, and focus on changing specific behaviors. This program should be carried out in an intensive manner because treatments that are longer in duration have been associated with better outcomes. In addition, treatment should involve not only the youth, but also their family. This is important because the system should be working to strengthen the entire family.

In conclusion, there are many children and adolescents in the juvenile justice system that are in need of mental health services. These individuals have problems that are often not recognized and, thus, they fail to get the services they need. There are several aspects of a successful treatment program for this population, and more specifically, there are a few treatment methods that have proven to be successful.

Source: National Mental Health Association
http://www.nmha.org/children/justjuv/index.cfm

Nutrition

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



Phoenix, three

Food Stamps

Food Stamps are cards provided by the U.S. Department of Agriculture to aid families that have incomes at or below 130% of poverty in order to maintain a low-cost and healthy diet. In the year 2003, the use of Food Stamps rose from previous years. Nebraska Health and Human Services (HHS) distributed Food Stamps to an average of 96,682 persons or 41,620 households monthly in 2003. The average payment was $171.12 per household per month and $73.66 per person totaling $85,464,630,82. There were 47,627 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 reduce price meals. Through this program the USDA subsidizes all lunches served in schools. During the 2002-2003 school year, 484 school districts offered school lunches at 1,046 Nebraska schools. An average of 80,471 children received free and reduced price lunches. Unfortunately, 97,223 children were found income eligible for free and reduced price lunches leaving 16,752 eligible children not using the school lunch program.

School Breakfast

The USDA provides reimbursements to schools for breakfast as they do for lunch. During the 2002-2003 school year 566 schools in 255 districts participated in the school breakfast program. An average of 16,245 children benefited from receiving free or reduced priced breakfasts.

A total of $38,828,445.52 was spent, or reimbursed, for all breakfast and lunches in fiscal year 2003 in Nebraska.

Summer Food Service Program

The USDA Summer Food Service Program (SFSP) was created to meet the nutritional needs of children and low-income adults during the summer. An average of 7,717 Nebraska children participated in the SFSP in 2003. Only 19 of the 93 Nebraska counties offer the SFSP, down from 21 in 2002. 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 2003, 81,039 Nebraska households were served through the Commodity Distribution Program, an average of 7,753 households per month. A monthly average of 32,513 meals were served in soup kitchens through this program, totaling 390,158 meals.

Child and Adult Care Food Program

In 2003, an average of 12,645 daily lunches were provided in child and adult care centers and 2,806 in homes through this food program.

Commodity Supplemental Food Program (CSFP)

Women who are pregnant, breast-feeding and post-partum or families with infants and children ages five and under who are at or below 185% of poverty are eligible for the USDA Commodity Supplemental Food Program. The program provides surplus commodity foods, such as non-fat dry milk, cheese, canned vegetables, juices, fruits, pasta, rice, dry beans, peanut butter, infant formula and cereal. A monthly average of 1,319 women, infants and children were served by CSFP totaling 15,828 food packages for fiscal year 2003. Seniors age 60 or older who are at or below 130% of poverty may also participate in the program. Seniors received 148,020 food packages averaging 12,335 per month. There are 46 CSFP distribution sites serving all 93 counties.

WIC PARTICIPANTS

Year	Average Monthly Program Participants
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
2003	37,730

Source: HHSS

NE WIC PARTICIPATION BY CATEGORY FOR FEDERAL FISCAL YEAR 2003

Breastfeeding Women	2,290
Postpartum Women	2,673
Pregnant Women	4,207
Infants	9,575
Children	18,985
Total	37,730

Source: HHSS

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 over 8 million participants per month through 10,000 clinics nationwide in 2003. WIC provides nutrition and health information, breastfeeding support, and supplemental foods such as milk, juice, cheese, eggs and cereal to Nebraska's pregnant, postpartum and 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. Of the 25,900 babies in Nebraska in 2003, 37% (9,575) were on WIC. Participation has increased steadily over the past six years (1998-2003) and again from 2002 to 2003. Average participation per month was 37,730 (9,170 women, 9,575 infants, and 18,985 children) in 2003. Costs for food benefits and nutrition services average approximately $483 per year nationally for a pregnant woman on WIC. Participation in the program helps ensure children's normal growth, reduce levels of anemia, increases immunization rates, improves access to regular health care and improves diets. Children participating in WIC also demonstrate better cognitive performance. National 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.

impact box

- **In the United States, around 13 million children live in households that are considered food-insecure. This means that these children live in households in which they do not have enough food to meet their basic needs.**
- **According to Nebraska Appleseed, one in ten Nebraskans is food insecure with limited or uncertain availability of nutritionally adequate and safe foods.**
- **In our country, children make up almost half of all emergency food clients.**

IMPACT

- **According to the Center on Hunger and Poverty, young children's physical growth and brain development may be affected during critical periods if they are even mildly undernourished at these times.**
- **Cognitive development, performance at school, and overall behavior are all impacted by lack of adequate nutrition.**
- **Food insecurity can be associated with obesity. Although this may seem paradoxical, households without much money may be forced to buy less expensive, high calorie foods rather than more expensive, healthier choices.**

Sources: Center on Hunger and Poverty
Nebraska Appleseed: Nebraska Food Security Series

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 because of their own delinquent or uncontrollable behavior. Nebraska Department of Health and Human Services (HHS) 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 (FCRB)

