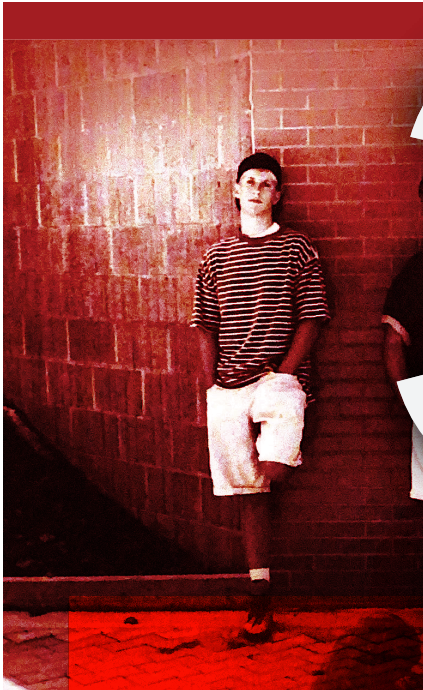


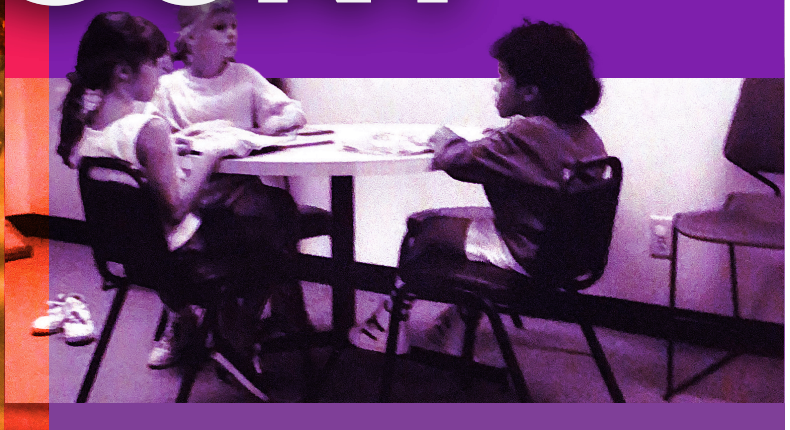
**2022
REPORT**



30

YEARS OF

**KIDS
COUNT**



**KIDS COUNT
IN NEBRASKA**



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 in part by the Annie E. Casey Foundation, as well as by generous sponsorships from the Weitz Family Foundation, Children's Hospital & Medical Center, the Tom Tonniges Family Trust, and the Presbyterian Church of the Cross. 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.

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 2021 are available for download at www.voicesforchildren.com/data-research/kids-count.

Additional copies of the *Kids Count in Nebraska 2022 Report*, as well as reports from 1993 through 2021 are available from:

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TABLE OF CONTENTS & LETTER



Dear Kids Count Reader,

We are thrilled to bring you the 30th annual edition of the Kids Count in Nebraska Report! For three decades, Voices for Children in Nebraska has produced this reliable data product, with support from our project sponsor the Annie E. Casey Foundation, and with the generous assistance of our technical team of advisors and data providers throughout our state agencies.

The cover photos you see on this year's edition appeared in our very first book, back in 1993. The children pictured are grown-ups now, potentially with children of their own. Over the same period, this book has also grown and changed - every year packed with more indicators of child well-being, updated to the latest year of data available. We hope you continue to find it a powerful resource for understanding the state of kids in the state of Nebraska.

Our commentary this year focuses on the passage of those 30 years, highlighting data points we had access to then and now, to assess where and how changes to state policy have moved the needle forward for Nebraska children. The story the data tells is one which we know all too well: where we see gains, they are not evenly distributed across demographics. To provide a state full of opportunity for all kids to thrive, we must do more to continue to dismantle systems of harm that create barriers for children and communities of color.

It can be hard, sometimes, to remain optimistic in a world where we see division and partisanship in every corner. In this way, tracking and sharing this data year over year, decade over decade, is a privilege; it highlights how progress is made, incrementally and over time. It keeps us honest about how far we still have to go, while allowing us to retain our sense of possibility and belief in the continued arc towards justice and opportunity, as we all work together to make this a great place to grow up for every kid.

We are so grateful for everyone who has made Kids Count in Nebraska what it is over the decades, and for all the partnership that goes into every edition, including this one! Thank you for all you do.

Sincerely,

JULIET SUMMERS, JD
EXECUTIVE DIRECTOR

JOSH SHIRK, PHD
RESEARCH COORDINATOR

TABLE OF CONTENTS

4	ABOUT VOICES FOR CHILDREN
6	CONTACTING ELECTED OFFICIALS
8	COMMENTARY
16	POPULATION
21	INDEX OF RACE AND OPPORTUNITY
24	HEALTH
36	EDUCATION
48	ECONOMIC STABILITY
58	CHILD WELFARE
70	JUVENILE JUSTICE
82	TECHNICAL TEAM OF ADVISORS



ABOUT VOICES FOR CHILDREN

Founded in 1987, Voices for Children in Nebraska has a 35-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:

At Voices for Children in Nebraska, we advocate for equitable opportunity for all children in Nebraska through research, policy, and community engagement.

VISION:

We envision a Nebraska with strong communities where every child has all they need to lead a healthy, secure, and fulfilling life.

VALUES:

We keep children at the heart of everything we do and follow a core set of values that serve as a guide for our words and actions.

- **Integrity.** We serve as an independent and non-partisan voice to drive systems change.
- **Information.** We use research, data, and community input to inform our direction and guide our actions.
- **Equity.** We intentionally center diversity, equity, inclusion, and accessibility in all we do.
- **Courage.** We fight against the status quo when necessary to amplify youth’s voices and transform systems.
- **Collaboration.** We listen and partner in order to support children and families according to their needs.

VOICES FOR CHILDREN IN NEBRASKA’S 2023 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



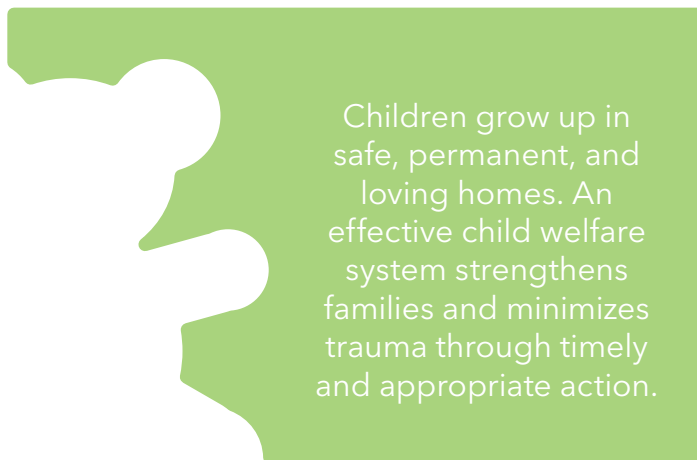
Children and families have access to affordable, quality physical and behavioral health care. Consistent and preventive health care gives children the best start to grow up to be healthy and productive adults.

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.

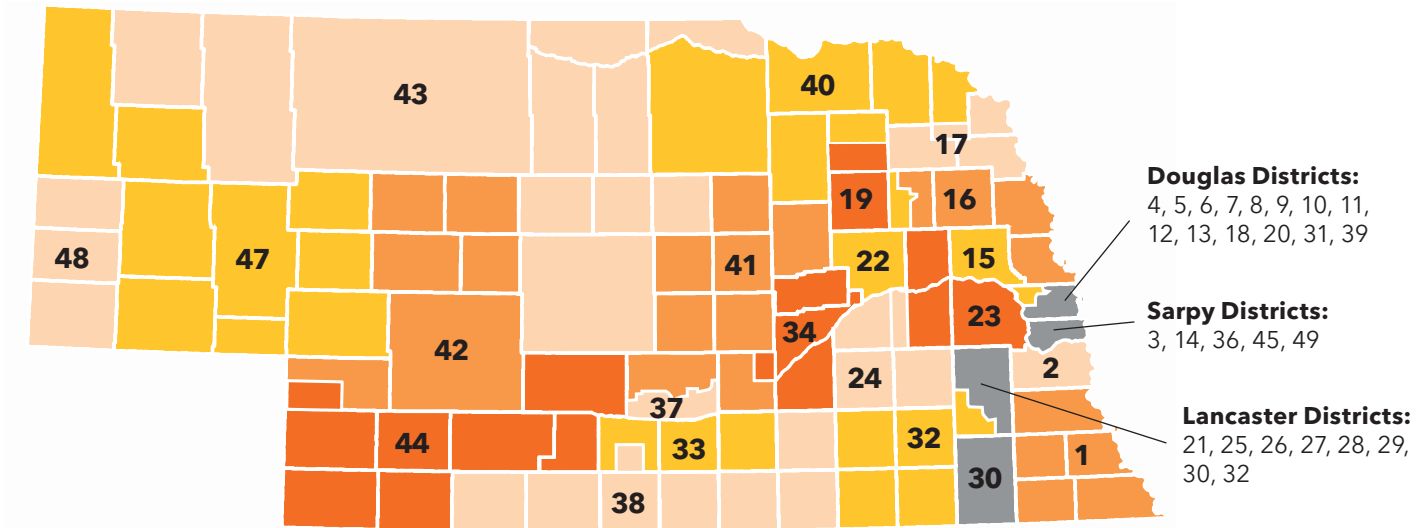


CONTACTING ELECTED OFFICIALS

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

2023 NEBRASKA LEGISLATURE			
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CONTACTING ELECTED OFFICIALS



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202-456-1414, PRESIDENT@WHITEHOUSE.GOV

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

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

NEBRASKA GOVERNOR: JIM PILLEN
402-471-2244, WWW.GOVERNOR.NEBRASKA.GOV

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

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

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

U.S. SENATOR: PETE RICKETTS
202-224-4224, WWW.RICKETTS.SENATE.GOV

NEBRASKA ATTORNEY GENERAL: MIKE HILGERS
402-471-2683, WWW.AGO.NEBRASKA.GOV

U.S. REPRESENTATIVE-1ST DISTRICT: MIKE FLOOD
202-225-4806, WWW.FLOOD.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

Race & Ethnicity Terminology

It is important to keep in mind that reporting of race and ethnicity data varies by sources and by the time period it was collected. We have and continue to follow best data practices, but we can only report what is available. At the time of our original Kids Count in Nebraska Report, most government agencies reported the following major racial groups: Asian/Pacific Islanders, Black, American Indian, Other, and white. One category of ethnicity, Hispanic origin, had just begun to be reported, meaning people could be of any race and either Hispanic origin or non-Hispanic origin. Thus, in this commentary, when information from the 1990s is reported by race alone, the category "Hispanic origin" does not appear. When "Hispanic origin" appears, it refers to an ethnic category.

Today, most, though not all, agencies now include a "Hispanic" race category and "Hispanic origin" ethnicity category. Hispanic as a category of race refers to people who are white and of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin. White people of non-Hispanic origin are listed as white, non-Hispanic. In addition, most agencies now report a "multiracial" race category. This category refers to a person having origins in any two or more race/ethnicity categories.

Thirty years ago, Ty revealed plans to manufacture and market a line of small toys stuffed with plastic pellets. These toys, known as Beanie Babies™, unleashed a frenzy and quickly became one of the major cultural phenomena of the 1990s. Allured by promises of 8,400% increases in value, adults also snatched up the toys and, in the process, turned them into objects of speculative investment.¹

Thirty years have also passed since, with less hype and fanfare, Voices for Children in Nebraska released the first annual Kids Count in Nebraska Report. It began with one question: what do we know about today's children in Nebraska? We answered this question by identifying, gathering, and distributing data on key indicators of child well-being in areas of child welfare, economic stability, education, health, and juvenile justice.

Today, a typical Beanie Bay sells for under \$15 on eBay, far from the amount needed to fund a retirement or a child's college education. By contrast, the original Kids Count report was part of a collaboration funded by the Anne E. Casey Foundation meant to last only four years. The value of the report, however, was quickly recognized by policymakers, advocacy organizations, researchers, grant funders, grant writers, non-profits, and concerned citizens. As a result, Voices for Children in Nebraska and the Anne E. Casey Foundation have continued their partnership, expanding the report to include more key indicators.

At Voices for Children in Nebraska, we believe sound investments in children and families require good data rather than frenzied speculation. Good data can help map out where we have been and where we are today. With that in mind, this commentary examines data from the original 1993 Report with today's data, highlighting successes and noting setbacks and the continuation of an unacceptable status quo.

But even the best data cannot generate consensus on the best actions to take. This is why we utilize an equity framework to interpret these data. An equity framework acknowledges that not all children grow up in the same situation and have the same needs. Consequently, we then strive for the "equitable design and implementation



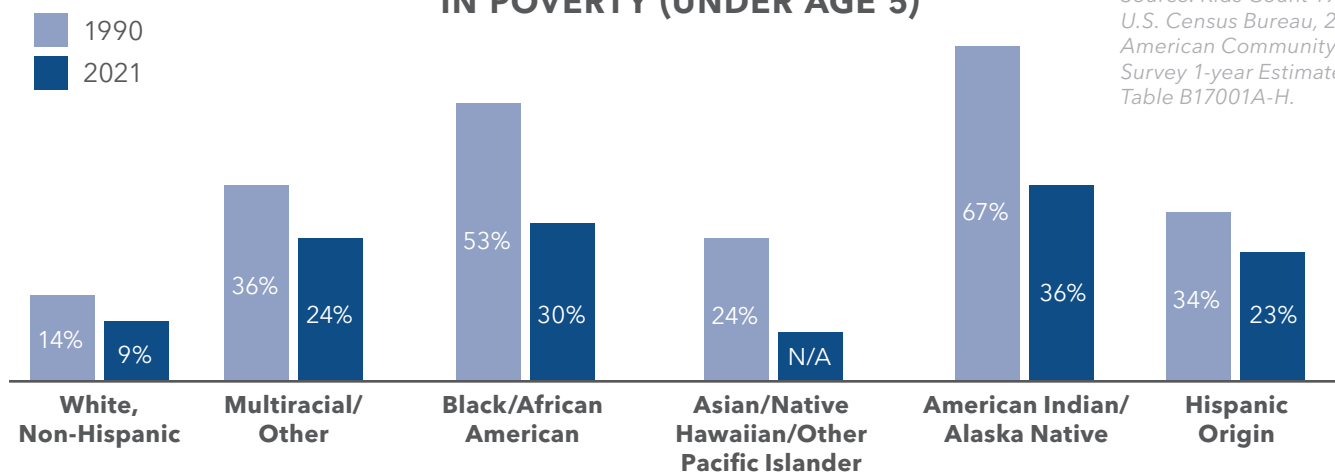
of public policies and programs that reduce or eliminate [social and economic] disparities, discrimination, and marginalization.”² In other words, promoting fair and equitable child well-being policies and programs does not always mean treating every child the same. Systemic inequalities are considered, and differential treatment may be preferred if it promotes strong communities with access to the resources necessary for children to flourish. With this lens and good data, we discuss here what we have learned in the past 30 years of doing Kids Count, what we will continue advocating for in the years to come, and why we believe these make sound, equitable investments for Nebraska’s children and families.

CHILD POVERTY AND FAMILY ECONOMIC STABILITY

Too many of Nebraska’s children have experienced and continue to experience economic instability. Nationally, little progress has been made on poverty since the 1970s, with overall percentages fluctuating up and down depending on the state of the economy. The 1993 Kids Count Report in Nebraska Report relied on U.S. Census data from 1990 for poverty numbers, a time when poverty numbers were climbing incrementally, from 12.6% in 1970 to 13.5% in 1990, nationally. Since 1990, overall national poverty rates continued to see-saw, reaching 15.3% in 2010 before decreasing again to 12.8% of Americans in 2021.

Furthermore, past federal policies decisions--such as leaving domestic and agricultural workers out of social security benefits and the redlining of predominantly Black and Brown neighborhoods--have led people of color to bear a disproportionate brunt of economic marginalization. This can be seen clearly among children in Nebraska. In 1990, as shown in Figure 1 below, poverty rates for children under age 5 in Nebraska varied greatly by race, with 67% of American Indian, 53% of Black, 36% classified Other, 2% of Asian, and 34% of Hispanic origin children classified as poor. Meanwhile, 14% of white children in Nebraska under the age of 5 lived in poverty. More recent data from 2021 shows that 35.8% of Native American, 29.9% of Black, 24.3% of multiracial/other, 22.9% of Hispanic, and 9.2% of white children under the age of 5 are growing up in poverty in Nebraska.³ Although these data show improvements in racial disparities, our systems remain neither economically nor racially equitable. The data could not be clearer: the story of Nebraska child poverty is and has been one of disparities by race and ethnicity.

FIGURE 1. NEBRASKA CHILDREN LIVING IN POVERTY (UNDER AGE 5)





COMMENTARY

Implications for Policy Action

As the sociologist Mathew Desmond recently wrote, poverty persists, in part, because of the “unrelenting exploitation” experienced by people at the bottom of the labor market.⁴ When parents and guardians experience such exploitation, they and their children miss meals, live in inadequate housing, or even go unhoused, struggle to receive needed health services, lack child-care, and miss-out on enriching extracurricular activities.

