

2020



**KIDS COUNT
IN NEBRASKA
REPORT**



ACKNOWLEDGEMENTS

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Cover photos featuring Nebraska children

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

This research is funded by the Annie E. Casey Foundation, with support from Presbyterian Church of the Cross and Katie Weitz, Ph.D. We thank them for their support and acknowledge that the findings and conclusions presented in this report are those of the author(s) alone, and do not reflect the opinions of these organizations or individuals.

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

Kids Count in Nebraska Reports from 2008 to 2020 are available for download at www.voicesforchildren.com/kidscount.

Additional copies of the *Kids Count in Nebraska 2019 Report*, as well as reports from 1993 through 2020, are available from:

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TABLE OF CONTENTS & LETTER



Dear Kids Count Reader,

Welcome to the 28th edition of the *Kids Count in Nebraska Report*! This year's report brings with it all the updated data on child well-being in Nebraska that you have come to expect year after year. As always, we have added a few indicators and updated some to make them even more relevant, making this year's report our most comprehensive and in-depth look at the overall status of Nebraska's children.

The year this report was written (2020) was a year like no other. The impact of the COVID-19 pandemic on child and family well-being was nothing short of devastating. While we expect a delay in the impact of this year to show up in the data, this year's report includes an early look at how the COVID-19 pandemic has impacted child and family well-being. Based on our Index of Race and Opportunity for Nebraska Kids race matters when determining a child's pathway to opportunity. To that end, our commentary also examines how racial inequities interplayed with the pandemic in ways that are likely to worsen existing inequality.

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

Finally, we want to extend our thanks to the many experts and data providers who lent their expertise to the production of this report. Thank you.

Please enjoy the *2020 Kids Count in Nebraska Report*!

Kind Regards,

AUBREY MANCUSO, MSW
EXECUTIVE DIRECTOR

ALFONSO VACA-LUBISCHER
RESEARCH COORDINATOR

TABLE OF CONTENTS

4	ABOUT VOICES FOR CHILDREN
6	CONTACTING ELECTED OFFICIALS
8	COMMENTARY
22	INDEX OF RACE AND OPPORTUNITY
26	POPULATION
31	HEALTH
43	EDUCATION
55	ECONOMIC STABILITY
65	CHILD WELFARE
77	JUVENILE JUSTICE
90	TECHNICAL TEAM OF ADVISORS



ABOUT VOICES FOR CHILDREN

Founded in 1987, Voices for Children in Nebraska has a 31-year track record of improving the lives of Nebraska's children and youth. As the independent, nonpartisan voice for children, we are not funded by state, federal, city, or county dollars. Our independence allows us to speak loud and clear and to shine the spotlight on the needs of children in our state.

MISSION:

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

VISION:

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

VALUES:

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

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

VOICES FOR CHILDREN IN NEBRASKA'S 2020 BOARD OF DIRECTORS:

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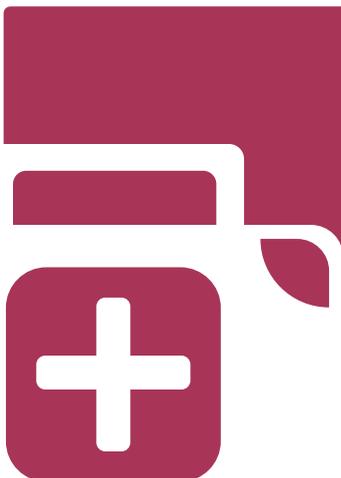


CHILDREN ARE OUR STATE'S GREATEST RESOURCE, AND THE DECISIONS OUR LEADERS MAKE ABOUT THEM IMPACT OUR COLLECTIVE FUTURE.

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

VOICES FOR CHILDREN WORKS TO ENSURE THAT:

HEALTH



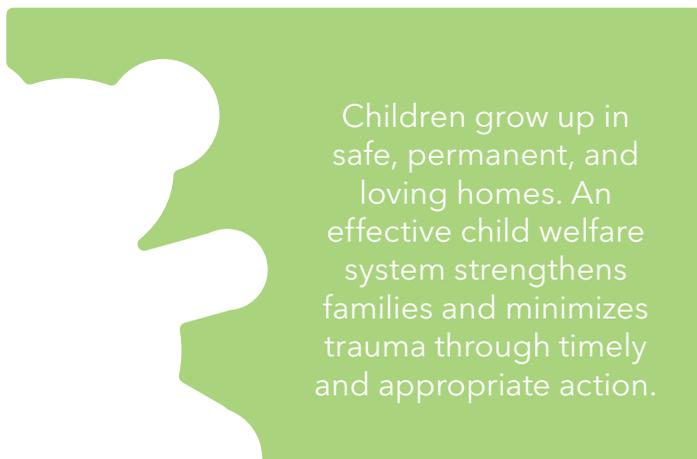
Children and families have access to affordable, quality physical and behavioral health care. Consistent and preventive health care gives children the best start to grow up to be healthy and productive adults.

ECONOMIC STABILITY



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

CHILD WELFARE



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

JUVENILE JUSTICE



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

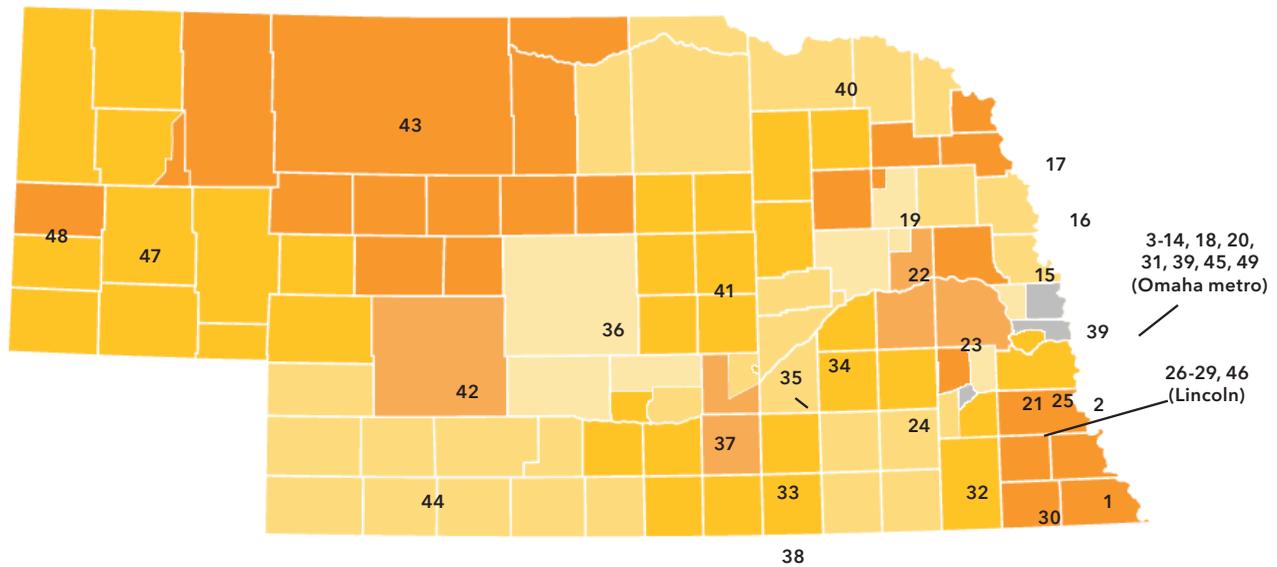


CONTACTING ELECTED OFFICIALS

HOW TO USE YOUR VOICE ON BEHALF OF CHILDREN

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

1 FIND YOUR DISTRICT



2 IDENTIFY YOUR ELECTED OFFICIAL OR OFFICIALS

2021 NEBRASKA LEGISLATURE			
SENATOR	DISTRICT	OFFICE PHONE	EMAIL
AGUILAR, RAYMOND	35	471-2617	raguilar@leg.ne.gov
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CONTACTING ELECTED OFFICIALS



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WAYNE, JUSTIN	13	471-2727	jwayne@leg.ne.gov
WILLIAMS, MATT	36	471-2642	mwilliams@leg.ne.gov
WISHART, ANNA	27	471-2632	awishart@leg.ne.gov

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202-456-1414, PRESIDENT@WHITEHOUSE.GOV

NEBRASKA GOVERNOR: PETE RICKETTS
402-471-2244, WWW.GOVERNOR.NEBRASKA.GOV

NEBRASKA SECRETARY OF STATE: BOB EVNEN
402-471-2554, WWW.SOS.NE.GOV

NEBRASKA ATTORNEY GENERAL: DOUG PETERSON
402-471-2682, WWW.AGO.NEBRASKA.GOV

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

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

U.S. SENATOR: BEN SASSE
202-224-4224, WWW.SASSE.SENATE.GOV

U.S. REPRESENTATIVE-1ST DISTRICT: JEFF FORTENBERRY
202-225-4806, WWW.FORTENBERRY.HOUSE.GOV

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

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

3

KNOW YOUR ISSUES, SHARE YOUR DATA

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

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

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

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

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

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



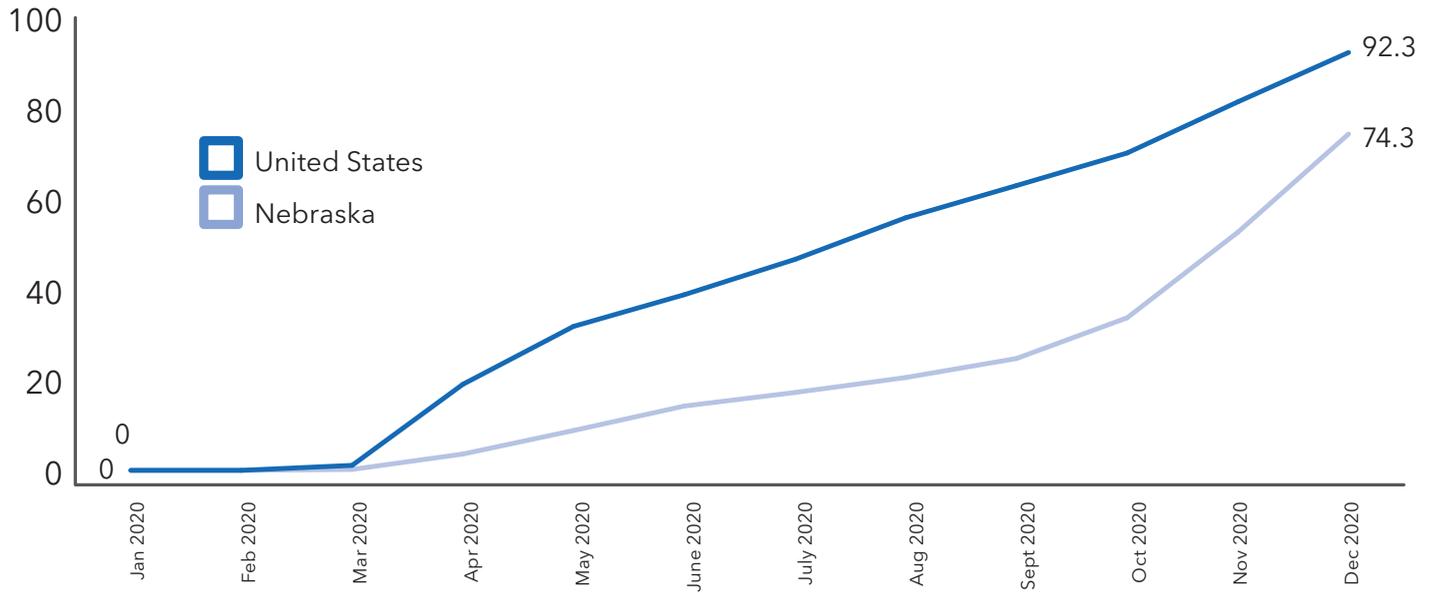
COMMENTARY

Healthy and financially stable individuals who have equitable access to opportunity are the foundation of a thriving community. This year—2020—was a year of worldwide turmoil, uncertainty, and reckoning. A novel airborne disease, COVID-19, took nations by surprise and froze their economies, claimed the lives of their citizens, and transformed the way people work, study, meet, and live. According to John Hopkins University, the United States was among the hardest hit nations both in terms of mortality and infection rates by the end of the year.ⁱ In the U.S., Nebraska ranked number 5 in total cases per capita as of mid-December 2020.ⁱⁱ COVID-19 had infected more than 165,000 Nebraskans, hospitalized nearly 5,000, and taken the lives of over 1,500 residents, including some children.ⁱⁱⁱ By the year's end, the number of cases and deaths continued to rise (See Figure 1 and 2).^{iv, v} The economic impact has also been devastating. Since the pandemic began, 11% of Nebraskans with children have reported sometimes or often not having enough to eat, 41% have reported loss of income, and 19% have reported having slight or no confidence in affording next month's home payment.^{vi} Children and families have also experienced an increase in stress that can impact mental health. Two thirds (66%) of parents have reported feeling down or anxious, up from 41% in 2019.^{vi, vii} School systems increased their reliance on remote learning highlighting inequities in access to technology. Around 1 in 20 Nebraskans with children reported rarely or never having a computer or internet available for educational purposes, making remote learning virtually impossible for thousands of kids.^{vi} As staggering as they may be, these statistics do not and cannot capture the depth of the pain and struggle of Nebraskan families, nor can they predict the road ahead.

COVID-19 has been most damaging to older populations. As of mid-December, COVID-19 had accounted for 11.3% of all deaths in the U.S. among people over the age of 65, compared to 3.9% of all deaths among people under the age of 45.^{viii} The risk of severe illness from COVID-19 is increased for adults with certain underlying medical conditions, including cancer, obesity, sickle cell disease, and pregnancy.^{ix} During the early stages of the pandemic, the rate of infection was highest among people living in concentrated urban areas, but it has now spread across rural communities.^x COVID-19 has also taken a devastating and disproportionate toll on communities of color throughout the nation and across Nebraska. Although White people accounted for the majority (84%) of all COVID-19 deaths in Nebraska by the end of the year, the share of deaths, once adjusted for age, was overrepresented by Hispanics and African Americans (See Figure 3).^{xi} While Hispanics and African Americans only make up 17% of the Nebraska population, they accounted for more than half of the age-adjusted COVID-19 deaths by mid-December 2020.^{xi} When haphazard diseases discriminate between populations across insubstantial differences, such as race and ethnicity, then the driving underlying condition is not medical but social and systemic. This is the experience of communities of color living in a country where the predominant culture reinforces white supremacy—the social, economic, and political systems that stem from the belief that white people constitute a superior race and that enable white people to maintain power over others.^{xii} While 2020 brought once-in-a-century health and economic crises throughout the globe, people and families of color across Nebraska have experienced constant pandemic-like crises that have been exacerbated by COVID-19.

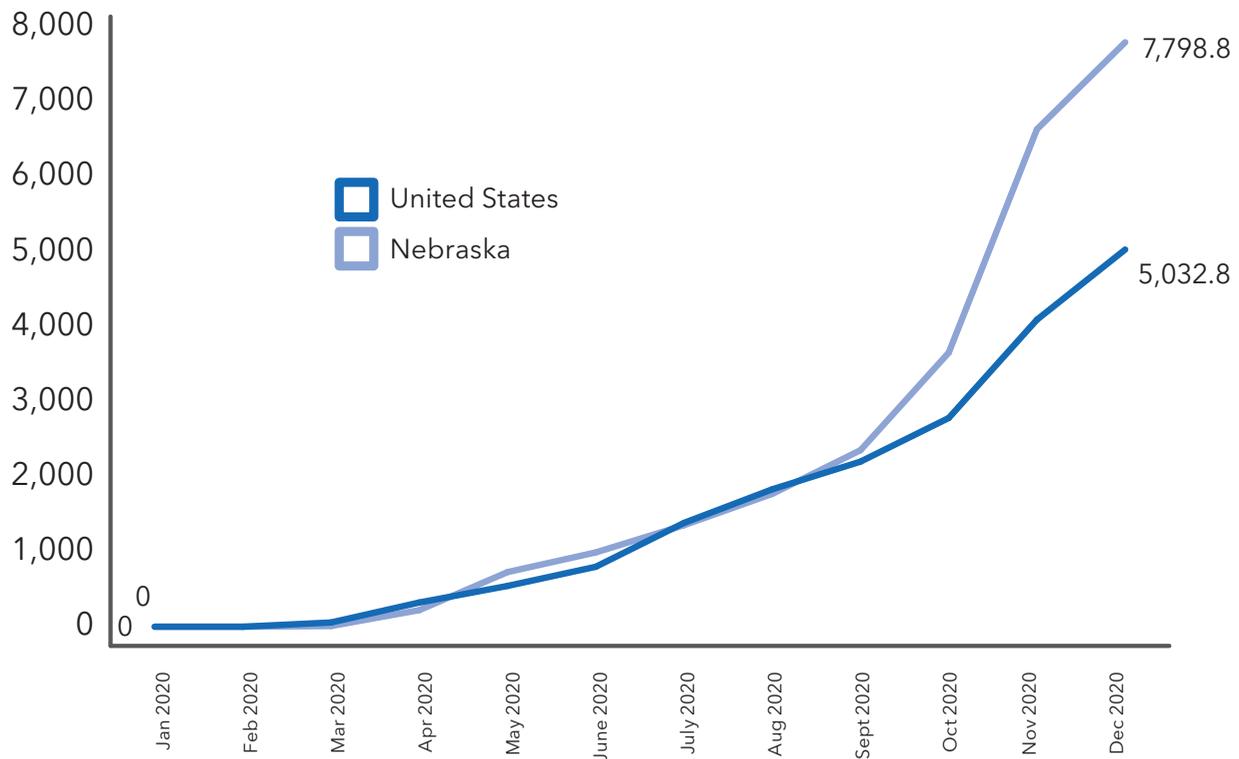


FIGURE 1.^{IV, V} COVID-19 DEATHS PER 100,000 OVER TIME (2020)



In this chart, the lines represent the total number of COVID-19 confirmed cases per 100,000 people over time for Nebraska and the United States.

FIGURE 2.^{IV, V} COVID-19 CASES PER 100,000 OVER TIME (2020)

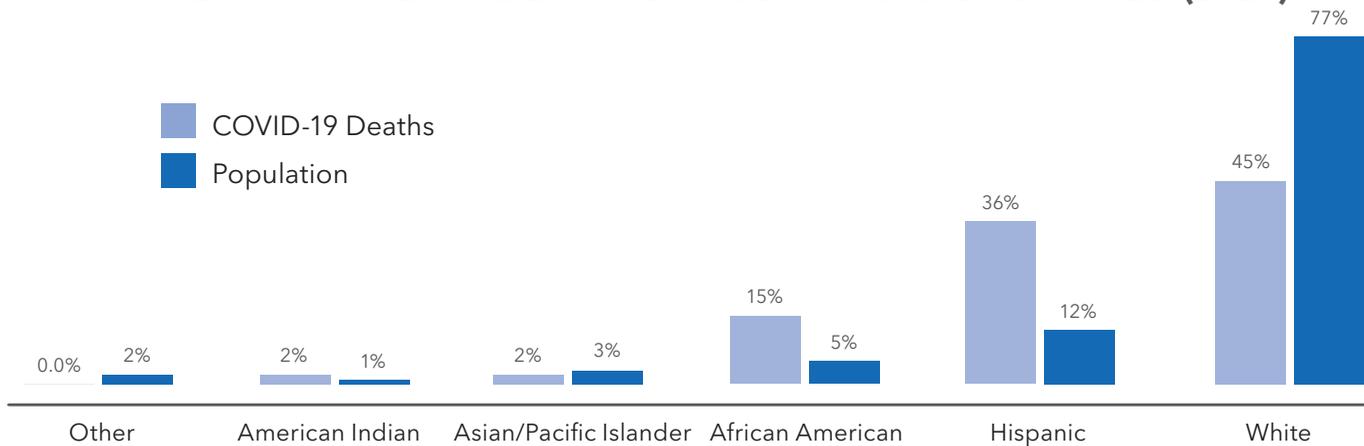


In this chart, the lines represent the total number of COVID-19 deaths per 100,000 people over time for Nebraska and the United States.



COMMENTARY

FIGURE 3.^{xi} COVID-19 DEATHS DISTRIBUTION AGE-ADJUSTED (2020)



In this chart, the bars represent the share of age-adjusted COVID-19 deaths and population by race and ethnicity. The share of age-adjusted COVID-19 deaths of African American and Hispanic Nebraskans is three times their share of the population.

The results of various analyses using data from the U.S. Census Bureau, the U.S. Bureau of Labor Statistics, and the Centers for Disease Control and Prevention indicate three key conclusions:

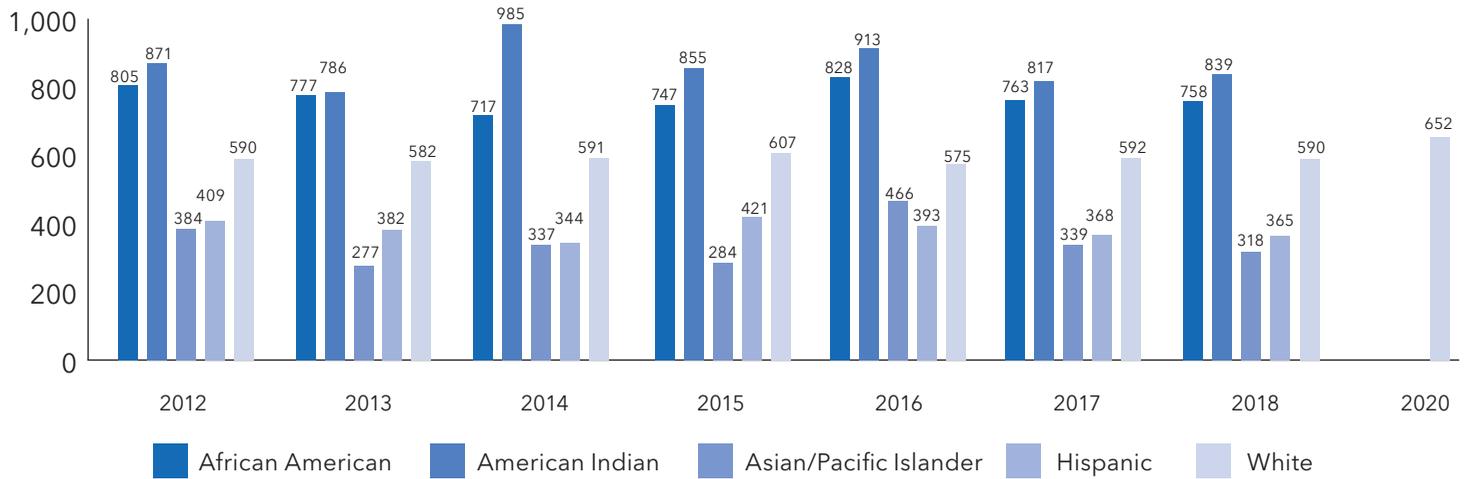
1. In Nebraska, the overall experiences of families of color prior to the pandemic have been more dire than what White families experienced during 2020.
2. Since the pandemic, families of color have fared worse in Nebraska than many families in other states.
3. In Nebraska, families of color have experienced worse economic and health outcomes due to the pandemic compared to White families.

FAMILIES OF COLOR AND THE PANDEMIC

What Nebraskan families of color experienced in 2020 is not unlike what they experienced in previous years. Even with the higher death rates caused by COVID-19, the estimated 2020 age-adjusted death rate for White Nebraskans, for example, is far below that of African American and Native American Nebraskans from previous years (See Figure 4).^{v, xiii, xiv} Despite the high unemployment rates caused by the pandemic, the unemployment rate of White workers and families in 2020 was still much lower than that of non-White workers and families before COVID-19 (See Figure 5 and 6).^{xv} Even with the record food and housing insecurity and the lack of health insurance caused by the economic crisis, White families fared better in 2020 than non-White families in previous years. While 8% of White Nebraskan families have reported food insufficiency since the beginning of the pandemic, 42% of African American families and 16% of Hispanic families in Nebraska have reported food insufficiency prior to the pandemic (See Figure 7).^{vi} Though 13% of White families reported slight or no confidence in affording next month's housing payment in 2020, a much higher rate of African American, Native American, and Hispanic households with children were severely cost burdened in previous years, meaning that more than 50% of their income went towards housing (See Figure 8).^{vi, xvi} The same can be said about lack of health insurance; more African American, Hispanic, and American Indian families in Nebraska lacked health insurance in previous years than White Nebraskan families did in 2020 (See Figure 9).^{vi, xvii}

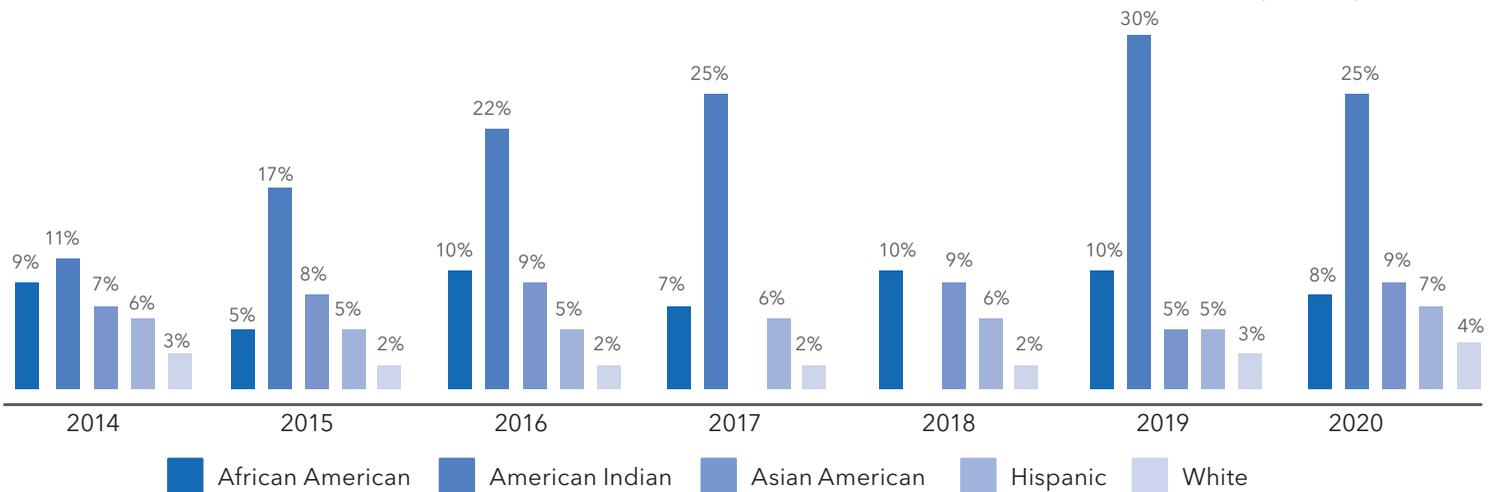


FIGURE 4.^{v, XIII, XIV} AGE-ADJUSTED DEATH RATE PER 100,000 PEOPLE (2012-2018)



In this chart, each grouping represents each year's age-adjusted death rate. The estimated 2020 age-adjusted death rate for White Nebraskans is lower than that of African Americans and Native Americans in Nebraska for the past seven years. See methodology for details.

FIGURE 5.^{XV} UNEMPLOYMENT RATE OVER TIME BY RACE/ETHNICITY (2020)

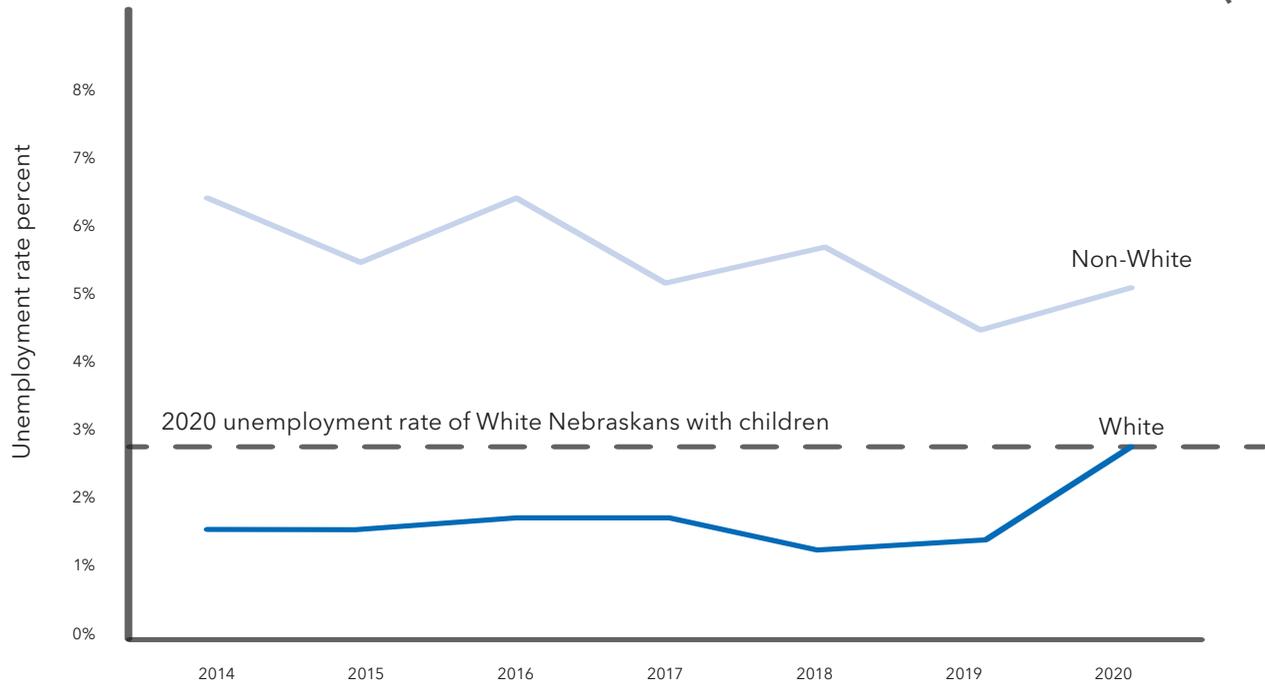


In this chart, the lines represent the average unemployment rate for workers each year. The 2020 average unemployment rate for White Nebraskans, though higher than previous years, is still lower than that of workers of color in the previous six years.



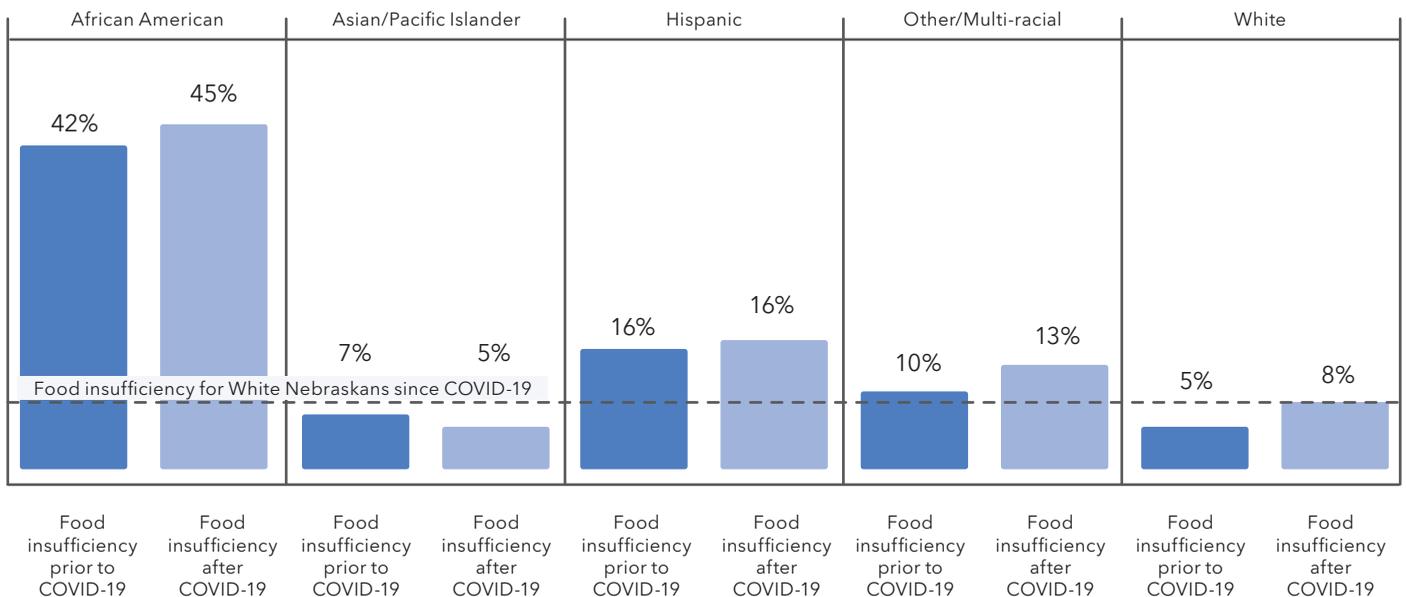
COMMENTARY

FIGURE 6.^{xv} UNEMPLOYMENT RATE FOR NEBRASKANS WITH CHILDREN (2020)



In this chart, the lines represent the average unemployment rate for workers with children each year. The 2020 average unemployment rate for White Nebraskans with children, though higher than previous years, is still lower than that of workers of color with children in the previous six years.