In 1982, the 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. Over 350 trained citizen volunteers serve on local FCRB boards to engage in this important review process. Completed reviews are shared with all parties legally involved with the case. The FCRB also has an independent tracking system for all 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 2003, a total of 10,140 Nebraska children were in out-of-home care at some point. This continues to be a slight decrease from previous years. On January 1, 2003 there were 5,367 children in out-of-home care, during the year 4,773 entered care while 4,107 exited. An additional 511 children who left care prior to 2003 had their prior exit reported during 2003, leaving 5,522 children in care on December 31, 2003. Of the 5,321 children who entered care in 2003, 2,898 or 54% were placed in out-of-home care for the first time and 1,875 for the second or more times. Of the 5,522 children on December 31, 2003, 5,069 were HHS wards.

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

The way in which reasons for entering care data was collected changed in 2003. Previously each category was broken into subcategories. Currently no subcategory data is collected. Due to the changes, it is difficult to compare the reasons for entering out-of-home care to previous years.

REASONS CHILDREN ENTERED OUT-OF-HOME CARE IN 2003

CATEGORY	ALL CHILDREN REVIEWED[1]		CHILDREN BY NUMBER OF REMOVALS			
			Reviewed children who were in foster care for the first time[1]		Reviewed children who had been in foster care at least once previously[1]	
Neglect[2]	2,327	56.5%	1,397	57.1%	930	55.7%
Child's Behaviors[3]	1,025	24.9%	361	14.8%	664	39.8%
Physical Abuse	943	22.9%	523	21.4%	420	25.1%
Housing substandard/unsafe	727	17.7%	447	18.3%	280	16.8%
Parental Drug Abuse	676	16.4%	496	20.3%	180	10.8%
Abandonment	532	12.9%	343	14.0%	189	11.3%
Caretaker Inability to Cope due to Parental Illness/Disability	425	10.3%	239	9.8%	186	11.1%
Parental Alcohol Abuse	406	9.9%	290	11.9%	116	6.9%
Parental Incarceration	382	9.3%	227	9.3%	155	9.3%
Child's Mental Health[3]	329	8.0%	110	4.5%	219	13.1%
Sexual Abuse[4]	322	7.8%	178	7.3%	144	8.6%
Relinquishment	115	2.8%	32	1.3%	83	5.0%
Child's Drug Abuse	84	2.0%	26	1.1%	58	3.5%
Child's Alcohol Abuse	68	1.7%	28	1.1%	40	2.4%
Child's Illness	44	1.1%	31	1.3%	13	0.8%
Child's Disabilities	33	0.8%	17	0.7%	16	1.0%
Death of Parent(s)	21	0.5%	7	0.3%	14	0.8%
Child's Suicide Attempt	18	0.4%	3	0.1%	15	0.9%

1 Up to 10 reasons for entering out-of-home care could be identified for each child reviewed. 2,446 of the 4,116 children reviewed were in their first removal from the home, 1,670 of the 4,116 reviewed children had been removed from the home at least once before.

2 Neglect is the failure to provide for a child's basic physical, medical, educational, and/or e motional needs.

3 Many of the behaviors identified as a reason for children and youth to enter out-of-home care are predictable responses to prior abuse or neglect. Note the difference in removals due to behaviors for children on a first removal (14.8%) versus children with multiple removals (39.8%). Similarly, mental health needs increase for children with multiple removals (4.5% versus 13.1%).

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

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

& Adoption

There are a variety of placement possibilities for children in out-of-home care. According to the Foster Care Review Board, of the 5,522 children in care on December 31, 2003, there were 2,392 (43%) in foster homes, 1,041 in group homes or residential treatments centers, 868 placed with relatives, 518 in jail/youth development center, 105 were in adoptive homes not yet finalized and 215 in emergency shelter. The remaining children were involved in Job Corps/school, centers for the disabled, psychiatric, medical, or drug/alcohol treatment facilities, or child caring agencies. Lastly, 133 were runaways/whereabouts unknown and 61 were living independently as they were near adulthood.

Licensed and Approved Foster Homes

In December 2003, there were 2,209 licensed foster homes, an increase of only 7 licensed homes over December of 2002. The number of approved foster homes has decreased to 2,005, from 2,119 in 2002. Each household member, appropriate to age, must be cleared with the State Central Register of child protection cases, the Adult Protective Services Central Registry, the appropriate local law enforcement agency, the State Patrol Sexual Offenders Registry, and the State Patrol for a National Criminal History Check with the Identification Division of the Federal Bureau of Investigation. 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 HHS, a total of 4,214 approved and licensed homes were available in Nebraska in 2003. Unfortunately this shows a loss in the number of foster care homes available for children. Foster care providers are desperately needed for 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 not unlikely 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 is 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, 1993	In Care on Dec. 31, 2003
4 or more	29% (1,785 of 6,240)	50% (2,747 of 5,522)
6 or more	17% (1,073 of 6,240)	34% (1,867 of 5,522)

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 24% of children in out-of-home care.