To ensure people’s wages more accurately reflect the value of their work, wages should keep pace with inflation and account for the true cost of living. Nebraskans have now passed two separate ballot initiatives setting a higher minimum wage. Under the most recent scheme supported by voters in 2022, the minimum wage will increase gradually until 2026 and will adjust annually automatically thereafter to account for increases in the cost of living. This investment in working Nebraskans will have positive spillover effects for children, and we should work to ensure the provisions aren’t undermined or don’t evaporate due to price increases on necessities such as rent and food.

But higher wages only count towards those activities officially recognized as work by the labor market. A host of necessary activities, performed by family, friends, and community members alike, typically go unremunerated. We speak here of care work, including but not limited to caring for the young, sick, and elderly. More broadly, this includes the civic work of building and sustaining norms of cooperation and contestation throughout the community. Despite the unpaid or at best low-paid status of such work, these activities serve as the foundation for (1) a strong economy and (2) solving common problems in a democratic society. To make the performance of this work more difficult is to tear at the social fabric holding society together and puts the economy at risk.

For example, at a community meeting about childcare in a rural county this year, staff at Voices for Children heard concerns about the lack of quality, affordable childcare within a four-county area. These concerns were so grave that some feared an entire town would not survive, as residents would be forced to move out to find childcare. Much more work must be done to ensure Nebraskans throughout the state have access to affordable, quality, dependable care. This includes, but is not limited to, ensuring that childcare assistance reaches families who need it, providers are able to receive subsidies at an appropriate market rate, licensing provisions are structured to provide for confidence in the safety of care, and care workers are able to make a living wage.

CHILD WELFARE & JUVENILE JUSTICE

Another area of Voices for Children’s data and advocacy work for the past 30 years has been the protection of children and youth in our court systems and out-of-home care. This encompasses what are commonly described as the “child welfare” and “juvenile justice” systems. In child welfare, children who have experienced abuse or neglect come to the state’s attention and may receive a spectrum of services from in-home to removal into foster care in order to ameliorate risk or safety concerns. In juvenile justice, children come to the attention of the state through behaviors that might constitute a crime if committed by an adult, or for other “status” offenses, such as



chronic absenteeism from school, which are of concern but not crimes. Many young people “crossover” between child welfare and juvenile justice, both due to increased scrutiny by the legal system and because early traumas in life correlate with subsequent instances of anti-social and risk-taking behaviors.

Our original 1993 Kids Count in Nebraska Report highlighted only one data point for each of these systems: in youth justice, the number of children arrested, and in child welfare, the number of children removed into out-of-home care. Here, we address each of these in turn.

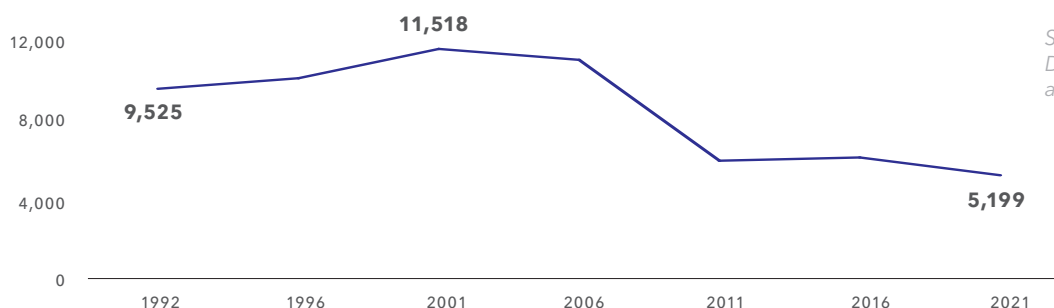
Declines in Child Welfare Removals

In child welfare, since 1974, legislation has often swung between two poles of child protection philosophies: a family-based model that sought to keep children with their biological families whenever possible, and a model that viewed child safety as primarily achievable through the state’s actions in finding a new home.

In 1992, 9,525 of Nebraska’s children were separated from their parents and placed in out-of-home care, typically due to child maltreatment cases. Our original 1993 Kids Count in Nebraska Report pointed to these high numbers as an indication of service needs in the state. This is because most child maltreatment cases in the state are due to physical neglect, which is often related to poverty and financial stress. Instead of taking children out of their homes in such cases, in-home services can build parental capacity without disrupting family routines and relationships. In-home services where safety can be maintained also reduce trauma to children, who can experience removal itself as a traumatic event.

Unfortunately, as shown in Figure 2 below, the number of children in out-of-home care only increased over the next 9 years from our original report, reaching a high of 11,518 in 2001. By 2006, there were still nearly 11,000 Nebraska children experiencing out-of-home care in child welfare, but cases began to drop more consistently thereafter. Policy reforms, including the implementation of Alternative Response beginning in 2011 and federal realignment of child welfare funding in the Family First Prevention and Services Act of 2019, continued to allow more flexibility for case workers to better differentiate between cases where a child’s safety is at-risk and cases where supportive services would allow the family to better meet the needs of children. As a result, out-of-home care cases have declined further to 5,199 in 2021. This marks a 45.4% decrease from those originally reported in 1992, and a 54.8% decrease since their high point in 2001.

FIGURE 2. OUT-OF-HOME CARE (1992-2021)



Source: Nebraska Department of Health and Human Services.



COMMENTARY

Over the decades, we have highlighted racial and ethnic disparities and disproportionality reflected in our child welfare system in Kids Count Reports, policy papers, and issue briefs, reflecting multiple and compounding barriers for children of color in Nebraska. Notably, the racial and ethnic disparities in out-of-home cases still tilt heavily toward children of color at radically disproportionate rates. In 2021, among children in out-of-home care, Black children accounted for 18.7%, American Indian/Alaska Native children for 6.5%, multiracial children for 9.0%, and children of Hispanic origin accounted 22.4%. Overall removals may have decreased over the past decade, but significant overrepresentation of children of color in foster care remains, particularly Black children and American Indian children.

Declining Arrest Rates of Children and Youth:

At the end of the 20th century, when our we began publishing Kids Count in Nebraska Reports, Nebraska was part of the national prison construction trend. Broken windows policing, stop-and-frisk strategies, and fears of so-called super predators led to growing confinement of both adults and children.

As highlighted in our original 1993 Kids Count in Nebraska Report, the number of children arrested rose from 13,401 children in 1988 to 15,991 in 1992. Subsequent Kids Count Reports continued to track arrest rates, showing the number of arrests eventually rising to 21,377 in 1998, a 59.5% increase since 1988. Thus, in 1998, the arrest rate per 1,000 youths in Nebraska stood at 49.8. In the subsequent decades, the super-predator scare was thoroughly debunked, and a growing understanding of adolescent development contributed to better approaches to holding young people accountable for their actions. Although it took until 2011 for youth arrests to fall below those in 1988, incremental declines were happening and continued until, as this year's report shows, youth arrests in Nebraska were down to just 4,932 in 2021. As such, the arrest rate per 1,000 youth stood at 10.2 in 2021, good for a 79.5% decline since arrests peaked in 1998.

Yet again we see overrepresentation when we disaggregate arrest numbers by race and ethnicity. Though we do not have race and ethnicity breakdowns for the 1990s data our original report, by 2021, despite making up only 6.0% of the total population, Black youths in Nebraska accounted for 15.3% of youth arrests and American Indian/Native Alaskan's accounted for 3.2% of youth arrests, but only 1.1% of Nebraska's youth population. Meanwhile, youths of Hispanic origin were 18.9% of the youth population and accounted for 22.0% of youth arrests.⁵

Implications for Policy Action

Though child welfare and juvenile justice are formally separate systems, children and families frequently experience crossover between them, and underlying causes of involvement – and modes of intervention – are often intersectional. Communities in poverty and communities that are subject to structural racism are frequently the same communities which are overpoliced and overrepresented in these systems. The progress of both child welfare and juvenile justice policy over the decades has been underpinned by growing understandings of the importance of primary prevention and upstream investment at the local level to build community wealth and



support families in meeting their children's needs. Systems which were initially built on "safety" - removing children from their families and neighborhoods - must continue to evolve to access community strengths and support familial resilience.

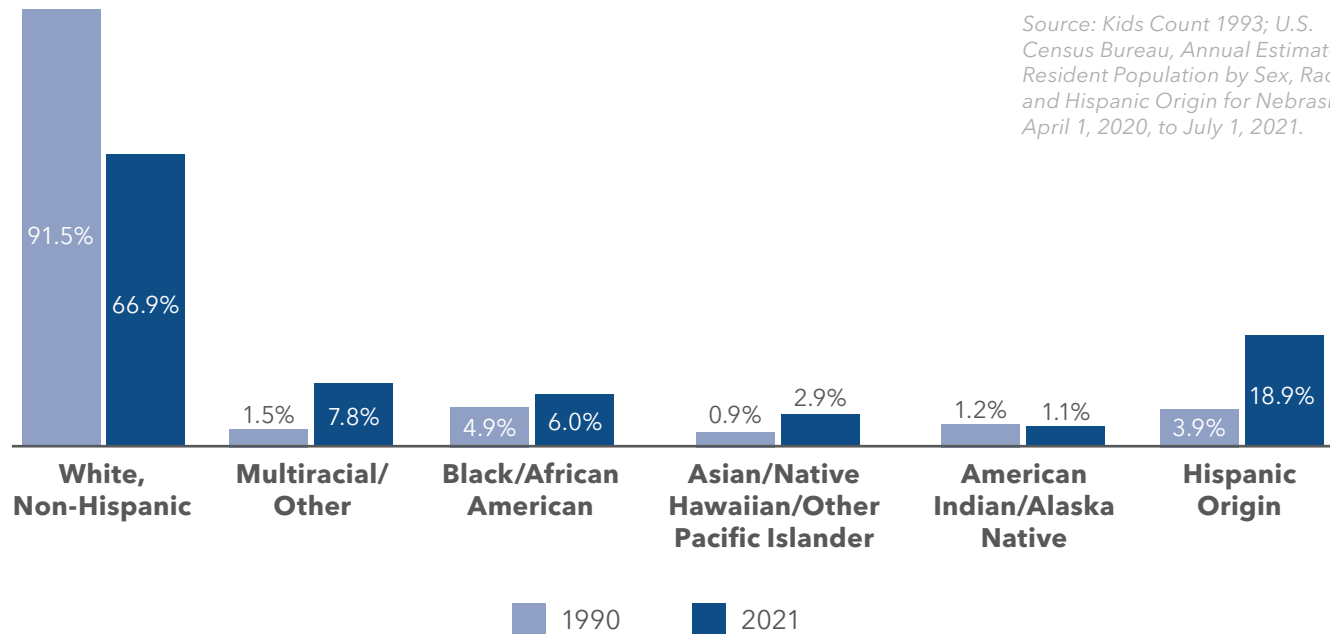
To Voices for Children, that means:

- Explicitly identifying systemic racism giving rise to disparate outcomes and acknowledging our own failure, as an organization, in addressing the harms which continue to be perpetuated for children of color within these systems;
- Increasing investments in primary prevention programs like food stamps, rental assistance, childcare subsidies, and Aid to Dependent Children cash assistance, and more broadly in historically underfunded communities and census tracts;
- Reevaluating mechanisms for reporting maltreatment and training reporters in bias and distinguishing poverty from true neglect;
- Providing meaningful supports for formal and informal relative and kinship caregivers, who step up to provide loving, trusted care for children when a removal must occur for safety;
- Building out our system of care and supporting mental health points of contact in schools, to address rising mental health needs among children and teens;
- Continuing to reduce our numbers of youth incarcerated and removed from home, reinvesting that money in wrap-around supports in the home and neighborhood; and
- Pressing forward toward restorative justice approaches which center around community and place addressing harm at the core of justice.



CONCLUDING THOUGHTS

FIGURE 3. % OF TOTAL CHILD POPULATION BY RACE & ETHNICITY (1990 VS 2021)



Source: Kids Count 1993; U.S. Census Bureau, Annual Estimates of Resident Population by Sex, Race, and Hispanic Origin for Nebraska: April 1, 2020, to July 1, 2021.

In our original 1993 Kids Count in Nebraska Report, we highlighted demographic population data and have noted shifts ever since. As Figure 3 above shows, from 1990 to 2021, the percentage of Nebraska's children (age 17 and under) who were white declined from 91.5% to 66.9%, while the percentage of Native American children remained relatively steady—from 1.2% to 1.1%. Meanwhile, the percentage of Black children rose from 4.9% to 6.0%; the Asian/Pacific Islander child population rose from 0.9% to 2.9%; and the multiracial/other child population rose from 1.5% to 7.8%. Finally, the Hispanic origin child population rose from 3.9% in 1990 to 18.9% in 2021. While our systems should be racially equitable regardless of how large or small certain populations are, the growing diversity of Nebraska's youth only increases the urgency for reforming and remaking legal, economic, education, and health systems to work fairly for all children.

With 30 years' hindsight, the Beanie Babies craze did not stand the test of time. Ensuring Nebraska stands the test of time will require strong communities, where every child – regardless of race or ethnicity – has all they need to lead a healthy, secure, fulfilling life. This is the Nebraska we hope to see when, in the year 2053, we publish our 60th Kids Count in Nebraska Report. We will continue to work toward that vision and be documenting and sharing the data as we go.



End Notes

1. Bissonnette, Zac. "Excerpt From The Great Beanie Baby Bubble." Penguinrandomhouse.Ca. Accessed February 13, 2023. <https://www.penguinrandomhouse.ca/books/313121/the-great-beanie-baby-bubble-by-zac-bissonnette/9781591848004/excerpt>.
2. "Foster social equity". NAPAwash, <https://napawash.org/grand-challenges/foster-social-equity>. Accessed 7 March 2023.
3. U.S. Census Bureau, 1990; U.S Census Bureau, 2021 American Community Survey 1-year Estimates, Tables B17001A-I.
4. Desmond, Matthew. "Why Poverty Persists in America." New York Times Magazine, 9 March 2023, <https://www.nytimes.com/2023/03/09/magazine/poverty-by-america-matthew-desmond.html>.
5. Kids Count in Nebraska Reports began disaggregating arrest data in 2007. Nebraska's Crime Commission disaggregates race and ethnicity categories different than many other agencies. Most notably, the Crime Commission does not provide a multiracial category and does not distinguish between white, non-Hispanic origin and white, Hispanic origin.



POPULATION

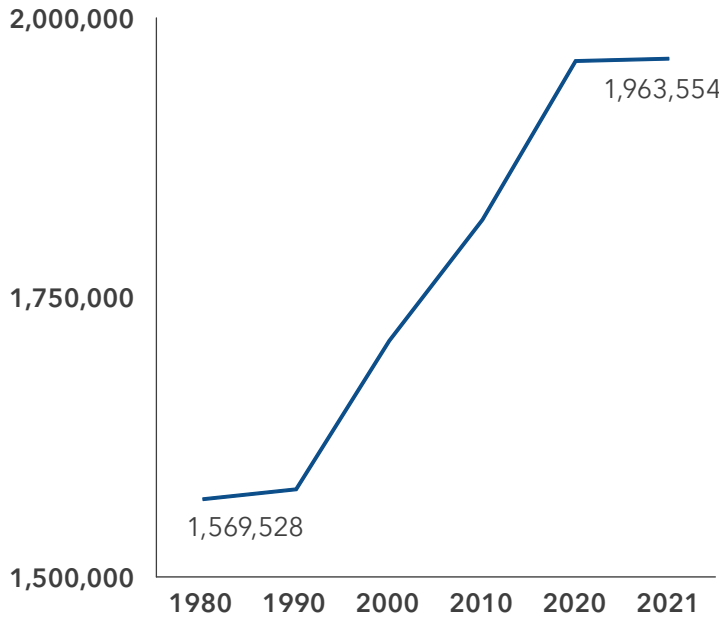
The premise of Kids Count is and has always been that good data can help drive good decisions. Without knowing where children, families, and our communities stand now, we cannot know where the most effective solutions lie. The U.S. Census, taken every 10 years, and the American Community Survey, taken every year, are two of the most important tools for learning how communities are faring. Utilizing these tools, the following section provides a demographic snapshot of Nebraska.