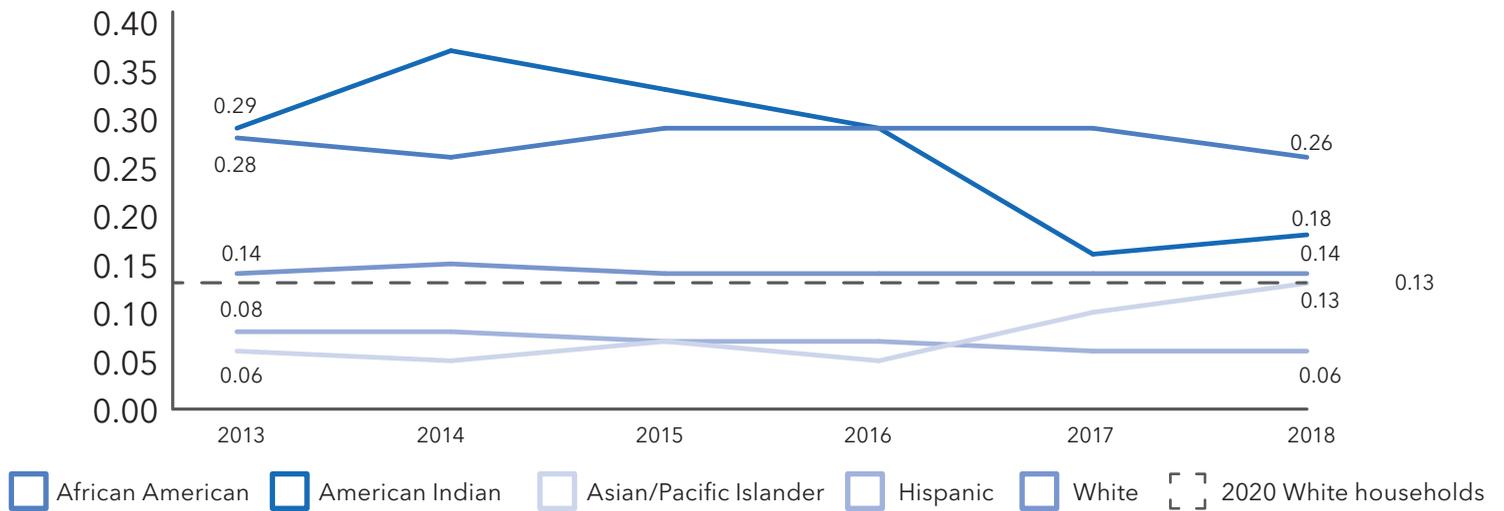
FIGURE 7.^{vi} FOOD INSUFFICIENCY FOR HOUSEHOLDS WITH CHILDREN (2020)



In this chart, the bars represent the percentage of Nebraskan adults with children who reported sometimes or often not having enough to eat, the dark blue indicating prior to the pandemic and the light blue after the pandemic. White Nebraskan parents reported lower food insecurity after the pandemic than Non-White parents (excluding Asian) reported prior to COVID-19.

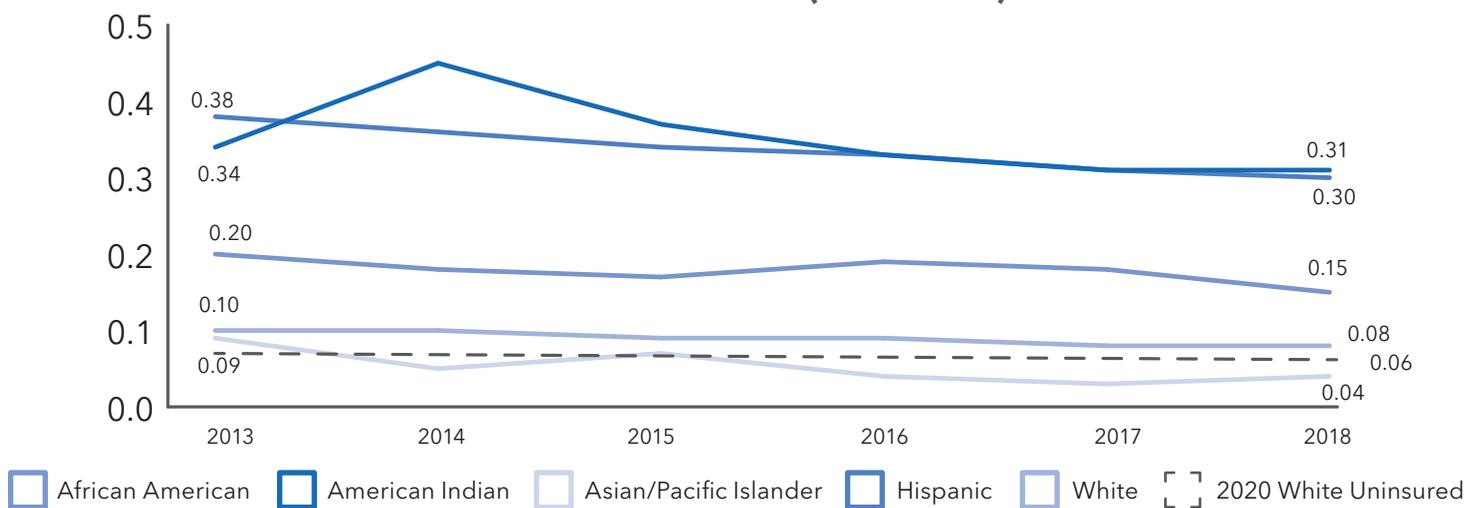


FIGURE 8. ^{vi, xvi} SEVERELY COST BURDENED HOUSEHOLDS BY RACE AND ETHNICITY VS CURRENTLY (2020) HOUSING INSECURE WHITE HOUSEHOLDS (2013-2020)



In this chart, the lines represent the percentage of householders with children who paid more than 50% of their income for housing. The dotted line represents the percentage of White Nebraskan parents who, in 2020, reported having slight to no confidence in affording next month's housing payments. Although these two metrics are not perfectly comparable, they show that in Nebraska, White parents were less likely to be housing-insecure in 2020 than African American, Native American, and Hispanic parents were to be severely cost-burdened from 2013 to 2018.

FIGURE 9. ^{vi, xvi} NO HEALTH INSURANCE OVER TIME BY RACE/ETHNICITY (2013-2018)



In this chart, the lines represent the percentage of adults with children who reported having no health insurance. The dotted line represents the percentage of White Nebraskan parents who reported lacking health insurance in 2020. White parents in Nebraska were less likely to be uninsured since COVID-19 than African American, Native American, and Hispanic parents from 2013 to 2018.

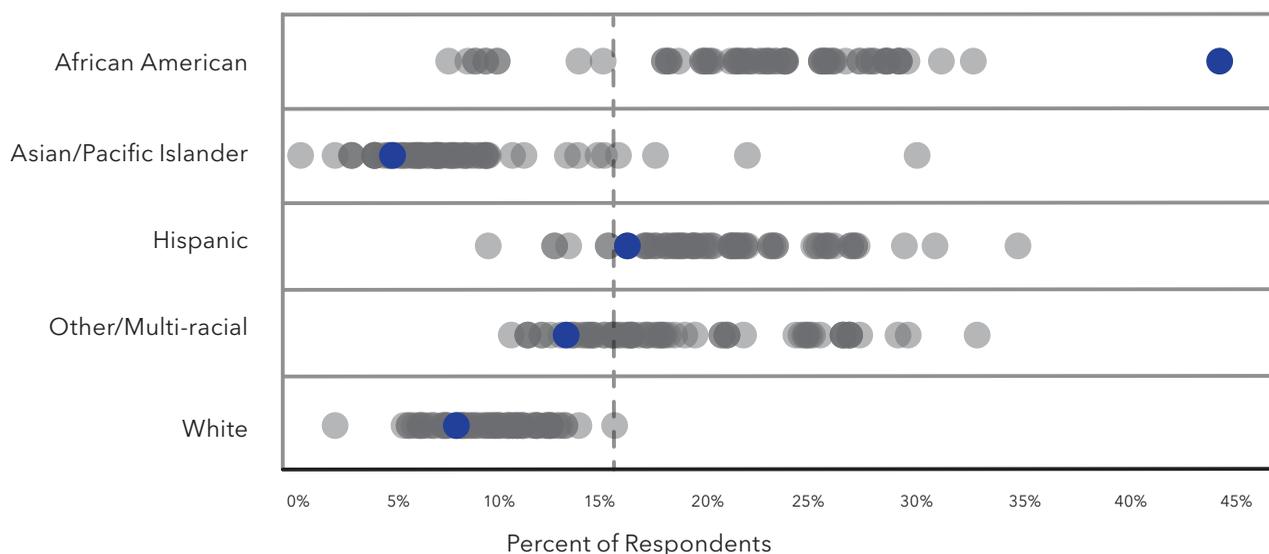


NEBRASKAN FAMILIES OF COLOR COMPARED TO FAMILIES IN OTHER STATES

Because of the relatively small sizes of the communities of color in Nebraska, the challenges facing families of color in the state are often overshadowed by the experiences of White families who make up the majority of the population. For example, Nebraska ranked #9 in overall child well-being and #4 in economic well-being in the *Annie E. Casey Foundation 2020 Kids Count Profile*.^{xvii} In addition, in the COVID-19 Kids Count Policy Report, Nebraska tied as #5 for lowest food insufficiency and #9 in lowest housing insecurity among adults with children.^{xviii} However, when the outcomes are compared by state and broken down by race and ethnicity, it becomes apparent that families of color fare worse in Nebraska than families in other states. While Nebraska tied at #5 for lowest percentage of adults who reported food insufficiency in the COVID-19 Kids Count Policy Report, for instance, Nebraska ranked last (#50) among African American families by a margin of 12 percentage points (See Figure 10).^{vi} Out of all 50 states, Mississippi had the highest percentage of White parents who reported food insufficiency (15.8%); still it is lower than that reported by Hispanic parents (16.4%) and African American parents (44.9%) in Nebraska (See Figure 10).^{vi}

Similarly, while Nebraska ranked #9 in lowest percentage of adults reporting housing insecurity in the COVID-19 Kids Count Policy Report, Nebraska ranked #49 among African American families and #47 among Other/Multi-racial families (See Figure 11).^{vi} Out of all states, Mississippi had the highest percentage of White parents reporting housing insecurity (27.7%), which is lower than the percentage of Hispanic (35.6%), African American (50%), and Other/Multi-racial parents (41.5%) in Nebraska who reported uncertainty about affording housing (See Figure 11).^{vi} A similar trend appears for parents reporting having fair or poor health; 22.3% of White parents in West Virginia (the state with the highest percentage of White parents reporting fair or poor health) compared to 28.8% of African American parents and 26.2% of Other/Multi-racial parents in Nebraska (See Figure 12).^{vi}

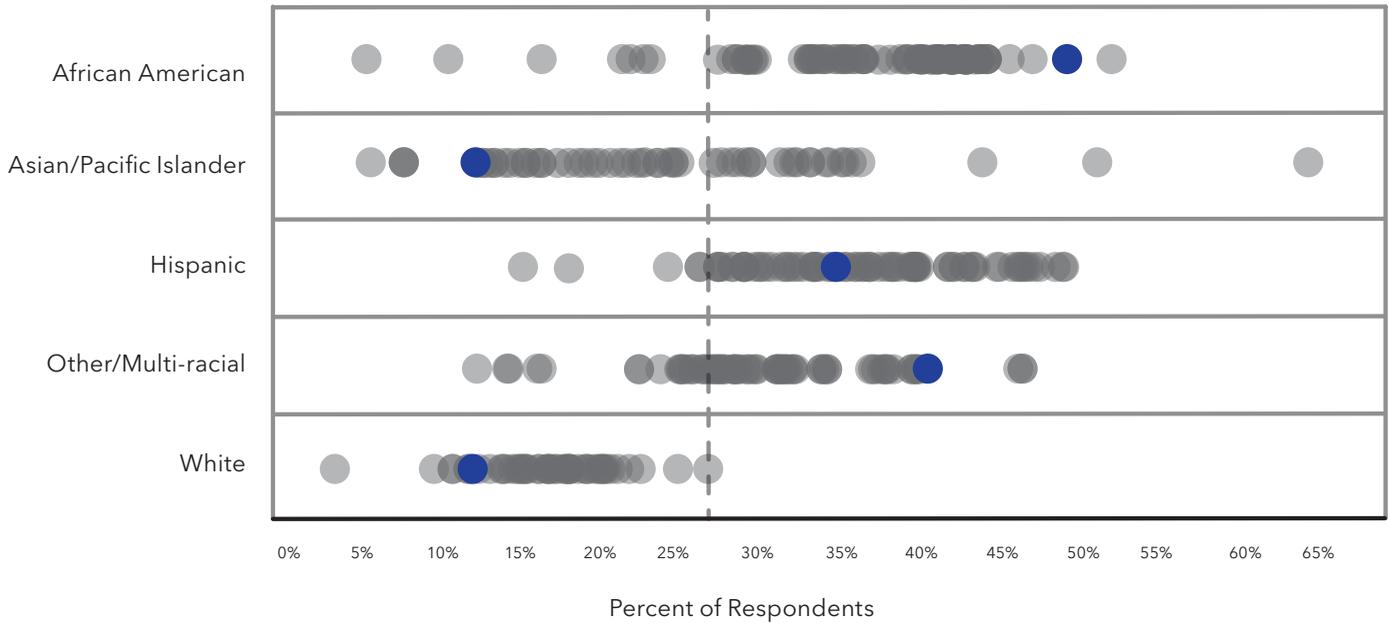
FIGURE 10. ^{vi} FOOD INSUFFICIENCY BY STATE (2020)



In this chart, each circle represents a state ordered by the percentage of their residents with children who reported sometimes or often not having enough to eat since the pandemic began. Nebraska is represented by the blue circles. The dotted line represents the state (Mississippi) with the highest percentage of White parents reporting food insufficiency, which is lower than that reported by African American and Hispanic parents in Nebraska.

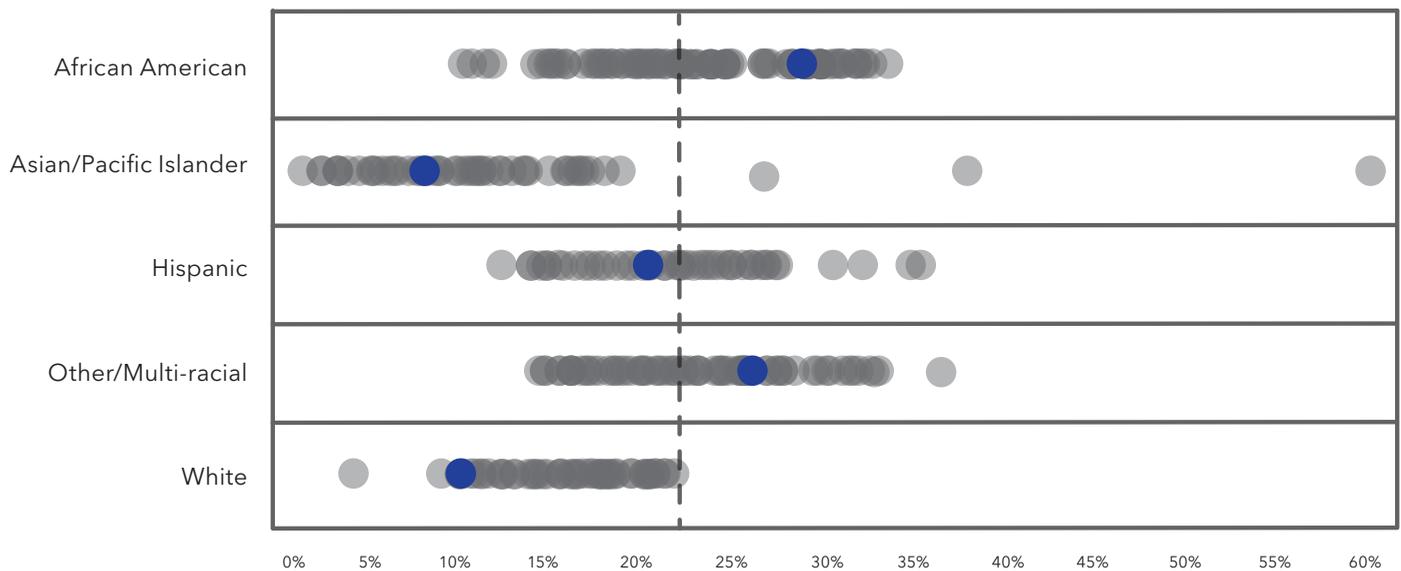


FIGURE 11. ^{vi} HOUSING INSECURITY BY STATE (2020)



In this chart, each circle represents a state ordered by the percentage of their residents with children who reported having slight or no confidence of affording next month's housing payments. Nebraska is represented by the blue circles. The dotted line represents the state (Mississippi) with the highest percentage of White parents reporting housing insecurity, which is lower than that reported by African American, Other/Multi-racial, and Hispanic parents in Nebraska.

FIGURE 12. ^{vi} FAIR TO POOR HEALTH STATUS (2020)



In this chart, each circle represents a state ordered by the percentage of their residents with children who reported having fair or poor health since the pandemic. Nebraska is represented by the blue circles. The dotted line represents the state (West Virginia) with the highest percentage of White parents reporting fair/poor health, which is lower than that reported by African American and Other/Multi-racial parents in Nebraska.



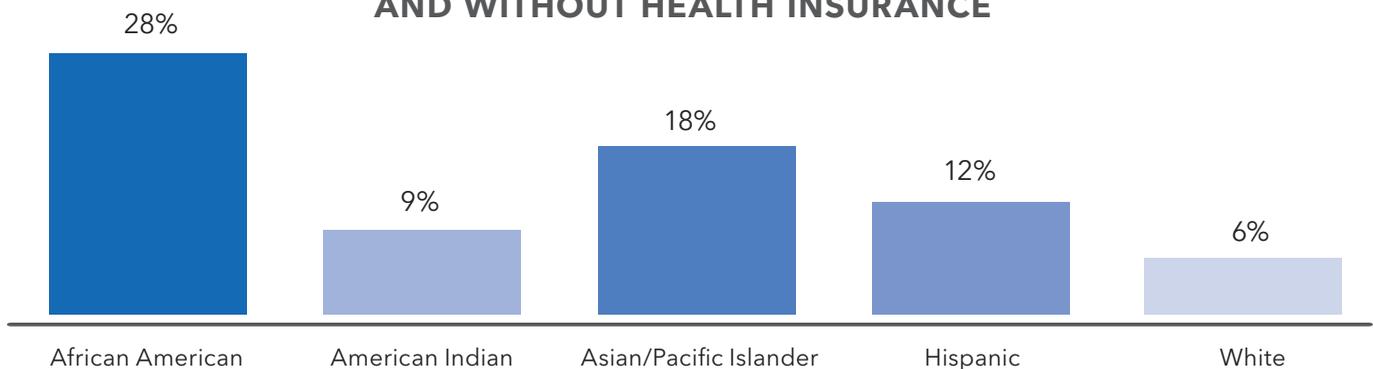
COMMENTARY

FAMILIES OF COLOR COMPARED TO WHITE FAMILIES IN NEBRASKA

Although significant disparities between racial and ethnic groups have always been prevalent, they have been exacerbated by the pandemic. Compared to White Nebraskan parents:

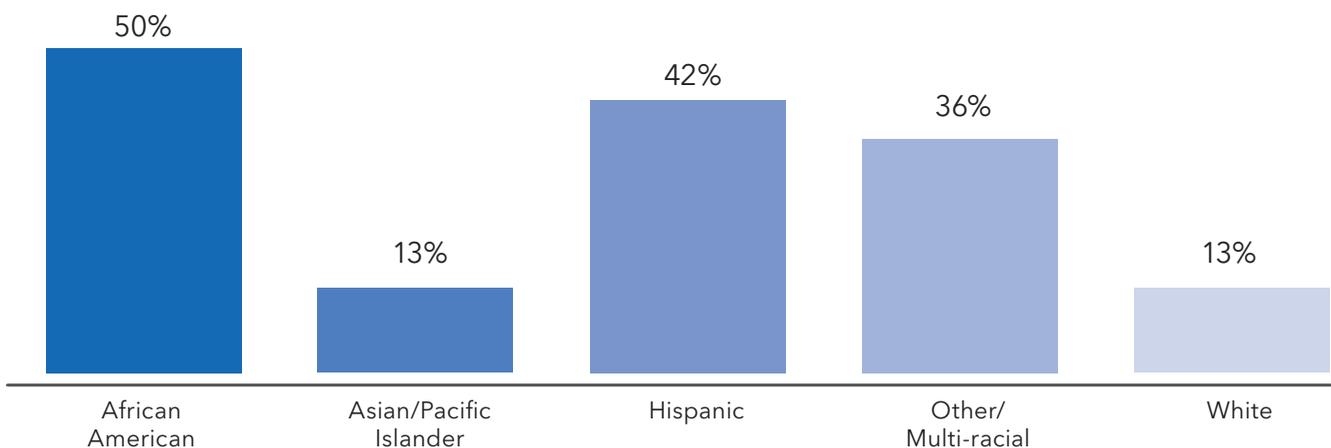
- African American parents were 3.8 times more likely to report housing insecurity, 4.7 times more likely to report lacking health insurance, and 5.6 times more likely to report food insufficiency.^{vi}
- Other/Multi-racial parents were 3.2 times more likely to report housing insecurity, 2.8 times more likely to report rarely or never having a computer or internet available for educational purposes, and 1.7 times more likely to report feeling down or anxious more than half the days.^{vi}
- Hispanic parents were three times more likely to report not having health insurance, 2.8 times more likely to report housing insecurity, and 2.2 times more likely to report rarely or never having a computer or internet available for educational purposes.^{vi}

FIGURE 13.^{vi} PERCENT OF ADULTS WITH CHILDRENS AND WITHOUT HEALTH INSURANCE



In this chart, the bars represent the percentage of Nebraskan adults with children who reported having no health insurance.

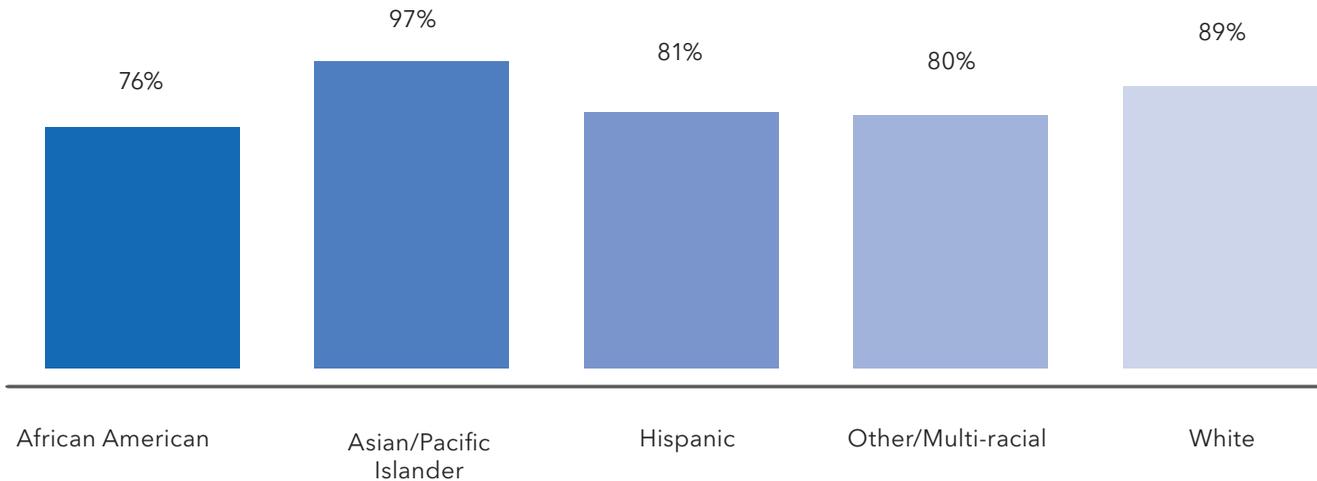
FIGURE 14.^{vi} PERCENT OF ADULTS WITH CHILDREN WHO ARE HOUSING INSECURE



In this chart, the bars represent the percentage of Nebraskan adults with children who reported having slight to no confidence of affording next month's housing payment.

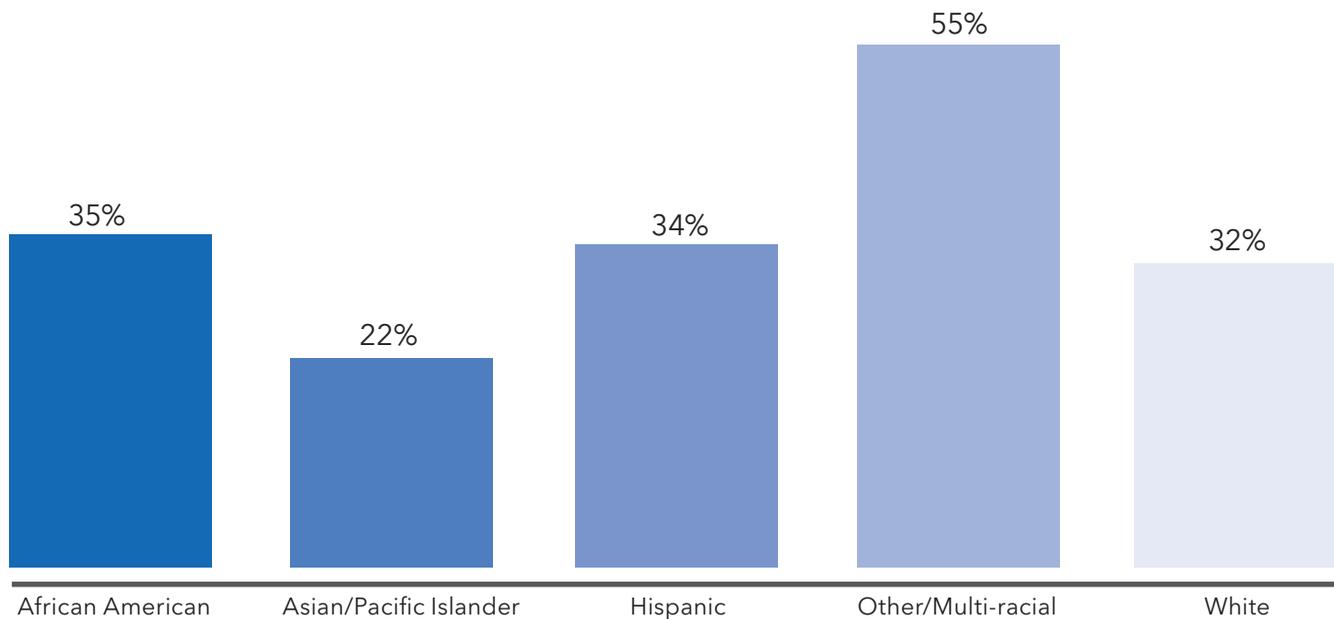


FIGURE 15.^{vi} PERCENT OF ADULTS REPORTING NO INTERNET AND COMPUTER AVAILABILITY FOR EDUCATION (2020)



In this chart, the bars represent the percentage of Nebraskan adults with children who reported rarely or never having internet or a computer available for educational purposes.

FIGURE 16.^{vi} PERCENT OF ADULTS WITH CHILDREN FEELING DOWN OR ANXIOUS (2020)



In this chart, the bars represent the percentage of Nebraskan adults with children who reported feeling down or anxious for more than half the days.



COMMENTARY

This past year brought a lot of uncertainty and difficulty to families across Nebraska and all over the world. As the new year begins with new hopes of widespread vaccination against COVID-19, it is important to continue fighting for a solution against the underlying conditions that propels disproportionate outcomes for communities and families of color. These statistics show the effects of the global health pandemic and how they are exacerbated when compounded with the social conditions established by a white supremacy culture in the United States. Social constructs like white supremacy are even harder to address than the COVID-19 pandemic since the illness is ideological, not biological. In order to foster a Nebraska where all children can thrive, we must work to urgently reform the systems that continue to perpetuate trauma and injustice. Similar to the effort put forth by health care professionals to defeat COVID-19, it will take tremendous and deliberate effort by policymakers, educators, and individuals to address the inequities and injustices for families of color.

We empathize with all the lives lost to the global pandemic and we stand in solidarity with the families who have lost loved ones due to racial violence, including George Floyd, Breonna Taylor, Ahmaud Arbery, and James Scurlock. Black Lives Matter.

RECOMMENDATIONS:

1. **DISAGGREGATE DATA BY RACE AND ETHNICITY.** Data that is not disaggregated masks inequities for communities of color and limits the ability of state leaders to direct resources where they are needed most.
2. **REQUIRE RACIAL IMPACT STATEMENTS ON POLICY CHANGES.** Racial impact statements should be considered as part of any new policy proposals to determine the likely impact for different communities and to work toward addressing systemic biases in our current policies and programs.
3. **LEVERAGE AND EXPAND ACCESS TO STATE AND FEDERAL PROGRAMS.** Programs like SNAP (Supplemental Nutrition Assistance Program), also known as food stamps, and child care assistance provide essential economic support to families to help them meet basic needs and work toward financial stability. Federal, state and local officials should work to make these programs more accessible and available to help families recover from the pandemic.
4. **ENACT POLICIES THAT ENSURE THAT FAMILIES CAN CONTINUE TO BALANCE HEALTH NEEDS AND EMPLOYMENT.** Policies like mandatory earned sick days and paid family and medical leave ensure that families can remain financially stable during an acute health crisis. They also protect individual and public health now and into the future.
5. **INCREASE ACCESS TO MENTAL HEALTH SERVICES.** Ensuring that mental health services are widely available and affordable is an essential component in supporting children and families as they recover from a time of unprecedented challenges. More public support of mental health infrastructure is needed to ensure that Nebraska is prepared to address emerging and ongoing mental health needs.



FIGURES 1 AND 2

The number of cases and deaths reported by the CDC ^{iv} were as of December 15, 2020. These daily numbers were divided by the total estimated population of the United States and Nebraska^v and multiplied by 100,000.

FIGURE 3

The age-adjusted COVID-19 deaths distribution was calculated by the CDC^{xi} as of December 17, 2020. The figure shows the age-adjusted deaths and the unweighted distribution of the population.

FIGURE 4

The total number of deaths of White Nebraskans, according to the CDC data set used ^{xiv}, were from February 1st, 2020 to December 5th, 2020. It is important to note that according to the CDC, these numbers do not represent all deaths that occurred in that period, because the reporting process can last from one week to eight weeks or more. With this in mind, we assume that the deaths reported in this dataset are an estimate of those that occurred in the 10-month period between February and November. Using estimated White Nebraskan population from 2010 to 2019^v, we forecasted an estimate for the White population or 2020 by age groups. Using these forecasted estimates, we calculated the crude 2020 death rate (from February through November) of each of these age groups. To estimate the age-adjusted death rate for this time period, we weighted the age groups using the 2000 U.S. Standard Million. Using mortality data from the Wonder CDC Data Portal,^{xiii} we followed this same methodology to estimate the age-adjusted death rates by race and ethnicity for February through November of 2012 to 2018.

FIGURE 5

Using the Current Population Survey data^{xv}, the average annual unemployment rate for all workers by race and ethnicity was calculated by averaging all the months with unemployment data available. If a racial/ethnic group had fewer than four months of data for any given year, it was given a null value. Instead, the average between the previous year's unemployment rate and the following year's unemployment rate was calculated to create a continuum between the years but greyed out to indicate insufficient data.

FIGURE 6

Using the Current Population Survey data^{xv}, the average annual unemployment rate for workers who reported having at least one own child in the household grouped by White and Non-White was calculated by averaging all the months with unemployment data available. Neither of the groups had fewer than four months of data for any given year.



COMMENTARY

FIGURES 7, 10-16

Using data from the U.S. Census Bureau's Household Pulse Survey^{vi} from weeks one to 18 (April 23rd to November 9th), these estimates were calculated for respondent who reported having at least one person under 18-years-old in the household.

- Food insufficiency prior to COVID-19 is defined as those respondents who reported sometimes or often not having enough to eat prior to March 13, 2020. Food insufficiency after COVID-19 is defined as those respondents who reported sometimes or often not having enough to eat for the last seven days
- Housing insecurity is defined as those respondents who reported having slight or no confidence of affording next month's mortgage or rent payments.
- Having no internet or computer for educational purposes is defined as those respondents who reported rarely or never having either a computer or internet for educational purposes.
- Feeling down or anxious for more than half the days is defined as those respondents who reported either feeling anxious or down during the previous seven days for either more than half the days or nearly every day.
- No health insurance coverage is defined as those respondents who marked "No" to all health insurance coverage options: 1) Health care through a current or former employer or union (including through another family member); 2) Direct purchase from an insurance company, including marketplace coverage; 3) Medicare; 4) Medicaid, Medical Assistance, or any kind of government-assistance plan; 5) TRICARE or other military health care; 6) Veterans Affairs (VA); 7) Indian Health Coverage; and 8) Other.
- Fair or poor health status is defined as those respondents who reported their general health status as either fair or poor.

FIGURE 8

Using the IPUMS USA 5-year estimates data from 2013 to 2018^{xvi}, we calculated the percentage of householders with at least one own child in the household who reported paying having a household income of less than twice their housing payments. For comparison, we added the percentage of White adults with children who reported having slight or no confidence in affording next month's rent or mortgage payments in the 2020 Household Pulse Survey.^{vi}

- For renters, housing payments are defined as their gross monthly rental cost multiplied by 12. These include the cost of the housing unit, utilities, and fuel costs
- For homeowners, housing payments are defined as the derived sum of monthly payments for owner-occupied units multiplied by 12. These include any debts on the property (e.g. mortgage, deeds of trust, etc.); real estate taxes; fire, hazard, and flood insurance; utilities; and fuels.