OUT-OF-HOME CARE CHILDREN BY RACE (Dec. 31, 2003)

Race	Percent in Care
White	63.9%
Black	16.1%
Other/not known	11.5%
Native American	7.0%
Asian	1.3%
Hispanic	8.6%

Source: State Foster Care Review Board
Note: Total does not equal 100%, as Hispanic origin is ethnicity, not race

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 2003, there were 274 adoptions of state wards finalized in Nebraska.

policy box

PEW COMMISSION

"All children must have safe, permanent families in which their physical, emotional, and social needs are met." This is the foundation of the recommendations by the Pew Commission on Children in Foster Care. The Pew Charitable Trusts supported a commission to review the state of foster care nationwide and put together solid recommendations. Some of these included:

- **Providing federal assistance to all children adopted from foster care,**
- **Providing incentives to states that make workforce improvements and increase all forms of safe permanence,**
- **Training court personnel and share information between courts and agencies,**
- **Increase the CASA programs,**
- **Allow for parents and children to have more participation in the court process, and**
- **Encouraging the Chief Justices and state court leadership to take the lead as the champions for children in the court systems.**

Source: Pew Commission on Children in Foster Care "Fostering the Future: Safety, Permanence and Well-Being for Children in Foster Care"

impact box

FOSTER CARE ISSUES IN THE STATE OF NEBRASKA

- There are several conditions in which a child may be placed in foster care. For example, a child may be placed in foster care voluntarily, in the case of an emergency, or by a court order.
- According to the Nebraska Health and Human Services manual, out-of-home placement is the most intrusive level of service provided to a family by the division of Protection and Safety.
- Right now more than 5,000 Nebraska children live in foster care. Ten years ago this number was around 3,000.
- According to the U.S. Department of Health and Human Services Administration for Children and Families, Nebraska did not achieve substantial conformity with any of the seven safety, permanency, and well-being outcomes in their assessment. Additionally, out of 45 items examined, Nebraska is in need of improvement in 30. These items include such issues as stability of foster care placement, permanency goal of other planned living arrangement, needs and services of child, parents, and foster parent, physical and mental health of the child, and so on.
- In addition, Nebraska needs improvement in the area of licensing, recruiting, and retaining foster parents.
- Nebraska ranks 50th in the nation for minimum monthly reimbursements rated to foster parent for the care of a child

(http://www.casey.org/publications/foster_care_maintenance_payment).

Sources:

nfapa.org

www.hhs.state.ne.us

http://www.casey.org/publications/foster_care_maintenance_payment).

www.acf.dhhs.gov

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 2003

   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 2003

    Source: HHSS

14. AVERAGE MONTHLY NUMBER OF CHILDREN RECEIVING MEDICAID SERVICES IN 2003

    Source: HHSS

15. NUMBER OF WOMEN, INFANTS AND CHILDREN PARTICIPATING IN WIC SERVICES IN 2003

    Source: HHSS

16. AVERAGE NUMBER OF CHILDREN PARTICIPATING IN FREE AND REDUCED BREAKFAST PROGRAM IN 2003

    Source: Nebraska Department of Education

17. AVERAGE NUMBER OF CHILDREN RECEIVING FREE OR REDUCED PRICE SCHOOL LUNCH 2003

    Source: Nebraska Department of Education

18. AVERAGE DAILY NUMBER OF CHILDREN SERVED BY THE SUMMER FOOD PROGRAM IN 2003

    Source: Nebraska Department of Education

19. BIRTHS TO TEEN AGES 10 TO 17 YEARS OLD FROM 1994 TO 2003

    Source: HHSS

20. OUT OF WEDLOCK BIRTHS FROM 1994 TO 2003

    Source: HHSS

21. INFANT DEATHS 1994 TO 2003

    Source: HHSS

22. DEATHS IN CHILDREN AGES 1 TO 19 FROM 1994 TO 2003

    Source: HHSS

23. NUMBER OF INFANTS BORN AT LOW BIRTH WEIGHTS IN 2003

    Source: HHSS

24. HIGH SCHOOL GRADUATES 2003

    Source: Nebraska Department of Education

25. SEVENTH TO TWELFTH GRADE SCHOOL DROPOUTS FOR THE SCHOOL YEAR 2002-2003

    Source: Nebraska Department of Education

26. NUMBER OF CHILDREN WITH VERIFIED DISABILITY RECEIVING SPECIAL EDUCATION FOR THE SCHOOL YEAR 2002-2003

    Source: Nebraska Department of Education

27. COST PER PUPIL (PUBLIC EXPENDITURES) FOR THE SCHOOL YEAR 2002-2003 BY AVERAGE DAILY MEMBERSHIP

    Source: Nebraska Department of Education

28. HEAD START AND EARLY HEAD START ENROLLMENT FOR 2003

    Source: Nebraska Dept. of Education (data is self-reported by Head Start programs)

29. CHILDREN IN FOSTER CARE BY COUNTY OF COMMITMENT 2003 TOTAL INCLUDES VOLUNTARY, UNREPORTED AND TRIBAL COURT COMMITMENTS NOT INCLUDED IN THE COUNTY BREAKDOWNS.