POPULATION

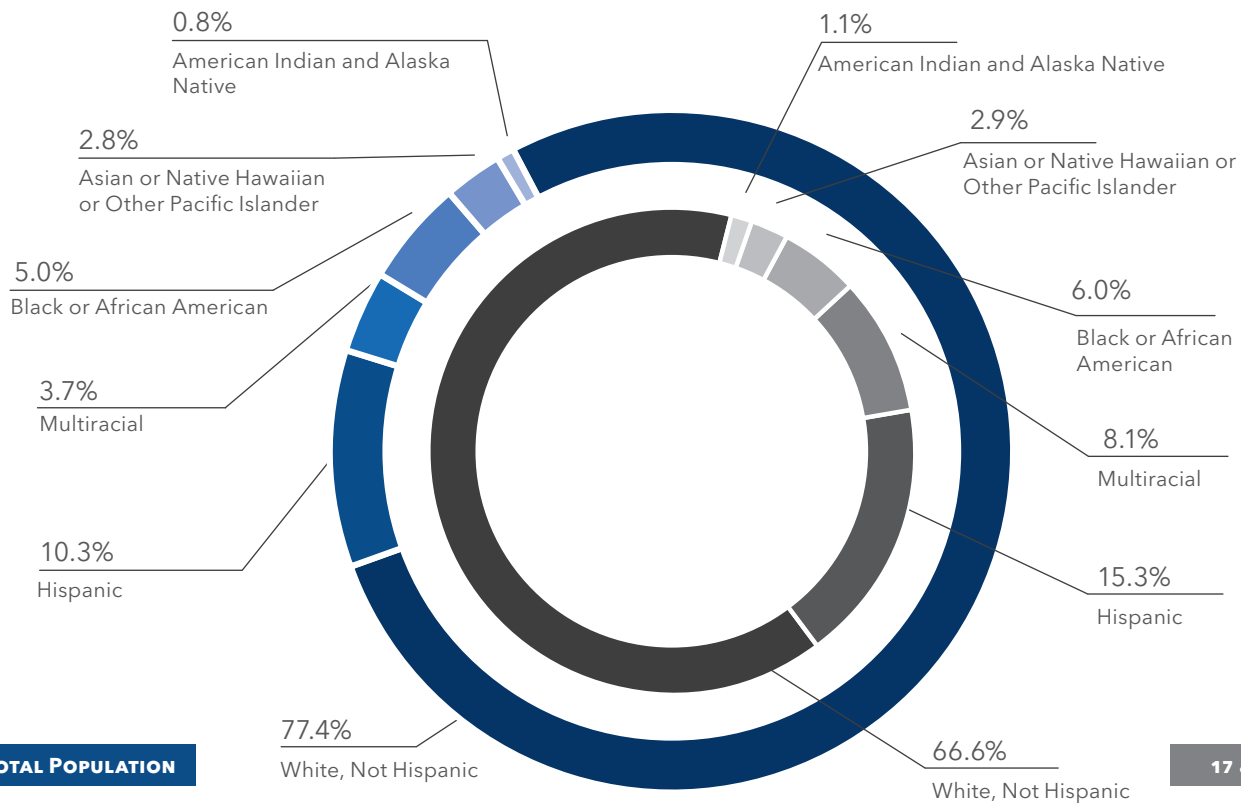
NEBRASKA TOTAL RESIDENT POPULATION (1980-2021)¹



1,963,554 people
including
509,790 children*
lived in Nebraska in 2021.²

21.7%
OF NEBRASKANS WERE OF COLOR
IN 2021.² THIS IS EXPECTED TO
INCREASE TO 38.0% BY 2050.³

NEBRASKA POPULATION BY RACE/ETHNICITY (2021)⁴



TOTAL POPULATION

17 & UNDER

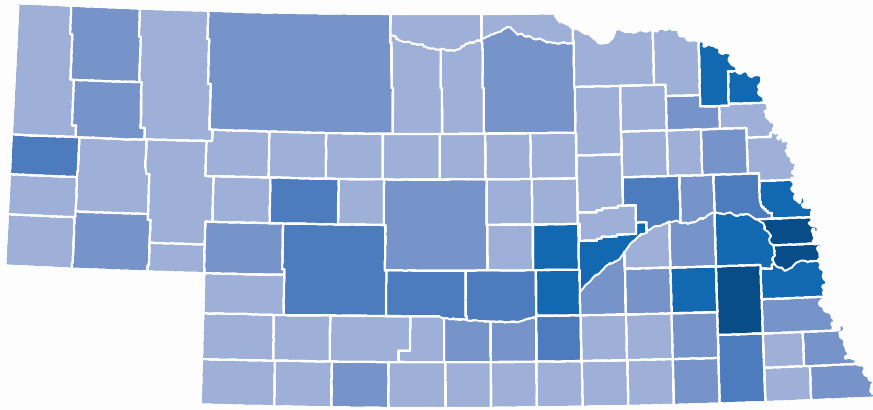
*Children 18 & under

1. U.S. Census 1980, 1990, 2010, 2020; U.S. Census Bureau, 2020 Decennial Census; U.S. Census Bureau, Population Division, Annual Population Estimates.
 2. U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Single Year of Age and Sex for Nebraska: April 1, 2020 to July 1, 2021.
 3. U.S. Census Bureau, 2020 Decennial Census; Center for Public Affairs Research (CPAR) and Office of Latino/Latin American Studies (OLLAS), UNO, Nebraska Population Projections to 2050 and Implications.
 4. U.S. Census Bureau, Annual Estimates of Resident Population by Sex, Race, and Hispanic Origin for Nebraska: April 1, 2020 to July 1, 2021.

POPULATION



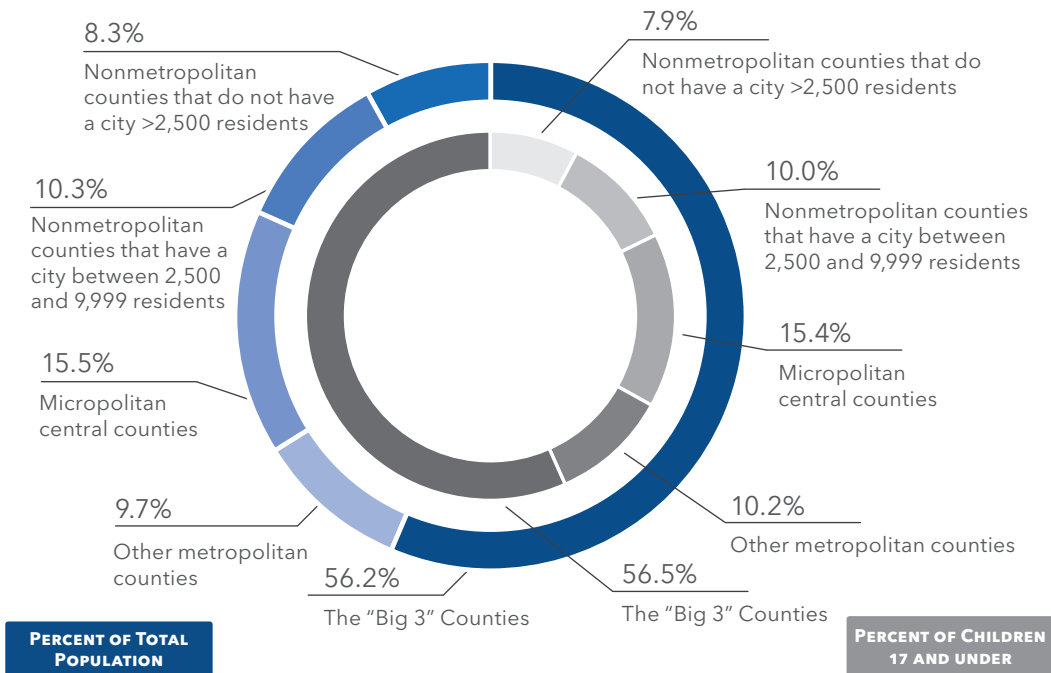
NEBRASKA RURALITY CLASSIFICATIONS (2021)¹



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, McPherson, 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 (2021)¹



56.5%

OF NEBRASKA KIDS LIVE IN THE "BIG 3" COUNTIES.¹

16.4%

OF NEBRASKANS WERE 65 OR OLDER IN 2021.¹ THIS IS EXPECTED TO INCREASE TO 21.0% BY 2050.²

NEBRASKA POPULATION BY AGE (2021)²



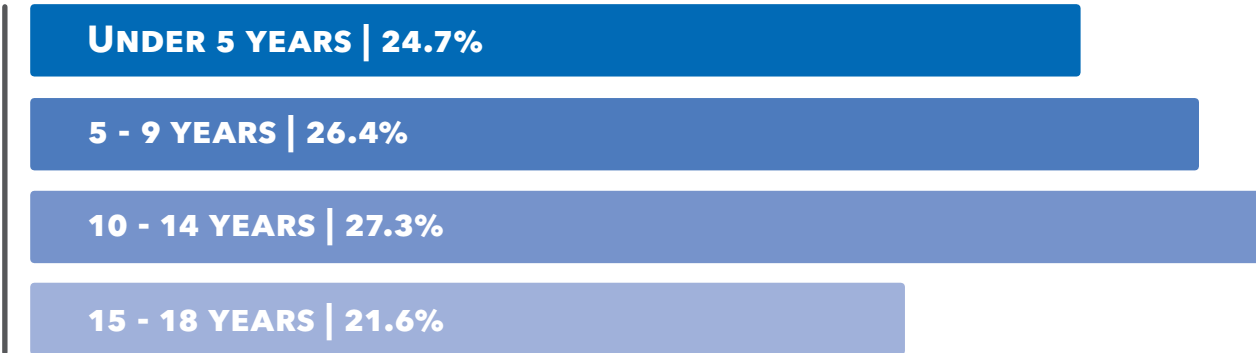
1. U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Single Year of Age and Sex for Nebraska: April 1, 2020 to July 1, 2021.

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

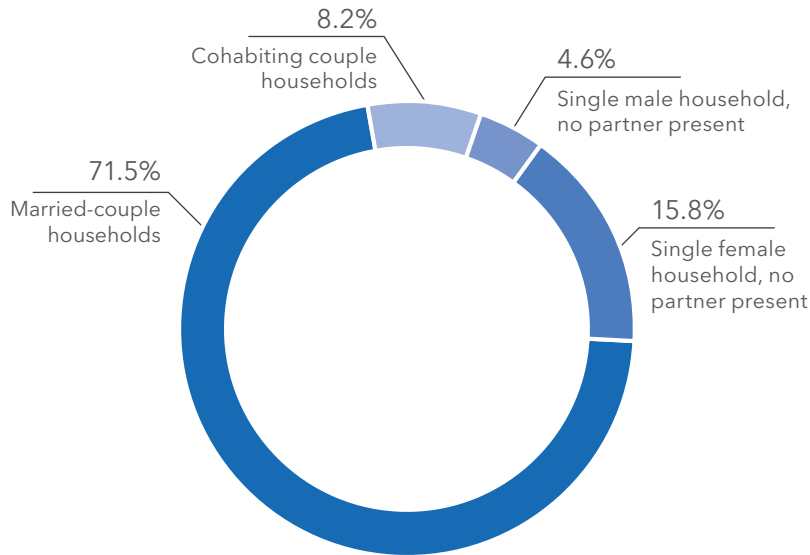


POPULATION

NEBRASKA CHILDREN BY AGE (2021)¹



NEBRASKA HOUSEHOLDS WITH CHILDREN BY HOUSEHOLD TYPE (2021)²



1,698

NEBRASKA KIDS WERE LIVING IN GROUP QUARTERS* IN 2021.³

4,076

NEBRASKA CHILDREN WERE LIVING WITH THEIR GRANDPARENT(S) WITHOUT A PARENT PRESENT IN 2021.⁴

3,848

NEBRASKA KIDS WERE LIVING IN NON-FAMILY HOUSEHOLDS IN 2021.⁵


28.5%

OF NEBRASKA KIDS WERE LIVING WITH AN UNMARRIED OR SINGLE PARENT IN 2021.²

*Group quarters is defined as institutional or non-institutional group living quarters like correctional facilities, college dormitories, group homes, or shelters.
 1. U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Single Year of Age and Sex for Nebraska: April 1, 2020 to July 1, 2023.
 2. U.S. Census Bureau, 2021 American Community Survey 5-year Estimates, Table B09005.
 3. U.S. Census Bureau, 2021 American Community Survey 5-year Estimates, Table B09001.
 4. U.S. Census Bureau, 2021 American Community Survey 5-year Estimates, Table B10002.
 5. U.S. Census Bureau, 2021 American Community Survey 1-year Estimates, Table B09010.

A close-up, monochromatic orange photograph of a woman's face, partially obscured by a chain on the left side. The image has a warm, golden-orange tint. The woman's face is the central focus, with her eyes looking slightly to the right. She is wearing a large, ornate earring. A heavy metal chain is visible on the left side of the frame, running vertically. The overall mood is contemplative and evocative.

RACE & OPPORTUNITY



Nebraska was founded under values of opportunity and equality for all, but when looking at the data and research 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.

Voices for Children is deeply committed to using our resources to combat white supremacy, pursuing equitable justice in our state, and being held accountable for acting.

In past years, Kids Count provided the Index of Race & Opportunity for Nebraska children. This composite index score consists of 13 indicators of child well-being in policy areas such as health, education, child welfare, juvenile justice, and economic stability. These data consistently revealed racial disparities and unequal opportunity for children and families of color.

Unfortunately, due to changes in the way some data were collected, we are unable to offer the index this year. The Kids Count team is searching for solutions to the problem and hopes to have the index back next year. In the meantime, 9 of the 13 statistics used in the past are still available. These data continue to show systemic racial inequities. Although we are unable to provide the Index of Race & Opportunity this year, Voices' policy work is still oriented toward addressing these gaps and ensuring Nebraska lives up to its founding motto, "Equality before the Law."

RACE & OPPORTUNITY INDEX



Indicators and the page numbers where the data can be found, as available:



EDUCATION

- 3- and 4-year-olds enrolled in school (N/A)
- Reading proficiently at 3rd grade (p. 43)
- 16-24-year-olds employed or attending school (N/A)



HEALTH

- Children without health insurance coverage (p. 30)
- Infants receiving adequate prenatal care (p. 26)



JUVENILE JUSTICE

- Youth who have completed a diversion program successfully (N/A)
- Youth who have completed probation successfully (N/A)



ECONOMIC STABILITY

- Children living above the Federal Poverty Level (p. 50)
- Median family income (p. 56)
- Children living in a low-poverty areas (N/A)



CHILD WELFARE

- Children involved in the child welfare system (p.64)
- Children who are wards of the state, but are living at home (p. 64)
- Average number of out-of-home placements (p. 67)

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.

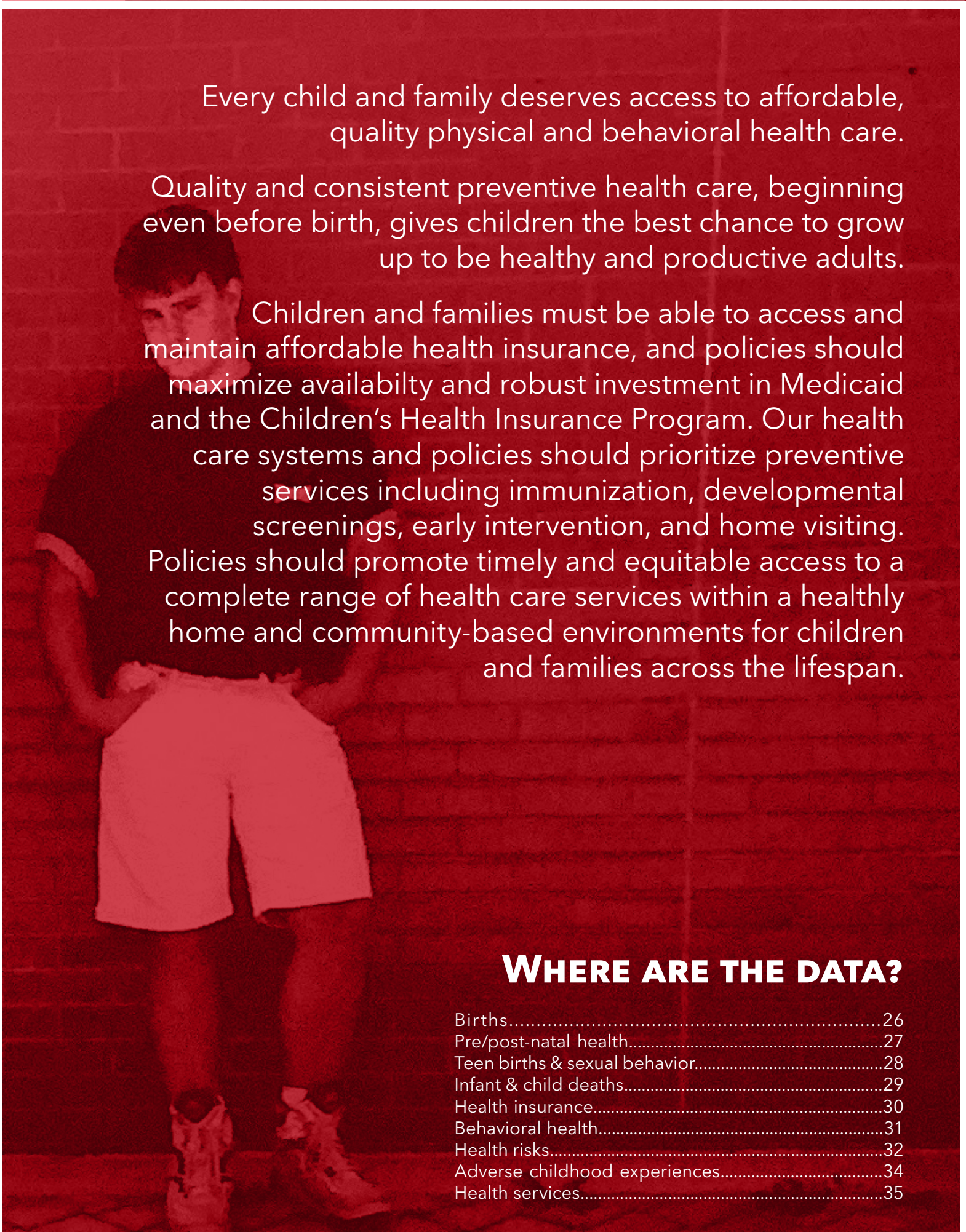
STEP 7

Continuously evaluate effectiveness and adapt strategies.