FIGURE 9

Using the IPUMS USA 5-year estimates data from 2013 to 2018^{vi}, we calculated the percentage of householders with at least one own child in the household who reported having no health insurance. For comparison, we added the percentage of White adults with children who reported having no health insurance in the 2020 Household Pulse Survey.^{vi}

BRFSS

The percentage of parents who reported feeling down or anxious in 2019 is defined as those respondents from Nebraska with children in the 2019 BRFSS Survey^{vii} who reported having one or more days in the past 30 days when their mental health was not good (including stress, depression, and problems with emotions).

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- ii. Centers for Disease Control and Prevention. (n.d.). CDC COVID Data Tracker. Retrieved December 15, 2020, from https://covid.cdc.gov/covid-data-tracker/#cases_casesper100k
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- viii. Centers for Disease Control and Prevention (n.d.). Provisional COVID-19 Death Counts by Sex, Age, and State [Data set]. Retrieved January 4, 2021, from <https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Sex-Age-and-S/9bhg-hcku>
- ix. Centers for Disease Control and Prevention (2020, December 29). COVID-19: People at Increased Risk, People with Certain Medical Conditions. Retrieved January 4, 2021, from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
- x. Duca, L. M., Coyle, J., McCabe, C., & McLean, A. C. (2020). COVID-19 Stats: COVID-19 Incidence, by Urban-Rural Classification—United States, January 22–October 31, 2020. *Morbidity and Mortality Weekly Report (MMWR) Rep 2020;69(46):1753*. <http://dx.doi.org/10.15585/mmwr.mm6946a6>
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- xii. Merriam-Webster. (n.d.). White Supremacy. In Merriam-Webster.com dictionary. Retrieved January 4, 2020, from <https://www.merriam-webster.com/dictionary/white%20supremacy>
- xiii. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) (2020). Underlying Cause of Death by Single Race 2018–2019 [Data set]. CDC Wonder Online Database. <https://wonder.cdc.gov/ucd-icd10-expanded.html>
- xiv. Centers for Disease Control and Prevention (n.d.). Deaths involving coronavirus disease 2019 (COVID-19) by race and Hispanic origin group and age, by state [Data set]. Retrieved December 16, 2020, from <https://data.cdc.gov/NCHS/Deaths-involving-coronavirus-disease-2019-COVID-19/ks3g-spdg>
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- xvi. Ruggles, S., Flood, S., Goeken, R., Grover, J., Meyer, E., Pacas, J., and Sobek, M. (n.d.). IPUMS, USA (Version 10) [Data set]. Minneapolis, MN: IPUMS 2020. <https://doi.org/10.18128/D010.V10.0>
- xvii. Annie E. Casey Foundation (2020, June 22). 2020 Kids Count Data Book. Retrieved December 17, 2020, from <https://www.aecf.org/resources/2020-kids-count-data-book/>
- xviii. Annie E. Casey Foundation (2020, December 14). Kids, Families and COVID-19: Pandemic Pain Points and the Urgent Need to Respond. Retrieved December 17, 2020, from <https://www.aecf.org/resources/kids-families-and-covid-19/>



RACE & OPPORTUNITY INDEX

Nebraska was founded under values of opportunity and equality for all, but when looking at the data on Nebraska’s children and families, a harsher reality is uncovered – one of disparity and lack of equitable chance of future success and opportunity for children of color. In response to this, the *Index of Race & Opportunity for Nebraska Children* was created. A composite score of 13 indicators of child well-being was calculated to highlight disparities in opportunity and measure progress toward race equity and inclusion.



EDUCATION

- 3 and 4 year olds enrolled in school
- Reading proficiently at 3rd grade
- 16-24 year olds employed or attending school



HEALTH

- Children with health insurance coverage
- Infants receiving adequate prenatal care



JUVENILE JUSTICE

- Youth who have completed a diversion program successfully
- Youth not involved in probation



ECONOMIC STABILITY

- Children living above the Federal Poverty Level
- Median family income
- Children living in a low-poverty areas



CHILD WELFARE

- Children not involved in the child welfare system
- Children who are involved in the child welfare system, but are living at home
- Children who are living in out-of-home care, but have done so in three or fewer placements

OVERALL INDEX SCORES OUT OF A POSSIBLE 100

7 KEY STEPS

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

STEP 1

Establish an understanding of race equity and inclusion principles.

STEP 2

Engage affected populations and stakeholders.

STEP 3

Gather and analyze disaggregated data.

STEP 4

Conduct systems analysis of root causes of inequities.

STEP 5

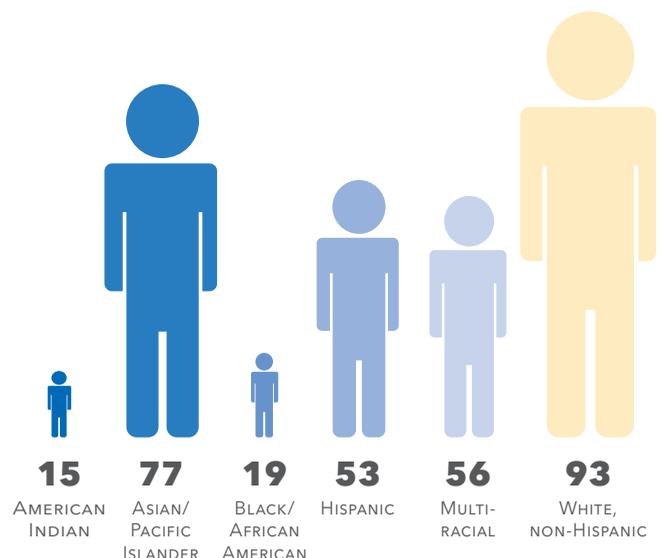
Identify strategies and target resources to address root causes of inequities.

STEP 6

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

STEP 7

Continuously evaluate effectiveness and adapt strategies.

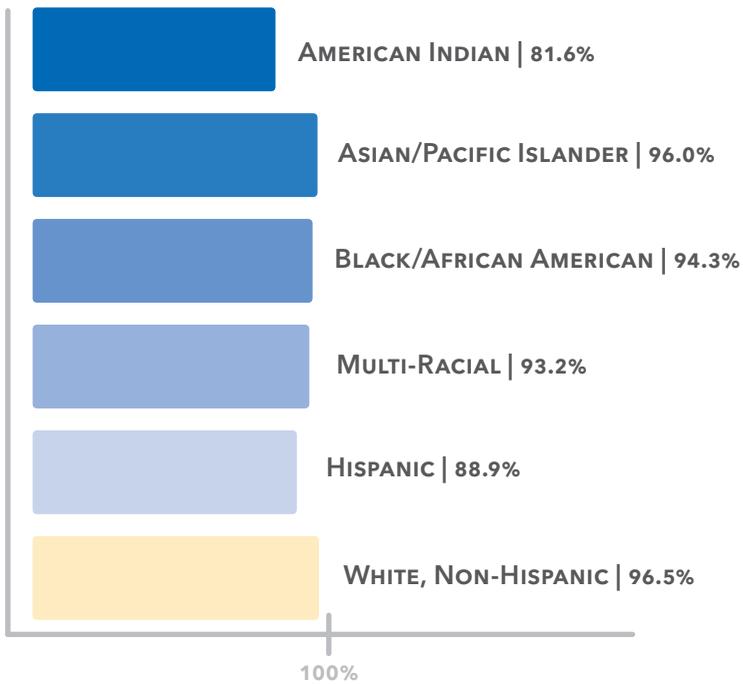


Source: Annie E. Casey Foundation, *Seven Steps to Advance and Embed Race Equity and Inclusion*.

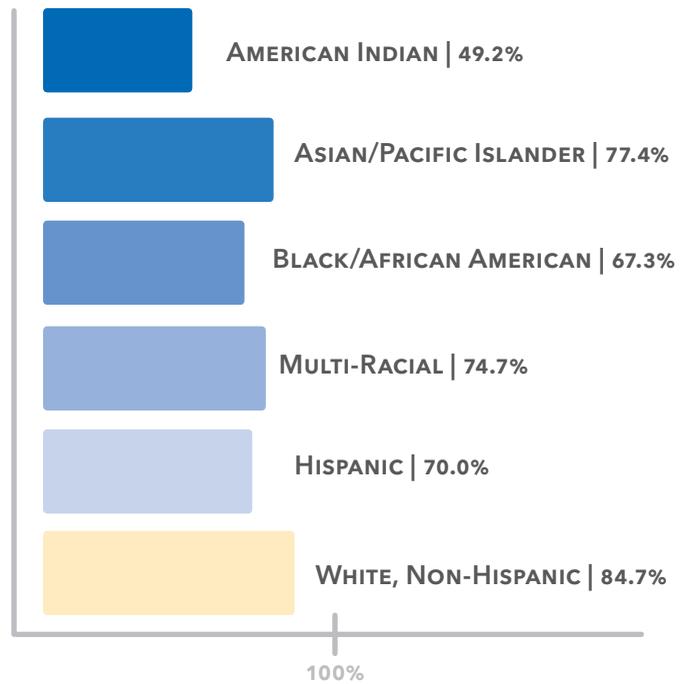
RACE & OPPORTUNITY INDEX



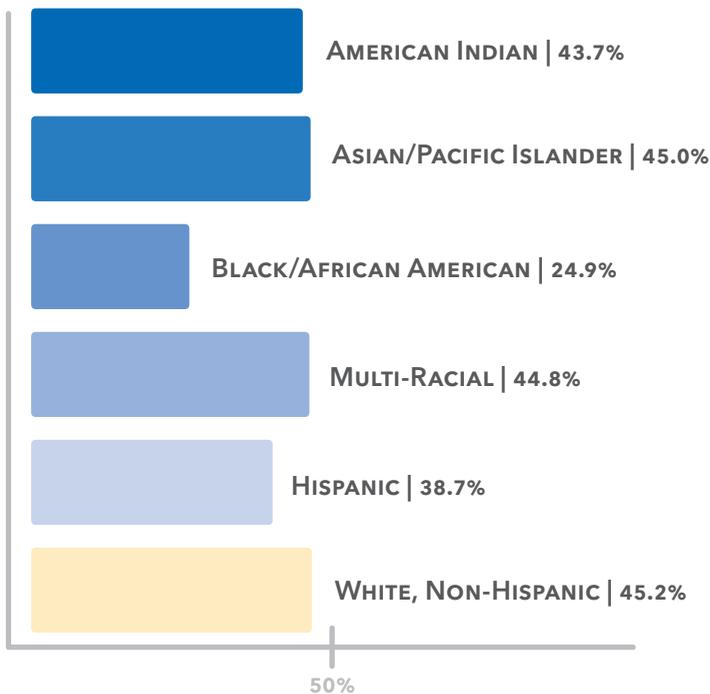
CHILDREN WITH HEALTH INSURANCE COVERAGE (2018)¹



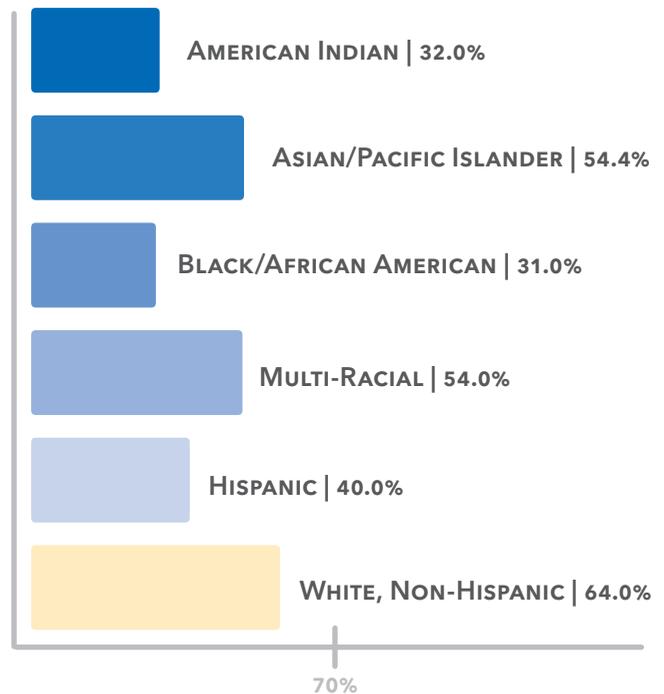
INFANTS RECEIVING ADEQUATE PRENATAL CARE (2019)²



3 AND 4 YEAR OLDS ENROLLED IN SCHOOL (2018)³



3RD GRADERS PROFICIENT IN ENGLISH LANGUAGE ARTS (2018/19)⁴



1. U.S. Census Bureau, 2018 American Community Survey 5-year Estimates, Table C27001H.

2. National Center for Health Statistics, natality data, 2019, Prepared by March of Dimes, Perinatal Data Center..

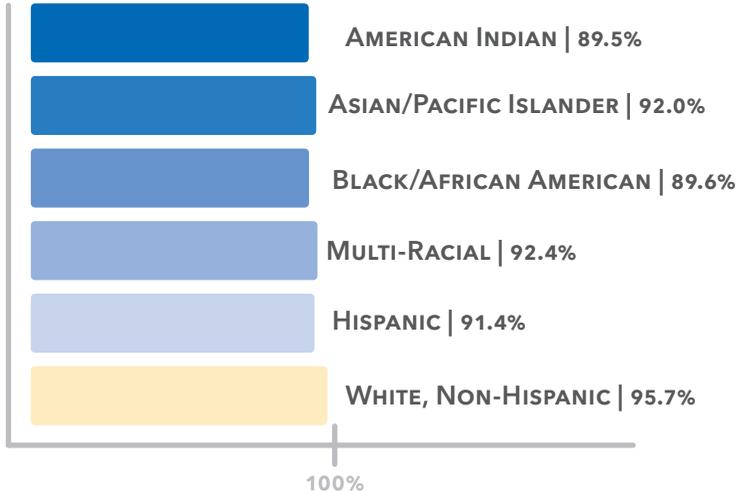
3. U.S. Census Bureau, 2018 American Community Survey 5-year Estimates, Public Use Microdata Samples.

4. Nebraska Department of Education, 2018/19 Nebraska Education Profile, NSCAS.

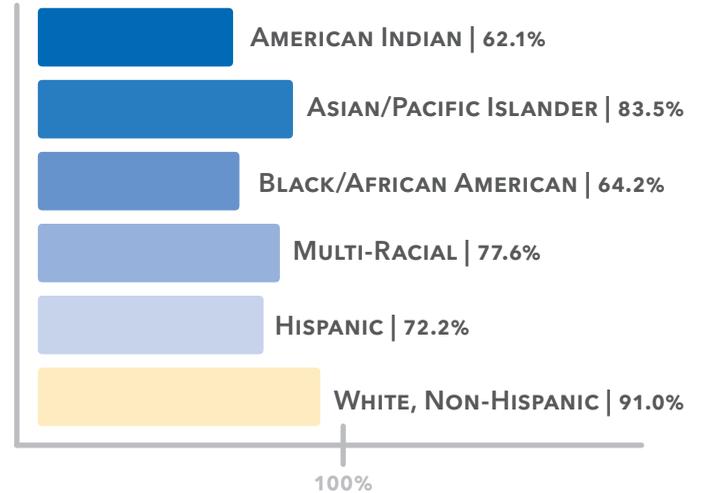


RACE & OPPORTUNITY INDEX

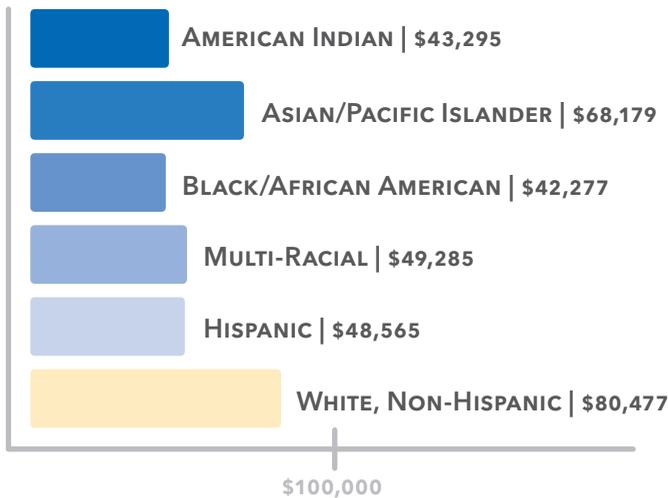
16-24-YEAR OLDS IN SCHOOL OR EMPLOYED (2018)⁵



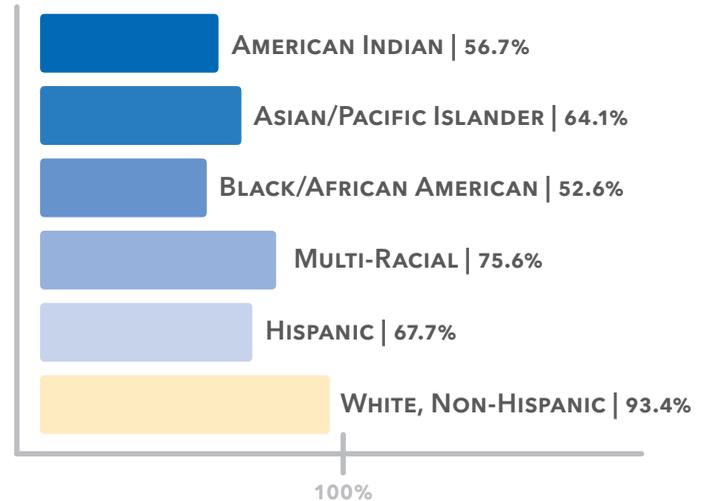
CHILDREN LIVING ABOVE THE FEDERAL POVERTY LINE (2018)⁶



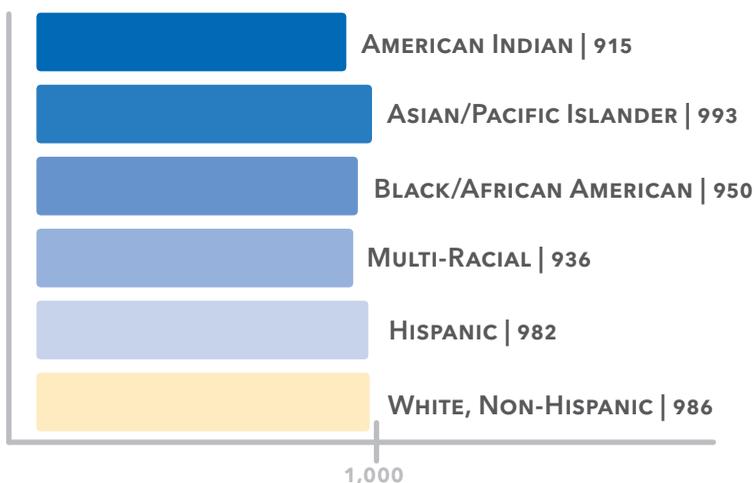
MEDIAN FAMILY INCOME (2018)⁷



CHILDREN LIVING IN AREAS THAT ARE LOW POVERTY (2018)⁸



CHILDREN NOT INVOLVED IN THE CHILD WELFARE SYSTEM [RATE/1000] (2019)^{9*}



5. U.S. Census Bureau, 2018 American Community Survey 5-year Estimates, Public Use Microdata Samples.

6. U.S. Census Bureau, 2018 American Community Survey 5-year Estimates, Table B17001I.

7. U.S. Census Bureau, 2018 American Community Survey 5-year Estimates, Table B19113I.

8. U.S. Census Bureau, 2018 American Community Survey 5-year Estimates, Table B17001H.

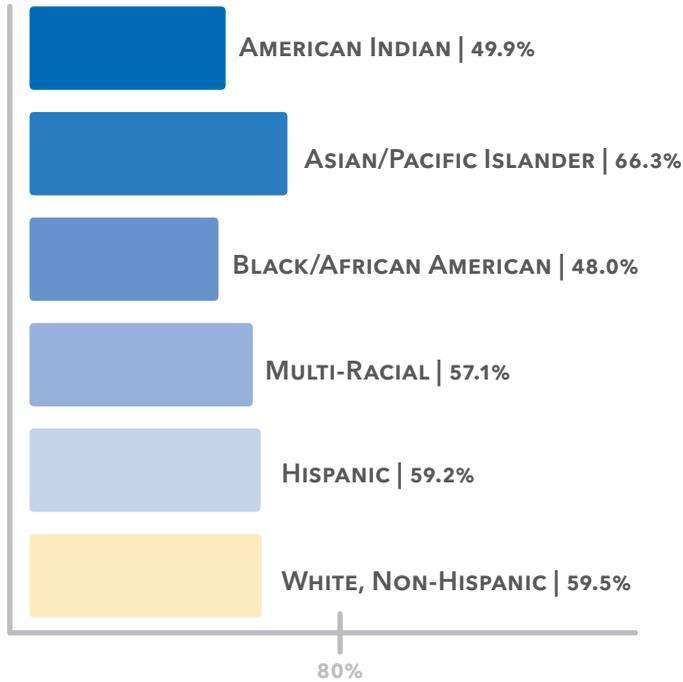
9. Nebraska Department of Health and Human Services.

* These data were calculated by dividing the number of children involved in the child welfare system by Nebraska's total children population (18 and under) and multiplying the quotient by 1,000. These numbers were then subtracted from 1,000 to show the ratio of children not involved in the child welfare system.

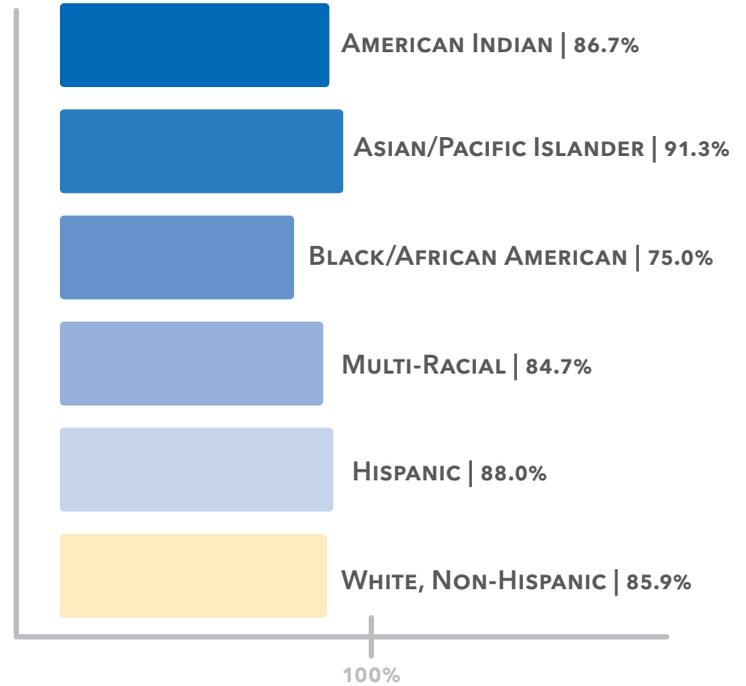
RACE & OPPORTUNITY INDEX



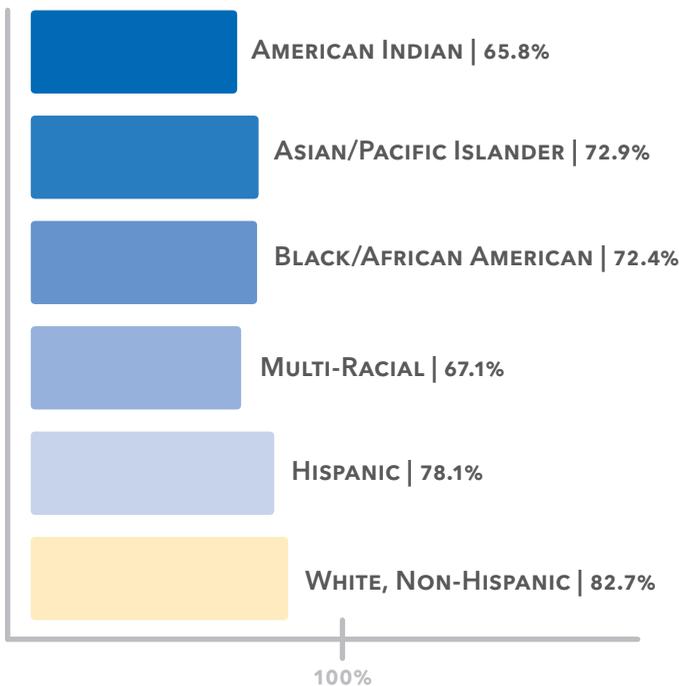
CHILDREN IN CHILD WELFARE SYSTEM WITH IN-HOME SERVICES (2019)¹⁰



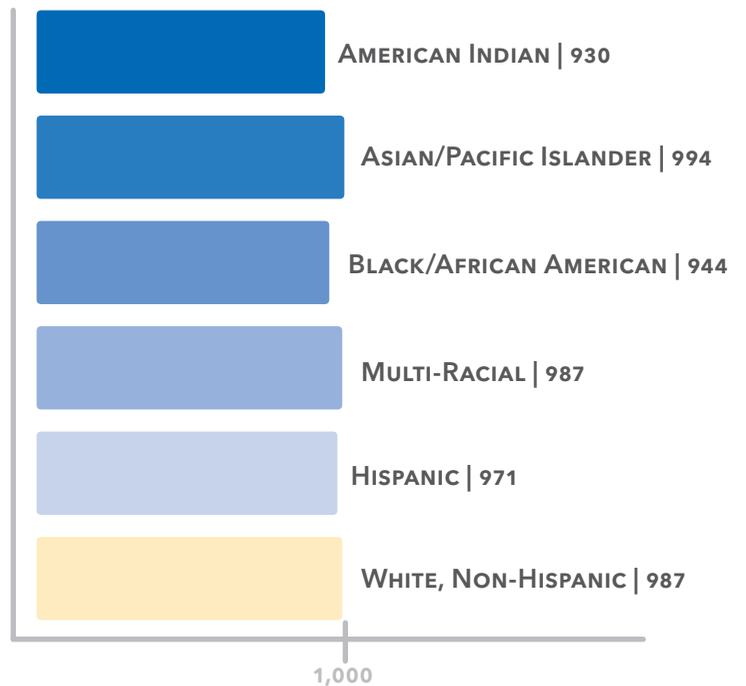
CHILDREN WITH THREE OR FEWER OUT-OF-HOME PLACEMENTS (2019)¹¹



YOUTH SUCCESSFULLY COMPLETING DIVERSION (2019)¹²



YOUTH NOT INVOLVED IN PROBATION [RATE/1000] (2019)^{13*}



10. Nebraska Department of Health and Human Services.

11. Nebraska Department of Health and Human Services.

12. Nebraska Crime Commission, Diversion.

13. Nebraska Juvenile Probation System.

* These data were calculated by dividing the number of children involved in probation by Nebraska's total children population (ages 11 to 19) and multiplying the quotient by 1,000. These numbers were then subtracted from 1,000 to show the ratio of children not involved in probation.



POPULATION

2020 CENSUS IS CRITICAL FOR KIDS

The premise of Kids Count is and has always been that good data can help drive good decisions. Without knowing where children, families, and our communities stand now, we cannot know where the most effective solutions lie. The U.S. Census is one of the most important tools for learning how communities are faring, which guides policymakers and other leaders over the next decade. The results of the 2020 Census will determine how much funding is received each year at the state and local level as well as how electoral boundaries are designed.

By the end of the Census count in October 2020, Nebraska ranked 4th nationally in self-response rates with 71.9% of Nebraskan households responding to the 2020 Census online, by mail, or by phone.¹ This is higher than the national response rate of 67%.¹ This is also a slight improvement from the 2010 Census, when 71.1% of Nebraskans self-responded to the Census.²

Thank you to everyone who participated, promoted, and advocated so that every single Nebraskan is counted!

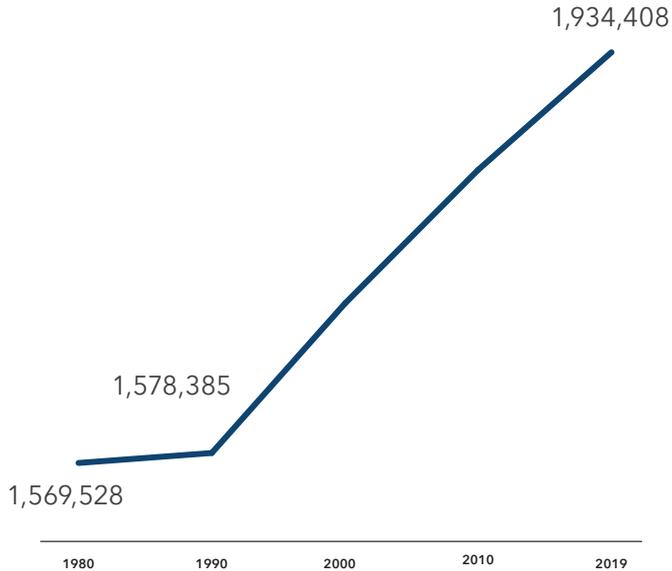
1. U.S. Census Bureau, *2020 Census Self-Response Rankings*

2. U.S. Census Bureau, *Decennial Self-Response Rates (2020, 2010)*



POPULATION

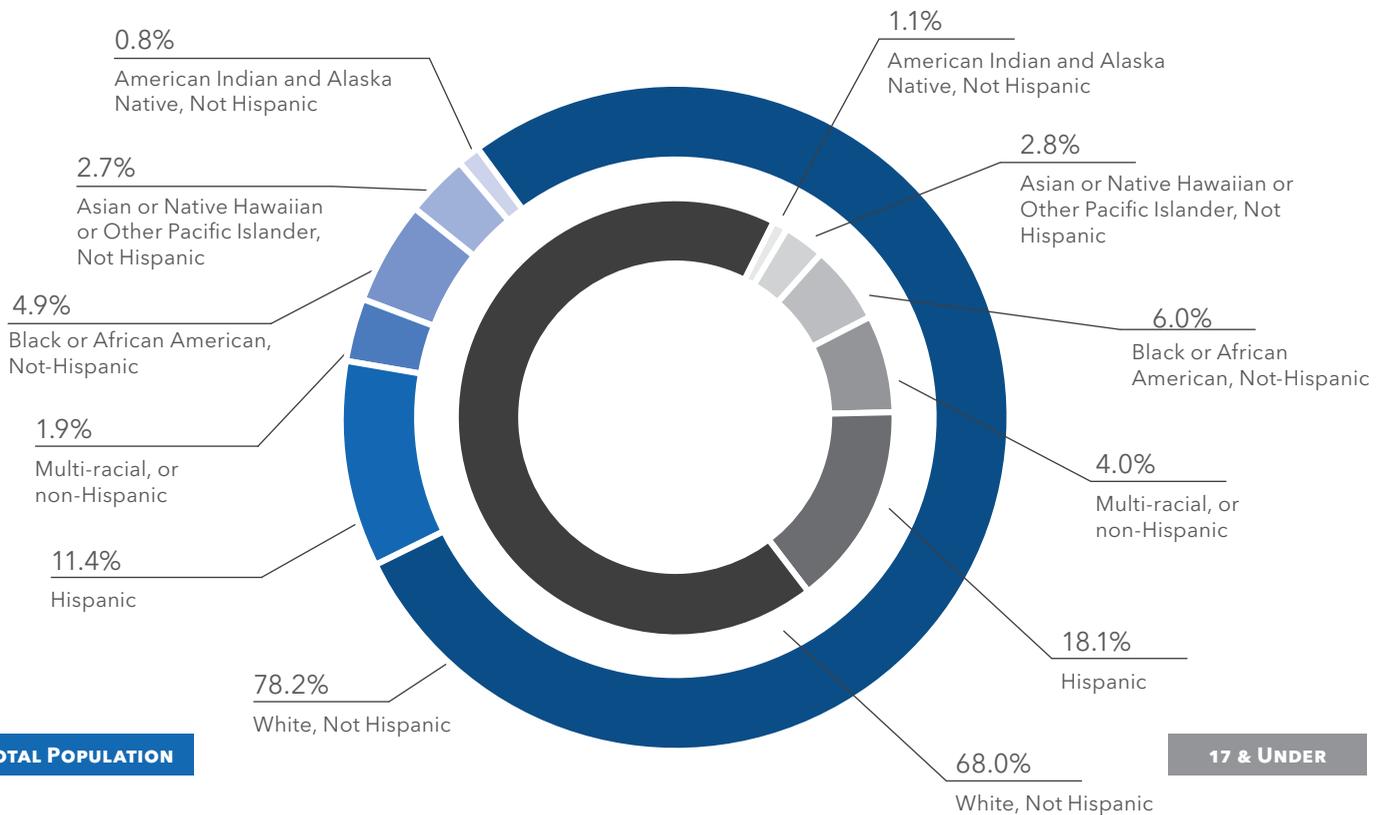
NEBRASKA TOTAL RESIDENT POPULATION (1980-2019)¹