    Source: Nebraska Foster Care Review Board

30. REPORTED NUMBER OF YOUTH AGE 19 AND YOUNGER WITH STDS IN YEARS 1994-2003

    Source: HHSS

31. JUVENILE ARRESTS 2003

    Source: Nebraska Crime Commission and Omaha Police Department

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

(-dashes and/or blank spaces mean data not reportable or not available)

County Data

Kids Count 2004 Report

	1. TOTAL POPULATION	2. CHILDREN AGES 0-17	3. CHILDREN UNDER 5	4. 2003 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. 2003 AVE. MONTHLY WIC PARTICIPATION
ADAMS	31,151	7,616	1,986	413	879	1,434	68	32	10	12	17	76	191	2,425	715
ANTELOPE	7,452	2,050	447	68	50	270	41	59	17	19	39	80	19	635	105
ARTHUR	444	106	23	5	7	15	38	62	15	20	50	83	-	23	7
BANNER	819	236	39	4	21	19	31	69	19	8	69	65	1	73	7
BLAINE	583	153	32	7	3	8	3	97	22	32	0	69	3	61	10
BOONE	6,259	1,822	370	50	43	225	28	72	12	15	18	80	16	422	130
BOX BUTTE	12,158	3,420	797	163	677	650	68	32	14	18	37	71	118	1,111	357
BOYD	2,438	609	123	20	11	67	21	79	20	16	0	77	-	204	60
BROWN	3,525	875	188	35	26	129	45	55	15	22	46	81	7	347	89
BUFFALO	42,259	10,566	2,805	649	1,178	1,941	71	29	10	14	24	79	207	3,280	797
BURT	7,791	2,001	441	80	123	339	56	44	12	9	13	77	42	532	119
BUTLER	8,767	2,443	599	100	84	330	29	71	10	14	33	75	23	469	114
CASS	24,334	6,792	1,699	295	315	1,125	68	32	7	12	5	74	86	1,522	306
CEDAR	9,615	2,828	582	109	57	240	23	77	11	8	0	83	-	452	106
CHASE	4,068	1,025	227	51	79	155	41	59	11	16	15	71	10	262	75
CHERRY	6,148	1,659	380	69	162	295	44	56	13	17	22	75	25	696	160
CHEYENNE	9,830	2,587	628	121	243	544	57	43	12	15	31	76	30	717	136
CLAY	7,039	1,921	409	77	146	256	40	60	13	16	26	76	45	573	141
COLFAX	10,441	3,017	748	210	1,085	455	26	74	14	16	21	66	42	748	518
CUMING	10,203	2,774	665	140	261	344	34	66	10	14	24	74	17	592	208
CUSTER	11,793	3,097	672	138	104	422	36	64	16	20	26	75	34	1,122	233
DAKOTA	20,253	6,177	1,772	384	2,473	1,409	67	33	15	17	23	73	138	2,252	1,026
DAWES	9,060	1,918	451	109	260	401	47	53	14	31	32	69	62	956	217
DAWSON	24,365	7,120	2,043	464	2,678	1,311	48	52	14	16	21	65	130	2,749	1,206
DEUEL	2,098	489	91	24	29	77	42	58	12	13	29	87	8	134	30
DIXON	6,339	1,741	405	86	167	260	46	54	12	17	12	78	15	329	133
DODGE	36,160	8,922	2,225	515	772	1,816	53	47	10	14	22	73	175	2,762	976
DOUGLAS	463,585	123,221	34,293	7,987	36,781	30,153	77	23	13	14	31	70	5,787	42,341	10,264
DUNDY	2,292	534	122	14	39	51	24	76	16	16	31	84	5	156	44
FILLMORE	6,634	1,748	387	75	108	231	56	44	8	11	21	76	13	480	105
FRANKLIN	3,574	875	186	24	17	144	41	59	17	15	43	74	13	268	59
FRONTIER	3,099	806	170	24	13	119	30	70	10	10	10	75	4	177	51
FURNAS	5,324	1,285	300	46	55	220	45	55	15	17	44	76	10	435	115
GAGE	22,993	5,514	1,353	272	259	970	53	47	10	13	25	83	103	1,650	398
GARDEN	2,292	499	83	12	21	86	26	74	22	22	52	79	9	195	18
GARFIELD	1,902	447	91	16	19	51	8	92	12	11	0	84	5	199	44
GOSPER	2,143	510	111	23	17	53	22	78	11	6	0	78	4	126	46
GRANT	747	218	37	9	7	34	50	50	17	21	0	65	1	71	16
GREELEY	2,714	731	154	36	31	89	46	54	22	23	0	74	10	257	86
HALL	53,534	14,535	4,090	974	3,475	2,996	59	41	16	20	28	73	545	6,092	2,259
HAMILTON	9,403	2,733	629	118	96	377	51	49	10	10	37	78	27	546	176
HARLAN	3,786	916	183	35	22	134	17	83	14	20	4	69	9	243	53