Source: Annie E. Casey Foundation, "Race Equity and Inclusion Action Guide", 2015.

A young man with a black cap, wearing a black and white striped t-shirt and light-colored shorts, stands against a brick wall. The entire image is overlaid with a semi-transparent red filter. At the bottom, the word "HEALTH" is written in large, bold, white, sans-serif capital letters.

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 preventive 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 healthy home and community-based environments for children and families across the lifespan.

WHERE ARE THE DATA?

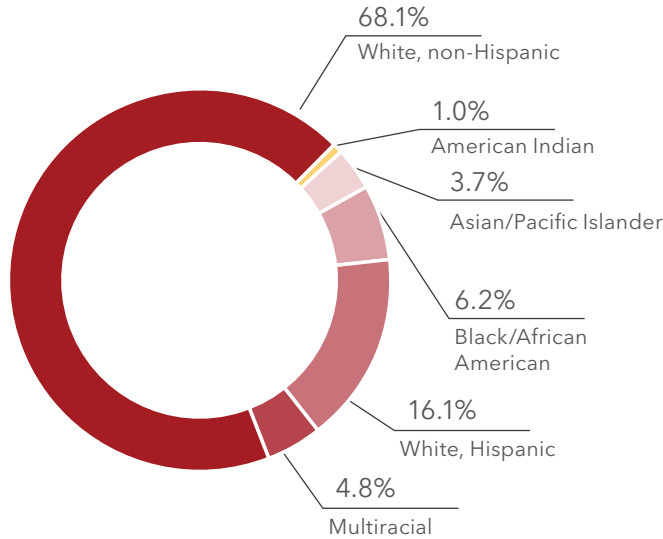
Births.....	26
Pre/post-natal health.....	27
Teen births & sexual behavior.....	28
Infant & child deaths.....	29
Health insurance.....	30
Behavioral health.....	31
Health risks.....	32
Adverse childhood experiences.....	34
Health services.....	35



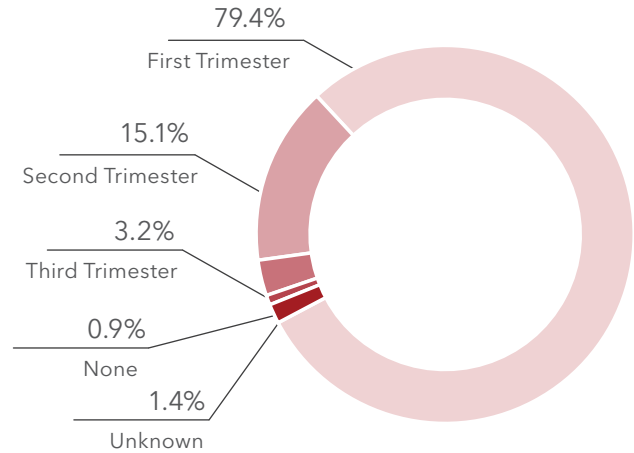
BIRTHS

24,609 BABIES WERE BORN IN 2021.¹

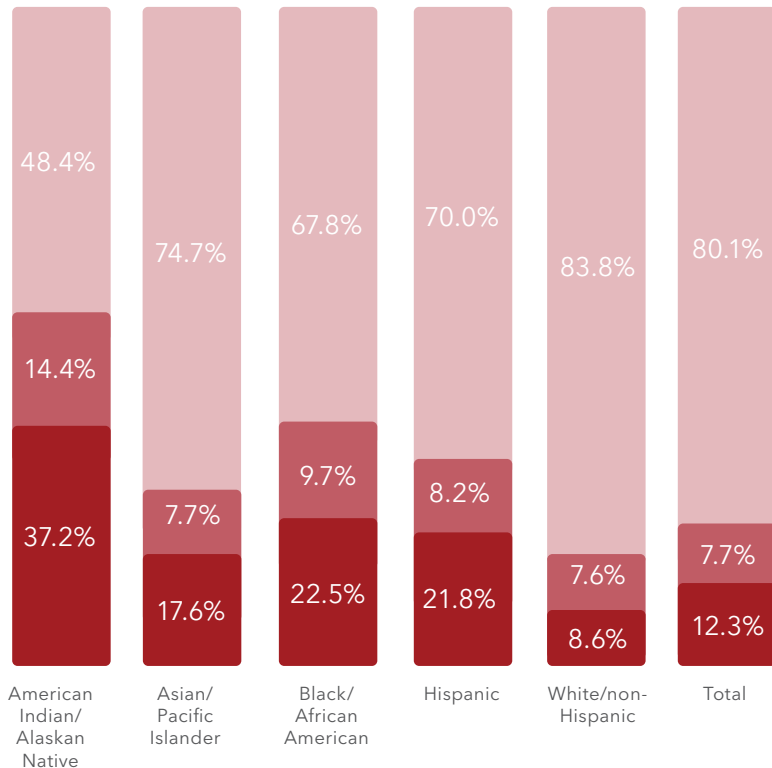
BIRTHS BY RACE & ETHNICITY (2021)¹



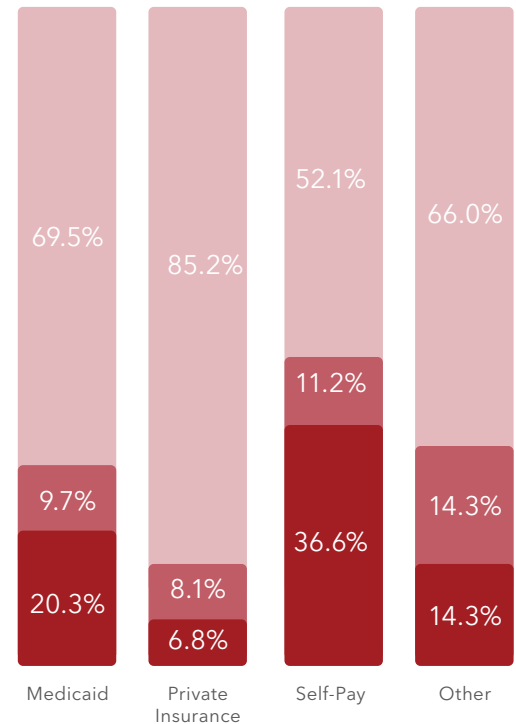
TRIMESTER PRENATAL CARE BEGAN (2021)¹



ADEQUACY OF PRENATAL CARE BY RACE/ETHNICITY (2021)²



ADEQUACY OF PRENATAL CARE BY HEALTH INSURANCE TYPE (2020)²



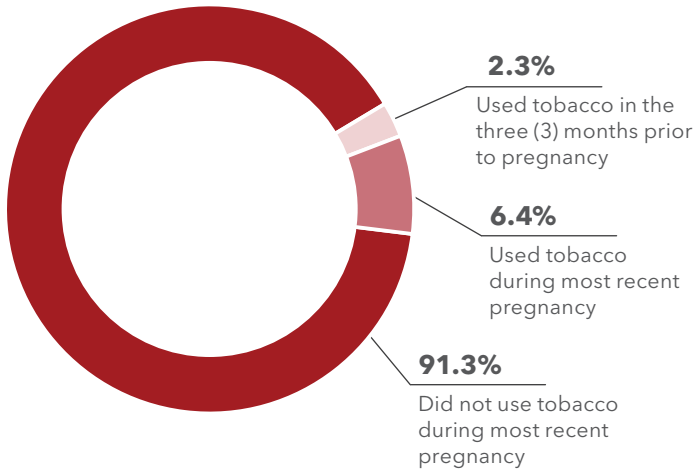
■ Inadequate - received less than 50% of expected visits
 ■ Intermediate - received 50-79% of expected visits
 ■ Adequate/Adequate Plus - received 80%+ of expected visits

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 2016-2021 available February 2023.
 2. National Center for Health Statistics, natality data, 2019-2021 average, Prepared by March of Dimes, Perinatal Data Center.

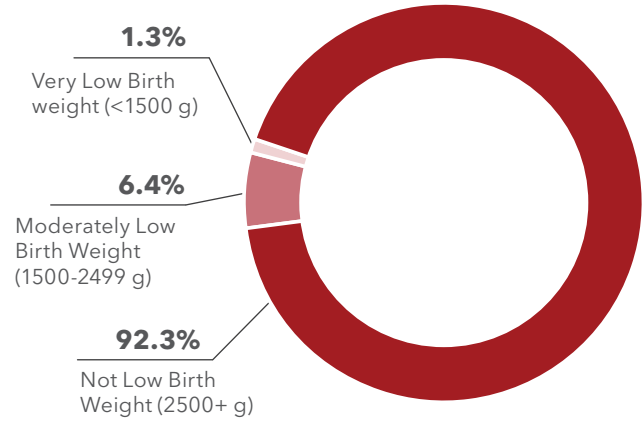
PRE/POST-NATAL HEALTH



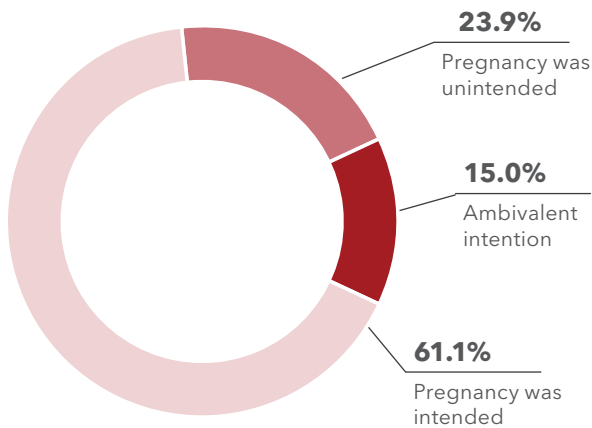
TOBACCO USE (2021)



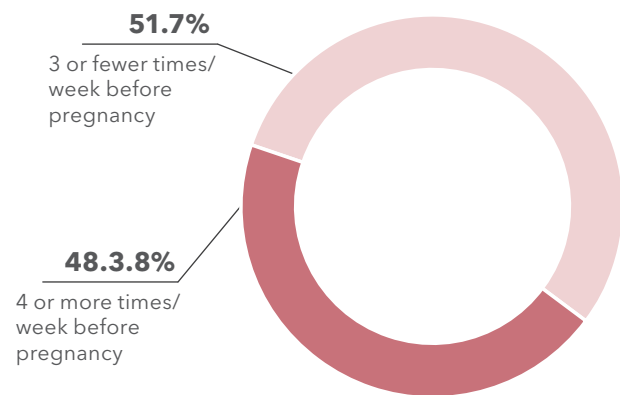
LOW BIRTH WEIGHT (2021)



PREGNANCY INTENDEDNESS (2021)



FOLIC ACID USE PRIOR TO PREGNANCY (2021)



BREASTFEEDING (2021)

MOTHERS WHO BREASTFED AT ANY TIME | 91.7%

MOTHERS WHO EXCLUSIVELY BREASTFED AT 4 WEEKS | 61.4%

12.0% of new mothers experienced postpartum depression symptoms related to their most recent pregnancy.

3.3% of women had a home visitor during pregnancy to help prepare for the new baby.

Source: Nebraska Department of Health and Human Services

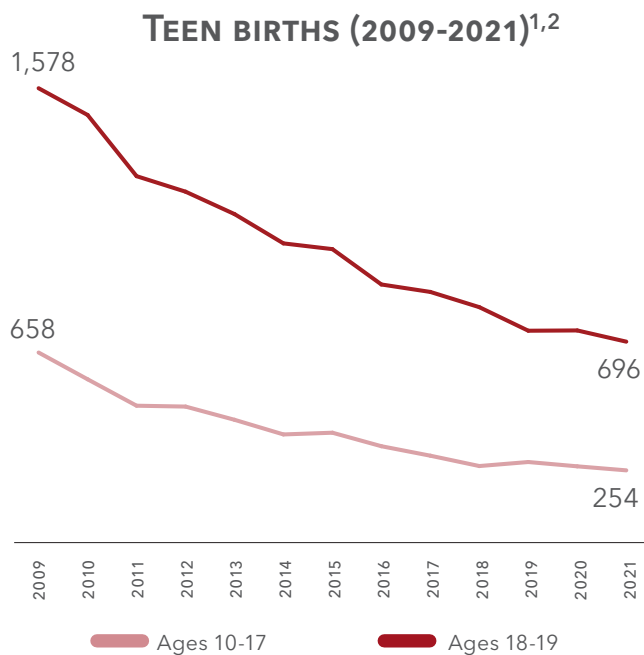


TEEN BIRTHS & SEXUAL BEHAVIOR

TEEN BIRTHS

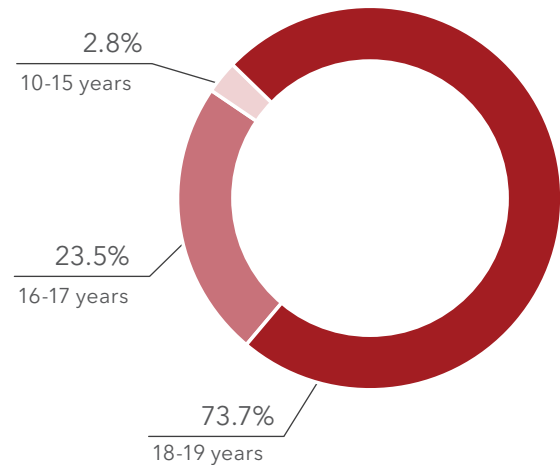
Teen births are at the lowest point in a decade. In 2021, there were **944 babies** born to teen mothers, **248** to mothers who were 10-17 years old, **696** to mothers who were 18 or 19.¹

Source: United States Department of Health and Human Services (US DHHS).



Source: United States Department of Health and Human Services (US DHHS); Kids Count 2021.

TEEN BIRTHS BY AGE (2021)¹



Source: United States Department of Health and Human Services (US DHHS).

HIV/AIDS³

2021 Prevalence: **between 1-5** children ages 0-11 and **15** children ages 12-19.

Since 2008, **between 1-5** children in Nebraska with a diagnosis of HIV or AIDS has died from the disease.

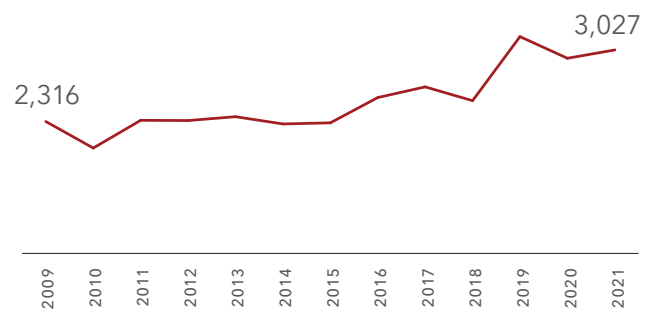
Source: HIV Surveillance, Nebraska Department of Health and Human Services (DHHS).

TEEN SEXUAL BEHAVIOR⁴ 2019

Ever had sexual intercourse	33.6%
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%

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

NUMBER OF SEXUALLY TRANSMITTED INFECTIONS (STIs) AMONG THOSE 19 AND UNDER (2009-2021)⁴



Source: United States Department of Health and Human Services (US DHHS); Kids Count 2021.

INFANT & CHILD DEATHS



CAUSES OF INFANT DEATHS (2021)¹

Maternal and Perinatal	40	29.4%
Birth Defects	28	20.6%
SIDS/SUDI	9	6.6%
Heart/Cardiovascular and Respiratory	7	5.1%
Accident	19	14.0%
Prematurity	15	11.0%
Infection	9	6.6%
Other	9	6.6%
Total	136	

INFANT MORTALITY was **5.2 per 1,000** births in 2021, a decrease from 5.7 (8.8%) in 2020.