1,934,408 people
including
501,801 children*
lived in Nebraska in 2019.²

21.8%
OF NEBRASKANS WERE OF COLOR
IN 2019.² THIS IS EXPECTED TO
INCREASE TO 38% BY 2050.³

NEBRASKA POPULATION BY RACE/ETHNICITY (2019)²



TOTAL POPULATION

17 & UNDER

*Children 18 & under

1. U.S. Census 1980, 1990, 2000; U.S. Census Bureau, ACS 1-Year Estimate Table DP05.

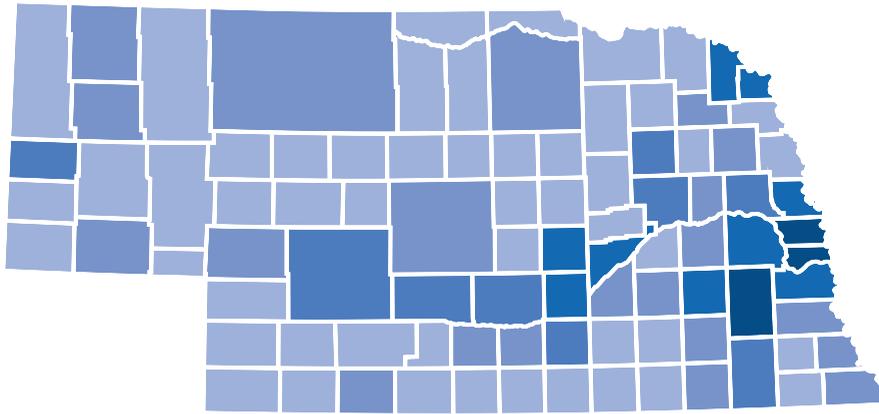
2. Annual Estimates of the Resident Population: July 1, 2019, Table PEPSYASEX

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

POPULATION



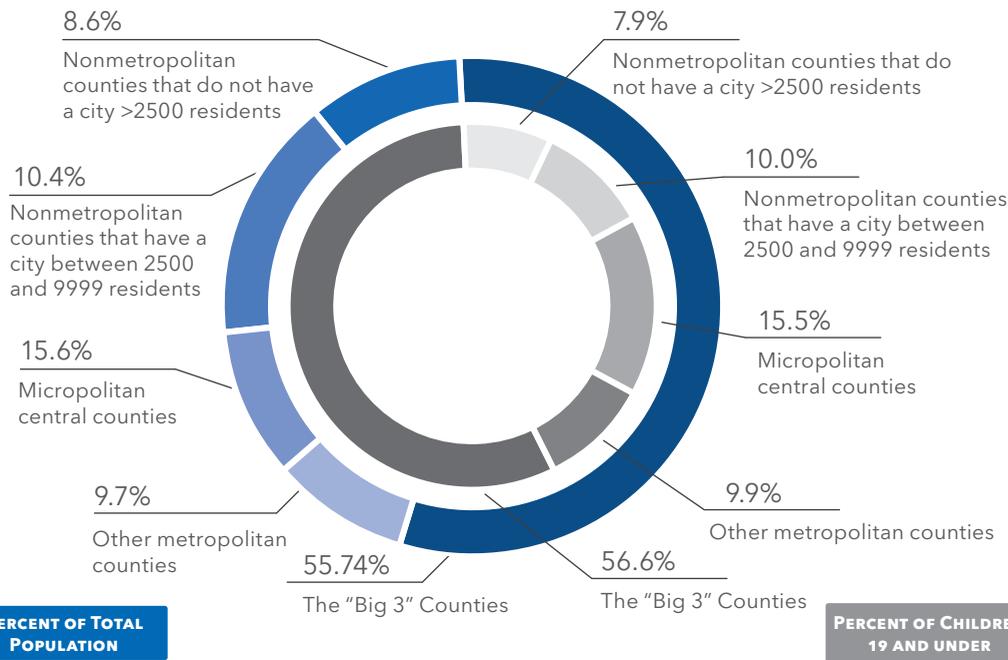
NEBRASKA RURALITY CLASSIFICATIONS (2019)¹



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

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

NEBRASKA POPULATION BY RURALITY CLASSIFICATION (2019)^{1,2}



56.6%

OF NEBRASKA KIDS 19 AND UNDER LIVE IN THE "BIG 3" COUNTIES.^{1,2}

16.2%

OF NEBRASKANS WERE 65 OR OLDER IN 2019.^{1,2} THIS IS EXPECTED TO INCREASE TO 21.0% BY 2050.³

NEBRASKA POPULATION BY AGE (2019)²

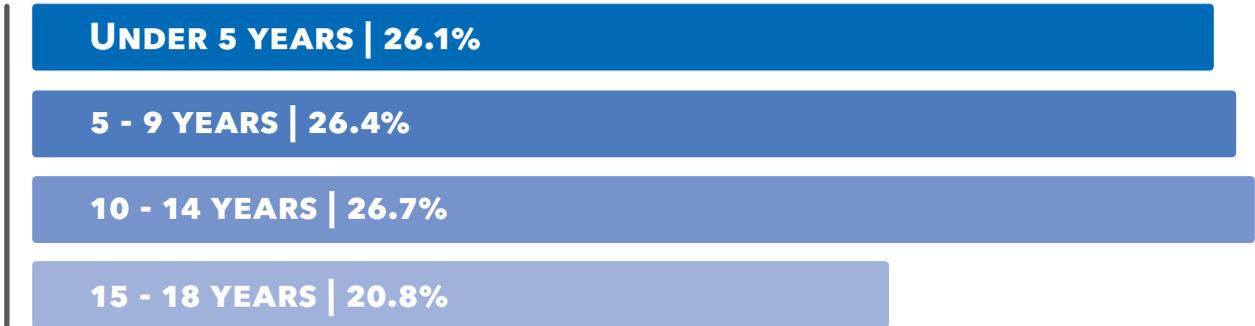


1. Executive Office of the President, Office of Management and Budget, Revised Delineations of Metropolitan Statistical Areas, Micropolitan Statistical Areas, and Combined Statistical Areas, and Guidance on Uses of the Delineations of These Areas, March 6, 2020; Annual Estimates of the Resident Population: July 1, 2019, Table PEPSYASEX.
 2. Annual Estimates of the Resident Population: July 1, 2019, Table PEPSYASEX.

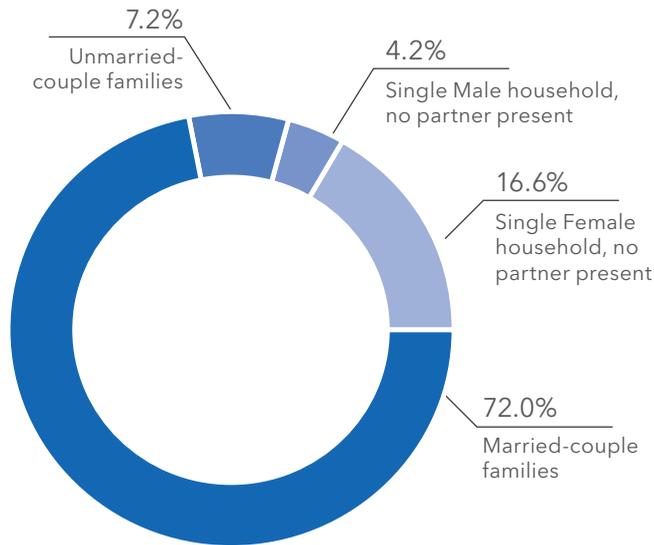


POPULATION

DISTRIBUTION OF NEBRASKA CHILDREN BY AGE (2019)¹



NEBRASKA HOUSEHOLDS WITH CHILDREN BY HOUSEHOLD TYPE (2019)²



1,366

OF NEBRASKA KIDS WERE LIVING IN GROUP QUARTERS* IN 2019.³

7,166 WERE LIVING IN NON-FAMILY HOUSEHOLDS IN 2019.⁴

28.0%

OF NEBRASKA KIDS WERE LIVING WITH AN UNMARRIED OR SINGLE PARENT IN 2019,² AN INCREASE FROM 12% IN 1980.⁵

5,362

NEBRASKA CHILDREN WERE LIVING WITH THEIR GRANDPARENT(S) WITHOUT A PARENT PRESENT IN 2019.⁶

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

1. Annual Estimates of the Resident Population: July 1, 2019, Table PEPSYASEX.

2. U.S. Census Bureau, 2019 American Community Survey 1-year Estimates, Table B09005.

3. U.S. Census Bureau, 2019 American Community Survey 1-year Estimates, Table B09001.

4. U.S. Census Bureau, 2019 American Community Survey 1-year Estimates, Table B09010.

5. U.S. Census Bureau, 2019 American Community Survey 1-year Estimates, Table B09005.

6. U.S. Census Bureau, 2019 American Community Survey 1-year Estimates, Table B10002.



HEALTH

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

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

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

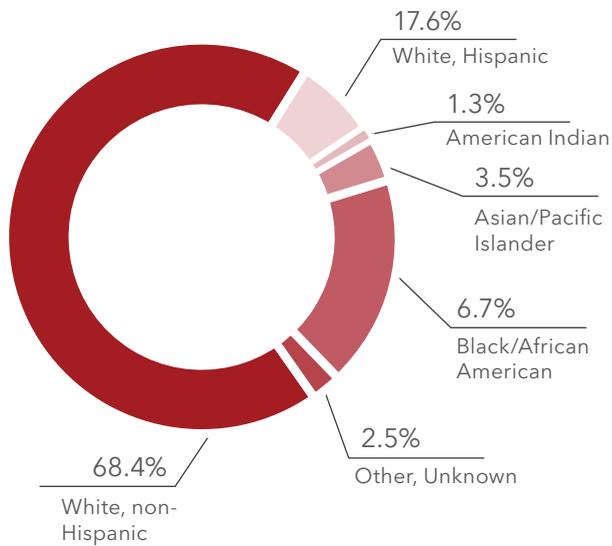
WHERE ARE THE DATA?

Births.....	33
Pre/post-natal health.....	34
Teen births & sexual behavior.....	35
Infant & child deaths.....	36
Health insurance.....	37
Behavioral health.....	38
Health risks.....	39
Adverse Childhood Experiences.....	41
Health services.....	42

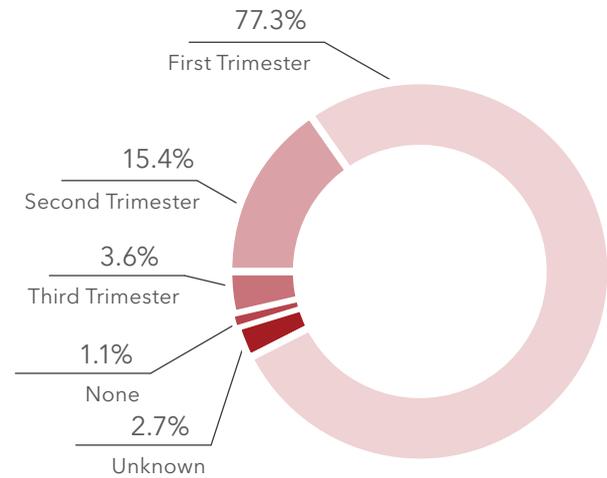


24,758 BABIES WERE BORN IN 2019.¹

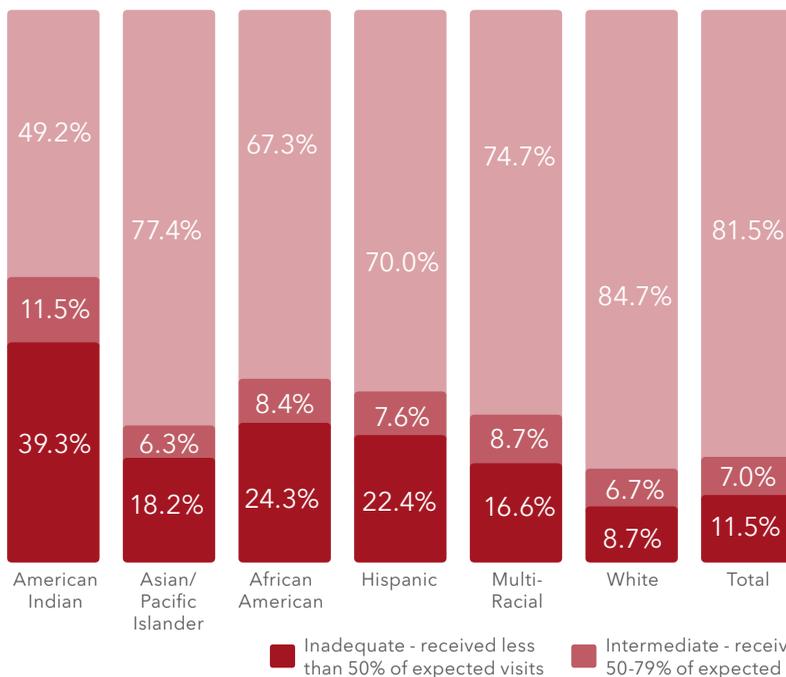
BIRTHS BY RACE & ETHNICITY (2019)¹



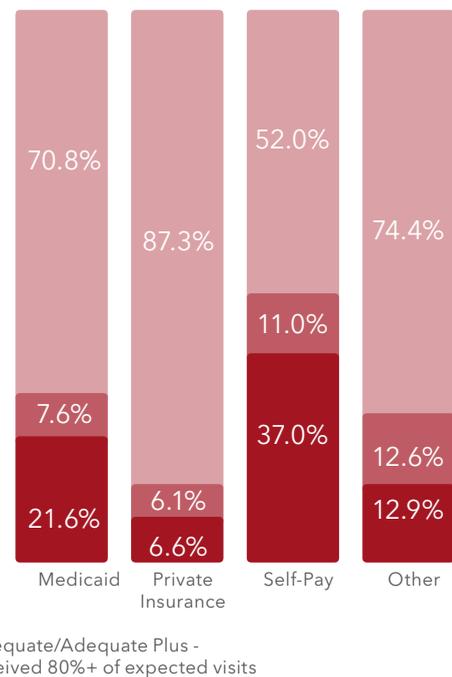
TRIMESTER PRENATAL CARE BEGAN (2019)²



ADEQUACY OF PRENATAL CARE BY RACE/ETHNICITY (2019)³



ADEQUACY OF PRENATAL CARE BY HEALTH INSURANCE TYPE (2019)³



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

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

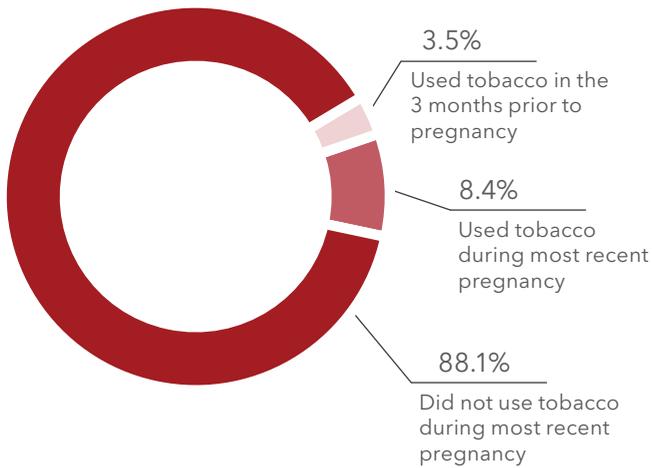
2. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS), Natality on CDC WONDER Online Database, for years 2016-2019 available October 2020.

3. National Center for Health Statistics, natality data, 2019, Prepared by March of Dimes, Perinatal Data Center.

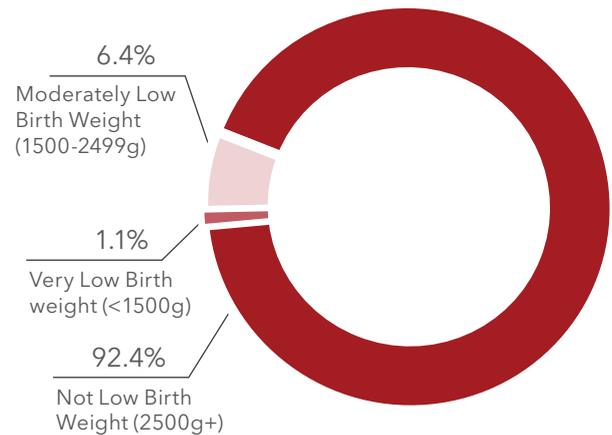


PRE/POST-NATAL HEALTH

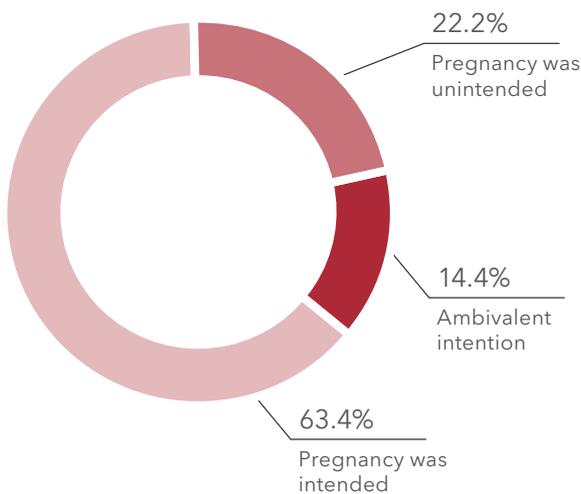
TOBACCO USE (2019)¹



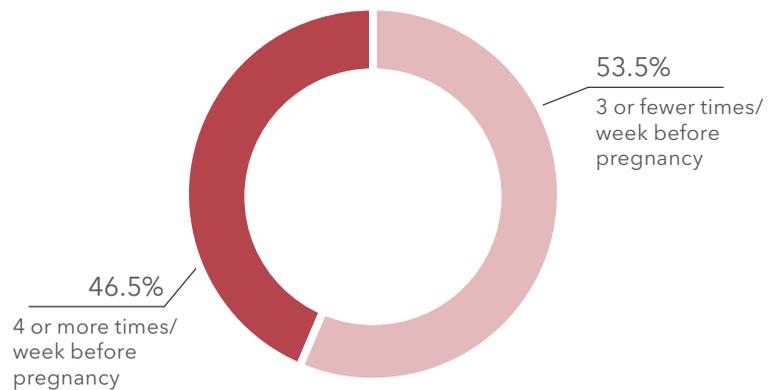
LOW BIRTH WEIGHT (2019)¹



PREGNANCY INTENDEDNESS (2019)²



FOLIC ACID USE PRIOR TO PREGNANCY (2019)²



BREASTFEEDING (2019)²

MOTHERS WHO BREASTFED AT ANY TIME | 90.5%

12.3% of new mothers experienced postpartum depression symptoms related to their most recent pregnancy.²

3.6% of women experienced physical abuse during the 12 months prior to pregnancy.²

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

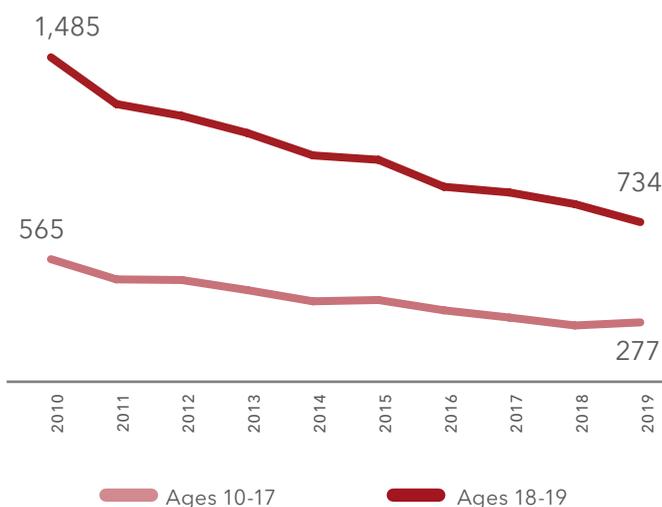
TEEN BIRTHS & SEXUAL BEHAVIOR



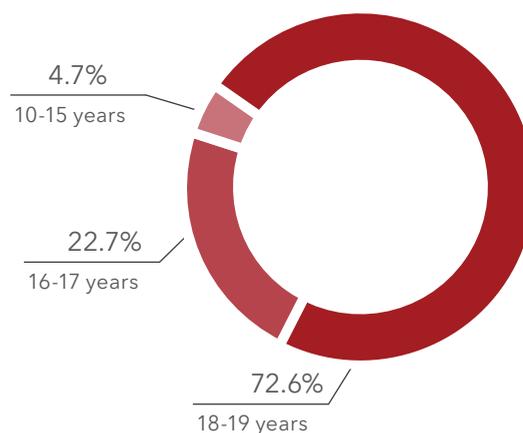
TEEN BIRTHS

Teen births are at the lowest point in a decade. In 2019 there were **1,011 babies** born to teen mothers, **277** to mothers who were 10-17 years old, **734** to mothers who were 18 or 19.¹

TEEN BIRTHS (2010-2019)¹



TEEN BIRTHS BY AGE (2019)¹



HIV/AIDS³

2019 Prevalence: 8 children ages 0-11 and 13 children ages 12-19

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

TEEN SEXUAL BEHAVIOR²

2019

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

NUMBER OF SEXUALLY TRANSMITTED INFECTIONS (STIs) AMONG THOSE 19 AND UNDER (2010-2019)⁴



1. "United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS), Natality on CDC WONDER Online Database, for years 2016-2019 available October 2020.", Kids Count 2019.
 2. Center for Disease Control and Prevention, Youth Risk Behavior Survey, 2019.
 3. HIV Surveillance, Nebraska Department of Health and Human Services.
 4. STD Prevention Program, Department of Health and Human Services (DHHS).



INFANT & CHILD DEATHS

CAUSES OF INFANT DEATHS (2019)

Maternal and Perinatal	19	15.6%
Birth Defects	29	23.8%
SIDS/SUDI	7	5.7%
Heart/Cardiovascular and Respiratory	22	18.0%
Accident	7	5.7%
Prematurity	13	10.7%
Homicide	-	-
Other	25	20.5%
Total	122	

INFANT MORTALITY

decreased to **4.9 per 1,000** births in 2019 from 5.9 per 1,000 births in 2018.

8 WOMEN

died in 2018 due to a cause related to or aggravated by pregnancy or its management.¹

INFANT MORTALITY BY RACE/ETHNICITY PER 1,000 BIRTHS (2018)

AMERICAN INDIAN | 9.0

ASIAN, PACIFIC ISLANDER | 2.0

BLACK | 10.4

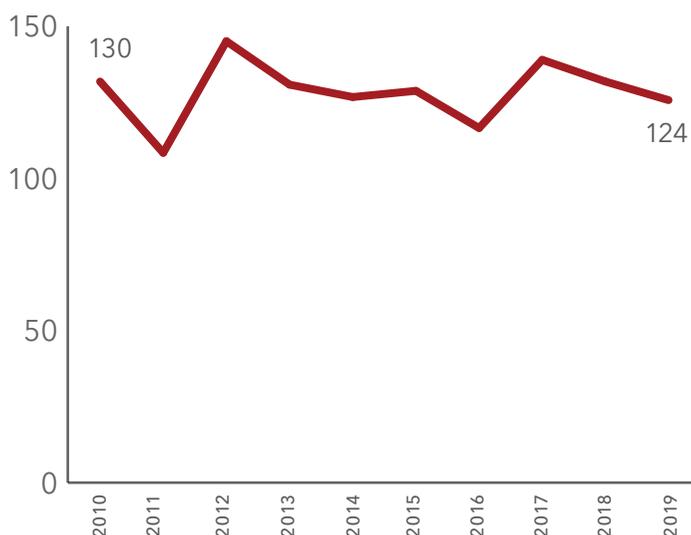
HISPANIC | 5.8

OTHER | 1.1

WHITE, NON-HISPANIC | 5.4

TOTAL | 5.9

CHILD DEATHS, AGES 1-19 (2010-2019)



CAUSES OF CHILD DEATHS (2019)

ACCIDENTS	54	43.5%
SUICIDE	19	15.3%
CANCER	12	9.7%
BIRTH DEFECTS	2	1.6%
HOMICIDE	10	8.1%
OTHER	27	21.8%

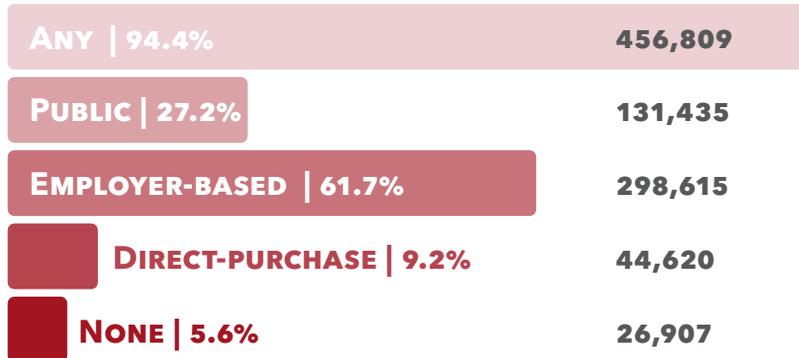
TOTAL 124

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

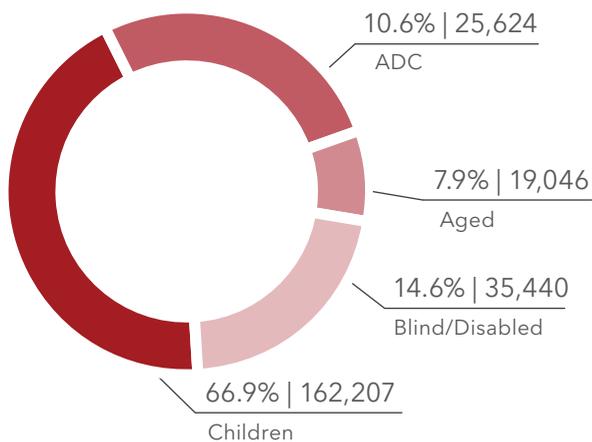
HEALTH INSURANCE



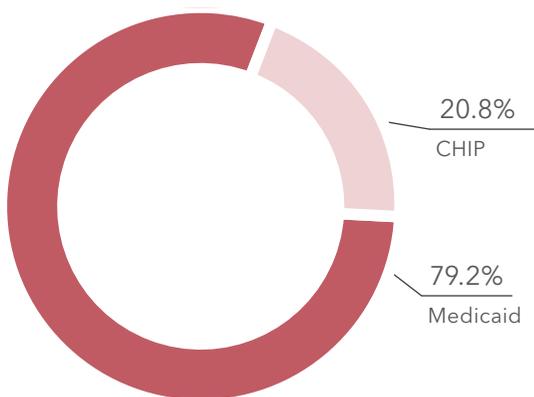
HEALTH COVERAGE FOR KIDS 18 & UNDER BY TYPE (2019)¹



MEDICAID/CHIP ELIGIBILITY BY CATEGORY (2019)^{2*}



MEDICAID/CHIP ENROLLMENT (2019)³



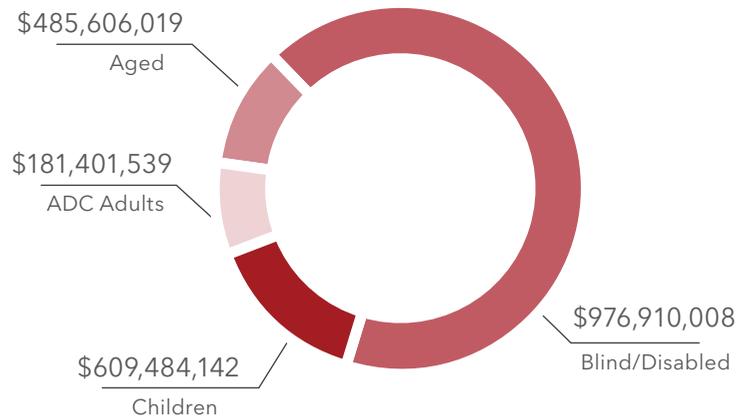
ACCESS TO HEALTH CARE

In 2019, there were **26,907 (5.6%)** uninsured children in Nebraska. Of those, **15,312 (56.9%)** were low-income (below 200% of the federal poverty level) and likely eligible, yet unenrolled in the Children's Health Insurance Program (CHIP).¹

162,207 CHILDREN WERE ENROLLED IN MEDICAID/CHIP IN SFY 2019.²

66.9% OF THOSE ENROLLED IN MEDICAID/CHIP ARE CHILDREN, BUT CHILDREN ONLY MAKE UP 27% OF MEDICAID COSTS.²

MEDICAID/CHIP EXPENDITURES BY CATEGORY (2019)^{2*}



UNINSURED CHILDREN BY RACE/ETHNICITY (2019)⁴

AMERICAN INDIAN	1,223	18.4%
ASIAN/PACIFIC ISLANDER	482	4.0%
BLACK/AFRICAN AMERICAN	1,639	5.7%
HISPANIC	9,460	11.1%
OTHER/2+	2,708	6.8%
WHITE, NON-HISPANIC	12,280	3.5%

1. U.S. Census Bureau, 2019 American Community Survey 1-year estimates, Table B27016.
 2. Nebraska Medicaid Annual Report for State Fiscal Year 2019.
 3. State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data.
 4. U.S. Census Bureau, 2019 American Community Survey 5-year estimates, Table B27001F-G.
 * "Children" category combines Medicaid and CHIP coverage. "Adults" are those aged 19-64 receiving Aid to Dependent Children, or temporary cash assistance through the state of Nebraska.



BEHAVIORAL HEALTH

An estimated **47,691** Nebraska children have been diagnosed with a mental/behavioral condition needing treatment.¹

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

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

- ANXIETY: **34,079**
- ADD/ADHD: **26,562**
- DEPRESSION: **17,082**
- AUTISM SPECTRUM DISORDER: **9,753**

61.6% OF CHILDREN needing mental health counseling actually received it.¹

CHILDREN RECEIVING COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES THROUGH DHHS (2019)³

MENTAL HEALTH SERVICES | 3,895

SUBSTANCE ABUSE SERVICES | 130

REGIONAL CENTERS (2019)³

152 YOUTH

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

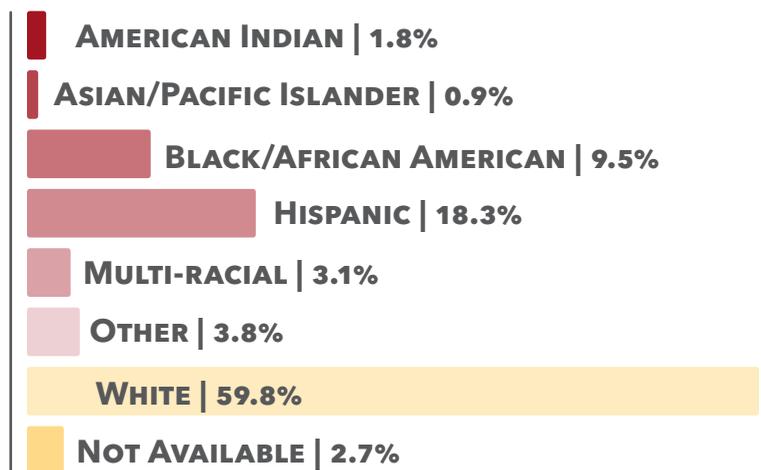
149 YOUTH

received services from Lincoln Regional Center at the Whitehall Campus.

SUICIDE IN THE LAST 12 MONTHS (2019)²

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

CHILDREN RECEIVING COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES BY RACE/ETHNICITY (2019)³



84% OF CHILDREN SIX MONTHS TO FIVE YEARS MET ALL FOUR MEASURES OF FLOURISHING.¹

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

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

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

216 CHILDREN received developmental services through Medicaid/CHIP (FY 2019).⁴

1. 2018-2019 National Survey of Children's Health.
 2. Center for Disease Control and Prevention, Youth Risk Behavior Survey, 2019.
 3. Division of Behavioral Health, Department of Health and Human Services.
 4. Financial and Program Analysis Unit, Nebraska Department of Health and Human Services.



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

MOTOR VEHICLE CRASHES AND SEAT BELT USE¹

2019

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

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

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

MOTOR VEHICLE CRASHES (2019)²

24 CHILDREN died and **121 CHILDREN** suffered disabling injuries in motor vehicle accidents.

25% CHILDREN who died were not wearing a seatbelt, and **28%** of those with disabling injuries were not wearing a seatbelt.

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

INJURIES AND VIOLENCE¹

2019

PERCENT OF CHILDREN WHO WERE IN A PHYSICAL FIGHT IN THE PAST 12 MONTHS **19.1%**

PERCENT OF CHILDREN WHO, IN THE PAST 12 MONTHS, WERE PHYSICALLY HURT ON PURPOSE BY SOMEONE THEY WERE DATING **6.9%**

PERCENT OF CHILDREN WHO WERE TREATED OR INJURED WITH A WEAPON ON SCHOOL PROPERTY **8.0%**

PERCENT OF CHILDREN BULLIED IN SCHOOL **21.3%**

PERCENT OF CHILDREN ELECTRONICALLY BULLIED **15.7%**

PERCENT OF CHILDREN WHO EXPERIENCED SEXUAL VIOLENCE **11.6%**

BLOOD LEAD LEVEL TESTING (2019)³

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

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

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

In 2019:

39,194 CHILDREN AGES 0 TO 5 had a blood lead level test.

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

14 NEBRASKA CHILDREN ages 1-18 were injured by a firearm necessitating hospitalization in 2019.⁴

5 were due to accidental discharge.

7 were due to assault.

1 was undetermined.

1 intentional self-harm.