HAYES	1,068	284	47	7	19	7	3	97	26	26	46	70	1	65	6
HITCHCOCK	3,111	740	135	37	36	120	33	67	23	26	37	66	5	298	75
HOLT	11,551	3,148	674	105	78	371	14	86	15	13	22	81	37	1,101	258
HOOKER	783	188	32	3	7	19	30	70	5	6	0	74	-	52	26
HOWARD	6,567	1,860	397	95	60	300	35	65	14	13	24	77	23	500	118
JEFFERSON	8,333	1,940	440	75	62	297	51	49	10	15	8	75	31	537	128
JOHNSON	4,488	1,086	245	56	134	155	40	60	11	11	11	83	12	258	79
KEARNEY	6,882	1,842	424	79	96	283	56	44	10	10	2	79	18	429	134
KEITH	8,875	2,243	508	95	193	400	40	60	13	20	25	76	29	613	161
KEYA PAHA	983	234	60	15	17	27	12	88	34	46	0	60	-	72	9
KIMBALL	4,089	1,010	220	40	75	166	29	71	12	13	22	80	15	374	52
KNOX	9,374	2,393	539	95	373	374	27	73	30	23	36	83	52	930	122
LANCASTER	250,291	58,828	16,680	4,043	9,808	12,457	67	33	10	12	24	75	1,455	17,228	5,214
LINCOLN	34,632	9,085	2,287	501	1,051	1,812	64	36	12	16	21	69	256	2,914	868
LOGAN	774	211	40	10	10	27	32	68	13	18	11	33	4	44	12
LOUP	712	190	45	6	8	13	5	95	23	23	9	68	-	57	6
MADISON	35,226	9,450	2,433	567	1,732	1,748	55	45	13	17	31	76	218	3,479	1,033
MCPHERSON	533	147	39	4	10	9	19	81	22	11	100	73	0	21	9
MERRICK	8,204	2,260	522	101	102	355	61	39	10	10	25	76	24	567	169
MORRILL	5,440	1,480	321	60	266	226	27	73	20	24	36	72	35	607	117
NANCE	4,038	1,126	250	32	39	169	30	70	17	24	23	74	10	314	87
NEMAHA	7,576	1,756	352	68	81	324	35	65	13	20	0	66	31	476	85
NUCKOLLS	5,057	1,184	250	55	32	162	33	67	17	17	38	78	16	345	97
OTOE	15,396	4,050	986	180	245	638	53	67	9	14	28	74	56	872	225
PAWNEE	3,087	700	151	23	25	103	37	63	14	14	0	80	6	174	39
PERKINS	3,200	852	173	34	61	110	24	76	20	25	17	55	9	138	43
PHELPS	9,747	2,584	606	100	162	390	43	57	12	12	34	72	40	678	172
PIERCE	7,857	2,276	470	91	69	267	30	70	14	18	28	79	15	545	116
PLATTE	31,662	9,184	2,296	446	1,092	1,464	43	57	9	11	20	75	141	2,214	765
POLK	5,639	1,418	326	76	43	155	42	58	7	11	48	71	12	272	80
RED WILLOW	11,448	2,847	712	122	184	516	65	35	11	14	17	83	22	905	232
RICHARDSON	9,531	2,434	495	86	200	503	60	40	10	15	29	74	39	755	144
ROCK	1,756	404	96	18	7	52	22	78	36	36	63	70	1	147	39
SALINE	13,843	3,481	863	176	502	679	51	49	9	7	21	70	31	862	350
SARPY	122,595	37,367	10,112	2,335	6,047	6,135	60	40	5	6	8	70	422	4,774	1,794
SAUNDERS	19,830	5,532	1,260	237	179	735	46	54	7	10	8	73	47	1,067	256
SCOTTS BLUFF	36,951	9,588	2,404	539	2,953	2,387	58	42	22	26	42	72	353	4,651	1,164
SEWARD	16,496	4,079	942	204	173	536	43	57	6	8	9	79	22	675	197
SHERIDAN	6,198	1,587	359	71	340	337	48	51	20	27	42	75	42	647	187
SHERMAN	3,318	814	172	38	25	107	27	73	19	33	0	61	7	274	71
SIOUX	1,475	359	79	11	15	45	26	74	24	12	0	73	0	79	15
STANTON	6,455	1,922	433	88	130	273	68	32	7	5	25	77	12	406	70
THAYER	6,055	1,459	343	56	60	250	55	45	15	16	51	81	10	366	74
THOMAS	729	172	43	7	1	23	14	86	21	10	0	69	2	41	11
THURSTON	7,171	2,642	688	173	1,857	811	61	64	33	34	41	71	271	1,685	48
VALLEY	4,647	1,147	258	52	63	167	47	53	16	17	58	76	16	390	95
WASHINGTON	18,780	5,086	1,207	197	164	672	46	54	8	12	13	73	51	747	178
WAYNE	9,851	2,131	523	116	119	298	48	52	11	16	40	79	30	468	112
WEBSTER	4,061	957	210	25	32	150	30	70	14	12	27	68	12	233	59
WHEELER	886	258	69	8	5	23	19	81	28	32	100	76	0	88	11
YORK	14,598	3,691	814	191	181	539	41	59	10	13	55	80	34	1,010	298
STATE TOTAL	1,711,263	450,242	117,048	25,900	82,116	88,431	60	40	12	14	27	73	11,959	135,128	37,425