16 WOMEN died in 2021 due to a cause related to or aggravated by pregnancy or its management.¹

INFANT MORTALITY BY RACE/ETHNICITY PER 1,000 BIRTHS (2020)²

AMERICAN INDIAN | 22.2

ASIAN | *

BLACK/AFRICAN AMERICAN | 12.3

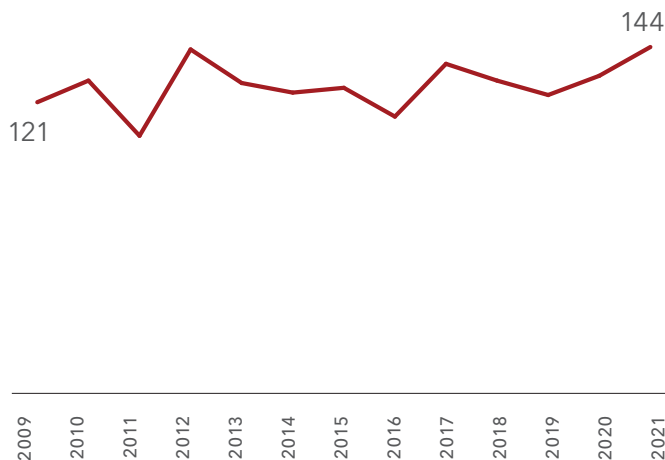
HISPANIC | 4.8

WHITE, NON-HISPANIC | 4.8

TOTAL | 5.7

**Indicates suppressed counts due to privacy protection.*

CHILD DEATHS, AGES 1-19 (2009-2021)^{1,3}



CAUSES OF CHILD DEATHS (2021)¹

ACCIDENTS	49	34.0%
SUICIDE	25	17.4%
CANCER	7	4.9%
BIRTH DEFECTS	5	3.5%
HOMICIDE	14	9.7%
COVID-19	1	0.7%
OTHER	43	29.9%
TOTAL	144	

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 2017-2020 available February 2023.
 3. Kids Count 2021.



HEALTH INSURANCE

HEALTH COVERAGE FOR KIDS 18 & UNDER BY TYPE (2021)¹

ANY 94.6%	485,518
PUBLIC 26.3%	135,153
EMPLOYER-BASED 55.7%	285,712
DIRECT-PURCHASE 6.1%	31,369
MORE THAN ONE TYPE 6.5%	33,284
NONE 5.4%	27,606

ACCESS TO HEALTH CARE

In 2021, there were **27,606 (5.4%)** uninsured children in Nebraska. Of those, **11,901 (43.1%)** were low-income (below 200% of the federal poverty level) and likely eligible, yet unenrolled in the Children's Health Insurance Program (CHIP).¹

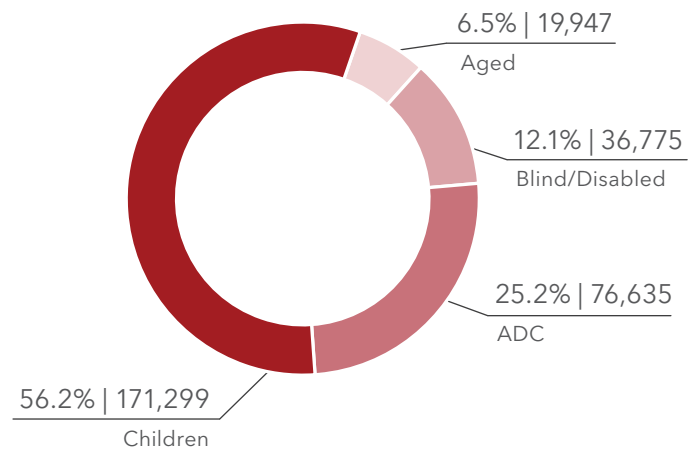
171,299 (33.6%) CHILDREN WERE ENROLLED IN MEDICAID/CHIP IN SFY 2021.²

56.2% OF THOSE ELIGIBLE FOR MEDICAID/CHIP ARE CHILDREN, BUT CHILDREN ONLY MAKE UP 22.2% OF MEDICAID COSTS.²

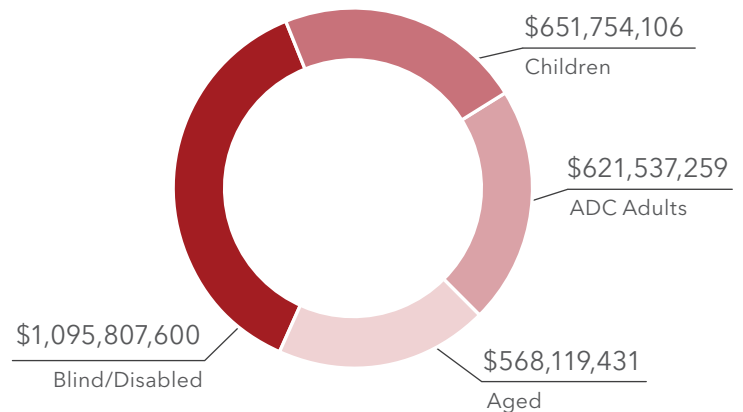
UNINSURED CHILDREN BY RACE/ETHNICITY (2021)³

AMERICAN INDIAN	847	9.8%
ASIAN	343	3.1%
BLACK/AFRICAN AMERICAN	1,152	4.2%
HISPANIC	8,894	9.5%
OTHER/MULTIRACIAL	8,452	10.0%
WHITE, NON-HISPANIC	11,942	3.5%

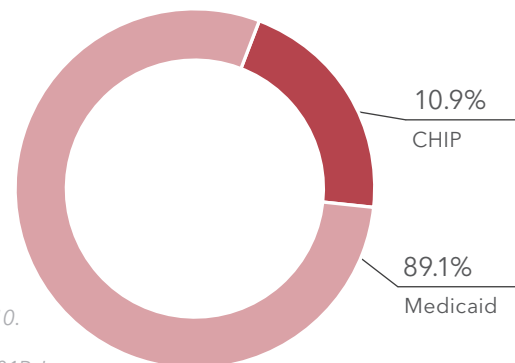
MEDICAID/CHIP ELIGIBILITY BY CATEGORY (AVERAGE PER MONTH) (SFY 2021)^{2*}



MEDICAID/CHIP EXPENSES BY CATEGORY (SFY 2021)^{2*}



MEDICAID/CHIP ENROLLMENT (SFY 2021)⁴



1. U.S. Census Bureau, 2021 American Community Survey 5-year estimates, Table B27010.

2. Nebraska Medicaid Annual Report for State Fiscal Year 2021.

3. U.S. Census Bureau, 2021 American Community Survey 1-year estimates, Table C27001B-1.

4. State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data.

* "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 **20.2%** of Nebraska children were diagnosed with a mental/behavioral condition needing treatment in 2021.¹

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 percentages of Nebraska children facing the following disorders:¹

- ANXIETY: **34,093**
- DEPRESSION: **17,912**
- ADD/ADHD: **30,143**
- AUTISM SPECTRUM DISORDER: **7,252**

62.4% OF CHILDREN needing mental health counseling actually received it.¹

CHILDREN RECEIVING COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES THROUGH DHHS (2021)³



REGIONAL CENTERS (2021)⁴

40 YOUTH

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

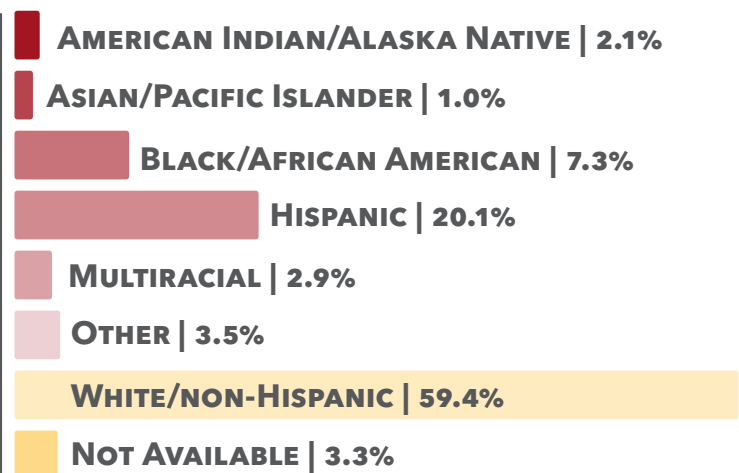
127 YOUTH

received services from Lincoln Regional Center at the Whitehall Campus.

SUICIDE IN THE LAST 12 MONTHS (2021)³

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

CHILDREN RECEIVING COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES BY RACE/ETHNICITY (2021)³



83.9% 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

32,080 CHILDREN received behavioral health services through Medicaid/CHIP (FY 2021).⁵

1,246 PROVIDERS serve children through Medicaid/CHIP (FY 2021).⁵

32.0% OF TEENS felt sad or hopeless (everyday for 2+ weeks so that activity was stopped in last 12 months).³

216 CHILDREN received developmental services through Medicaid/CHIP (FY 2021).⁴

1. 2020-21 National Survey of Children's Health, National Outcome Measures.
 2. 2019-2020 National Survey of Children's Health, National Outcome Measures.
 3. Center for Disease Control and Prevention, Youth Risk Behavior Survey, 2019.
 4. Division of Behavioral Health, Department of Health and Human Services.
 5. Financial and Program Analysis Unit, Nebraska Department of Health and Human Services. Data for FY 2020 was not available.



HEALTH RISKS

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

DRIVING AND RISKY BEHAVIORS ¹	2019
IN THE PAST 30 DAYS, RODE IN A VEHICLE DRIVEN BY SOMEONE WHO HAD BEEN DRINKING ALCOHOL	14.6%
IN THE PAST 30 DAYS, 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 AND SEAT BELT USE (2020)²

15 CHILDREN died and **190 CHILDREN** suffered disabling injuries in motor vehicle accidents in 2020.

60.0% CHILDREN who died were not wearing a seatbelt, **38.9%** of those with disabling injuries were not wearing a seatbelt.

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

INJURIES AND VIOLENCE ¹	2019
WERE IN A PHYSICAL FIGHT IN THE PAST 12 MONTHS	19.1%
IN THE PAST 12 MONTHS, WAS PHYSICALLY HURT ON PURPOSE BY SOMEONE THEY WERE DATING	6.9%
WERE THREATENED OR INJURED WITH A WEAPON ON SCHOOL PROPERTY	8.0%
BULLIED AT SCHOOL	21.3%
ELECTRONICALLY BULLIED	15.7%
EXPERIENCED SEXUAL VIOLENCE	11.6%

1. Center for Disease Control and Prevention, Youth Risk Behavior Survey, 2019.
 2. Nebraska Department of Transportation.
 3. Childhood Lead Poisoning Prevention Program, Nebraska Department of Health and Human Services.
 4. Nebraska Hospital Information System.

BLOOD LEAD LEVEL TESTING (2021)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 2021:

33,503 CHILDREN aged 0-6 had a confirmed blood lead level test.³

488 HAD ELEVATED BLOOD LEAD LEVELS, representing **1.5%** of all children tested.³

92 NEBRASKA CHILDREN ages 1-18 were injured by a firearm necessitating an emergency department visit in 2021.⁴

64 were due to accidental discharge.

20 were due to assault.

2 were due to self-harm.

3 were due to legal intervention involving rubber bullet.

3 were undetermined.

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 DAYS, HAD 5 OR MORE DRINKS IN A ROW WITHIN A COUPLE HOURS **8.2%**

EVER USED MARIJUANA **25.6%**

EVER USED ANY FORM OF COCAINE **3.5%**

EVER USED ANY FORM OF HEROIN **1.9%**

EVER USED INHALANTS TO GET HIGH **6.0%**

EVER USED METH **2.1%**

EVER USED ECSTASY OR MDMA **3.4%**

EVER 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 ASSAULT (2020)²

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 (2020)²

SERVICES	Children	Women	Men	Total
PEOPLE	1,708	9,719	748	12,557
CHILDREN RECEIVED DOMESTIC VIOLENCE SHELTER SERVICES				693
CHILDREN RECEIVED DOMESTIC VIOLENCE NON-SHELTER SERVICES				1,015
CHILDREN RECEIVED DOMESTIC VIOLENCE GROUP SERVICES				288
CHILDREN RECEIVED VICTIM ADVOCACY SERVICES				1,394
CHILDREN RECEIVED DOMESTIC VIOLENCE CRISIS INTERVENTION AND ADVOCACY SERVICES				733

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

2. Nebraska Coalition to End Sexual and Domestic Violence.

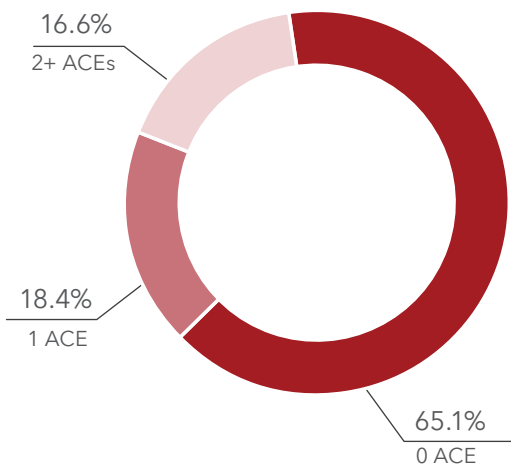


ADVERSE CHILDHOOD EXPERIENCES

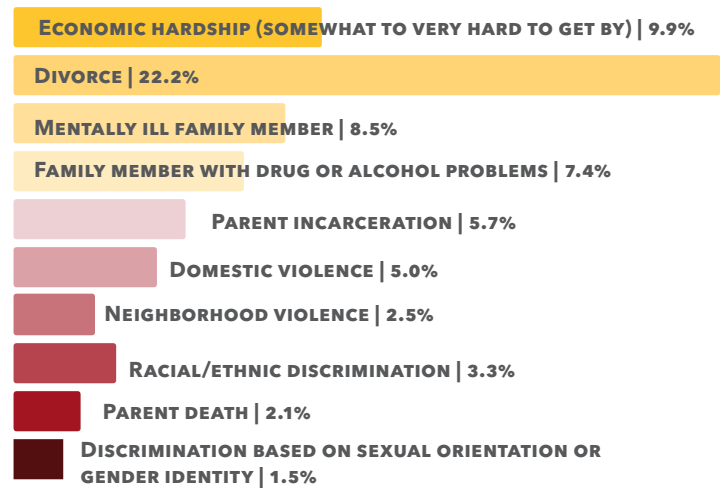
ADVERSE CHILDHOOD EXPERIENCES

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.

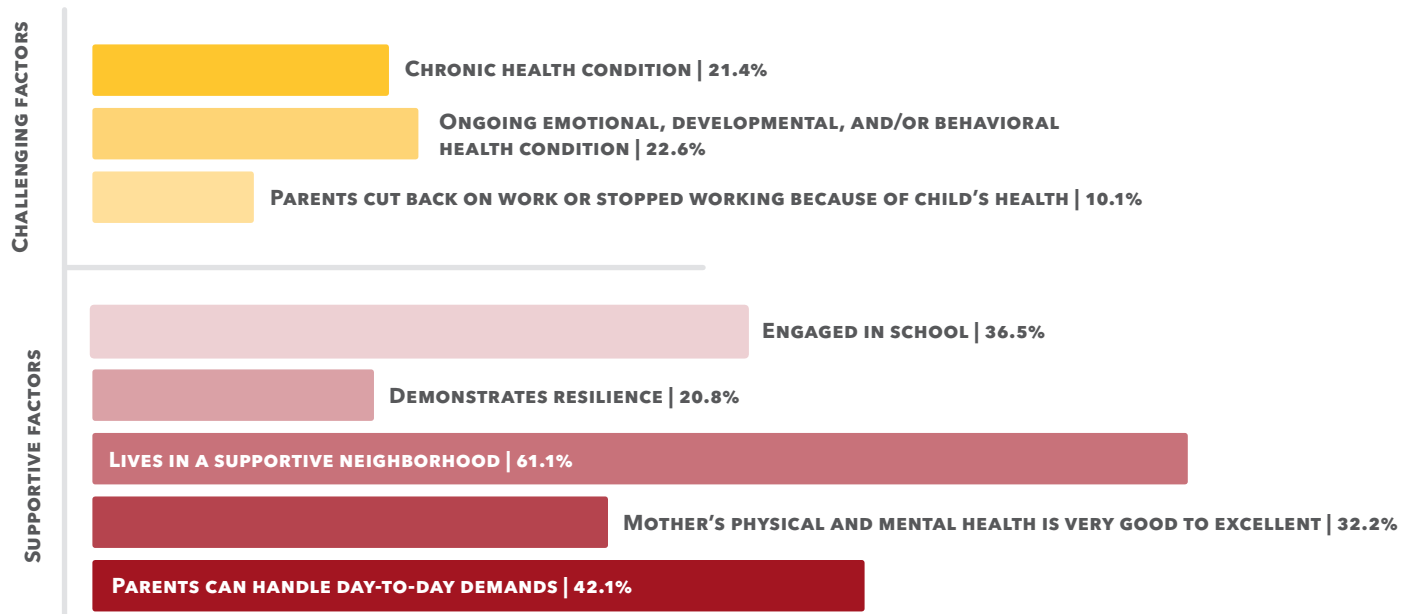
NUMBER OF ACEs CHILDREN EXPERIENCE (2021)¹



TYPE OF ACE (2021)¹



AMONG CHILDREN WITH 1 OR MORE ACE, THE FOLLOWING WERE DISPLAYED (2021)²



1. 2020-2021 National Survey of Children's Health, Family Health and Activities, Indicator 6.13.