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

2. Nebraska Department of Transportation.

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

4. Nebraska Hospital Information System.



HEALTH RISKS

TEEN ALCOHOL AND OTHER DRUG USE (2019)¹

IN THE PAST 30 DAYS HAD AT LEAST ONE (1) DRINK OF ALCOHOL **21.0%**

IN THE PAST 30 DAY HAD 5 OR MORE DRINKS IN A ROW WITHIN A COUPLE HOURS **8.2%**

USED MARIJUANA **25.6%**

USED ANY FORM OF COCAINE **3.5%**

USED ANY FORM OF HEROIN **1.9%**

USED INHALANTS TO GET HIGH **6.0%**

USED METH **2.1%**

USED ECSTASY OR MDMA **3.4%**

TOOK PRESCRIPTION DRUGS WITHOUT A DOCTOR'S PERMISSION **14.7%**

IN PAST 12 MONTHS, OFFERED, SOLD, OR GIVEN ILLEGAL DRUGS BY SOMEONE ON SCHOOL PROPERTY **24.0%**

TEEN TOBACCO USE (2019)¹

CURRENTLY SMOKES CIGARETTES, CIGARS, SMOKELESS TOBACCO, OR ELECTRONIC VAPOR PRODUCT **18.8%**

CURRENTLY SMOKES CIGARETTES **4.2%**

CURRENTLY USES SMOKELESS TOBACCO **3.6%**

CURRENTLY USES AN ELECTRONIC VAPOR PRODUCT **17.1%**

DOMESTIC VIOLENCE & SEXUAL ASSAULT²

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

DOMESTIC VIOLENCE/SEXUAL ASSAULT SERVICES (FY 2020)

SERVICES	Children	Women	Men	Total
PEOPLE	2,126	8,997	774	12,351
CHILDREN RECEIVED DOMESTIC VIOLENCE SHELTER SERVICES				672
CHILDREN RECEIVED DOMESTIC VIOLENCE NON-SHELTER SERVICES				1,425
CHILDREN RECEIVED DOMESTIC VIOLENCE GROUP SERVICES				882
CHILDREN RECEIVED DOMESTIC VIOLENCE ADVOCACY SERVICES				1,545
CHILDREN RECEIVED DOMESTIC VIOLENCE CRISIS INTERVENTION				777

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

2. Nebraska Coalition to End Sexual and Domestic Violence.

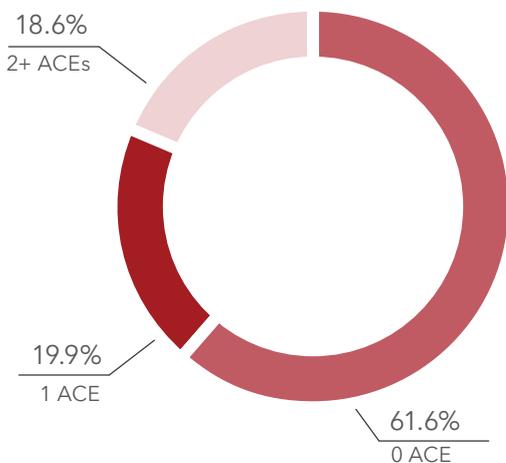
ADVERSE CHILDHOOD EXPERIENCES



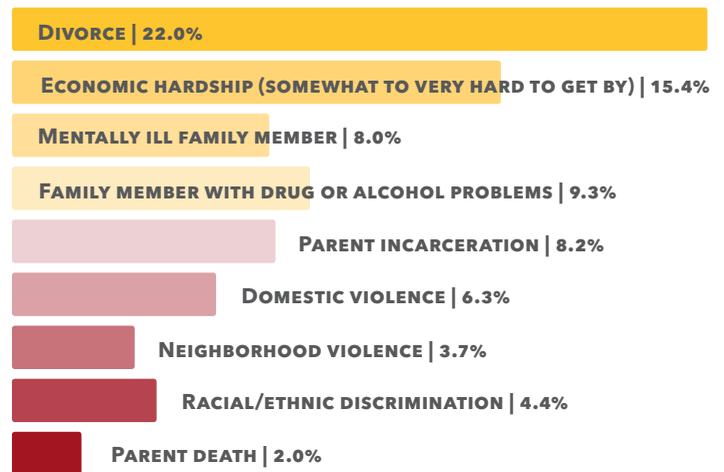
ADVERSE CHILDHOOD EXPERIENCES

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

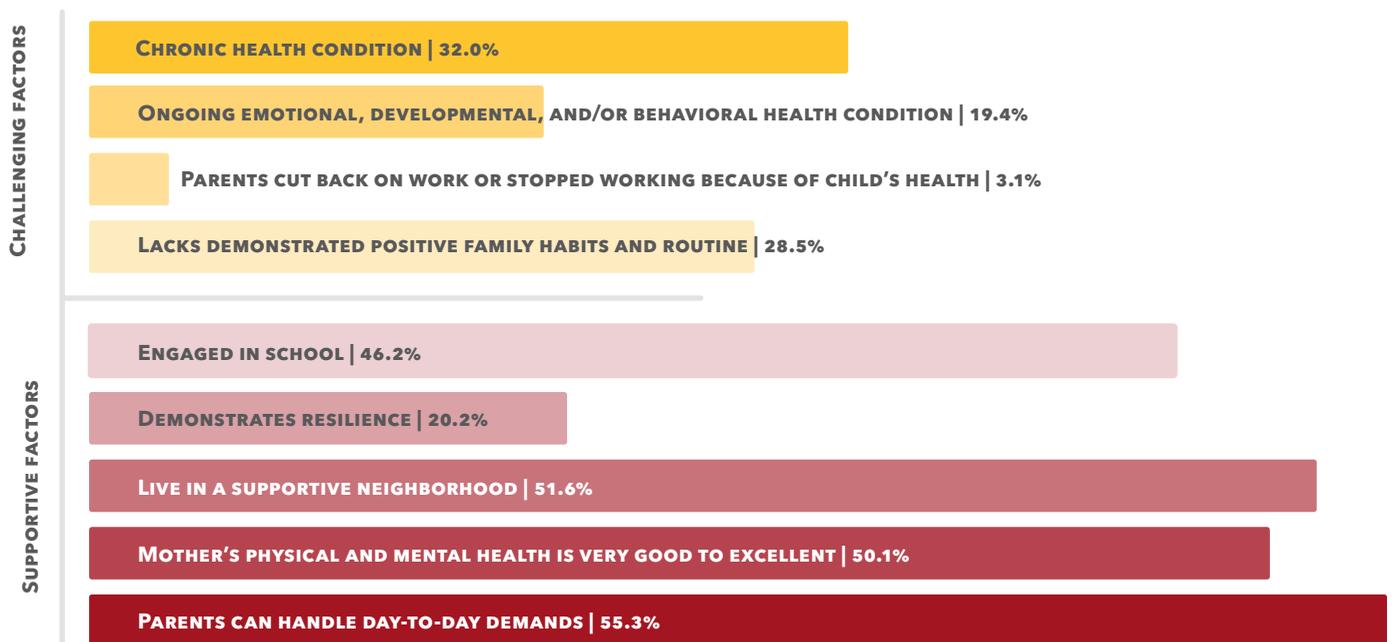
NUMBER OF ACEs CHILDREN EXPERIENCE (2019)²



TYPE OF ACE (2019)¹



AMONG CHILDREN WITH 1 OR MORE ACE, THE FOLLOWING WERE DISPLAYED (2019)²



1. 2018-2019 National Survey of Children's Health, Family Health and Activities, Indicator 6.13.
2. 2019 National Survey of Children's Health.



HEALTH SERVICES

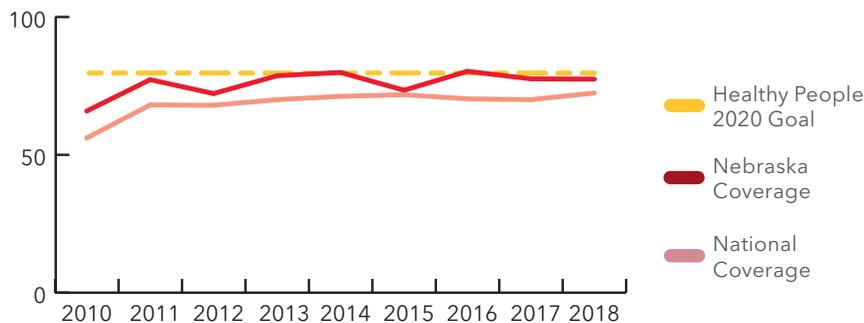
NUMBER OF MEDICAL PROVIDER SHORTAGES BY COUNTY (2020)¹

	# OF SHORTAGES
PRIMARY	79
MENTAL	74
DENTAL	70

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

- 1. GEOGRAPHIC AREAS** - a shortage of providers for the entire population within an area
- 2. POPULATION GROUPS** - a shortage of providers within an area for a specific high need population
- 3. FACILITIES** - health care facilities within an area have a shortage of health professionals to meet their needs

IMMUNIZATION SERIES COVERAGE (2010-2018)^{2,3}



IMMUNIZATIONS (2018)²

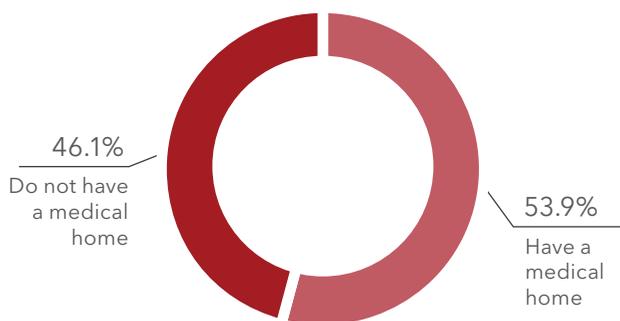
77.8% of Nebraska children had received the primary immunization series* by age three.

84.0% of Nebraska teens were immunized against meningitis caused by types A, C, W, and Y.

66.6% of Nebraska teen girls and **59.0%** of Nebraska teen boys completed their HPV vaccine series.

CHILDREN WITH A MEDICAL HOME (2019)^{3,4}

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



80.1% of children had a preventive dental visit in the past year.⁴

37.1% of children had one or more current health conditions.⁴

90.1% of children are in very good to excellent health.⁴

78.7% of children had a preventive medical visit in the past year.⁵

1. Health Resources & Services Administration, Health Professional Shortage Areas

2. National Immunization Survey-Child, 2018.

*Series 4:3:1:3:3:1:4

3. 2018-2019 National Survey of Children's Health, National Performance Measure 11.

4. 2018-2019 National Survey of Children's Health, National Performance Measure 13.2.

5. 2018 National Survey of Children's Health, Health Care Access and Quality, Indicator 4.1a.



EDUCATION



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

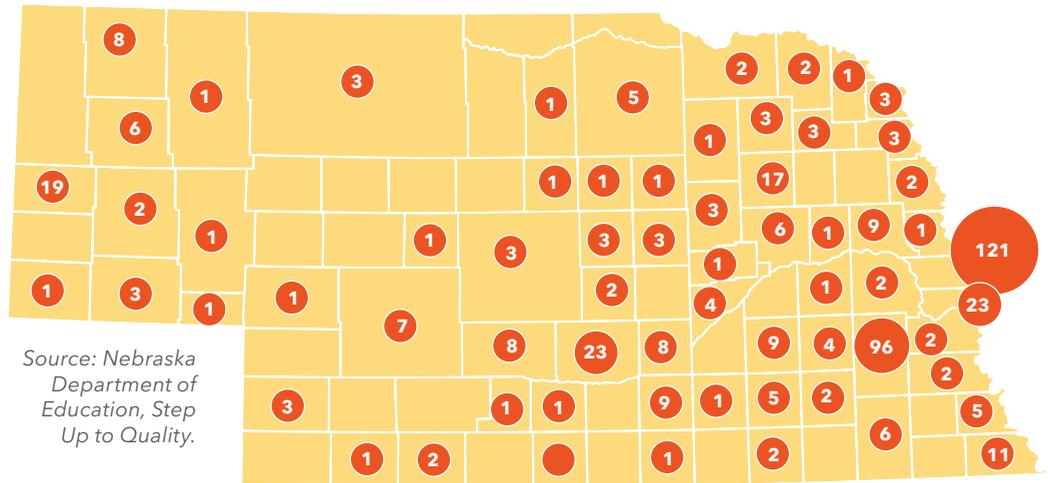
WHERE ARE THE DATA?

Head Start/Early Head Start.....	45
Early childhood education.....	46
Childcare.....	47
Free/Reduced Cost School Meals.....	48
Student characteristics.....	49
Test scores - reading	50
Test scores - math	51
Test scores - science	52
Absences & career readiness.....	53
Graduation & educational savings.....	54



NEBRASKA STEP UP TO QUALITY PROGRAMS BY COUNTY (AS OF 10/15/2020)

STEP UP TO QUALITY PROGRAMS	
486 PROGRAMS (10/15/2020)	
STEP 1	211
STEP 2	150
STEP 3-5	125



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

AS OF 10/15/2020 NEBRASKA HAD

486 STEP UP TO QUALITY PROGRAMS

STEP UP TO QUALITY PROGRAM PROVIDERS BY STEP (10/15/2020)

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

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

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



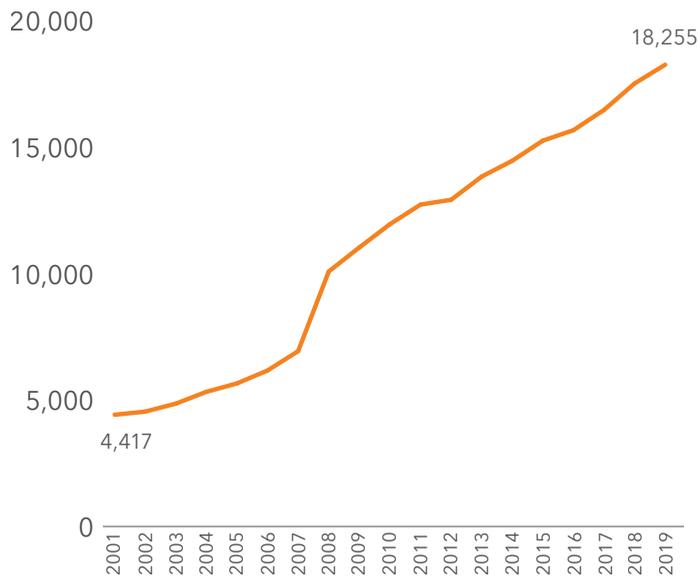
EARLY CHILDHOOD EDUCATION

SCHOOL-BASED PRESCHOOL (2018/19)¹

18,255

children were enrolled in public school-based preschool.

PUBLIC SCHOOL PRESCHOOL ENROLLMENT (2000/01 - 2018/19)¹



6,340

children were served in 19 Early Head Start and 19 Head Start programs in the 2018/19 program year.²

144

pregnant women were served in Early Head Start in the 2018/19 program year.²

7.9%

of the children served by Early Head Start/Head Start in 2018/19 were homeless and

4.9

were in foster care.²

EARLY DEVELOPMENT NETWORK (2018/19)

The Early Development Network (EDN) serves infants and toddlers, birth to age three, with disabilities and their families.

2,331

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

- 1,955 with a developmental delay
- 129 with a speech language impairment
- 86 with a hearing impairment
- 32 with autism
- 129 with some other disability

Source: Nebraska Department of Education, Office of Special Education.

SIXPENCE (2018/19)³

Sixpence serves children birth to age three who are at risk of failure in school and is funded through public and private dollars. There were **31** Sixpence programs in the state of Nebraska in the 2018/19 program year serving:

969

families

85

pregnant moms

1,131

children

1. Nebraska Department of Education.

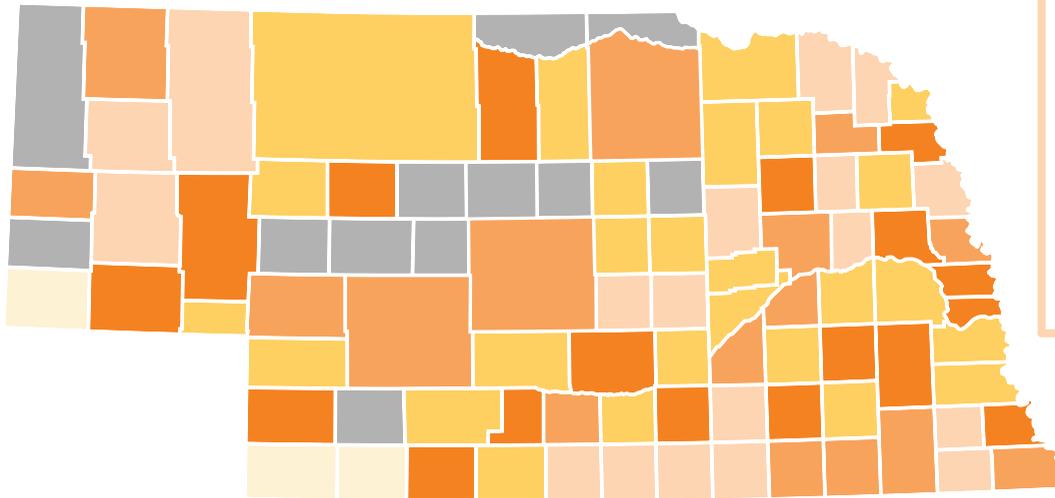
2. Nebraska Department of Education, Head Start State Collaborative Office.

3. Sixpence Early Learning Fund 2018-19 Evaluation Report UNMC.



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

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



■ No facilities ■ 1-24 ■ 25-49 ■ 50-74 ■ 75-99 ■ 100+

LICENSED CHILD CARE FACILITIES (2020)

3,005

TOTAL LICENSED CHILD CARE FACILITIES

112,410

CHILDREN UNDER 6 ESTIMATED TO NEED CHILD CARE

Source: Roseter of Licensed Child Care and Preschool Programs in Nebraska; U.S. Census 2018 American Community Survey 5-Year Estimate, Table B23008.

5.4% (8,644)

OF NEBRASKA PARENTS OF CHILDREN 0-5 QUIT, DID NOT TAKE, OR GREATLY CHANGED THEIR JOB BECAUSE OF CHILD CARE PROBLEMS IN 2018/19.²

ANNUAL CHILD CARE COSTS (2019)¹

CENTER-BASED CARE

INFANT	\$12,273
4-YEAR-OLD	\$11,117

HOME-BASED CARE

INFANT	\$12,451
4-YEAR-OLD	\$12,451

CHILD CARE SUBSIDIES (SFY 2019)³

- There were **27,892** children in Nebraska who received child care subsidies in SFY 2019. **1,705** children were in the care of a license-exempt facility.
- An average of **16,718** children received a subsidy each month for an average of **7 months**. **12,257** were below school age, and **5,931** were school age.
- **18,394** children receiving a subsidy were from a family living below 100% FPL, **5,051** were from families between 100%-130% FPL and **2,754** were from families between 130%-185% FPL.
- **\$54,822,017** in state and **\$47,518,650** in federal funds were spent on the child care subsidy program.

1. ChildCare Aware of America, 2019 State Child Care Facts in the State of Nebraska; U.S. Census Bureau, ACS 5-year estimates 2013-2017, Table B19126.

2. 2018-2019 National Survey of Children's Health, Family Health and Activities, Indicator 6.17.

3. Nebraska Department of Health and Human Services (DHHS).



FREE/REDUCED COST SCHOOL MEALS

MEAL PROGRAM PARTICIPATION (2018/19)

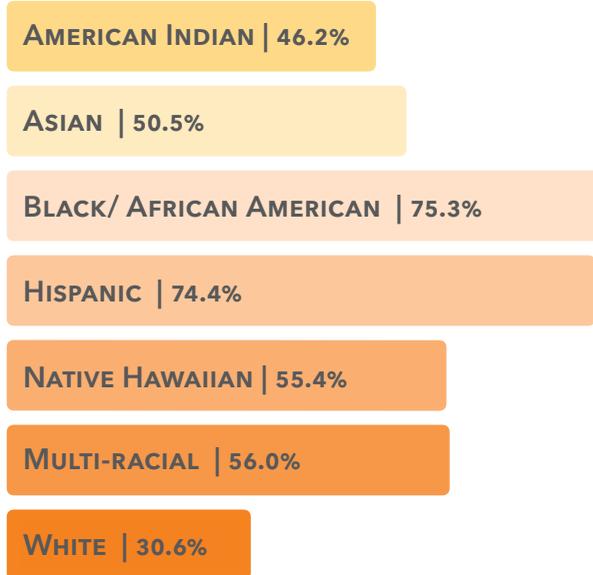
BREAKFAST	LUNCH
269 DISTRICTS	374 DISTRICTS
770 SCHOOLS/SITES	932 SCHOOLS/SITES

COMMUNITY ELIGIBILITY (2018/19)

	SITES	CHILDREN
ELIGIBLE	283	110,686
SERVED	31	7,118

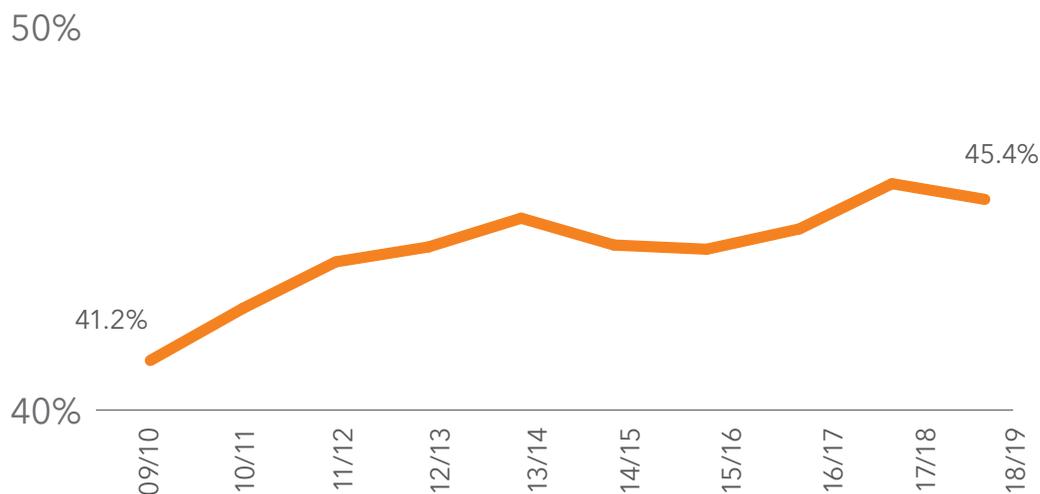
Community Eligibility allows schools in high-poverty areas to serve school meals at no cost to all enrolled students without collecting households applications. The number of children eligible for Community Eligibility is based on proxy data.

PERCENT CHILDREN ELIGIBLE FOR FREE OR REDUCED PRICE SCHOOL MEALS BY RACE/ETHNICITY (2018/19)



There were **524** Summer Food Participation sites in 2019, each serving an average of **167** meals daily.

PERCENT STUDENTS ELIGIBLE FOR FREE OR REDUCED PRICE SCHOOL MEALS (2009/10 - 2018/19)

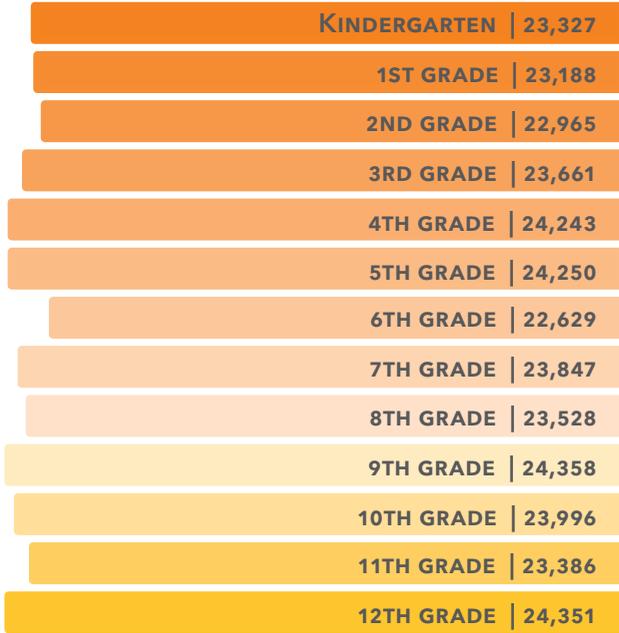


Source: Nebraska Department of Education.

K-12 STUDENT CHARACTERISTICS

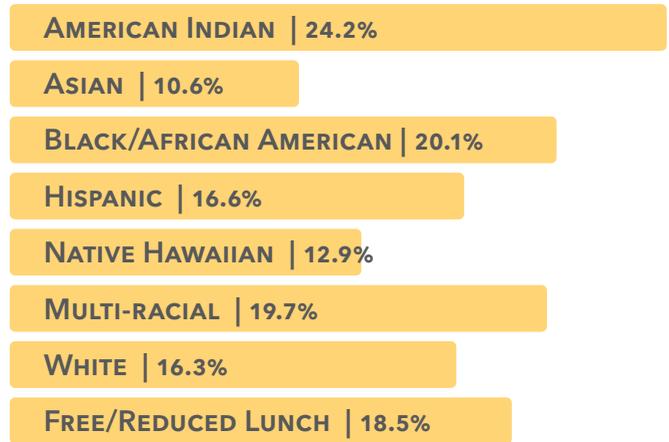


SCHOOL MEMBERSHIP BY GRADE (2018/19)



325,984 children were enrolled in public school in 2018/19.

SPECIAL EDUCATION CLASSIFICATION (2018/19)



4.6%

of Nebraska school students were highly mobile, meaning they enrolled in two or more public schools during the 2018/19 school year. Higher school mobility is correlated with lower achievement.

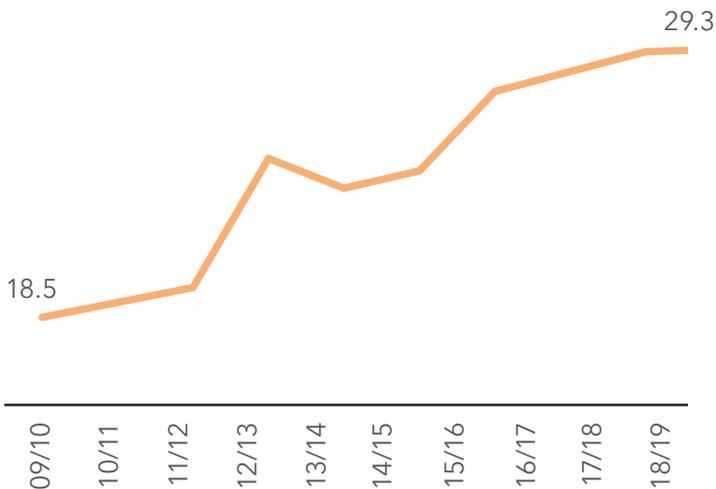
15.5%

of students were classified as Special Education (2018/19).

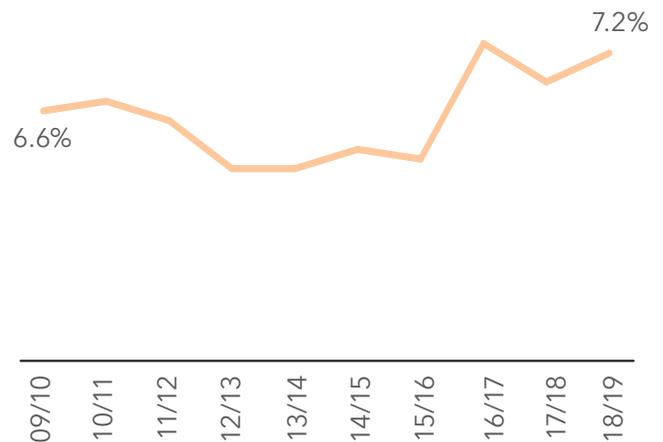
13.0%

of students were classified as High Ability Learners (2018/19).

RATE OF HOME SCHOOLED STUDENTS PER 1,000 STUDENTS (2009/10 - 2018/19)



PERCENT OF STUDENTS WHO WERE ENGLISH LANGUAGE LEARNERS (2009/10 - 2018/19)



1. Nebraska Department of Education.



ENGLISH LANGUAGE ARTS PROFICIENCY

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

Source: Child Trends, Reading Proficiency.

3RD GRADE (2018/19)

56.0%

of children overall
proficient in English
Language Arts

41.0%

of low-income children
proficient in English
Language Arts

AMERICAN INDIAN | 32%

ASIAN | 60%

BLACK/AFRICAN AMERICAN | 31%

HISPANIC | 40%

NATIVE HAWAIIAN/PACIFIC ISLANDER | 55%

MULTI-RACIAL | 54%

WHITE | 64%

8TH GRADE (2018/19)

50.0%

of children overall
proficient in English
Language Arts

33.0%

of low-income children
proficient in English
Language Arts

AMERICAN INDIAN | 26%

ASIAN | 57%

BLACK/AFRICAN AMERICAN | 27%

HISPANIC | 34%

NATIVE HAWAIIAN/PACIFIC ISLANDER | 51%

MULTI-RACIAL | 44%

WHITE | 58%

11TH GRADE (2018/19)

51.2%

of children overall proficient
in English Language Arts

31.4%

of low-income children
proficient in English
Language Arts

AMERICAN INDIAN | 19%

ASIAN | 51%

BLACK/AFRICAN AMERICAN | 23%

HISPANIC | 29%

NATIVE HAWAIIAN/PACIFIC ISLANDER | 36%

MULTI-RACIAL | 44%

WHITE | 61%

Sources: Nebraska Department of Education

MATH PROFICIENCY



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

Source: Child Trends, Mathematics Proficiency.

5TH GRADE (2018/19)

54%

of children overall are proficient in math

38%

of low-income children are proficient in math

AMERICAN INDIAN | 26%

ASIAN | 64%

BLACK/AFRICAN AMERICAN | 26%

HISPANIC | 38%

NATIVE HAWAIIAN/PACIFIC ISLANDER | 50%

MULTI-RACIAL | 47%

WHITE | 62%

8TH GRADE (2018/19)

47%

of children overall are proficient in math

29%

of low-income children are proficient in math

AMERICAN INDIAN | 18%

ASIAN | 58%

BLACK/AFRICAN AMERICAN | 19%

HISPANIC | 29%

NATIVE HAWAIIAN/PACIFIC ISLANDER | 49%

MULTI-RACIAL | 37%

WHITE | 56%

11TH GRADE (2018/19)

52%

of children overall are proficient in math

32%

of low-income children are proficient in math

AMERICAN INDIAN | 20%

ASIAN | 50%

BLACK/AFRICAN AMERICAN | 19%

HISPANIC | 29%

NATIVE HAWAIIAN/PACIFIC ISLANDER | 44%

MULTI-RACIAL | 44%

WHITE | 62%

Sources: Nebraska Department of Education



SCIENCE PROFICIENCY

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

Source: Child Trends, Science Proficiency.

5TH GRADE (2018/19)

69%

of children overall are proficient in science

54%

of low-income children are proficient in science

AMERICAN INDIAN | 38%

ASIAN | 66%

BLACK/AFRICAN AMERICAN | 39%

HISPANIC | 53%

NATIVE HAWAIIAN/PACIFIC ISLANDER | 58%

MULTI-RACIAL | 64%

WHITE | 78%

8TH GRADE (2018/19)

63%

of children overall are proficient in science

45%

of low-income children are proficient in science

AMERICAN INDIAN | 34%

ASIAN | 63%

BLACK/AFRICAN AMERICAN | 31%

HISPANIC | 41%

NATIVE HAWAIIAN/PACIFIC ISLANDER | 72%

MULTI-RACIAL | 56%

WHITE | 73%

11TH GRADE (2018/19)

53%

of children overall are proficient in science

33%

of low-income children are proficient in science

AMERICAN INDIAN | 23%

ASIAN | 51%

BLACK/AFRICAN AMERICAN | 22%

HISPANIC | 29%

NATIVE HAWAIIAN/PACIFIC ISLANDER | 40%

MULTI-RACIAL | 47%

WHITE | 63%

Sources: Nebraska Department of Education.

ABSENCES & CAREER READINESS



768 (0.3%)

students in public and nonpublic schools were expelled during the 2018/19 school year.

67,804 (22%)

STUDENTS WERE ABSENT 10-19 DAYS

16,252 (5.3%)

STUDENTS WERE ABSENT 20-29 DAYS

27,931 (9.0%)

students in public and nonpublic schools were suspended during the 2018/19 school year.

12,854 (4.2%)

STUDENTS WERE ABSENT 30+ DAYS

1,876

STUDENTS IN PUBLIC AND NONPUBLIC SCHOOLS DROPPED OUT IN 2018/19.

Source: Nebraska Department of Education.

69.6%

of Nebraska's 2018/19 public high school graduates had enrolled in college by April 2019.¹

43.4% of

students who enrolled in a 2-year public college in fall 2013 completed within six years.¹

15,000 (8.0%)

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

15,042

STUDENTS were enrolled in a career academy or dual credit courses in 2018/19.¹

95,000 (51%)

young people age 18-24 were enrolled in or completed college.³

22,452 STUDENTS

of the 2019 graduation cohort took the ACT with average composite score of 19.3.²

70.0% of

students who enrolled in a 4-year public college in fall 2013 completed within six years.¹

4,000 (4%)

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

1. National Student Clearinghouse Research Center.

2. Nebraska Department of Education.

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



GRADUATION & EDUCATIONAL SAVINGS

20,491

students completed high school in four years in 2018/19.