County Data

Kids Count 2004 Report

	31. JUVENILE ARRESTS 2004	30. STDs 19 & UNDER 1994-2003	29. FOSTER CARE 12/31/03	28. HEAD START 2003	27. COST PER PUPIL 2002-2003	26. SPECIAL EDUCATION 2002-2003	25. DROPOUTS 2002-2003	24. GRADUATES 2002-2003	23. LOW BIRTH WEIGHT 2003	22. 1-19 DEATHS 1994-2003	21. INFANT DEATHS 1994-2003	20. OUT OF WEDLOCK BIRTHS 1994-2003	19. TEEN BIRTHS 10-17 1994-2003	18. SUMMER FOOD PROGRAM	17. FREE/SUBSIDIZED SCHOOL LUNCH	16. FREE/SUBSIDIZED BREAKFAST
ADAMS	319	241	140	162	7,848	965	38	384	23	30	30	1,075	133	226	1,200	273
ANTELOPE	1	14	16	17	8,572	196	1	115	3	6	2	129	17		629	76
ARTHUR	0	0	0		15,908	12	0	8	0	0	0	6	0			
BANNER	0	0	0		11,235	11	1	14	0	2	1	7	1		52	
BLAINE	0	1	0		11,377	23	0	15	0	1	0	4	2		63	
BOONE	5	17	3	18	8,057	153	5	106	3	6	5	130	19		410	146
BOX BUTTE	319	296	13	74	7,576	356	9	175	14	9	9	486	68		569	26
BOYD	5	5	1		11,073	126	1	60	1	6	3	22	5		279	76
BROWN	5	5	1	9	7,903	94	9	56	5	4	2	60	12		153	29
BUFFALO	407	368	94	116	6,910	1,109	34	564	33	40	35	1,382	140	339	1,782	718
BURT	27	14	25	17	7,474	274	8	121	3	9	2	190	27		376	85
BUTLER	27	13	24	20	8,191	229	9	148	0	5	3	186	20		393	63
CASS	761	101	61	123	7,435	734	12	253	17	27	26	735	93		761	336
CEDAR	2	5	12	17	7,911	228	6	174	4	21	10	147	11		698	143
CHASE	7	4	5	10	9,196	122	2	73	4	6	4	100	20		273	
CHERRY	2	2	8	30	8,922	118	8	82	2	7	5	177	21		301	83
CHEYENNE	16	16	27	40	8,688	274	7	135	5	12	11	319	51	201	513	174
CLAY	78	20	14	31	7,759	207	3	83	2	11	6	168	25		292	66
COLFAX	7	35	19	47	6,760	263	21	153	15	18	17	557	80		661	
CUMING	25	10	3	34	7,537	292	7	168	6	8	5	276	37		698	90
CUSTER	43	20	30	9	8,220	287	5	165	12	9	8	253	39		632	93
DAKOTA	318	213	58	72	6,759	640	54	208	27	18	31	1,319	166	95	1,286	420
DAWES	61	144	8	94	7,594	245	81	199	7	5	4	252	26		346	122
DAWSON	192	110	98	61	7,121	791	59	278	32	46	38	1,418	203	108	2,241	484
DEUEL	7	1	3	15	9,454	53	3	35	2	6	1	38	8		157	
DIXON	6	15	15	6	7,274	98	1	62	4	7	4	177	28		175	47
DODGE	255	193	148	125	7,280	1,178	59	486	28	39	31	1,227	131	137	1,717	320
DOUGLAS	4,335	11,256	1950	1,013	7,244	11,883	1,172	5,489	612	457	574	23,177	2,930	2,106	25,725	11,826
DUNDY	2	1	2	10	10,106	53	1	30	2	5	0	35	3		111	35
FILLMORE	18	95	30	20	9,332	253	4	94	3	11	4	129	19		350	123
FRANKLIN	1	3	7	31	8,579	40	4	33	0	2	0	58	8		141	
FRONTIER	24	7	1	10	9,551	114	0	69	5	7	1	50	8		237	34
FURNAS	180	7	9	20	9,415	202	2	74	1	6	7	94	14		521	180
GAGE	178	91	35	80	7,309	608	12	261	28	33	23	623	81	136	809	188
GARDEN	7	4	5	7	11,839	40	5	25	0	3	2	23	3		134	37
GARFIELD	2	2	4	17	8,395	49	1	38	1	1	2	25	4		122	34
GOSPER	10	13	4	10	7,582	65	2	23	2	1	3	51	9		76	28
GRANT	0	0	0		12,631	15	0	24	1	4	1	4	1		39	
GREELEY	2	1	6	17	9,711	101	0	58	2	3	2	58	8		360	104
HALL	551	401	176	185	6,323	1,530	128	662	64	62	75	2,976	432	464	3,044	940
HAMILTON	62	30	8	18	7,266	287	5	146	11	4	8	164	24		395	
HARLAN	19	5	4	10	7,489	52	0	28	1	5	2	63	6		108	34