2. 2020-2021 National Survey of Children's Health.

HEALTH SERVICES



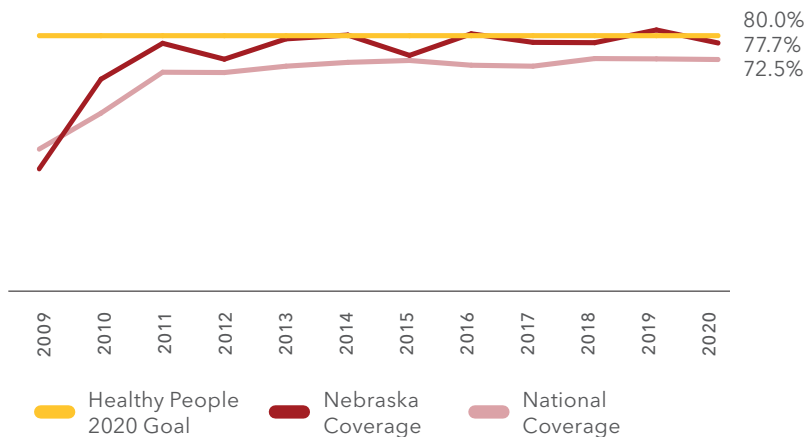
NUMBER OF MEDICAL PROVIDER SHORTAGES BY COUNTY (2021)¹

	# OF SHORTAGES
PRIMARY	126
MENTAL	172
DENTAL	119

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 (2009-2020)²



IMMUNIZATIONS (2020)³

77.7% of Nebraska children had received the primary immunization series* by age three.

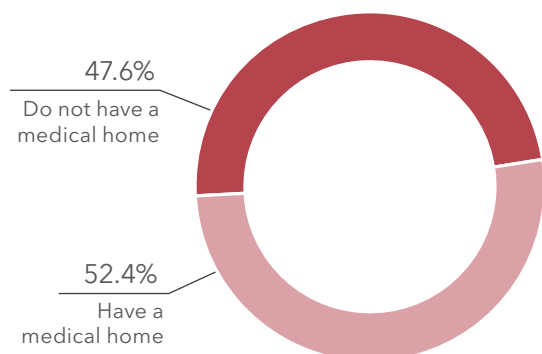
87.3% of Nebraska teens were immunized against meningitis caused by types A, C, W, and Y.

62.2% of Nebraska teen girls and

67.3% of Nebraska teen boys completed their HPV vaccine series.

CHILDREN WITH A MEDICAL HOME (2021)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.



79.3% of children had a preventive dental visit in the past year.⁴

33.0% of children had one or more current health conditions.⁴


93.9% of children are in very good to excellent health.⁴

75.0% of children had a preventive medical visit in 2021.⁴

1. Health Resources & Services Administration, Health Professional Shortage Areas.
 2. National Immunization Survey-Child, 2020; Kids Count 2021.
 *Series 4:3:1:3:3:1:4
 3. National Immunization Survey-Child, 2020.
 4. 2020-2021 National Survey of Children's Health.



EDUCATI



Education is the surest 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?

Step Up to Quality.....	38
Early childhood education.....	39
Child care.....	40
Free/Reduced cost school meals.....	41
K-12 Student characteristics.....	42
Test scores - English Language Arts.....	43
Test scores - math.....	44
Test scores - science.....	45
Absences & career readiness.....	46
Graduation & educational savings.....	47

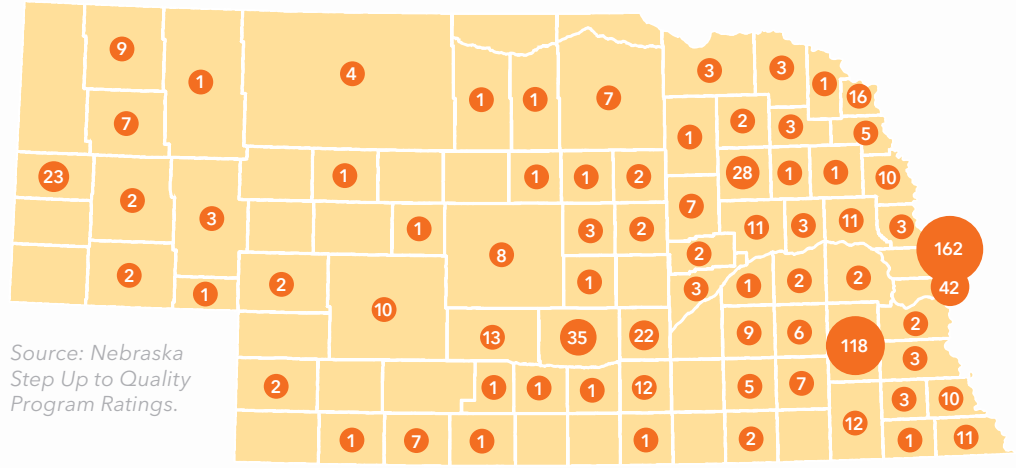
ON



STEP UP TO QUALITY

NEBRASKA STEP UP TO QUALITY PROGRAMS BY COUNTY (AS OF 2021)

STEP UP TO QUALITY PROGRAMS	
703 PROGRAMS (2021)	
STEP 1	286
STEP 2	256
STEP 3-5	161



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 and 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 2021 NEBRASKA HAD

703 STEP UP TO QUALITY PROGRAMS

STEP UP TO QUALITY PROGRAM PROVIDERS BY STEP (2021)

286 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.

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

161 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

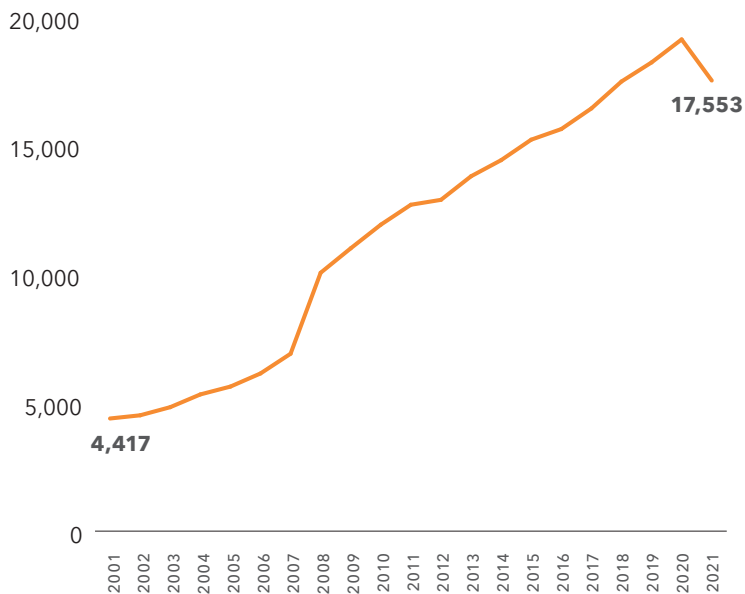


SCHOOL-BASED PRESCHOOL (2020/21)¹

17,553

children were enrolled in public school-based preschool.

PUBLIC SCHOOL PRESCHOOL ENROLLMENT (2001/02 - 2020/21)^{1,2}



5,484

children were served in **20** Early Head Start and **19** Head Start Programs in the 2020/21 program year.³

7.6%

of children served in Early Head Start/Head Start Program experiencing homelessness.³

133

pregnant women were served in Early Head Start in the 2020/21 program year.³

3.9%

of children served by Early Head Start/Head Start were living in foster care.³

EARLY DEVELOPMENT NETWORK (2020/21)

The Early Development Network (EDN) serves families with children born with disabilities.

2,137

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

*1,850 with a developmental delay
88 with a speech language impairment
53 with a hearing impairment
31 with autism
115 with some other disability*

Source: Early Development Network, Annual Performance Report, FFY 2020-21; Nebraska Department of Education, Office of Special Education.

SIXPENCE (2020/21)⁴

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 2020/21 program year serving:

864
families

75
pregnant
moms

1,016
children

1. Nebraska Department of Education.

2. Kids Count 2021.

3. Office of Head Start, Program Information Report.

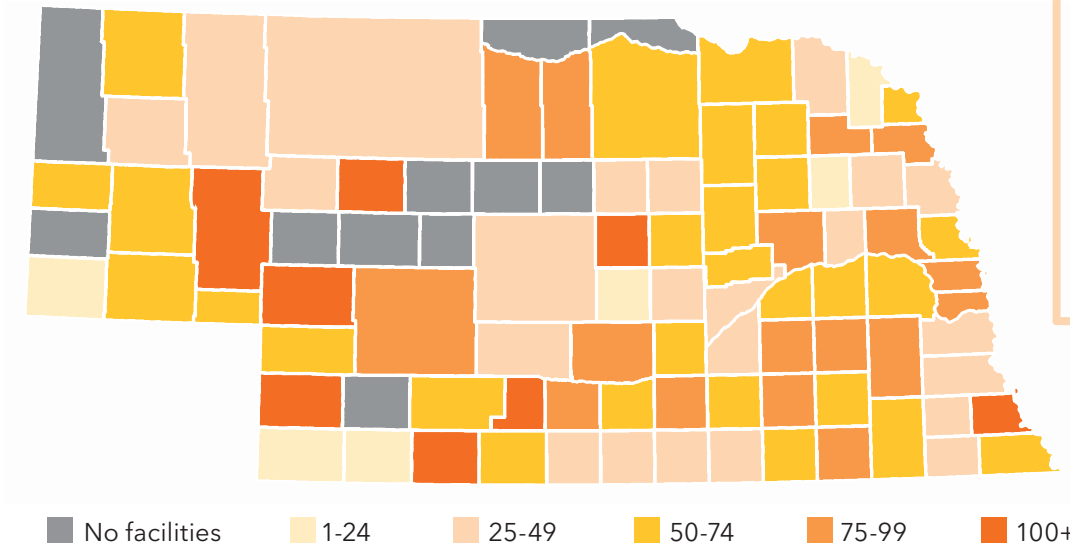
4. Sixpence Early Learning Fund 2020-21 Evaluation Report UNMC.



CHILD CARE

CAPACITY OF LICENSED CHILD CARE FACILITY PER 100 CHILDREN UNDER 6 WITH ALL AVAILABLE PARENTS WORKING BY COUNTY⁴

Note: Does not include School-Age-Only Child Care Centers.



LICENSED CHILD CARE FACILITIES (2021)^{1,4}

2,829

TOTAL LICENSED CHILD CARE FACILITIES

113,968

CHILDREN UNDER 6 ARE ESTIMATED TO NEED CHILD CARE

6.0% (9,102)

OF NEBRASKA PARENTS OF CHILDREN 0-5 QUIT, DID NOT TAKE, OR GREATLY CHANGED THEIR JOB BECAUSE OF CHILD CARE PROBLEMS IN 2020/21.²

ANNUAL CHILD CARE COSTS (2021)³

CENTER-BASED CARE

INFANT	\$11,068
4-YEAR-OLD	\$9,431

HOME-BASED CARE

INFANT	\$7,462
4-YEAR-OLD	\$7,164

CHILD CARE SUBSIDIES (2021)⁴

- There were **20,742** children in Nebraska who received child care subsidies in 2021. **1,178** children were in the care of a license-exempt facility.
- An average of **13,537** children received a subsidy each month for an average of **8 months**. **8,781** were below school age, and **4,756** were school age.
- **10,841** children receiving a subsidy were from a family living below 100% FPL, **6,387** were from families between 100%-130% FPL and **1,601** were from families between 130%-185% FPL.
- **\$1,920,057** in state and **\$44,102,998** in federal funds were spent on the child care subsidy program.

1. U.S. Census 2021 American Community Survey 5-Year Estimate, Table B23008.

2. 2020-21 National Survey of Children's Health, Family Health and Activities, Indicator 6.17 and 6.18.

3. Buffett Early Childhood Institute analysis of Nebraska Child Care Market Rate Survey Report 2021.

4. Nebraska Department of Health and Human Services.

FREE/REDUCED COST SCHOOL MEALS



MEAL PROGRAM PARTICIPATION (2020/21)

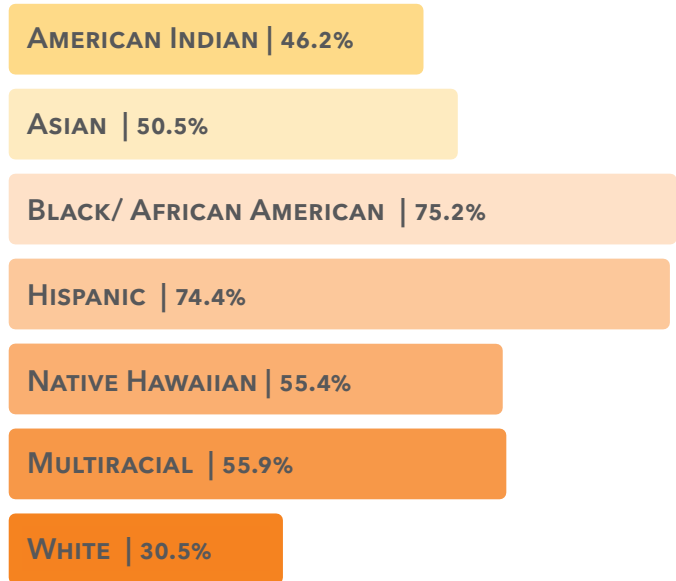
BREAKFAST	LUNCH
256 DISTRICTS	350 DISTRICTS
764 SCHOOLS/SITES	901 SCHOOLS/SITES

COMMUNITY ELIGIBILITY (2020/21)

	SITES	CHILDREN
ELIGIBLE	293	109,085
SERVED	54	11,659

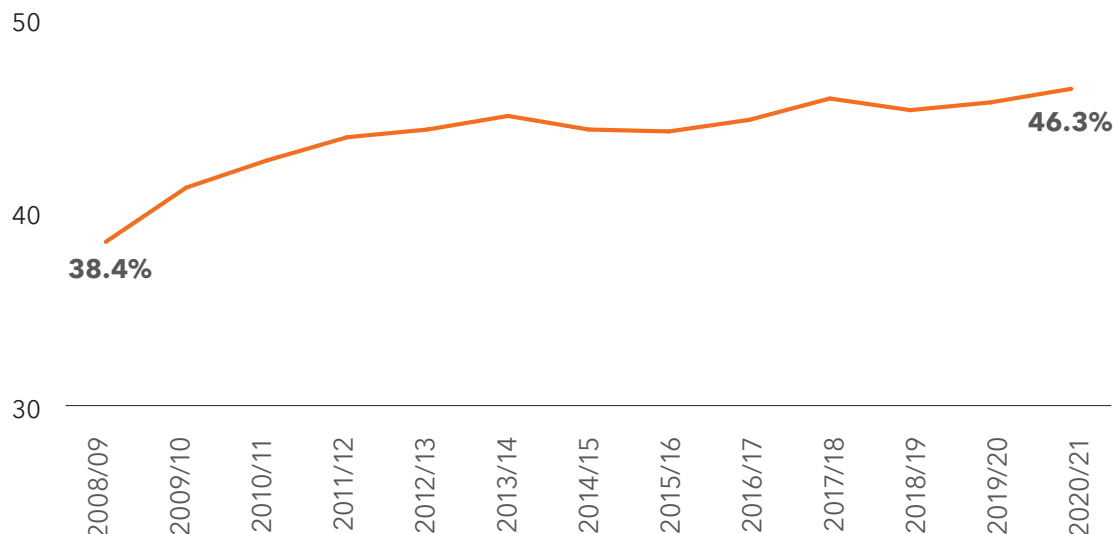
The Community Eligibility Provision allows high-poverty schools to serve school meals at no cost to all enrolled students without collecting households applications. The number of children eligible for the Community Eligibility Program is based on proxy data.

PERCENT OF CHILDREN ELIGIBLE FOR FREE OR REDUCED-PRICE SCHOOL MEALS BY RACE/ETHNICITY (2019/20)



There were **130** Summer Food Participation sites in 2021, each serving an average of **33,985** meals daily.

PERCENT OF STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE SCHOOL MEALS (2008/09 - 2020/21)

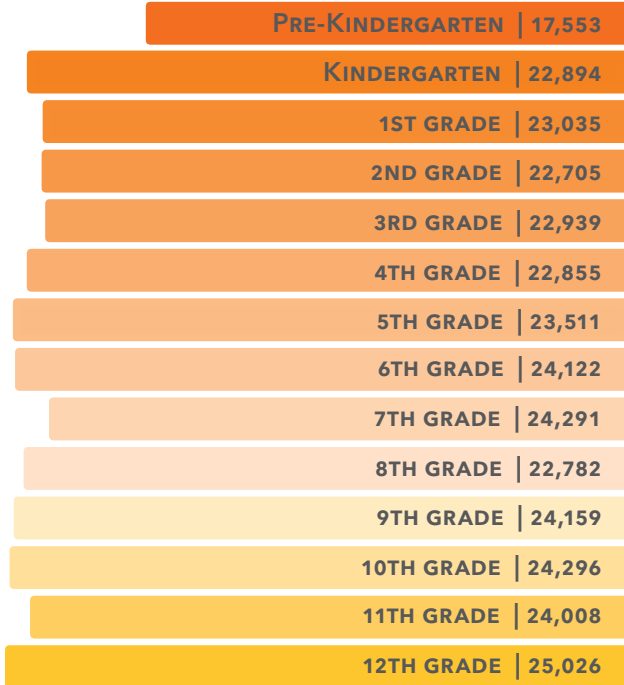


Source: Nebraska Department of Education.