NEBRASKA EDUCATIONAL SAVINGS PLAN TRUST (AS OF SEPTEMBER 30, 2020)

17.7%

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

283,548

NEST Educational Savings Accounts

17,873

new NEST educational savings accounts opened in 2020 as of Sep. 30, 2020

\$21,164

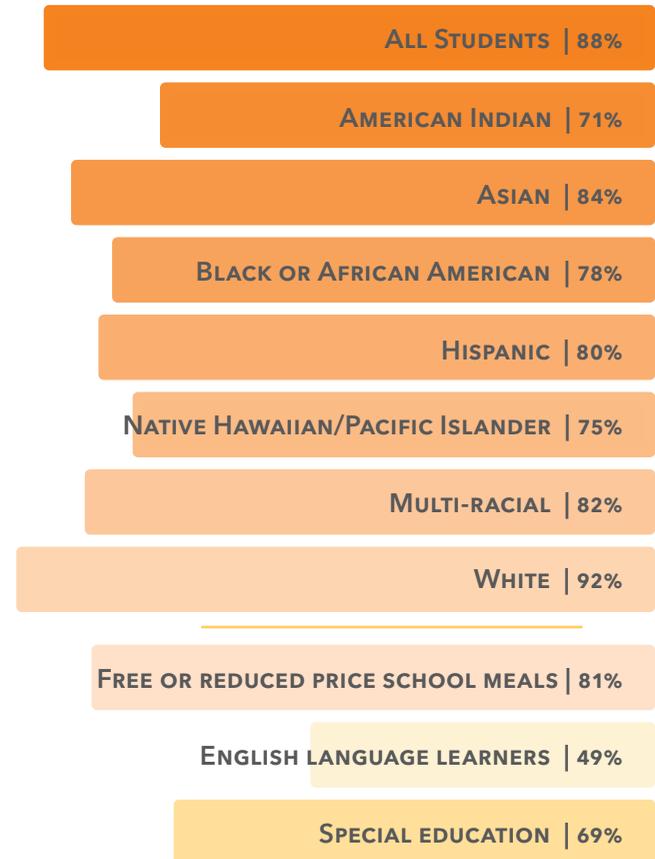
average value of Nebraska NEST accounts

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

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

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

4-YEAR COHORT GRADUATION RATE (2018/19)



91.3%

2019 extended 5-year graduation rate*

a decrease from **91.5%** from the 2017 cohort 5-year graduation rate.

318

16-21 year olds took the GED in 2017/18 with **57.5%** completing successfully.

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



ECONOMIC STABILITY

SAVING FOR THE FUTURE

Our children, communities, and state are stronger when all Nebraska families are able to participate fully in the workforce and establish financial security. We must ensure that families are able to meet their children's basic needs and save for the future. A robust system of supports should help families make ends meet as they work toward financial independence. Hardworking families should have a fair share in the success of our state's economy. When families need assistance in meeting the basic needs of their children, public benefit programs should work efficiently and be easy for families to use. Parents should not have to choose between the job they need and the family they love. All families should have the opportunity to invest in their children's future and be able to access community resources that are well-funded by fair tax policies.

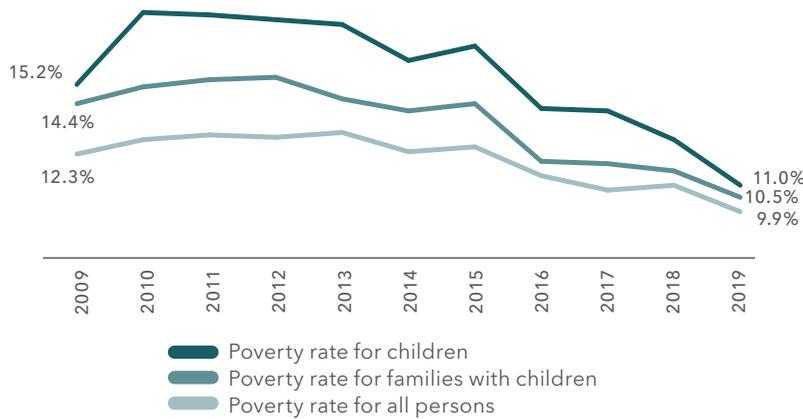
WHERE ARE THE DATA?

Poverty.....	57
Making ends meet.....	58
Housing & homelessness.....	59
Hunger.....	60
SNAP & WIC.....	61
Custody.....	62
Employment & income.....	63
Transportation & taxes.....	64

POVERTY



NEBRASKA POVERTY (2009-2019)¹



FAMILY STRUCTURE AND POVERTY (2019)²

34.3%
of children living in single-mother households are in poverty.³

13.7%
of children living in single-father households are in poverty.³

3.8%
of children living in married-couple households are in poverty.³

26.7%
of children living with a grandparent without a parent present are in poverty (2018).⁴

51,085 Nebraska children were living in poverty in 2019, **21,827** of which were in extreme poverty (<50% of the Federal Poverty Line).⁵

NEBRASKA POVERTY RATES BY RACE AND ETHNICITY (2018)⁶

CHILD POVERTY RATE (17 AND UNDER)

OVERALL POVERTY RATE

American Indian or Alaska Native alone	37.9%	31.0%
Asian or Pacific Islander alone	16.5%	18.3%
Black or African American alone	35.8%	27.1%
Hispanic or Latino alone	27.8%	21.6%
Two or more races	22.4%	20.2%
White alone (non-Hispanic)	9.0%	8.7%

2020 FEDERAL POVERTY LEVEL (FPL) GUIDELINES⁷

PROGRAM ELIGIBILITY	Child Care Subsidy (non-ADC) and SNAP		Medicaid Expansion	WIC, Reduced Price Meals, Transitional Child Care Subsidy		Kids Connection (CHIP)	ACA Exchange Tax Credits		
	% OF FPL	100%	130%	138%	150%	185%	213%	300%	400%
FAMILY SIZE	1	\$12,760	\$16,588	\$17,609	\$19,140	\$23,606	\$27,179	\$38,280	\$51,040
	2	\$17,240	\$22,412	\$23,791	\$25,860	\$31,894	\$36,721	\$51,720	\$68,960
	3	\$21,720	\$28,236	\$29,974	\$32,580	\$40,182	\$46,264	\$65,160	\$86,880
	4	\$26,200	\$34,060	\$36,156	\$39,300	\$48,470	\$55,806	\$78,600	\$104,800
	5	\$30,680	\$39,884	\$42,338	\$46,020	\$56,758	\$65,348	\$92,040	\$122,720
	6	\$35,160	\$45,708	\$48,521	\$52,740	\$65,046	\$74,891	\$105,480	\$140,640
	7	\$39,640	\$51,532	\$54,703	\$59,460	\$73,334	\$84,433	\$118,920	\$158,560
	8	\$44,120	\$57,356	\$60,886	\$66,180	\$81,622	\$93,976	\$132,360	\$176,480

1. U.S. Census, 2019 American Community Survey 1-year estimate, Table B17001.

2. U.S. Census, 2019 American Community Survey 1-year estimate, Table B17006.

3. U.S. Census, 2018 American Community Survey 5-year estimate, Table S1001.

4. HH Poverty Guidelines for 2020.

5. U.S. Census, 2019 American Community Survey 1-year estimate, Table B17024

6. U.S. Census Bureau, 2018 American Community Survey 5-year Estimates, Table B17001H

7. Nebraska Department of Health and Human Services, Child Care



MAKING ENDS MEET

MAKING ENDS MEET

Nebraskans pride themselves on being hard-working people. In 2019, 79.4% of children in our state had all available parents in the workforce.¹ Unfortunately, having high labor force participation doesn't always translate into family economic stability.

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

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

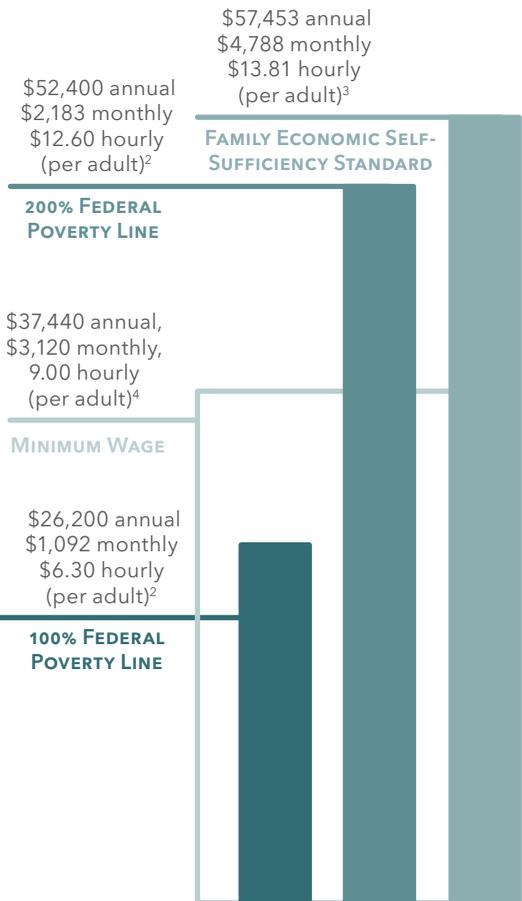
1. U.S. Census, 2019 American Community Survey 1-year estimate, Table B23008.

2. HH Poverty Guidelines for 2020.

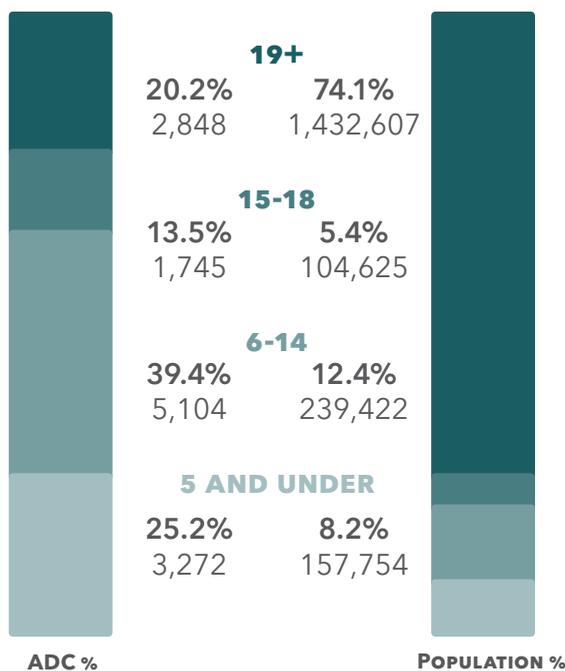
3. Voices for Children in Nebraska, Family Bottom Line

4. US Department of Labor

2 ADULT, 2 CHILD FAMILY (2019)



ADC RECIPIENTS VS POPULATION BY AGE (2019)⁶



AID TO DEPENDENT CHILDREN (ADC) (SFY 2019)⁵

10,687 Average monthly number of children receiving ADC.

4,939 Average monthly number of families receiving ADC.

\$424 Average monthly ADC payment per family.

87 Number of cases reaching 60-month eligibility limit.

2.2 Average number of children per ADC family.

\$25,073,666 Total ADC payments (Includes both state and federal funds).

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

6. Annual Estimates of the Resident Population: July 1, 2019, Table PEPSYASEX

HOUSING & HOMELESSNESS



HOMELESSNESS

With funds from the Nebraska Homeless Assistance Program (NHAP), agencies served people who were experiencing homelessness or near homelessness. NHAP is funded through the Housing and Urban Development Emergency Solutions Grant Program and the Nebraska Homeless Shelter Assistance Trust Fund. Not all eligible people receive services with NHAP funding.

In 2019, with NHAP funds, homeless assistance providers served:

In 2019, HUD/NHAP served:

8,432 people experiencing homelessness.

1,597 children ages 18 and under experiencing homelessness.

2,536 families with children experiencing homelessness.

35 unaccompanied children experiencing homelessness.

2,760 people at risk of homelessness.

1,305 children at risk of homelessness.

2,130 families with children at risk of homelessness.

1 unaccompanied children at risk of homelessness.

Source: Nebraska Homeless Assistance Program

HOMEOWNERSHIP

Homeownership provides a sense of stability for children and communities.

70.3% OF FAMILIES WITH CHILDREN OWNED THEIR HOME IN 2019.¹

In 2019, Nebraska Public Housing had:²

12,653 vouchers

7,181 public housing units

4,658 units were one bedroom (non-family).

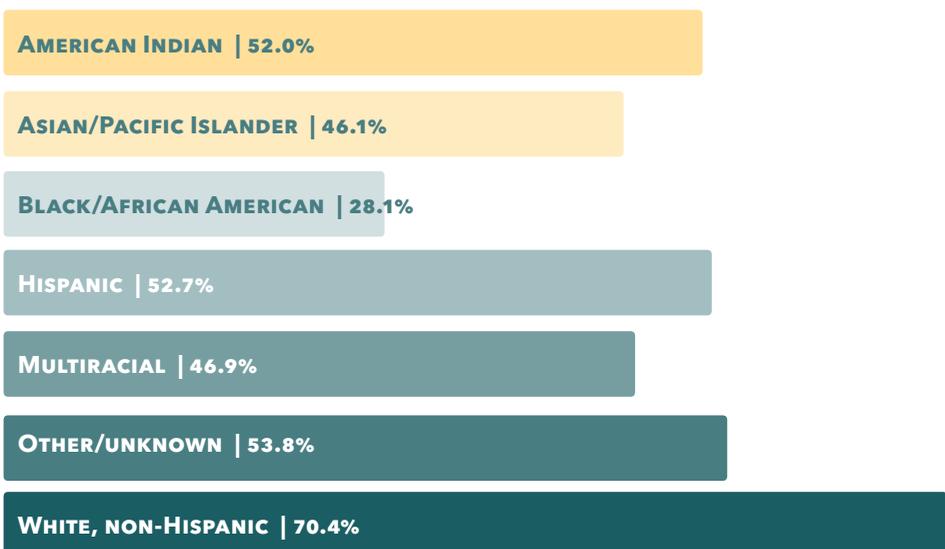
38,000 children (8%) lived in crowded housing with more than one person/room.³

24,000 children (5%) lived in areas of concentrated poverty.³

98,000 children (21%) lived in households with a high housing cost burden.³

79,000 children (49%) in households with low-incomes had a high housing cost burden.³

HOMEOWNERSHIP BY RACE/ETHNICITY (2018)⁴



1. U.S. Census Bureau, 2019 American Community Survey 1-year Estimates, Table B25115.

2. Nebraska Office of Public Housing, HUD.

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

4. U.S. Census Bureau, 2018 American Community Survey 5-year Estimates, Table B17001B-1.



HUNGER



1 IN 9 NEBRASKA HOUSEHOLDS DON'T KNOW WHERE THEIR NEXT MEAL IS COMING FROM.¹

HOUSEHOLDS EXPERIENCING FOOD INSECURITY IN NEBRASKA (2009-2019)¹



Approximately **84,348** households in Nebraska were food-insecure in 2019, a decrease from **88,350** in 2018. This means that someone in the household has disrupted their eating patterns or reduced their intake of food because there was not enough food in the house to eat.

16.7% OF NEBRASKA CHILDREN EXPERIENCED FOOD INSECURITY (2018).²

64% OF CHILDREN EXPERIENCING FOOD INSECURITY WERE LIKELY ELIGIBLE FOR FEDERAL NUTRITION ASSISTANCE (2018).²

1. U.S. Department of Agriculture, Household Food Security in the United States in 2019.
2. Feeding America, Map the Meal Gap, Child Food Insecurity in Nebraska, 2018.



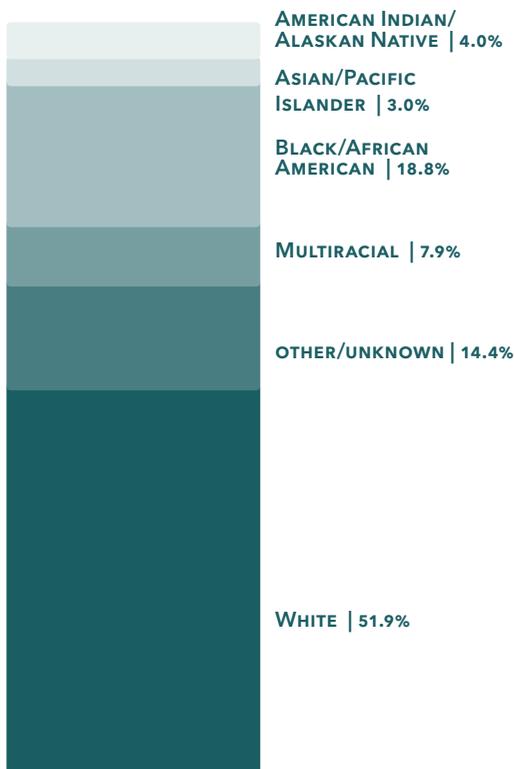
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

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

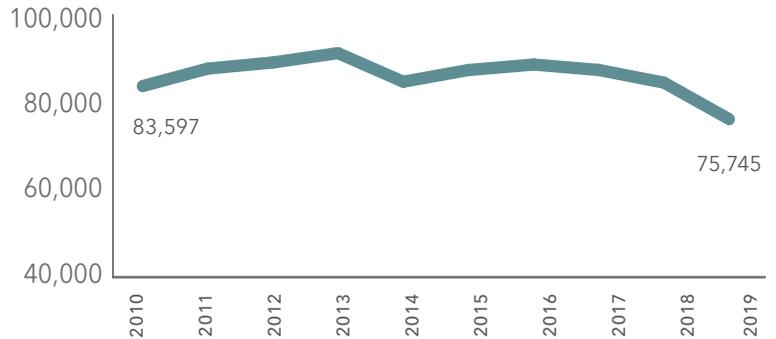
In Nebraska in 2017, SNAP moved about 8,700 households above the poverty line.

Source: *Characteristics of the Supplemental Nutrition Assistance Program Households: Fiscal Year 2017, USDA, Food Nutrition Services, The Office of Policy Support, Tables B.12, B.13.*

SNAP PARTICIPANTS BY RACE (2019)¹



AVERAGE NUMBER OF CHILDREN ENROLLED IN SNAP (JUNE 2010-2019)²



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

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

WOMEN, INFANTS, AND CHILDREN (WIC) (2019)²

Of the monthly average **33,516** WIC participants in 2019:

- **7,534** were women;
- **7,909** were infants; and
- **18,074** were children

WIC services are provided at **100 clinics** in **93 counties**.

\$63.59

AVERAGE MONTHLY COST PER PARTICIPANT IN 2019.²

1. *Financial Services, Operations, Nebraska Department of Health and Human Services (DHHS).*
2. *Nebraska WIC Program*



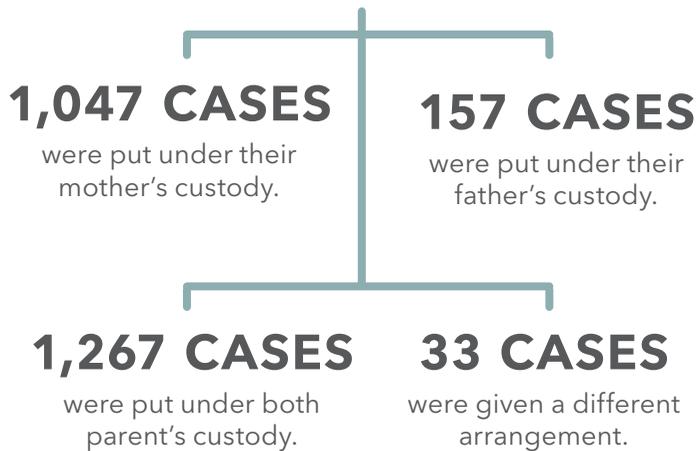
CUSTODY

MARRIAGE AND DIVORCE

IN 2019...

10,665 COUPLES & **5,143**
were married & were divorced.

4,584 CHILDREN
experienced their
parents divorcing.



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

INFORMAL KINSHIP CARE

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

13,000 (3.0%)¹ CHILDREN WERE LIVING IN KINSHIP CARE (2019 3-YEAR AVERAGES).

10,861 (2.3%)² WERE LIVING WITH A GRANDPARENT WHO WAS THEIR PRIMARY CAREGIVER IN 2019.

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

2. U.S. Census Bureau, 2019 American Community Survey 1-year Estimates, Table B10002; U.S. Census Bureau, Annual Estimates of the Resident Population: July 1, 2019. Table PEPSYASEX.

CHILD SUPPORT (2019)

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

100,820 cases received CSE assistance, **71.7%** of cases with child support obligation.

94,795 were non-ADC cases.*

6,025 were ADC cases.*

\$216,789,594 Amount of child support disbursed through CSE.

16,208 Cases received services through CSE, but payments were not being made.

2,402 Cases receiving public benefits which are eligible for and are receiving child support payments.

1,398 Cases receiving public benefits which are eligible for child support, but it is not being paid.

4,006 Child support cases where non-custodial parent is incarcerated.

\$115.51 Mean monthly child support payment per child.

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

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

EMPLOYMENT, INCOME, & ASSETS



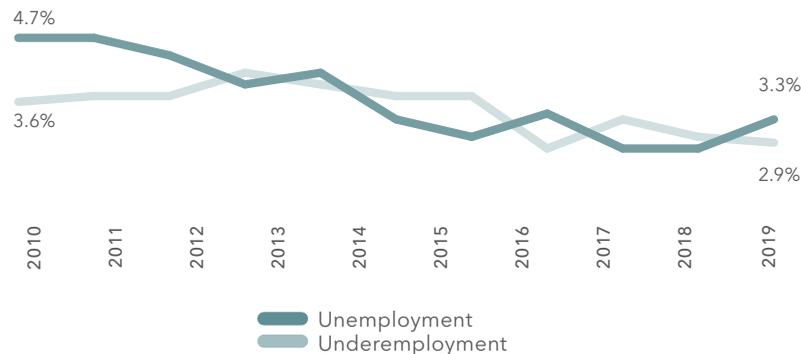
IN 2019,

79.4%
of children
under 18 had
all available
parents in the
workforce

76.2%
of children
under 6 had
all available
parents in the
workforce

Source: U.S. Census, 2019 American Community Survey 1-year estimates, Table B23008

NEBRASKA UNEMPLOYMENT AND UNDEREMPLOYMENT RATE (2009-2019)



Source: U.S. Bureau of Labor Statistics

MEDIAN INCOME FOR FAMILIES WITH CHILDREN (2019)

All families	\$80,062
Married couple	\$100,890
Male householder (no wife)	\$45,342
Female householder (no husband)	\$32,246

Source: U.S. Census Bureau, 2019 American Community Survey 1-year estimates, Table B19126

MEDIAN INCOME FOR FAMILIES BY RACE & ETHNICITY (2019)

American Indian	\$59,151
Asian	\$64,203
Black/African American	\$46,625
Hispanic	\$56,085
Multi-racial	\$67,218
Other	\$61,407
White Non-Hispanic	\$85,015

Source: U.S. Census Bureau, 2019 American Community Survey 1-year estimates, Table B19113B-1

7,000

workers in Nebraska earned minimum wage or below in 2019.¹

17.1%

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

21.5%

OF NEBRASKANS EXPERIENCE ASSET POVERTY.²

ASSET POVERTY

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

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



TRANSPORTATION & TAXES

FAMILY TAX CREDITS (2019)

122,262 families claimed
\$291,705,995 in federal Earned
Income Tax Credit (EITC).

126,905 families claimed
\$29,515,537 in state Earned
Income Tax Credit.

227,889 families claimed
\$561,265,500 in federal Child
Tax Credit.

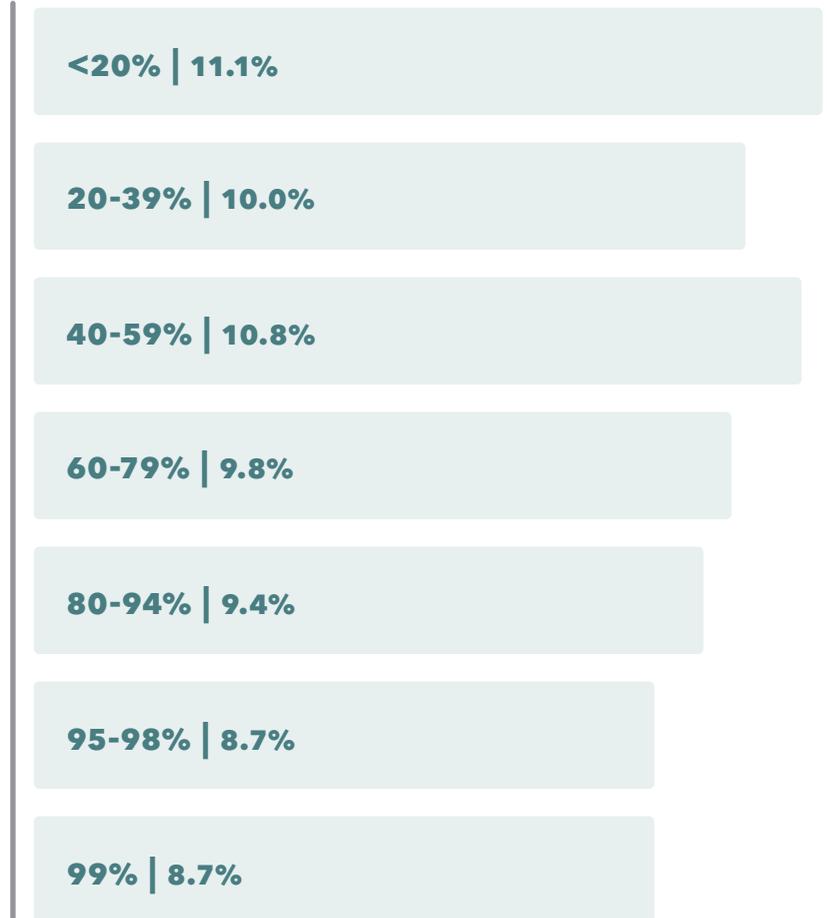
51,879 families claimed
\$29,318,393 in federal Child
and Dependent Care Credit.

54,185 families claimed
\$10,301,293 in state Child and
Dependent Care Credit.

104,080 families claimed
\$198,171,596 in Additional
Federal Child Tax Credit.

Source: Nebraska Department of Revenue

NEBRASKA STATE AND LOCAL TAXES, SHARES OF FAMILY INCOME BY INCOME GROUP (2019)



STATE & LOCAL TAX SHARE OF FAMILY INCOME

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

41,973 (4.2%)

workers used transportation
other than a personal
automobile or carpool to
get to work in 2019.

Source: U.S. Census Bureau, 2019 American
Community Survey 1-year Estimates, Table C08141.

41,559 (5.4%)

households had no
vehicle available in 2019.

Source: U.S. Census Bureau, 2019
American Community Survey 1-year
Estimates, Table B08201.



CHILD WELFARE

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

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

WHERE ARE THE DATA?

Child maltreatment.....	67
Entries & Involvement.....	69
Alternative Response & Tribal Youth.....	70
Race & ethnicity in child welfare.....	71
Placements & Staff caseloads.....	72
Out-of-home placements.....	73
Placement stability.....	74
Permanency.....	74
Aging out.....	76

CHILD MALTREATMENT



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

In Nebraska, the vast majority (80%) of maltreatment is physical neglect, which is a failure to meet a child’s basic needs like food, shelter, and clothing; this is, in many cases, an economic issue.

WHY SHOULD WE BE CONCERNED?

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

CHILD ABUSE & NEGLECT REPORTS

37,690
REPORTS

of alleged maltreatment were made to the Child Abuse and Neglect Hotline in 2019.

37,690
reports were made

15,417
calls were assessed by DHHS and/or law enforcement

DO YOU KNOW A CHILD WHO IS BEING MALTREATED?

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

2,019
reports were substantiated

10,336
reports were unfounded

1,082
reports were referred to Alternative Response

SAFETY ASSESSMENTS

17,874
safety assessments conducted on children

1,518
children determined unsafe

1,307
children determined unsafe and referred to court

36
children determined unsafe and referred to voluntary services

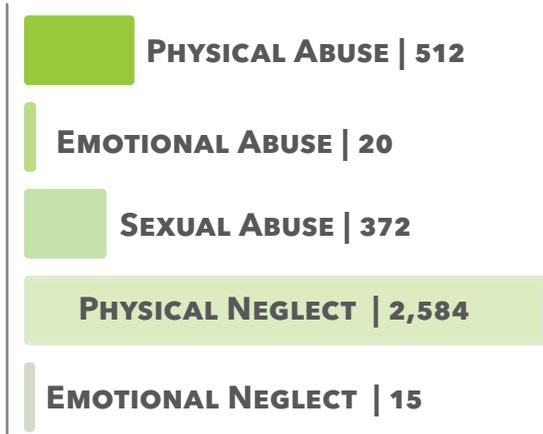
175
children determined unsafe and non-court involved and family did not elect to participate in voluntary services

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



CHILD MALTREATMENT

TYPES OF SUBSTANTIATED MALTREATMENT (2019)



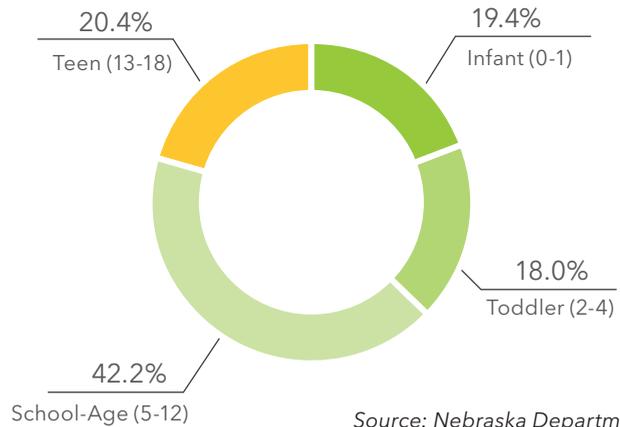
Some children experienced more than one type of maltreatment. The numbers here will be higher than the total number of children who experienced maltreatment.

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

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

3,267 KIDS
experienced
maltreatment
in 2019.

CHILD MALTREATMENT BY AGE (2019)



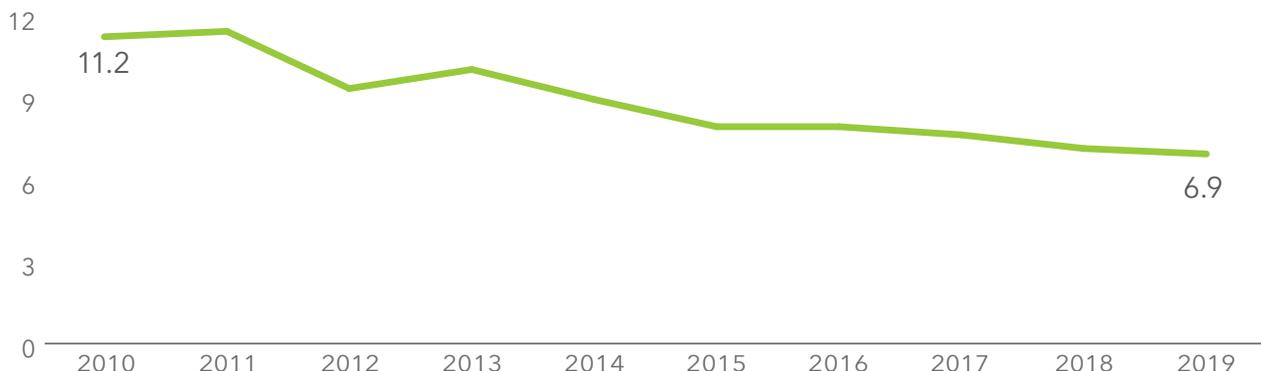
Source: Nebraska Department of Health and Human Services (DHHS).

IN 2019, **6,675 CHILDREN**
IN **93 COUNTIES** WHO WERE ALLEGED VICTIMS
OF MALTREATMENT WERE SERVED BY THE CHILD
ADVOCACY CENTERS (CACs) OF NEBRASKA.

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

Source: Nebraska Alliance of Child Advocacy Centers.