HAYES		68		3	9	0	2	0	13	0	23	11,594		0	2	2
HITCHCOCK	48	139		10	66	1	2	0	35	0	75	10,688	10	0	1	2
HOLT	165	705	106	41	233	9	18	10	194	6	297	8,689	37	37	25	142
HOOKER	18	125		2	12	0	0	0	9	0	22	11,131		1	0	6
HOWARD	137	420		22	161	6	6	5	101	4	255	7,418	24	18	18	13
JEFFERSON	155	492	60	37	170	5	5	3	129	7	334	7,765	19	22	29	43
JOHNSON	46	274		15	102	2	7	4	74	4	136	7,855		11	18	3
KEARNEY	51	216		14	122	8	12	9	111	5	302	8,213	17	13	13	44
KEITH	41	327		45	242	10	8	7	101	6	207	8,141	17	16	29	64
KEYA PAHA		71		2	12	0	1	0	11	0	11	10,234		0	0	2
KIMBALL	92	176		16	106	2	4	6	52	5	88	8,509	20	24	15	3
KNOX	133	608		33	289	4	15	4	141	4	207	8,900	17	3	14	10
LANCASTER	2,253	7,174	910	1,036	8,600	233	168	300	2,627	561	6,301	7,509	600	852	3,696	2,903
LINCOLN	497	1,496	236	153	1,289	38	40	37	439	57	1,032	7,269	70	192	130	397
LOGAN	25	49		1	10	2	3	0	24	0	29	10,376		1	2	0
LOUP	28	88		1	5	0	1	0	15	0	18	9,039		0	0	0
MADISON	34	2,038		202	1,609	36	47	29	562	42	1,108	6,999	90	133	269	663
MCPHERSON				1	5	0	1	0	6	0	*	11,838		2	0	0
MERRICK	73	320		20	209	7	11	11	105	3	169	7,349	18	8	20	2
MORRILL	155	450	79	32	168	6	15	2	73	4	135	8,447	20	13	28	22
NANCE	60	280		20	101	4	6	1	77	0	88	8,473	17	5	12	1
NEMAHA		276		18	164	6	10	1	102	1	150	7,526	32	2	21	58
NUCKOLLS	20	411		18	98	2	7	8	107	6	348	9,392	31	8	12	1
OTOE	108	506		71	457	16	21	8	198	17	438	7,083	38	28	42	69
PAWNEE	83	194		7	40	3	5	1	45	1	82	8,530	35	3	7	5
PERKINS		118		8	44	1	4	0	48	0	82	9,449	10	0	1	28
PHELPS	71	326		35	216	6	12	3	156	11	353	8,316	17	21	16	28
PIERCE	121	445		22	162	8	12	1	170	5	262	7,282	6	4	16	28
PLATTE	252	1,280		153	1,109	35	39	29	516	24	781	7,019	89	43	110	329
POLK	66	366		9	104	1	8	5	123	1	186	8,549	10	6	15	7
RED WILLOW	97	551		46	346	9	9	8	171	1	427	6,998	18	21	55	162
RICHARDSON	181	712		34	255	6	9	7	146	13	240	8,592	38	10	21	74
ROCK		73		4	15	1	2	0	17	1	50	11,557		0	1	3
SALINE	163	594		37	382	8	13	13	199	21	421	7,014	42	30	75	151
SARPY	324	2,726	81	380	3,410	122	99	163	1,545	117	2,707	6,849	125	264	793	950
SAUNDERS	92	729		45	393	12	14	21	267	18	467	7,283	44	0	56	75
SCOTTS BLUFF	477	2,044	623	326	1,914	35	51	39	408	67	791	7,162	334	156	406	466
SEWARD	46	534		29	265	5	14	13	244	10	421	7,637	19	32	38	101
SHERIDAN	67	358		32	231	5	9	6	89	8	133	8,523	40	17	26	96
SHERMAN	73	194		13	85	4	6	4	60	4	69	9,131		0	5	2
SIOUX				1	12	2	0	2	9	0	10	14,253		0	1	0
STANTON		125		22	152	0	7	1	38	3	77	7,454	17	3	9	21
THAYER	44	308		10	84	3	10	2	95	1	132	9,786	20	5	13	5
THOMAS		49		2	10	1	3	1	12	0	14	11,092		1	0	1
THURSTON	410	965	116	127	1,022	19	12	6	114	66	451	10,070	17	10	282	6
VALLEY	40	251		11	83	4	5	4	56	7	108	8,762		12	14	13
WASHINGTON	35	433		37	375	16	21	15	271	7	578	6,971	18	21	76	110
WAYNE	72	413		14	210	7	13	6	141	3	248	7,289	23	8	75	13
WEBSTER	25	177		10	78	3	3	3	49	3	145	8,761	31	6	6	22
WHEELER	46	81		2	15	2	1	0	12	0	13	10,865		0	0	1
YORK	71	556		29	399	12	11	11	209	8	427	8,656	47	36	31	190
STATE TOTALS	24,428	80,140	6,023	8,191	64,020	1,724	1,764	1,794	21,894	2,911	45,818	7,476	4,672	5522	20,061	14,701

Methodology, & D

GENERAL

Data Sources: Sources for all data are listed below by topic. In general, data were 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 were 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 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 from more than one family on a regular basis, for compensation. A license may be provisional, probationary or operating. A provisional license is issued to all applicants for the first year of operation.

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

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

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

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

ECONOMIC WELL-BEING

Data Sources: Data related to Temporary Assistance to Needy Families, Kids Connection income guidelines, poverty guidelines, and child support were 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 were 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.

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

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

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

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

Health -PHYSICAL AND BEHAVIORAL

Data Sources: Data for Medicaid participants were provided by HHSS. Data related to pertussis, immunizations, STD's, and blood lead levels were provided by the HHSS. Data related to infant mortality, child mortality, and birth is based on HHSS 2001 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 were provided by the Nebraska Department of Roads.

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

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

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

JUVENILE JUSTICE

Data Sources: Data concerning total arrests and the number of juveniles in detention centers were provided by the Nebraska Commission of Law Enforcement and Criminal Justice. Data concerning juveniles currently confined or on parole was provided by the HHS, Office of Juvenile Services. Data on youth committed to YRTC programs was provided by HHS. 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 Foods Program, and the WIC Program were 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 were 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 had been maintained by HHSS since 1992. Often these homes are the homes of relatives.