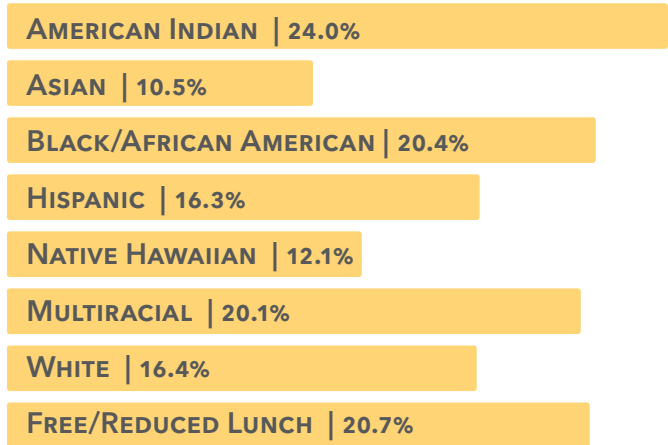
K-12 STUDENT CHARACTERISTICS

SCHOOL MEMBERSHIP BY GRADE (2020/21)¹



324,176 children were enrolled in public school in 2020/21.¹

SPECIAL EDUCATION CLASSIFICATION (2020/21)^{1*}



*Includes Pre-Kindergarten

4.0%

of Nebraska school students were highly mobile, meaning they enrolled in two or more public schools during the 2020/21 school year. Higher school mobility is correlated with lower achievement.¹

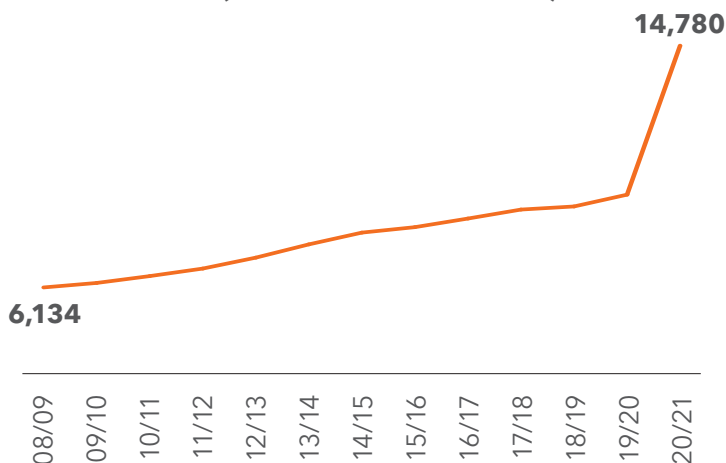
16.0%

of students were classified as Special Education (2020/21).¹

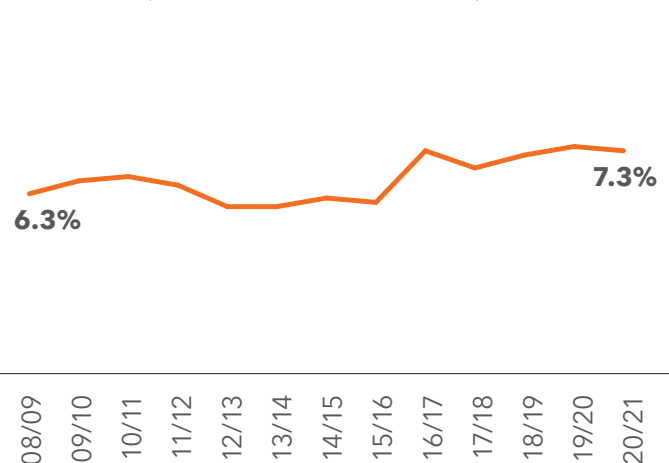
13.1%

of students were classified as High-Ability Learners (2020/21).¹

NUMBER OF HOME SCHOOL STUDENTS (EXEMPT SCHOOL PARTICIPANTS) (2008/09 - 2020/21)¹



PERCENT OF STUDENTS WHO WERE ENGLISH LANGUAGE LEARNERS (2008/09 - 2020/21)^{1,2}



1. Nebraska Department of Education.
2. Kids Count 2020.

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.

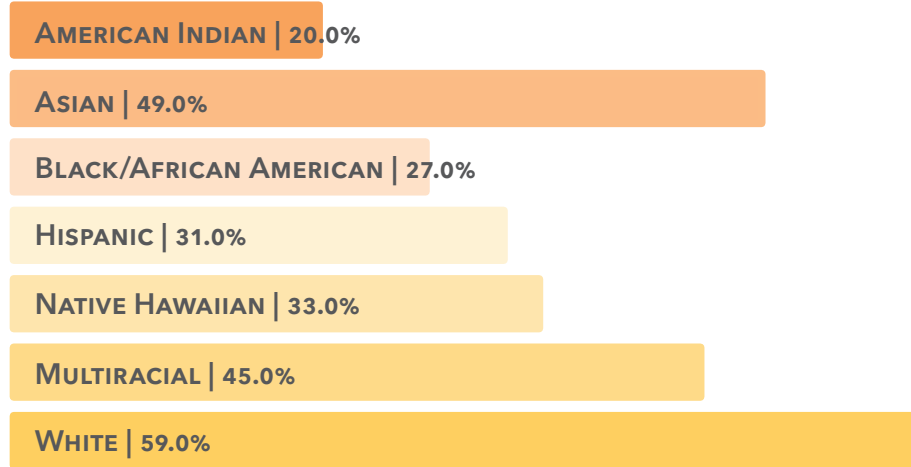
3RD GRADE (2020/21)

50.0%

of children overall
proficient in English
Language Arts

34.0%

of low-income children
proficient in English
Language Arts



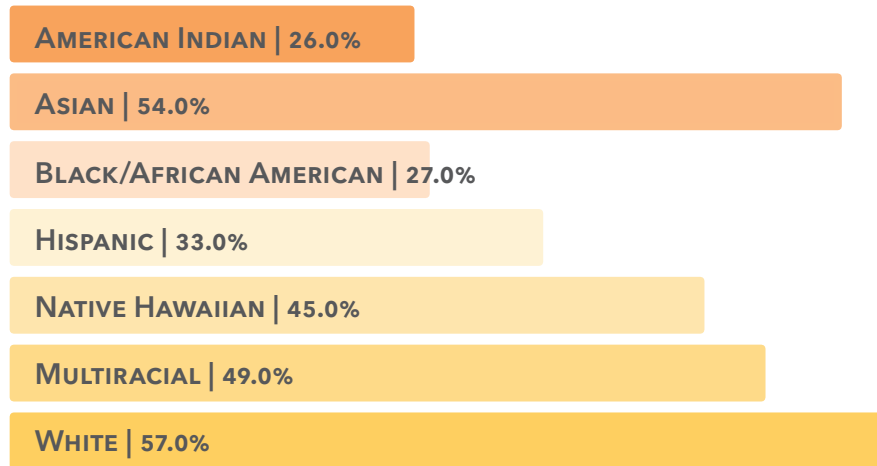
8TH GRADE (2020/21)

50.0%

of children overall
proficient in English
Language Arts

35.0%

of low-income children
proficient in English
Language Arts



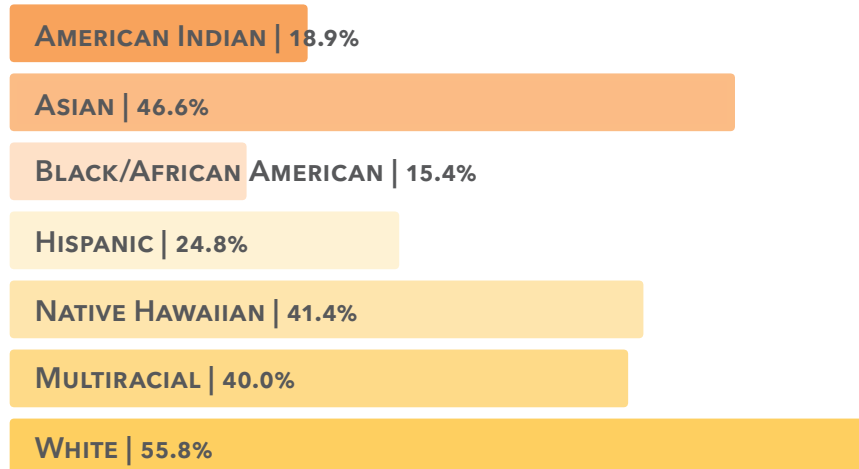
11TH GRADE (2020/21)

46.3%

of children overall
proficient in English
Language Arts

26.5%

of low-income children
proficient in English
Language Arts



Source: 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 (2020/21)

46.0%

of children overall are proficient in math

28.0%

of low-income children are proficient in math

AMERICAN INDIAN | 16.0%

ASIAN | 50.0%

BLACK/AFRICAN AMERICAN | 18.0%

HISPANIC | 26.0%

NATIVE HAWAIIAN/PACIFIC ISLANDER | 44.0%

MULTIRACIAL | 38.0%

WHITE | 55.0%

8TH GRADE (2020/21)

45.0%

of children overall are proficient in math

28.0%

of low-income children are proficient in math

AMERICAN INDIAN | 19.0%

ASIAN | 55.0%

BLACK/AFRICAN AMERICAN | 19.0%

HISPANIC | 28.0%

NATIVE HAWAIIAN/PACIFIC ISLANDER | 41.0%

MULTIRACIAL | 41.0%

WHITE | 53.0%

11TH GRADE (2020/21)

44.0%

of children overall are proficient in math

23.7%

of low-income children are proficient in math

AMERICAN INDIAN | 16.5%

ASIAN | 49.4%

BLACK/AFRICAN AMERICAN | 12.7%

HISPANIC | 21.4%

NATIVE HAWAIIAN | 51.7%

MULTIRACIAL | 35.0%

WHITE | 53.8%

Source: 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 (2019/20)*

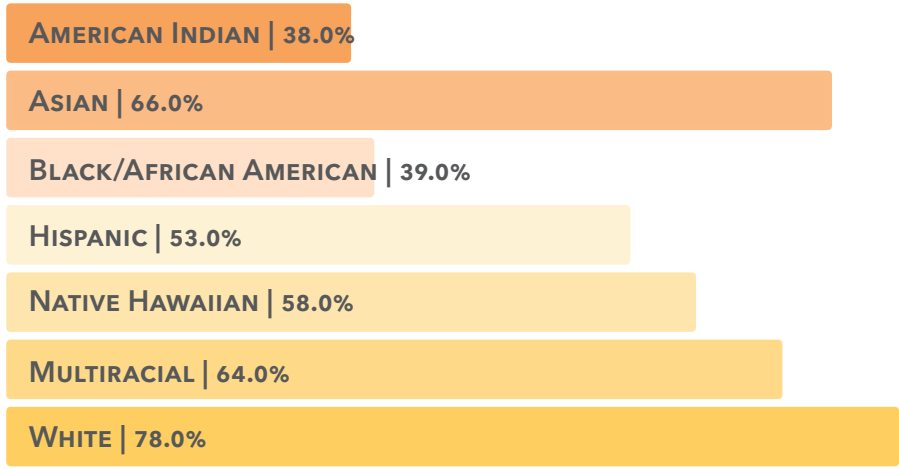
69.0%

of children overall are proficient in science

54.0%

of low-income children are proficient in science

5TH GRADE (2018/19)*



8TH GRADE (2019/20)

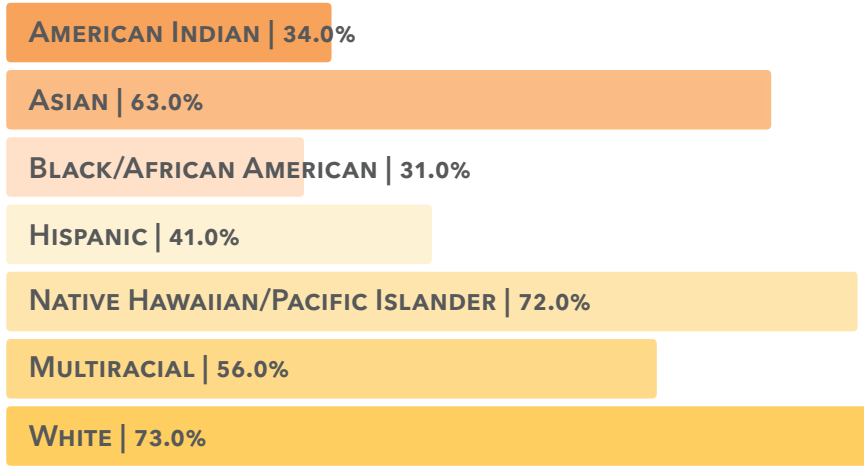
63.0%

of children overall are proficient in science

45.0%

of low-income children are proficient in science

8TH GRADE (2018/19)



11TH GRADE (2020/21)

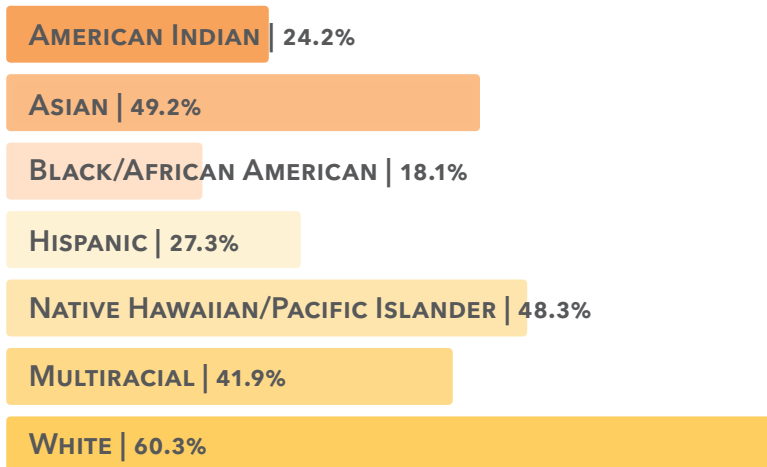
50.2%

of children overall are proficient in science

30.3%

of low-income children are proficient in science

11TH GRADE (2020/21)



Sources: Nebraska Department of Education.

*Due to Covid-19 and the rollout of a new science field test in 2021, these are the most recent years of reportable data available.



ABSENCES & CAREER READINESS

222 (<1.0%)

students in public and nonpublic schools were expelled during the 2020/21 school year.

66,585 (21.7%)

STUDENTS WERE ABSENT 10-19 DAYS (2020/21)

21,858 (7.1%)

STUDENTS WERE ABSENT 20-29 DAYS (2020/21)

13,239 (4.1%)

students in public and nonpublic schools were suspended during the 2020/21 school year.

22,997 (7.5%)

STUDENTS WERE ABSENT 30+ DAYS (2020/21)

1,901

STUDENTS IN PUBLIC AND NONPUBLIC SCHOOLS DROPPED OUT IN 2020/21.

Source: Nebraska Department of Education.

66.6%

of Nebraska's 2020/21 public high school graduates had enrolled in college by April 2021.¹

43.9%

of students who enrolled in a 2-year public college in Fall 2015 completed within six years.¹

16,000 (8.0%)

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

2,714

STUDENTS were enrolled in a career academy in 2020/21.²

96,000 (51.0%)

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

21,966 STUDENTS

of the 2021 graduation cohort took the ACT with average composite score of 18.8.²

69.9%

of students who enrolled in a 4-year public college in Fall 2015 completed within six years.¹

18,981

STUDENTS were enrolled in dual-credit courses in 2020/21.²

4,000 (4.0%)

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

1. National Student Clearinghouse Research Center.
2. Nebraska Department of Education.
3. The Annie E Casey Foundation Kids Count Data Center.

GRADUATION & EDUCATIONAL SAVINGS



20,914

students completed high school in four years in 2020/21.