NUMBER OF CHILD MALTREATMENT VICTIMS PER 1,000 CHILDREN (2010-2019)

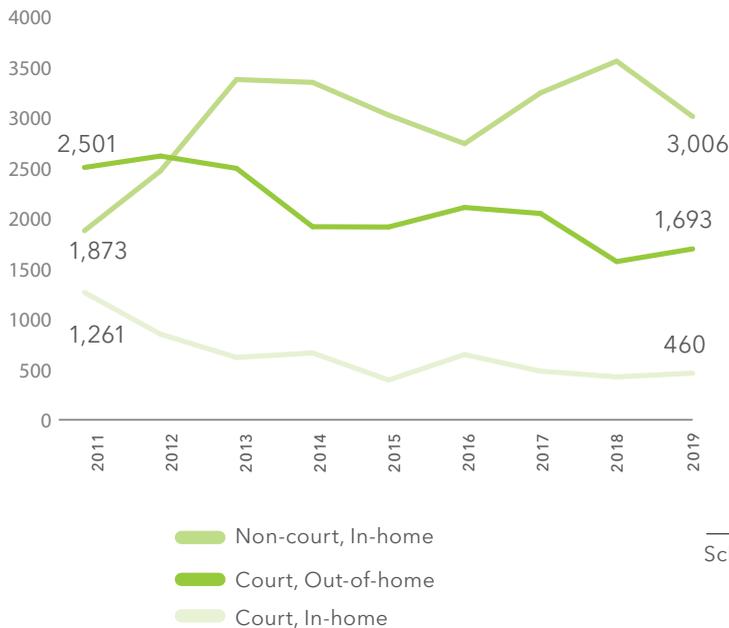


Source: Kids Count 2019; Nebraska Department of Health and Human Services, U.S. Census Bureau American Community Survey 1-year estimates, Table S0901

ENTRIES & INVOLVEMENT

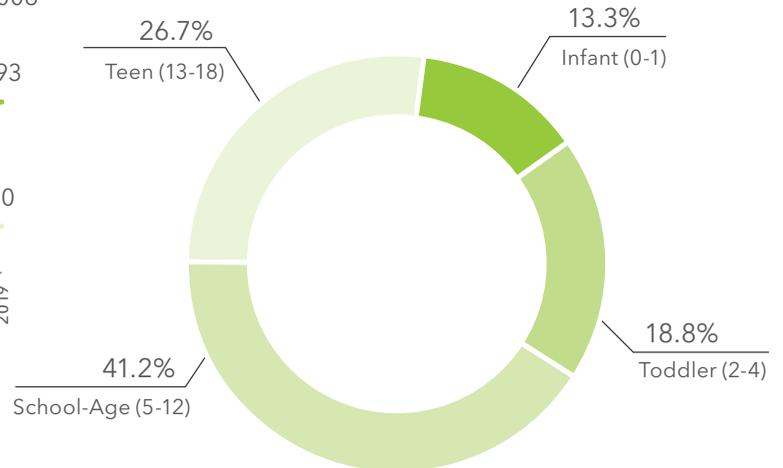


HOW DO CHILDREN ENTER OUR CHILD WELFARE SYSTEM? (2011-2019)



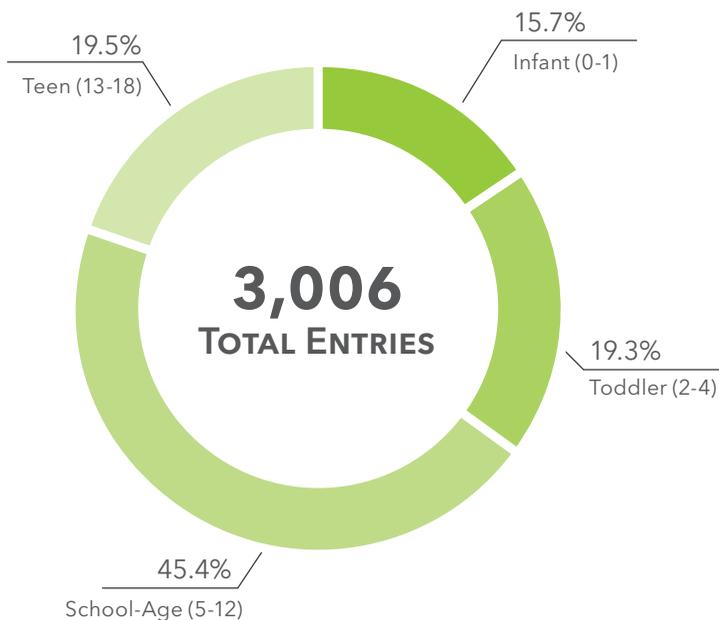
1,759 CHILDREN ENTERING CARE IN 2019 HAD PRIOR INVOLVEMENT IN THE CHILD WELFARE SYSTEM.

ANY INVOLVEMENT BY AGE (2019)

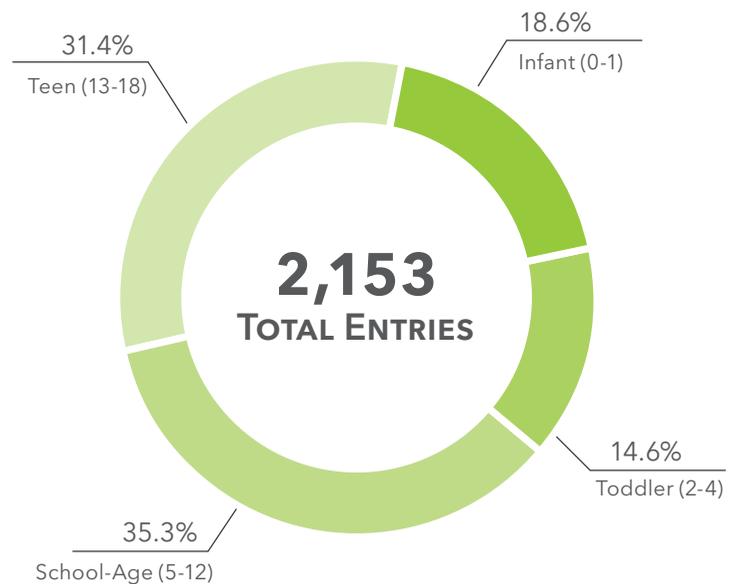


9,526 KIDS FROM 4,655 FAMILIES were involved in our child welfare system in 2019.

NON-COURT ENTRIES BY AGE (2019)



COURT ENTRIES BY AGE (2019)



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



ALTERNATIVE RESPONSE & TRIBAL YOUTH

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

TRIBAL YOUTH	
INVOLVED	579
ENTERED	208
PLACED IN OUT-OF-HOME CARE	511
EXITED	132

PLACEMENT TYPES OF TRIBAL CHILDREN RECEIVING OUT-OF-HOME SERVICES (CY 2019)

ADOPTIVE HOME	1	0.1%
DD FACILITY	1	0.1%
DETENTION	28	2.9%
EMERGENCY SHELTER	110	11.5%
GROUP HOME	37	3.9%
HOSPITAL/ MEDICAL FACILITY	30	3.1%
INDEPENDENT LIVING	0	0.0%
Kinship Foster Home	118	12.4%
Missing Youth	44	4.6%
Non-Relative Foster Home	148	15.5%
PRTF	14	1.5%
Relative Foster Home	410	42.9%
Therapeutic Group Home	3	0.3%
YRTC	11	1.2%
Duplicated Total	955	

1,278 FAMILIES were served by and
1,174 FAMILIES were successfully discharged from

ALTERNATIVE RESPONSE IN 2019.

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

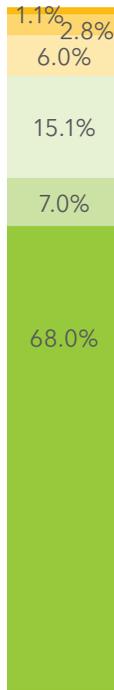
64 FAMILIES changed track from Alternative Response to Traditional Response after an average 26 days of involvement.

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

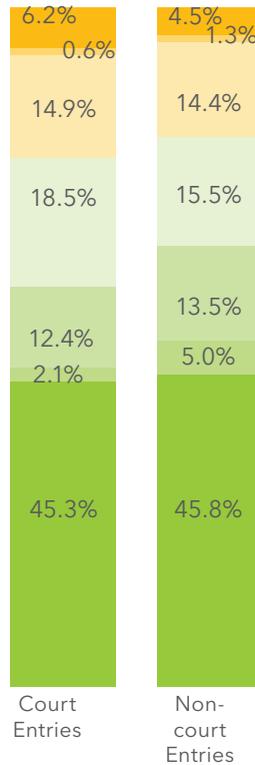
RACE & ETHNICITY IN CHILD WELFARE



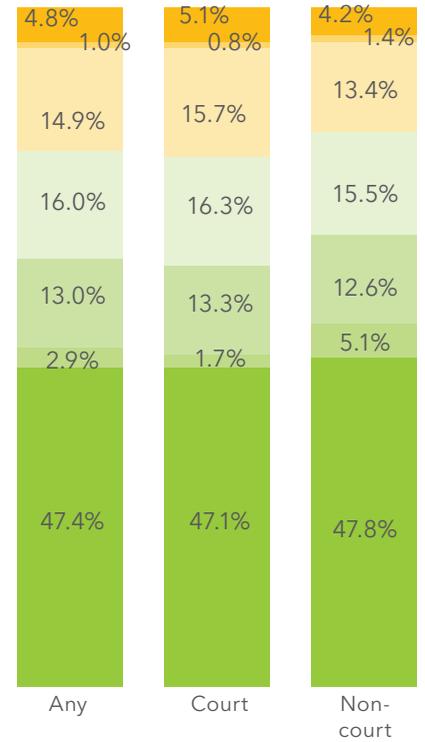
TOTAL CHILD POPULATION (2019)



ENTRIES TO THE CHILD WELFARE SYSTEM (2019)



CHILD WELFARE SYSTEM INVOLVEMENT (2019)

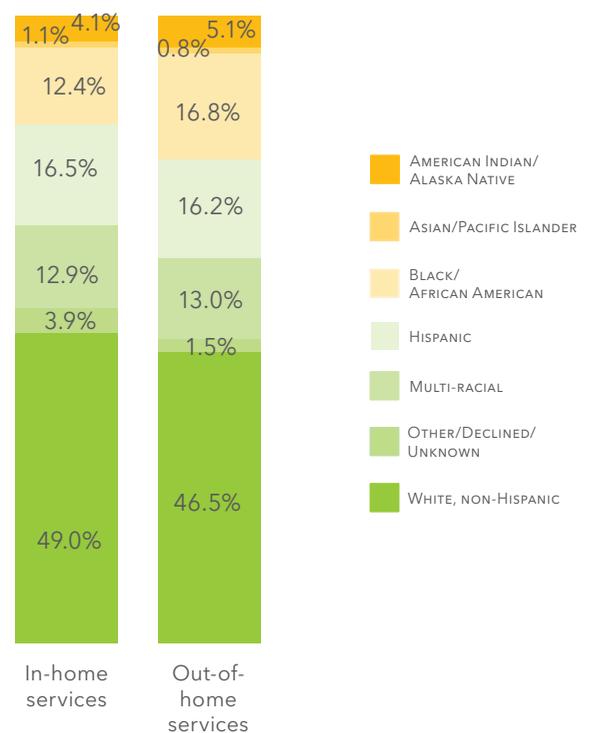


Source: U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Age, Race and Hispanic origin, July 1, 2019, Table PEPASR6H

OUT-OF-HOME CARE (2019)



IN-HOME AND OUT-OF-HOME SERVICES (2019)



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

Source: Nebraska Department of Health and Human Services (DHHS). 2020 KIDS COUNT REPORT



PLACEMENTS & STAFF CASELOADS

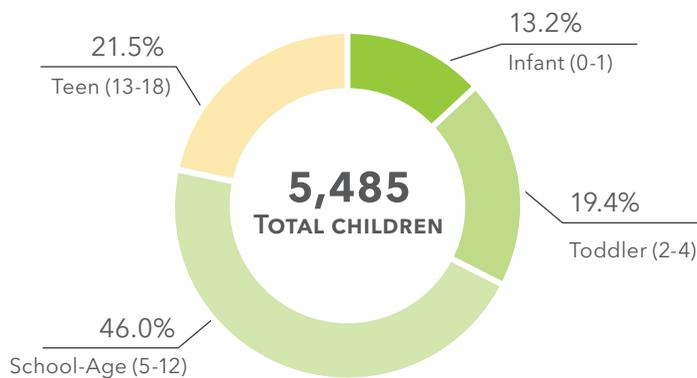
REMOVAL REASONS OF CHILDREN IN OUT-OF-HOME CARE (2019)

5,021 CHILDREN WHO RECEIVED OUT-OF-HOME SERVICES HAD A 3(A) PETITION

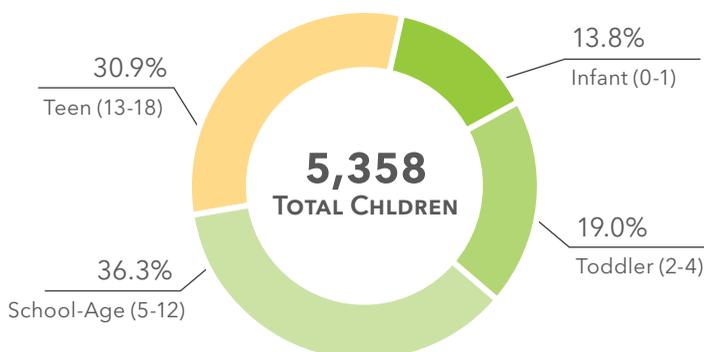
NEGLECT (ALLEGED/REPORTED)	2675	MENTAL AND EMOTIONAL ABUSE	83
DRUG ABUSE (PARENT/CARETAKER)	1604	MENTALLY ILL AND DANGEROUS (CHILD)	54
DOMESTIC VIOLENCE	597	DEATH OF PARENT(S)/CARETAKER(S)	51
PHYSICAL ABUSE (ALLEGED/REPORTED)	768	COURT DETERMINED THAT REASONABLE EFFORTS ARE NOT REQUIRED.	23
INADEQUATE HOUSING	699	DIAGNOSED CHILD'S DISABILITY	33
INCARCERATION OF PARENT(S)/CARETAKER(S)	505	ALCOHOL ABUSE (CHILD)	25
ABANDONMENT	366	RELINQUISHMENT	14
CHILD'S BEHAVIOR PROBLEM	311	DRUG ABUSE (CHILD)	16
ALCOHOL ABUSE (PARENT/CARETAKER)	250	HUMAN TRAFFICKING	6
PARENT'S/CARETAKER'S INABILITY TO COPE DUE TO ILLNESS/OTHER	202	SAFE HAVEN	2
SEXUAL ABUSE (ALLEGED/REPORTED)	380		

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

CHILDREN RECEIVING IN-HOME SERVICES BY AGE (2019)



CHILDREN RECEIVING OUT-OF-HOME SERVICES BY AGE (2019)



TOTAL STAFF CASELOADS IN COMPLIANCE (2019 AVERAGE)

SERVICE AREA	TOTAL STAFF	STAFF WITH CASELOADS IN COMPLIANCE	PERCENT CASELOADS IN COMPLIANCE
CENTRAL	59	53	89.6%
EASTERN	167	145	86.6%
NORTHERN	64	58	91.2%
SOUTHEAST	94	80	85.4%
WESTERN	51	42	81.4%
STATE	435	378	86.9%

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

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

OUT-OF-HOME PLACEMENTS



WHERE ARE THE KIDS IN OUT-OF-HOME CARE? (12/31/2019)

3.3%	Group home (103 children)
1.0%	Living independently (30 children)
1.3%	Missing Youth (40 children)
0.5%	Emergency shelter (15 children)
2.2%	Medical facility (69 children)
38.9%	Foster & adoptive homes (1,198 children)
13.7%	Kinship care (420 children)
34.6%	Relative home (1,065 children)
4.4%	Detention facility (136 children)

THERE ARE THREE TYPES OF FOSTER PARENTS IN NEBRASKA:

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

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

FOSTER HOME PLACEMENT BEDS (12/31/2019)

5,228 foster home beds were available in **2,357** homes.

1,235 beds in **722** approved homes.

3,993 beds in **1,635** licensed homes.

1,485 (**58.3%**) children in foster care were placed with relatives or kin

35.1% of foster home beds were in kin or relative homes

1,987 kids in out-of-home care also had a sibling in out-of-home care on 12/31/19

- **62.8%** were placed with all siblings
- **82.5%** were placed with at least one sibling

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

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



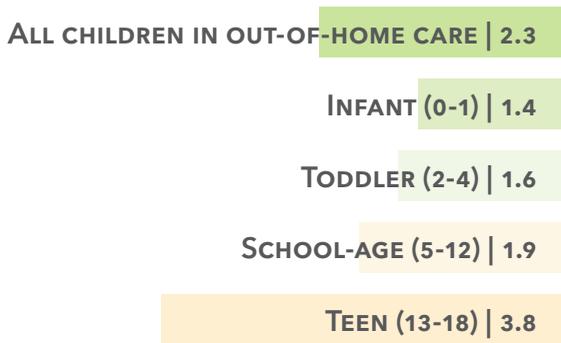
PLACEMENT STABILITY

MULTIPLE PLACEMENTS

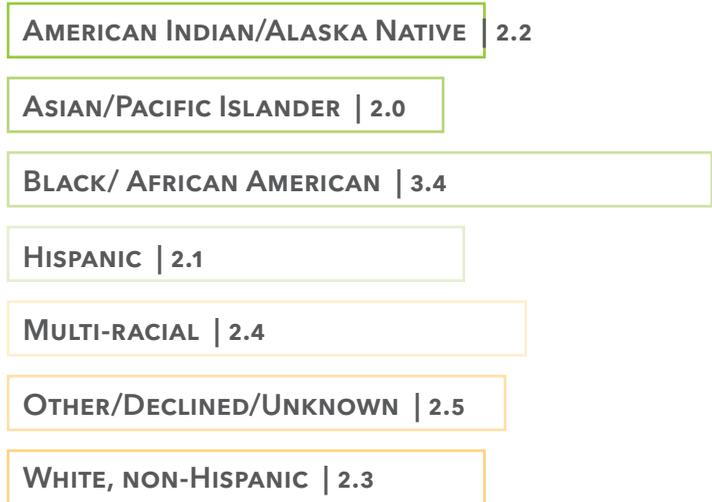
The Nebraska Department of Health and Human Services counts placement changes when a child moves from one foster care setting to another. Children in stable homes are reported to receive more attention, acceptance, affection, and better care from their foster parents. Children who are in stabilized homes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

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

AVERAGE NUMBER OF OUT-OF-HOME PLACEMENTS BY AGE (2019)

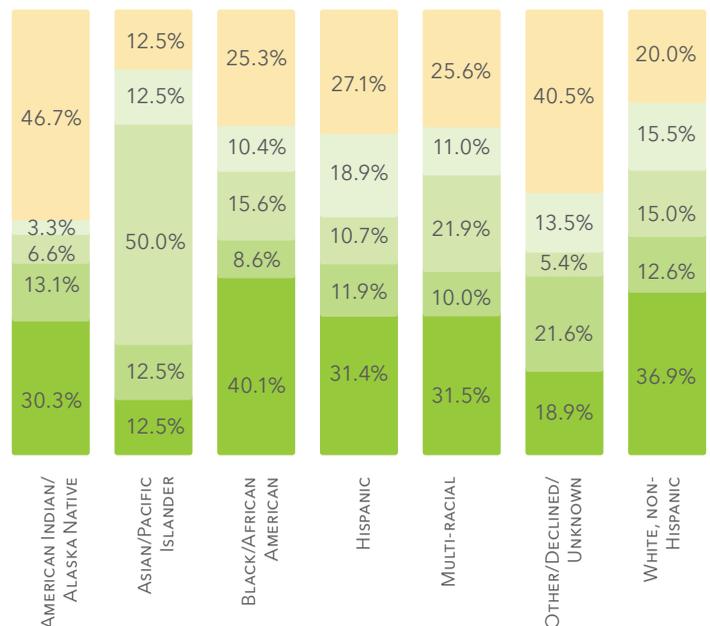


AVERAGE NUMBER OF OUT-OF-HOME PLACEMENTS BY RACE/ETHNICITY (2019)

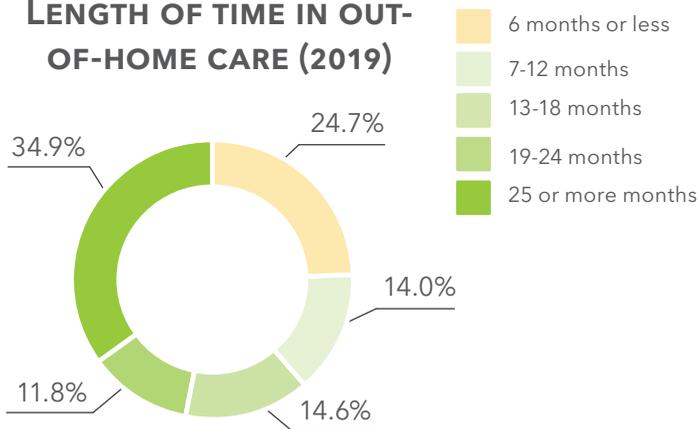


1,908 CHILDREN exited out-of-home care in 2019. The mean length of time away from home was **20.2 MONTHS**.

LENGTH OF TIME IN OUT-OF-HOME CARE BY RACE/ETHNICITY (2019)



LENGTH OF TIME IN OUT-OF-HOME CARE (2019)



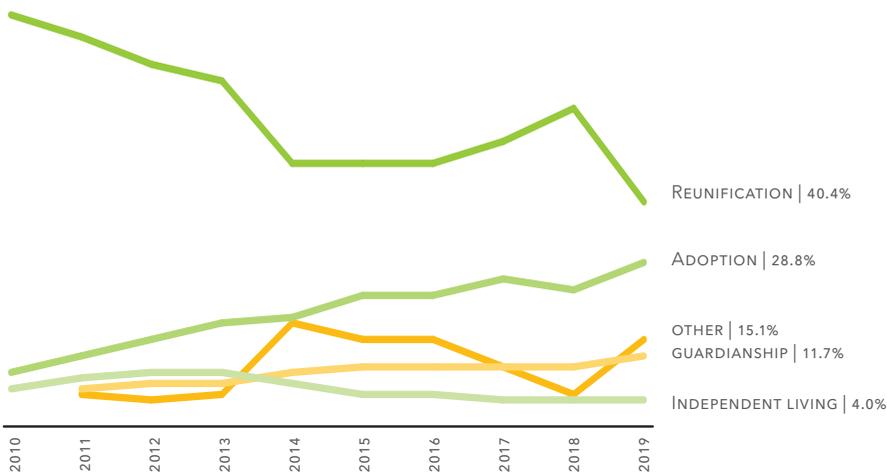
Source: Nebraska Department of Health and Human Services (DHHS).



EXITING THE SYSTEM

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

EXITS FROM OUT-OF-HOME CARE (2010-2019)



2,687 non-court involved children exited the system in 2019.

2,465 court involved children exited the system in 2019.

549 children

were adopted in 2019.

532 adoptions were subsidized.

Mean time from becoming free for adoption to adoption:

10.1 MONTHS.

223 children exited into guardianships in 2019,

204 of which were subsidized and adoptions.



AGING OUT

Family support is key to any successful transition into adulthood, especially for youth who may have been exposed to trauma. Learning to be self-reliant in seeking employment and housing, managing finances, or seeking healthcare can be daunting without family connections. For youth who have been in foster care who do not exit the system to a family, ensuring a strong system of support in this transition is key. The Bridge to Independence (b2i) program works to address this issue. B2i serves youth who must be either working, seeking work, or in school. In return, they receive Medicaid coverage, a monthly stipend to use for living expenses, and an assigned caseworker on call 24/7 to help them navigate the transition to adulthood.

90 YOUTH

were in out-of-home care when they reached their 19th birthday in 2019.

98.9% were HHS wards

0.0% were OJS wards (youth placed at YRTC)

1.1% were both

REASONS FOR PARTICIPATION IN THE BRIDGE TO INDEPENDENCE PROGRAM (2019)

ENROLLED IN SECONDARY SCHOOL | 156

ENROLLED IN POST-SECONDARY OR VOCATIONAL EDUCATION | 146

PARTICIPATING IN A PROGRAM DESIGNED TO PROMOTE OR REMOVE BARRIERS TO EMPLOYMENT | 152

EMPLOYED 80+ HOURS PER MONTH | 233

INCAPACITATED DUE TO PHYSICAL OR MENTAL HEALTH CONDITIONS FROM EMPLOYMENT | 51

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

101 YOUNG ADULTS

in the Bridge to Independence Program were parenting.

BRIDGE TO INDEPENDENCE PROGRAM (2019)

400
young adults participated

164
young adults entered

173
young adults left

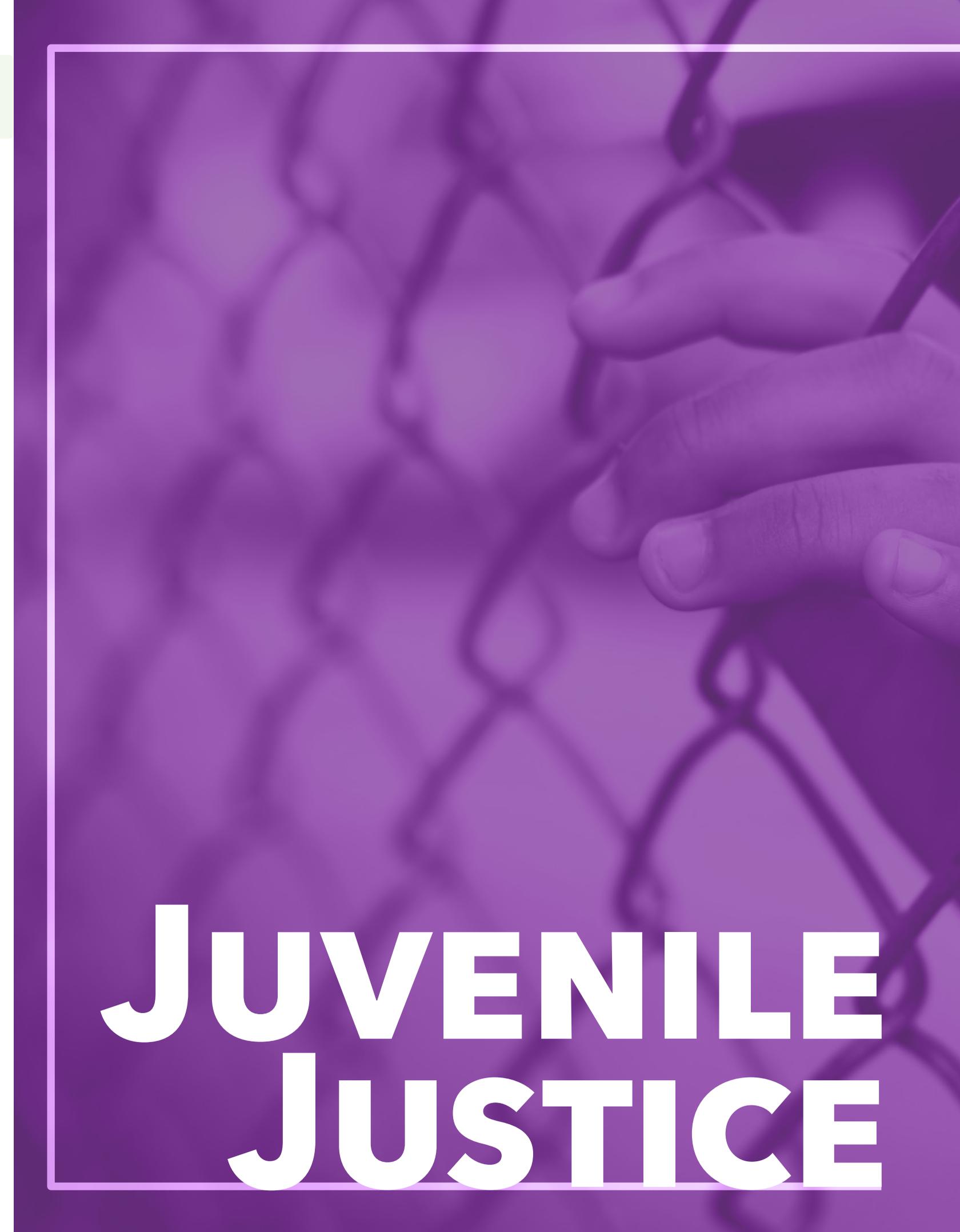
16
were no longer eligible due to age

14
chose to leave the voluntary services program

48
left due to lack of cooperation with the voluntary program

95
successfully completed the B2I Program

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

The background is a solid purple color with a faint, semi-transparent image of a chain-link fence. A hand is visible on the right side, reaching out and touching the fence. The overall mood is somber and restrictive.

JUVENILE JUSTICE

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

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

WHERE ARE THE DATA?

Arrests.....	79
Disproportionate minority contact.....	41
Pre-trial diversion.....	42
Juvenile court cases.....	43
Access to counsel.....	44
Probation.....	46
Youth in out-of-home care.....	47
Detention.....	48
YRTC & room confinement.....	49
Youth treated as adults.....	50

ARRESTS

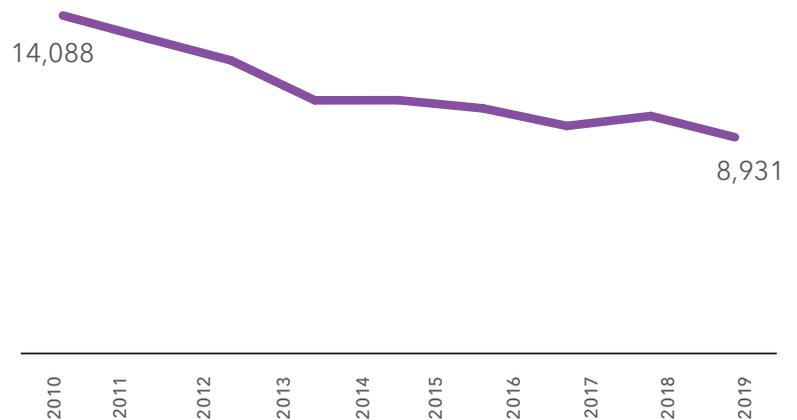


YOUTH ARRESTS (2019)

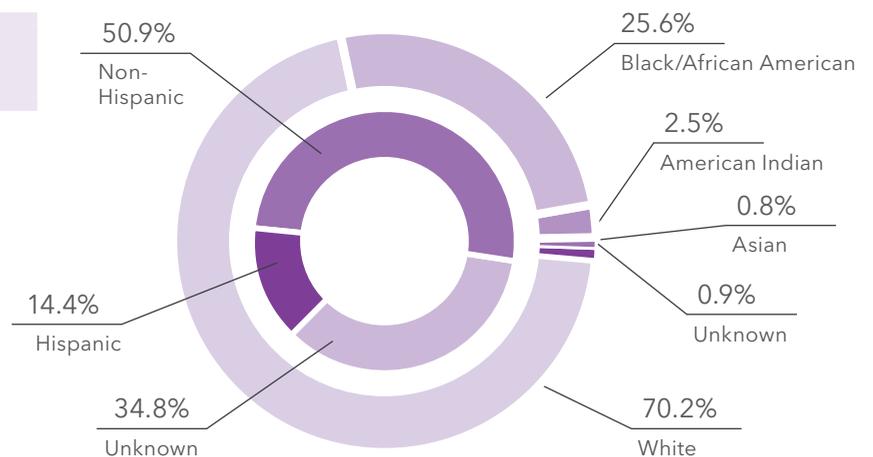
TYPE	MALE	FEMALE	TOTAL	% OF TOTAL
STATUS OFFENSES	488	377	865	9.7%
RUNAWAY	103	85	188	2.1%
CURFEW	56	48	104	1.2%
ALCOHOL	329	244	573	6.4%
DRUG-RELATED	785	377	1,162	13.0%
VIOLENT	213	34	247	2.8%
PERSON	1,259	660	1,919	21.5%
PROPERTY	1,796	963	2,759	30.9%
PUBLIC ORDER	264	156	420	4.7%
WEAPON	112	8	120	1.3%
OTHER	938	438	1,376	15.4%
DUI	48	15	63	0.7%
TOTAL	5,903	3,028	8,931	

8,931 YOUTHS WERE ARRESTED IN 2019.
THE MOST COMMON, 30.9%, WERE PROPERTY CRIMES.

NUMBER OF YOUTHS ARRESTED (2010-2019)



YOUTH ARRESTS BY RACE (2019)



STATUS OFFENSES

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

Source: Nebraska Commission on Law Enforcement and Criminal Justice.



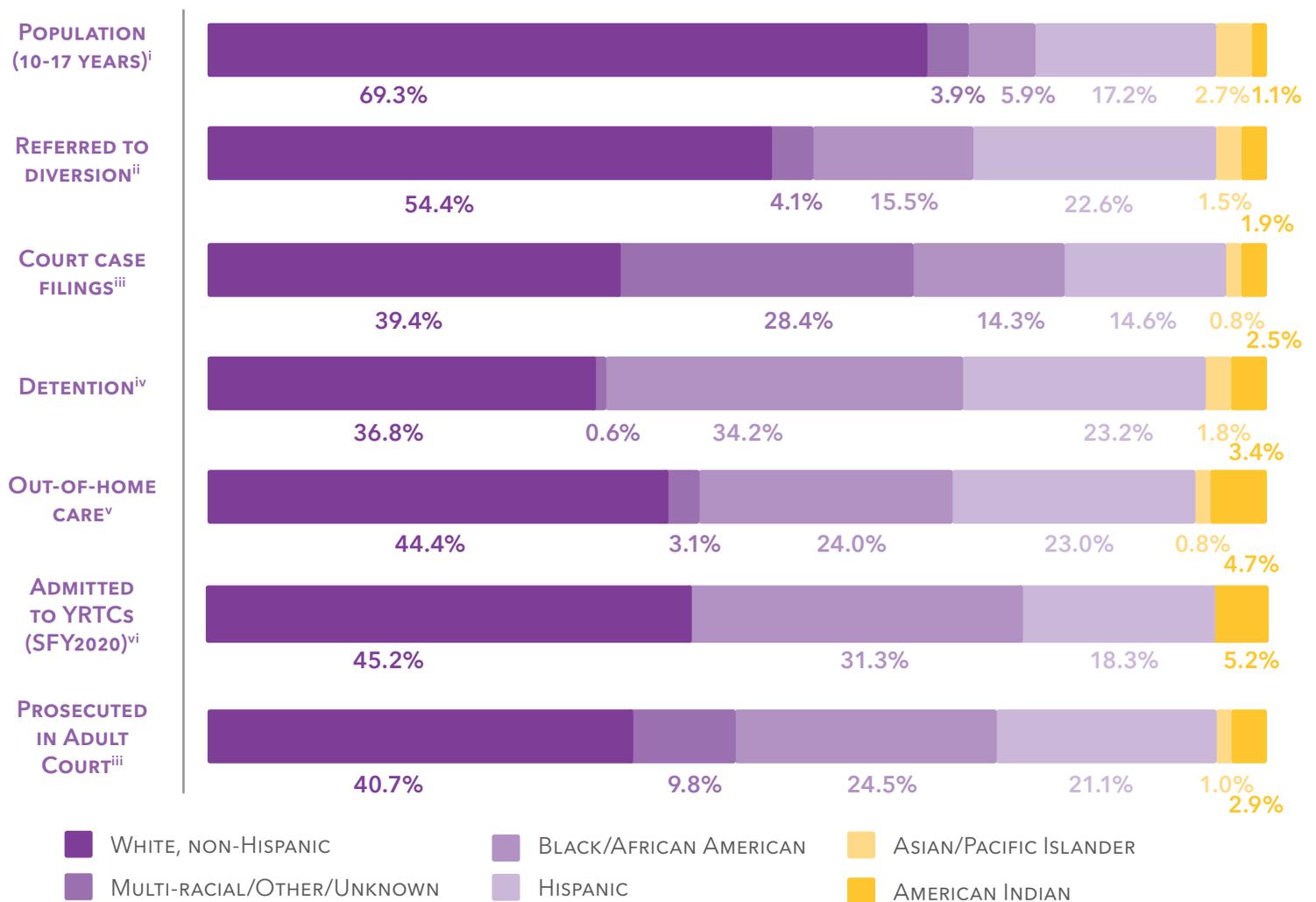
DISPROPORTIONATE MINORITY CONTACT

DISPROPORTIONATE MINORITY CONTACT (DMC)

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

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

YOUTH INTERACTION WITH THE JUSTICE SYSTEM BY RACE/ETHNICITY (2019)



i. U.S. Census Bureau, Population Estimates Program, 2019 Estimates, Table ALLDATA6.
 ii. Nebraska Crime Commission, Juvenile Diversion in Nebraska 2019 Annual Report.
 iii. Nebraska Juvenile Justice System, Statistical Annual Report 2019.
 iv. Analysis based on data from individual facilities including Lancaster County Detention Center, Northeast Nebraska Juvenile Services, Douglas County Youth Center, and the Patrick J. Thomas Juvenile Justice Center.
 v. Nebraska Office of Probation Administration.
 vi. Youth Treatment System Briefing to the Juvenile Services and Nebraska Coalition for Juvenile Justice.
 *Data is input by clerks across the state and may not be well standardized. This may account for the large variance in the "multiracial/other/unknown" category.
 1. "And Justice for Some: Differential Treatment of Youth of Color in the Juvenile Justice System," National Council on Crime and Delinquency, (January 2007).