Licensed Foster Care Homes – Must meet the requirements of the 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, receives a legal guardian, or reaches 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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Team Members

KIDS COUNT TEAM MEMBERS VOICES FOR CHILDREN IN NEBRASKA

Kathy Bigsby Moore, Executive Director

Melissa Dodge, Policy Coordinator

Jennifer Dreibelbis, Health Project Coordinator

Eric Fought, Communications Coordinator

Anne Baker Geisler, Research Coordinator

Lisa Sheldon, Administrative Assistant

Mary Burgett, Intern

TEAM MEMBERS

Robert Beecham, Administrator, Education Support Services, NE Dept. of Education

Ed Birkel, Probation Administrator, NE Supreme Court

Robert Bussard, Program Specialist Mental Health, Substance Abuse and Addictions Services, Health and Human Services

Ginny Carter, Education Support Services, NE Dept. of Education

Douglas C. Christensen, Ph.D., Commissioner of Education, NE Dept. of Education

Harold Clarke, Director, NE Department of Correctional Services

Marcia Corr, Administrator, Office Early Childhood, NE Dept. of Education

Linda Cox, Special Projects Coordinator, Foster Care Review Board

Ann Coyne, Ph.D., School of Social Work UNO

Allen Curtis, Executive Director, NE Commission on Law Enforcement and Criminal Justice

Jerome Deichert, M.A., Center for Public Affairs Research, Univ. of NE – Omaha

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

Sheila Ewing, Teams Administrator, Department of Health and Human Services, Administration for Children and Families, Region VII

Todd Falter, Program Manager, Environmental Programs Childhood Lead Poisoning Prevention Programs Health and Human Services

Jack Gilsdorf, Consultant, Accreditation and School Improvement, NE Dept. of Education

Lisa Good, Executive Director, Nebraska Commission on the Status of Women

Frank E. Goodroe, State Court Administrator, NE Supreme Court

Chris Hanus, Deputy Administrator for Programs, Protection and Safety, Health and Human Services

Paula Hartig, Administrator, Research and Performance Measurement, HHS Finance and Support

Coralee Hauder, M.S., R.D., LMNT, WIC Administrative Operations Coordinator, Health and Human Services

Elizabeth Hruska, Budget Analyst, Legislative Fiscal Office

Cecilia Huerta, Executive Director, Mexican American Commission

Scott Hunzeker, Research Analyst, Nebraska Department of Labor

Russell Inbody, School Budgeting and Accounting, NE Dept. of Education

Allen R. Jensen, Administrator for the Office of Juvenile Services

Frank Jenson, Dept. of Probation Administration

Marilyn Keelan, NE Commission on Law Enforcement and Criminal Justice

Fernando Lecuona, Commissioner, NE Dept. of Labor

Barbara Ludwig, Program Manager, Immunization, Health and Human Services

Betty Medinger, Administrator, Child Care, Community Services Block Grant and Homeless Program, Health and Human Services

Mark Miller, Health Data Coordinator, Data Collection, Health and Human Services

Stu Miller, Deputy Director, NE Dept. of Economic Development

Nancy Montanez, Director, Health and Human Services

Judi Morgan, Executive Director, NE Commission on Indian Affairs

Norm Nelson, Statistician, Research and Performance Measurement, HHS Finance and Support

Richard Nelson, Director, HHS Finance and Support

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

Jim Pearson, Special Assistant to Director, NE Dept. of Roads

Magda Peck, Sc.D., Associate Chair, Dept. of Pediatrics UNMC

Chris Peterson, Cabinet Secretary, Health and Human Services System

Sam Prieb, Statistical Analyst, Highway Safety, NE Dept. of Roads

Richard Raymond, M.D., Chief Medical Officer, HHS Regulation and Licensure

Kevin Roach, Chair, NE Commission on Indian Affairs

Deb Scherer, R.N., Program Manager, Nebraska Children's Health Insurance Program, Health and Human Services

Sandra Scott, Program Specialist, Economic and Family Support, Health and Human Services

Michael Shambaugh-Miller, Ph.D., Faculty, Preventive and Societal Medicine, University of Nebraska Medical Center

Eleanor Shirley-Kirkland, Head Start-State Collaboration Director, NE Dept. of Education

Connie Stefkovich, Administrator, Nutrition Services, NE Dept. of Education

Mary Steiner, Program Analysis and Research Administrator, HHS Finance and Support

Carolyn Stitt, Executive Director, Foster Care Review Board

W. Lynn Stone, Program Analyst, HHS Finance and Support

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

Peggy Trouba, NE WIC Program Director, Health and Human Services

Pat Urzedowski, Child Care Licensing, HHS Regulation and Licensure

David Wegner, Deputy Probation Administrator, NE Supreme Court

Allan Wenstrand, Director, NE Dept. of Economic Development

Linda Zinke, Director, NE Association for the Education of Young Children

Michelle Zinke, NE Domestic Violence Sexual Assault Coalition

Kylee, three

7521 Main Street
Suite 103
Omaha, Nebraska 68127
402.597.3100
402.597.2705 fax
www.voicesforchildren.com