PRE-TRIAL DIVERSION



JUVENILE DIVERSION PROGRAM

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

3,920

youths were referred to the diversion program.¹

2,478

youths successfully completed diversion.¹

80

counties participated in the diversion program.¹

423

of those referred did not participate.¹

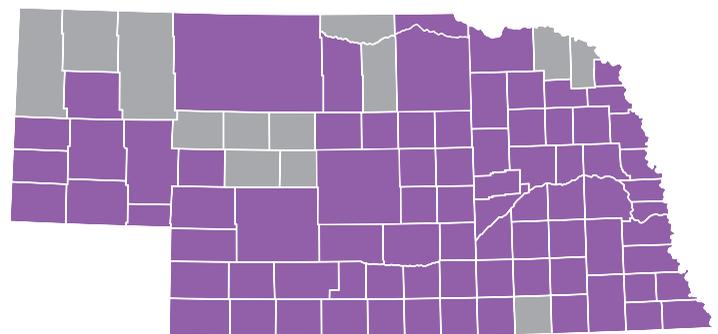
658

youths did not complete diversion successfully and were discharged for failing to comply or for a new law violation.¹

MOST COMMON LAW VIOLATIONS REFERRED TO DIVERSION (2019)

TRUANCY	750
ALCOHOL OFFENSES	601
DRUG OFFENSES	863
SHOPLIFTING	462
ASSAULT	465
TRAFFIC OFFENSE	348
CRIMINAL MISCHIEF	225
THEFT	98
DISTURBING THE PEACE	165
TRESPASSING	105
DISORDERLY CONDUCT	82
TOBACCO USE BY MINOR	198
UNGOVERNABLE	104
OTHER	451

COUNTIES OFFERING A JUVENILE DIVERSION PROGRAM (2019)¹



YOUTH PARTICIPATING IN A JUVENILE DIVERSION PROGRAM (2019)¹



COMMUNITY-BASED JUVENILE SERVICES AID PROGRAM (2019)²

215 programs in **72 counties** and **1 tribe** were funded through the Community-Based Juvenile Services Aid Program in Fiscal Year 2018/19.

170 Direct Intervention including:
28 Prevention/Promotion Program

13 Direct Service
32 System Improvement

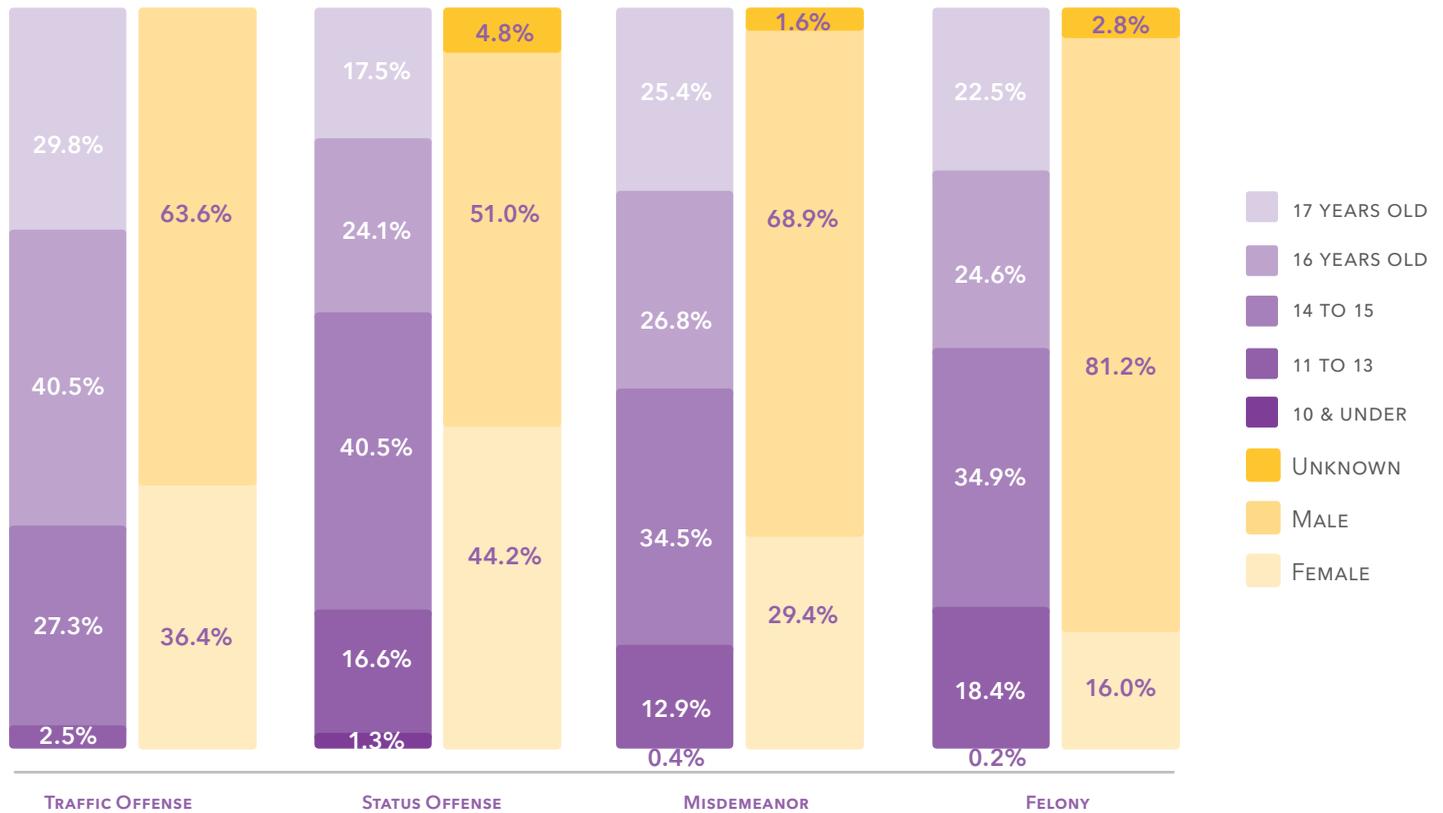
1. Nebraska Crime Commission, *Juvenile Diversion in Nebraska 2019 Annual Report*

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



JUVENILE COURT CASES

NEW JUVENILE COURT CASES BY AGE AND GENDER (2019)



NEW JUVENILE COURT CASES BY RACE/ETHNICITY (2019)

	TRAFFIC OFFENSE	STATUS OFFENSE	MISDEMEANOR	FELONY
AMERICAN INDIAN	0	0.0%	14	1.8%
ASIAN/PACIFIC ISLANDER	0	0.0%	17	2.2%
BLACK/AFRICAN AMERICAN	4	3.3%	65	8.5%
HISPANIC	30	24.8%	108	14.1%
UNKNOWN	0	0.0%	14	1.8%
OTHER	4	3.3%	272	35.6%
WHITE	83	68.6%	275	35.9%
TOTAL CASES	121	84.0% adjudicated as "admit"	765	61.0%
			2,486	70.0%
			538	72.0%

Note: The data provider records a case being adjudicated as admit means that it has been accepted to be true.
 Source: JUSTICE, Administrative Office of the Courts.

ACCESS TO COUNSEL



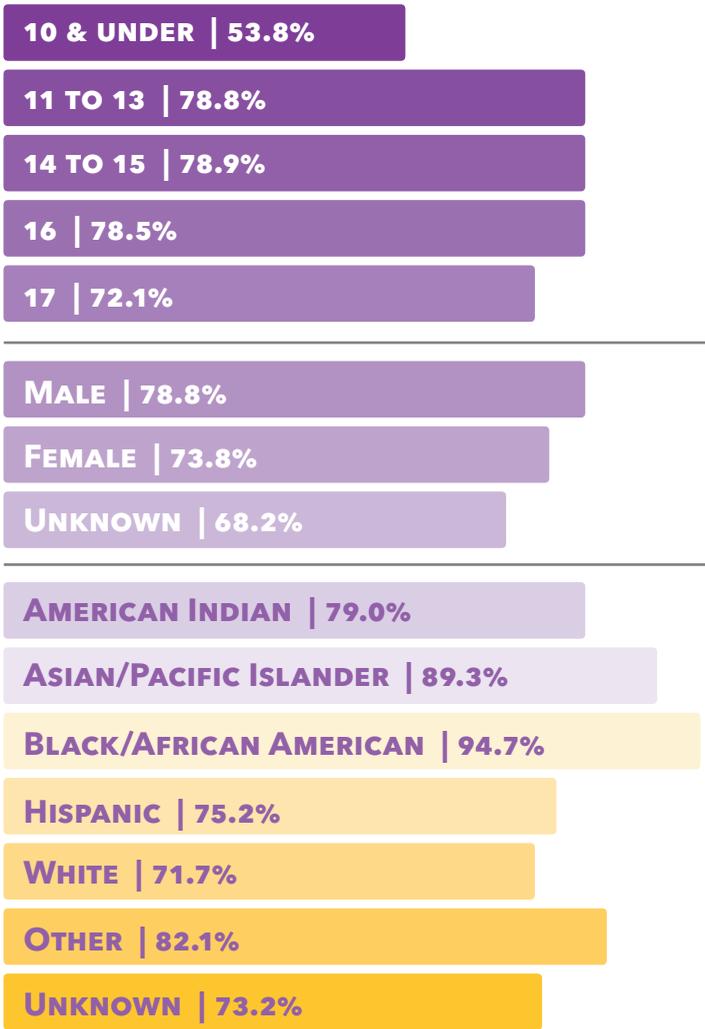
JUVENILE ACCESS TO COUNSEL

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

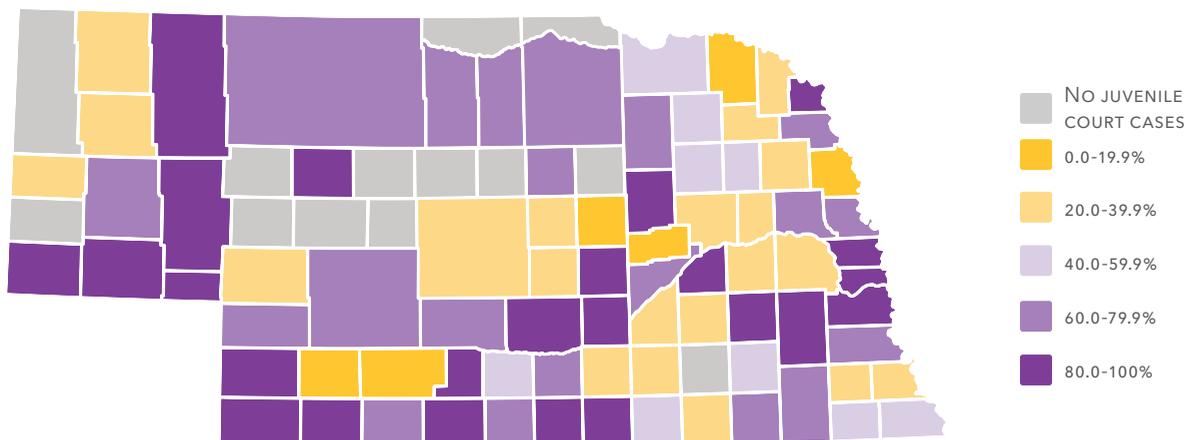
46.0%
OF CHILDREN IN ADULT CRIMINAL COURT HAD AN ATTORNEY IN 2019.

77.1%
OF CHILDREN IN JUVENILE COURT HAD AN ATTORNEY IN 2019.

YOUTH IN JUVENILE COURT'S ACCESS TO COUNSEL BY AGE, GENDER, AND RACE (2019)



PERCENT OF YOUTH IN JUVENILE COURT WHO HAD ACCESS TO COUNSEL BY COUNTY (2019)

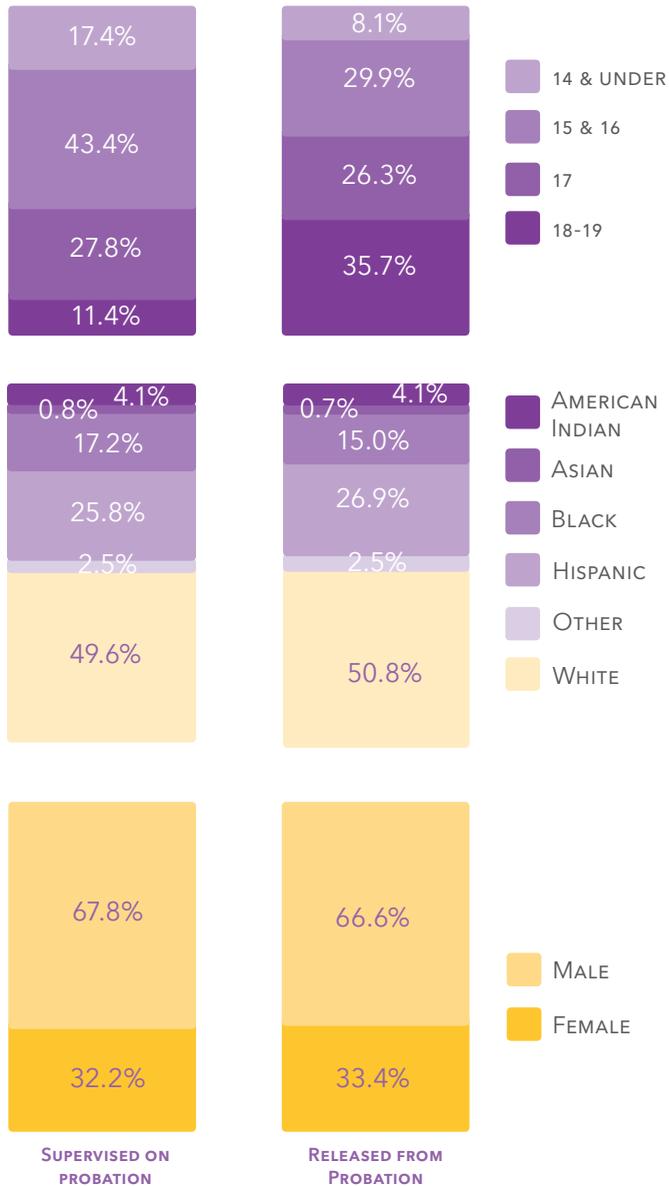


Source: JUSTICE, Administrative Office of the Courts.



PROBATION

YOUTH SUPERVISED ON PROBATION BY GENDER & RACE/ETHNICITY (2019)



IN 2019, **4,491 YOUTH** WERE SUPERVISED ON PROBATION:

- **701** HAD FELONY OFFENSES
- **2,995** HAD MISDEMEANOR, INFRACTION, TRAFFIC, OR CITY ORDINANCE OFFENSES
- **795** HAD STATUS OFFENSES
- **2,455** WERE DISCHARGED

AVERAGE CASELOAD OF JUVENILE PROBATION OFFICERS (2019)

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

COST OF SERVICES FUNDED BY PROBATION (FY 2019/20)

MONTHLY PER YOUTH (MPY)	\$864.68
MPY - IN-HOME SERVICES	\$369.66
MPY - OUT-OF-HOME SERVICES	\$1,782.28

13.1 months
mean length of time on probation in 2019.

11.6 months
mean length of time for status offenses in 2019.

17.8 months
mean length of time for felonies in 2019.

12.6 months
mean length of time for misdemeanors/ infractions in 2019.

Source: Nebraska Office of Probation Administration.

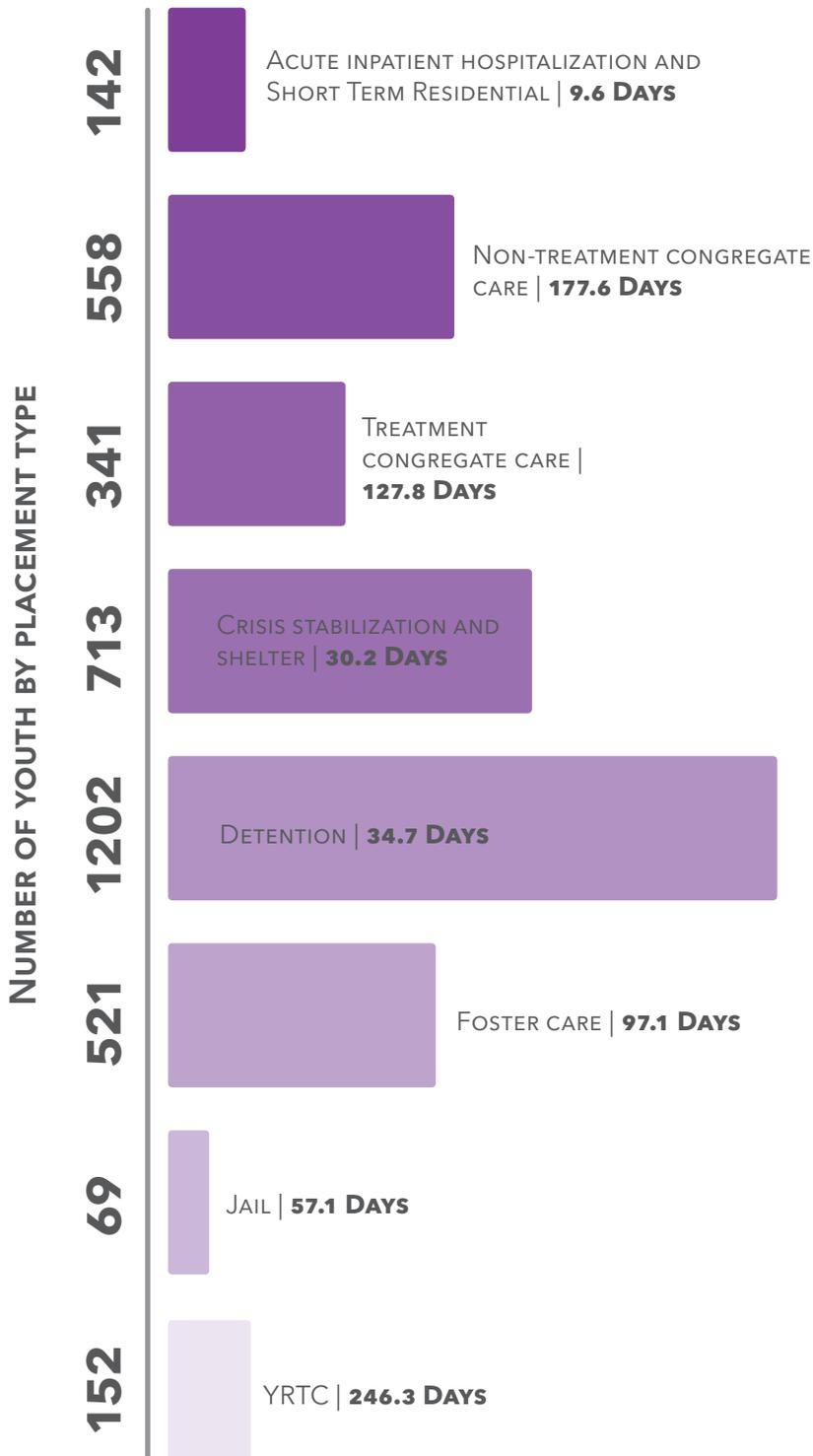
YOUTH IN OUT-OF-HOME CARE



OUT-OF-HOME CARE OF PROBATION YOUTH BY PLACEMENT TYPE AND AVERAGE LENGTH OF STAY (2019)

1,884

YOUTH SUPERVISED ON PROBATION WERE PLACED IN OUT-OF-HOME CARE. THE MEAN LENGTH OF TIME IN OUT-OF-HOME CARE WAS 2.7 MONTHS.



PROBATIONER IN OUT-OF-HOME CARE	#	%
TOTAL YOUTH	1,884	
MALE	1,297	68.8%
FEMALE	587	31.2%
AMERICAN INDIAN	89	4.7%
ASIAN/PACIFIC ISLANDER	15	0.8%
BLACK/AFRICAN AMERICAN	453	24.0%
HISPANIC	433	23.0%
OTHER	58	3.1%
WHITE, NON-HISPANIC	836	44.4%
STATUS OFFENSES*	184	10.7%
FELONIES*	414	24.2%
MISDEMEANOR/INFRACTION/TRAFFIC/ CITY ORDINANCE OFFENSES*	1,115	65.1%

Source: Nebraska Office of Probation Administration
*Each youth is listed by their highest or more serious offense. Not all youth have been adjudicated before being placed in out-of-home care.

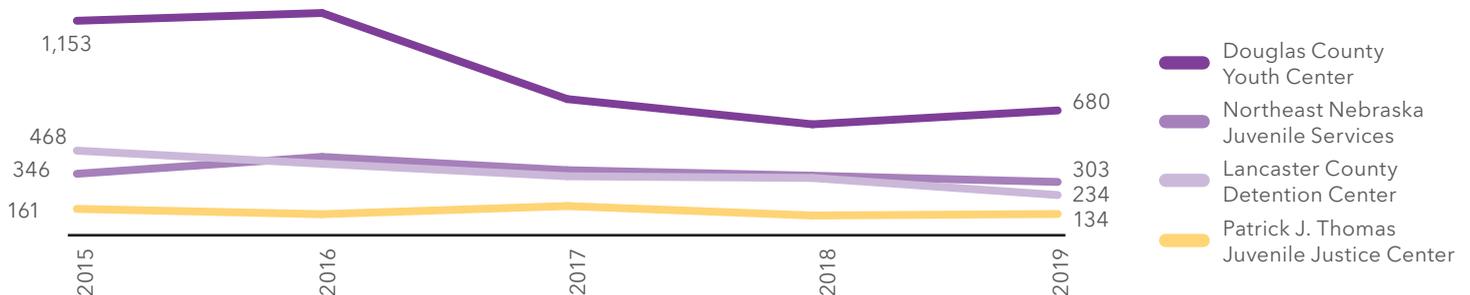


DETENTION

YOUTH HELD IN JUVENILE DETENTION FACILITIES* (2019)

	LANCASTER COUNTY DETENTION CENTER (LANCASTER COUNTY)		NORTHEAST NEBRASKA JUVENILE SERVICES (MADISON COUNTY)		DOUGLAS COUNTY YOUTH CENTER (DOUGLAS COUNTY)		PATRICK J. THOMAS JUVENILE JUSTICE CENTER (SARPY COUNTY)	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
GENDER								
MALE	155	66.2%	214	70.6%	525	77.2%	102	76.1%
FEMALE	79	33.8%	89	29.4%	155	22.8%	32	23.9%
RACE/ETHNICITY								
AMERICAN INDIAN/ ALASKA NATIVE	13	5.6%	18	5.9%	12	1.8%	3	2.2%
ASIAN/PACIFIC ISLANDER	2	0.9%	2	0.7%	17	2.5%	3	2.2%
BLACK/AFRICAN AMERICAN	65	27.8%	35	11.6%	343	50.4%	19	14.2%
HISPANIC	46	19.7%	105	34.7%	135	19.9%	28	20.9%
OTHER	8	3.4%	0	0.0%	0	0.0%	0	0.0%
WHITE	100	42.7%	143	47.2%	173	25.4%	81	60.4%
AGE**								
12 & UNDER	0	0.0%	5	1.7%	14	1.9%	0	0.0%
13-14	30	11.5%	64	21.1%	154	20.8%	21	15.7%
15-16	119	45.8%	139	45.9%	349	47.2%	68	50.7%
17+	111	42.7%	95	31.4%	223	30.1%	45	33.6%
TIMES DETAINED								
1	163	69.7%	269	88.8%	514	75.6%	112	83.6%
2	55	23.5%	26	8.6%	102	15.0%	14	10.4%
3+	16	6.8%	8	2.6%	64	9.4%	8	6.0%
TOTAL COUNT								
	234		303		680		134	
SECURE ADMISSIONS								
	323		121		953		—	
STAFF SECURE ADMISSIONS								
	—		182		—		169	
AVERAGE DAYS DETAINED								
	28.8 DAYS		27.0 DAYS		31.1 DAYS		24.4 DAYS	

JUVENILE DETENTION ADMISSIONS (2015-2019)



Sources: Individual detention centers.

*Includes secure and staff secure detention. These numbers represent unique youth and not intakes

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

YRTC & ROOM CONFINEMENT



YOUTH REHABILITATION AND TREATMENT CENTERS (YRTCs) SFY 2019/20^{1*}

FEMALE YOUTH

MALE YOUTH

18

NUMBER ADMITTED FOR TREATMENT

97

23

AVERAGE DAILY POPULATION

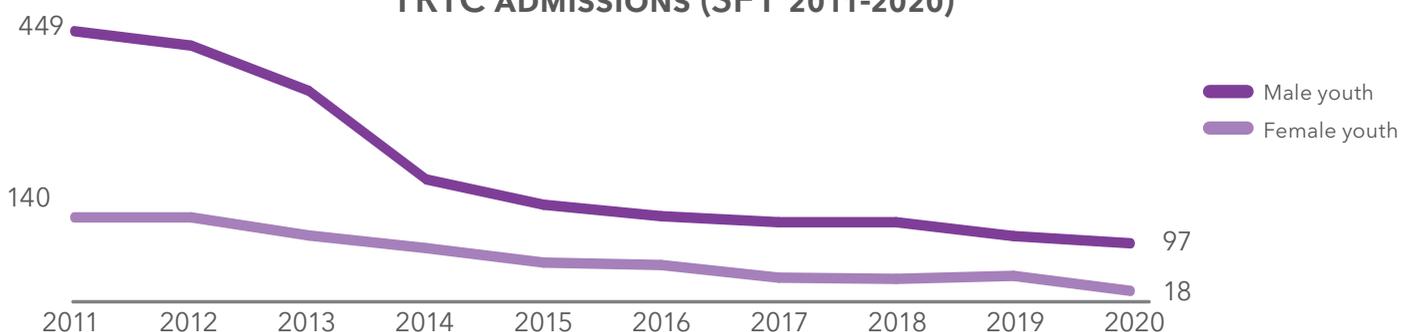
88

11.1 MONTHS

AVERAGE LENGTH OF STAY

11.1 MONTHS

YRTC ADMISSIONS (SFY 2011-2020)¹



ROOM CONFINEMENT BY REPORTED REASON (SFY 2018/19)²

	TOTAL INCIDENTS	TOTAL YOUTH INVOLVED	MEDIAN DURATION OF ROOM CONFINEMENT INCIDENTS (HOURS)	PERCENT OF INCIDENTS ENDING IN 4 HOURS OR LESS	PERCENT OF INCIDENTS LASTING BETWEEN 4 AND 8 HOURS	PERCENT OF INCIDENTS LASTING MORE THAN 8 HOURS	LONGEST CONFINEMENT INCIDENT (HOURS)	MOST COMMON REASON FOR ROOM CONFINEMENT
NEBRASKA CORRECTIONS YOUTH FACILITY	482	57	2.5	79%	4%	17%	2731	DISCIPLINARY SANCTION (45%)
YRTC - KEARNEY	956	134	15.5	18%	13%	69%	135.8	DANGER TO OTHERS (35%)
YRTC - GENEVA	460	52	18.5	31%	6%	63%	111.5	DANGER TO OTHERS (36%)
DOUGLAS COUNTY YOUTH CENTER	463	201	45.75	6%	8%	86%	346.5	DANGER TO OTHERS (52%)
LANCASTER COUNTY YOUTH SERVICES CENTER	130	67	2	90%	9%	1%	13.0	DANGER TO OTHERS (51%)
NORTHEAST NEBRASKA JUVENILE SERVICES	78	63	1.5	94%	2%	4%	15.0	ADMINISTRATIVE (49%)
PATRICK J. THOMAS JUVENILE JUSTICE CENTER	114	45	3	71%	26%	3%	9.5	DANGER TO OTHERS (100%)

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

1. Youth Treatment System Briefing to the Juvenile Services and Nebraska Coalition for Juvenile Justice.

2. Office of Inspector General of Nebraska Child Welfare, Juvenile Room Confinement in Nebraska, 2018-2019 Annual Report.

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

* In SFY2020, YRTC-Geneva was temporarily closed due to staffing shortages and facility damage and all female youth were moved to the YRTC-Kearney facility. Additionally, the Lincoln Facility was opened in February 2020. This year's data, therefore, is aggregated by male and female youth instead of by facility as it was published in previous years' reports.



YOUTH TREATED AS ADULTS

In 2019, **204 youth** cases were prosecuted in Nebraska adult courts, down from **1,972** in 2013.

Of the **204 youth** cases prosecuted in adult criminal court in 2019, **30%** were traffic cases, **37%** were misdemeanor cases, and **32%** were felony cases.

A MOTION TO TRANSFER FROM JUVENILE COURT TO ADULT COURT WAS REQUESTED IN **60 CASES** AND GRANTED IN **9**.

ADULT COURT HAD **117** MOTIONS TO TRANSFER TO JUVENILE COURT FILED, AND **96** CASES TRANSFERRED TO JUVENILE COURT.

AN AGE-APPROPRIATE RESPONSE

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

*Cases may receive multiple sentencing types, so the total by sentence will add to higher than 196. These are only the cases that reached the point of sentencing in 2019. Source: JUSTICE, Administrative Office of the Courts.

YOUTH CASES TRIED IN ADULT COURT (2019)

	YOUTH CASES PROSECUTED IN ADULT COURT		SENTENCED TO PROBATION		SENTENCED TO JAIL		SENTENCED TO PRISON	
MALE	140	72.2%	81	63.8%	34	75.6%	30	96.8%
FEMALE	52	26.8%	45	35.4%	10	22.2%	1	3.2%
UNKNOWN	2	1.0%	1	0.8%	1	2.2%	0	0.0%
Age Group								
11 TO 13	4	2.1%	3	2.4%	1	2.2%	1	3.2%
14 TO 15	27	14.3%	23	18.1%	3	6.7%	2	6.5%
16	62	32.8%	44	34.6%	12	26.7%	10	32.3%
17	96	50.8%	57	44.9%	29	64.4%	18	58.1%
Race/Ethnicity								
AMERICAN INDIAN	6	3.1%	0	0.0%	6	13.3%	0	0.0%
ASIAN	2	1.0%	2	1.6%	0	0.0%	0	0.0%
BLACK/AFRICAN AMERICAN	49	25.3%	22	17.2%	12	26.7%	16	51.6%
HISPANIC	41	21.1%	31	24.2%	4	8.9%	8	25.8%
UNKNOWN/OTHER	18	9.3%	11	8.6%	9	20.0%	0	0.0%
WHITE	78	40.2%	62	48.4%	14	31.1%	7	22.6%
Total*	196		127		45		31	

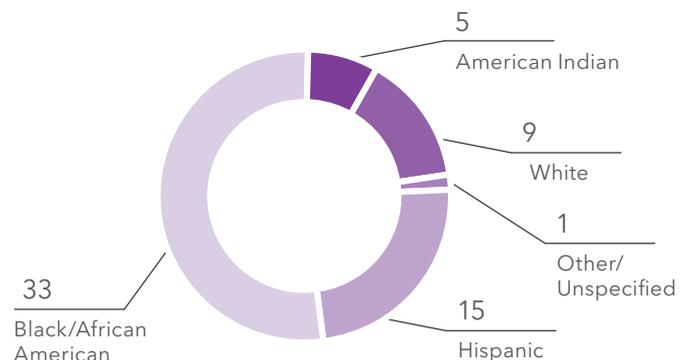
56
MALES
7
FEMALES

YOUTH IN ADULT PRISONS AND JAILS

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

60 YOUTH WERE SENTENCED TO A NEBRASKA PRISON.

YOUTH INCARCERATED IN CORRECTIONAL FACILITIES BY RACE/ETHNICITY (2019)



Source: Nebraska Department of Correctional Services.





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

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THE *KIDS COUNT* IN NEBRASKA 2020 REPORT
IS GENEROUSLY FUNDED BY:

THE ANNIE E. CASEY FOUNDATION



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PRESBYTERIAN CHURCH OF THE CROSS
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