NEBRASKA EDUCATIONAL SAVINGS PLAN TRUST (AS OF SEPTEMBER 30, 2022)

20.4%

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

296,852

total NEST Educational Savings Accounts

24,543

New NEST Educational Savings Accounts opened in 2021

\$20,052

average value of NEST accounts

23,455

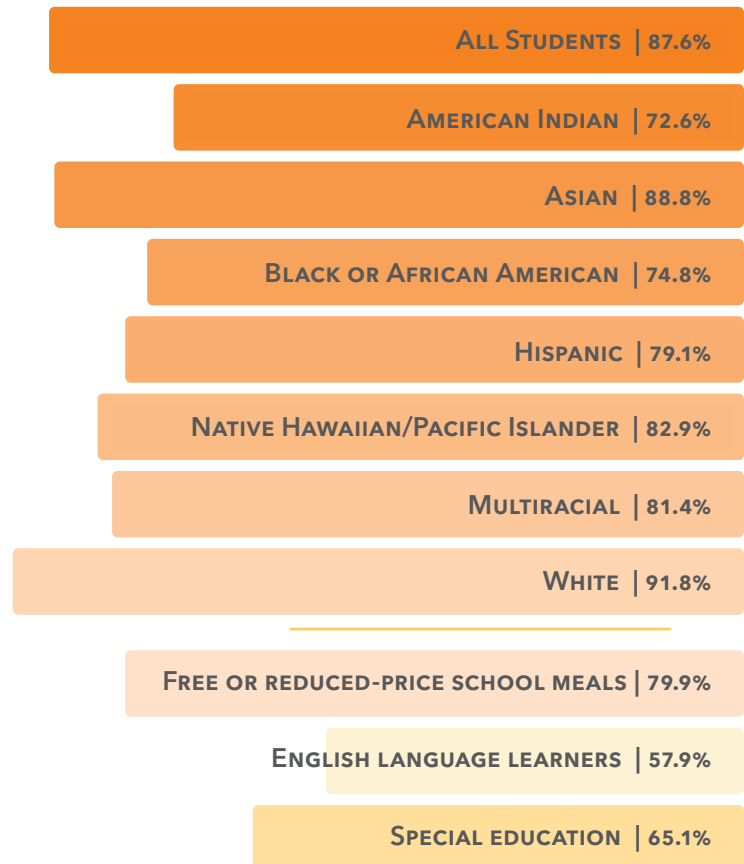
NEST accounts were funded through the Meadowlark Act in 2021

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 2022.

4-YEAR COHORT GRADUATION RATE (2020/21)



89.7%

2021 extended 5-year graduation rate*

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


216

16-21 year olds took the GED in 2020/21 with **85.0%** completing successfully.

Source: Nebraska Department of Education.

A woman's face is shown in profile, looking to the right. A thick metal chain is wrapped around her neck. The entire image is overlaid with a semi-transparent teal color. The text 'ECONOMIC STABILITY' is written in large, white, bold, sans-serif capital letters at the bottom of the image.

ECONOMIC STABILITY



Our children, communities, and state are stronger when all of Nebraska’s families are able to participate fully in the workforce and establish financial security. We must ensure that families are able to meet their children’s basic needs and achieve financial security. 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.

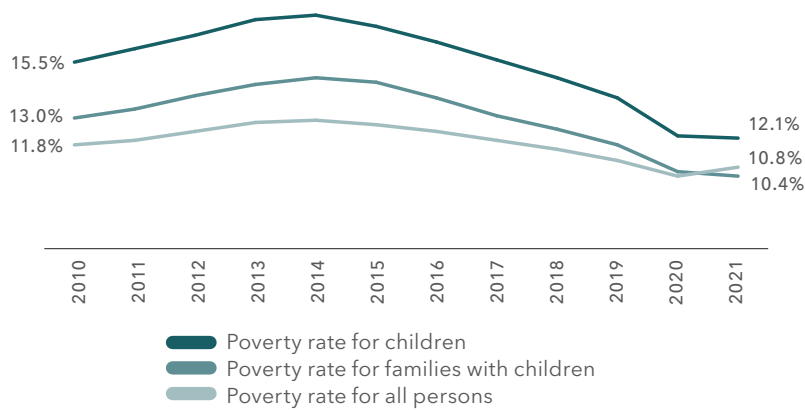
WHERE ARE THE DATA?

Poverty.....	50
Making ends meet.....	51
Aid to Dependent Children.....	51
Housing & homelessness.....	52
Hunger.....	53
SNAP & WIC.....	54
Custody.....	56
Employment & income.....	57
Transportation & taxes.....	57



POVERTY

NEBRASKA POVERTY (2010-2021)¹



FAMILY STRUCTURE AND POVERTY (2021)²

34.1%
of children living in single-mother households are in poverty.²

13.7%
of children living in single-father households are in poverty.²

5.2%
of children living in married-couple households are in poverty.²

13.8%
of children living with a grandparent without a parent present are in poverty.²

59,447 Nebraska children were living in poverty in 2021.
30,124 were in extreme poverty (<50% of the Federal Poverty Line).³

NEBRASKA POVERTY RATES BY RACE AND ETHNICITY (2021)⁴

CHILD POVERTY RATE (17 AND UNDER)

OVERALL POVERTY RATE

Race and Ethnicity	Child Poverty Rate (17 and Under)	Overall Poverty Rate
American Indian or Alaska Native	26.6%	23.0%
Asian or Pacific Islander	14.2%	12.3%
Black or African American	28.8%	22.4%
Hispanic	22.1%	18.0%
Multiracial	18.5%	17.0%
White, Non-Hispanic	7.3%	8.0%

2021 FEDERAL POVERTY LEVEL (FPL) GUIDELINES⁵

PROGRAM ELIGIBILITY	Federal Poverty Line	Child Care Subsidy (Non-ADC), Free School Meals	Medicaid Expansion	SNAP	WIC, Reduced Price Meals, Transitional Child Care Subsidy	Kids Connection (CHIP)	ACA Exchange Tax Credits	
NUMBER OF PERSONS	100%	130%	138%	165%	185%	213%	300%	400%
1	\$12,880	\$16,744	\$17,774	\$21,252	\$23,828	\$27,434	\$38,640	\$51,520
2	\$17,420	\$22,646	\$24,040	\$28,743	\$32,227	\$37,105	\$52,260	\$69,680
3	\$21,960	\$28,548	\$30,305	\$36,234	\$40,626	\$46,775	\$65,880	\$87,840
4	\$26,500	\$34,450	\$36,570	\$43,725	\$49,025	\$56,445	\$79,500	\$106,000
5	\$31,040	\$40,352	\$42,835	\$51,216	\$57,424	\$66,115	\$93,120	\$124,160
6	\$35,580	\$46,254	\$49,100	\$58,707	\$65,823	\$75,785	\$106,740	\$142,320
7	\$40,120	\$52,156	\$55,366	\$66,198	\$74,222	\$85,456	\$120,360	\$160,480
8	\$44,660	\$58,058	\$61,631	\$73,689	\$82,621	\$95,126	\$133,980	\$178,640

1. U.S. Census Bureau, 2010-2021 American Community Survey 5-year estimate, Table B17001, B17024.

2. U.S. Census, 2020-2021 American Community Survey 5-year estimate, Table S1001, B17006.

3. U.S. Census, 2021 American Community Survey 5-year estimate, Table B17024.

4. U.S. Census Bureau, 2021 American Community Survey 5-year Estimates, Tables B17001B-I.

5. U.S. Department of Health and Human Services; 2021 HHS Poverty Guidelines; HealthCare.Gov, Premium Tax Credit.

MAKING ENDS MEET



MAKING ENDS MEET

Nebraskans pride themselves on being hard-working people. In 2021, 76.6% 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 at right illustrates the gap between low-wage earnings and the amount needed to provide for a two-adult family with two children. It assumes that both adults 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.

2 ADULT, 2 CHILD FAMILY (2021)

\$60,320.79 annually
\$5,026.74 monthly
\$14.50 hourly
(per adult)

FAMILY ECONOMIC SELF-SUFFICIENCY STANDARD⁴

\$53,000 annually
\$4,416.67 monthly
\$12.74 hourly
(per adult)

200% FEDERAL POVERTY LINE³

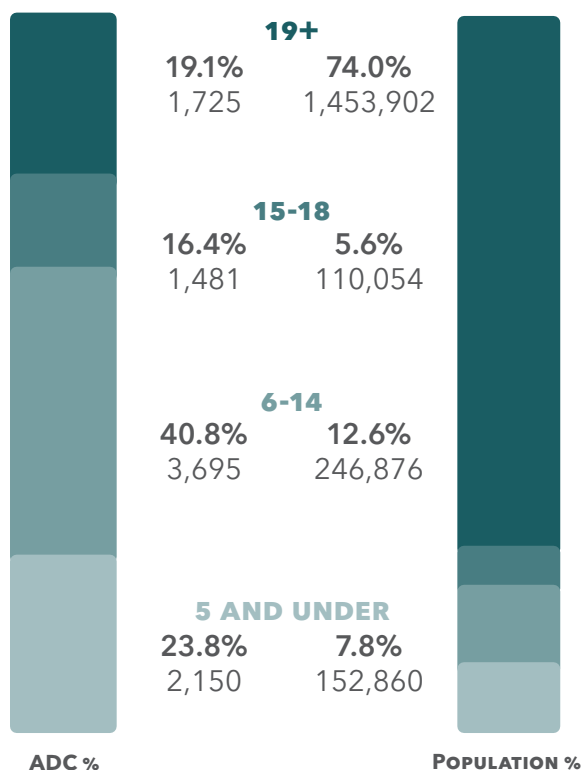
\$37,440 annually
\$3,120 monthly
\$9.00 hourly
(per adult)

MINIMUM WAGE²

\$26,500.00 annually
\$2,208.33 monthly
\$6.37 hourly
(per adult)

100% FEDERAL POVERTY LINE³

ADC RECIPIENTS BY AGE (2021)⁵



AID TO DEPENDENT CHILDREN (ADC) (SFY 2021)⁵

8,542 Average monthly number of children receiving ADC.

4,038 Average monthly number of families receiving ADC.

\$441 Average monthly ADC payment per family.

53 Number of cases reaching 60-month eligibility limit.

2.1 Average number of children per ADC family.

\$21,398,643 Total ADC payments (includes both state and federal funds).

1. U.S. Census, 2021 American Community Survey 1-year Estimate, Table B23008.
2. United States Department of Labor.
3. HH Poverty Guidelines for 2021.
4. Voices for Children in Nebraska, Family Bottom Line.
5. Financial Services, Operations, Nebraska Department of Health and Human Services (DHHS).



HOUSING & HOMELESSNESS

HOMELESSNESS

The Nebraska Homeless Assistance Program (NHAP) and the Housing and Urban Development Program (HUD) serve individuals who are experiencing homelessness or near-homeless. Not all people experiencing homelessness receive services.

In 2021, HUD/NHAP served:

11,501 Homeless individuals.

2,239 Homeless children ages 18 and under.

3,555 Homeless families with children.

18 Unaccompanied homeless children.

3,294 Individuals at risk of homelessness.

1,373 Children at risk of homelessness.

2,229 Families with children at risk of homelessness.

0 Unaccompanied children at risk of homelessness.

Source: Nebraska Center On Children, Families and the Law.

HOMEOWNERSHIP

Homeownership provides a sense of stability for children and communities.

70.4% OF FAMILIES WITH CHILDREN OWNED THEIR HOME IN 2021.¹

In 2021, Nebraska Public Housing had²:

13,308 vouchers

7,108 public housing units

4,650 units were one bedroom (non-family).

40,000 children (9.0%) lived in crowded housing with more than one person/room.³

18,000 children (4.0%) lived in areas of concentrated poverty.³

104,000 children (22.0%) lived in households with a high housing cost burden.³

79,000 children (53.0%) low-income households had a high housing cost burden.³

HOMEOWNERSHIP BY RACE/ETHNICITY (2021)⁴

AMERICAN INDIAN | 45.1%

ASIAN/PACIFIC ISLANDER | 51.3%

BLACK/AFRICAN AMERICAN | 29.6%

HISPANIC | 52.5%

OTHER/UNKNOWN | 52.9%

MULTIRACIAL | 51.4%

WHITE, NON-HISPANIC | 71.0%

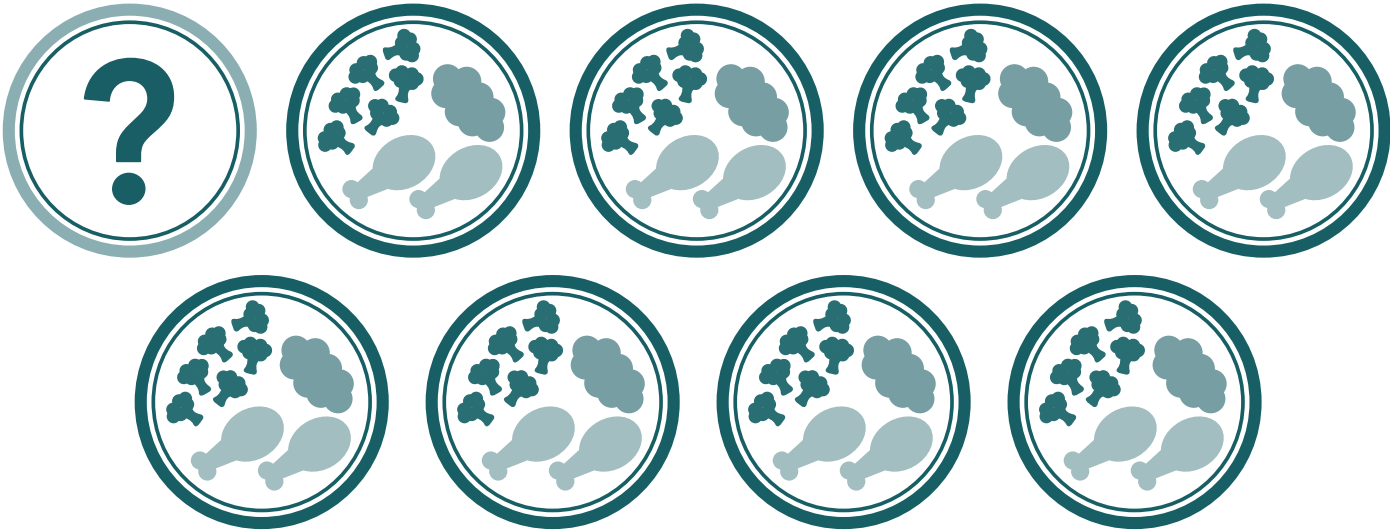
1. U.S. Census Bureau, 2021 American Community Survey 5-year Estimates, Table B25115.

2. Nebraska Office of Public Housing, HUD.

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

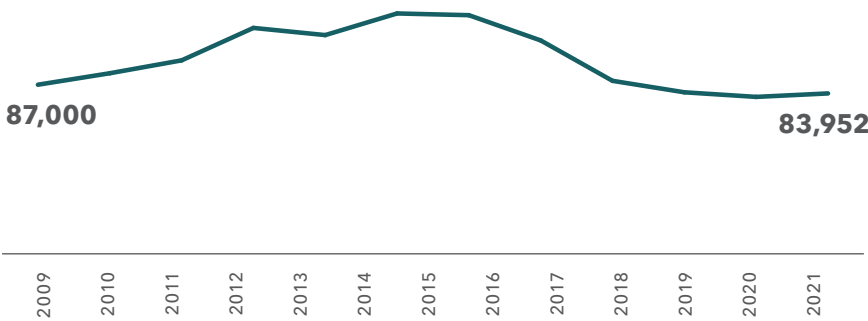
4. U.S. Census Bureau, 2021 American Community Survey 5-year Estimates, Table B25003B-1.

HUNGER



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

FOOD-INSECURE HOUSEHOLDS IN NEBRASKA (2009-2021)¹



Approximately **83,952** households in Nebraska were food-insecure in 2021. Food-insecure 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.

13.5% OF NEBRASKA CHILDREN EXPERIENCED FOOD INSECURITY (2020).²

72.0% OF FOOD-INSECURE CHILDREN WERE LIKELY ELIGIBLE FOR FEDERAL NUTRITION ASSISTANCE (2020).²

1. U.S. Department of Agriculture, Household Food Security in the United States in 2021.; Kids Count, 2021.
 2. Feeding America, Map the Meal Gap, Child Food Insecurity in Nebraska, 2020.



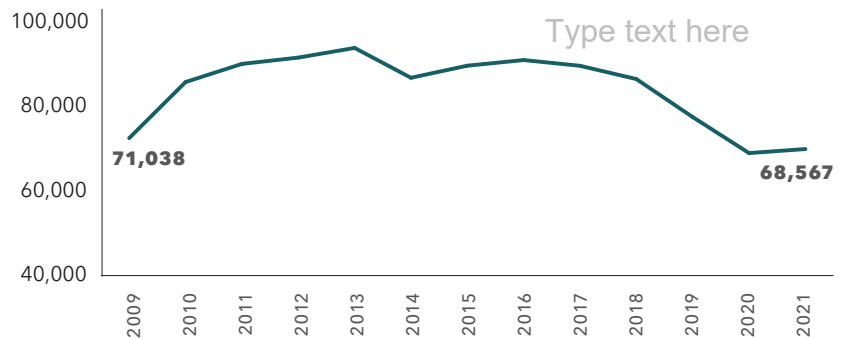
SNAP & WIC

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 low-income individuals and families through benefits that can be used to purchase food at grocery stores, farmers markets, and other places where groceries are sold.

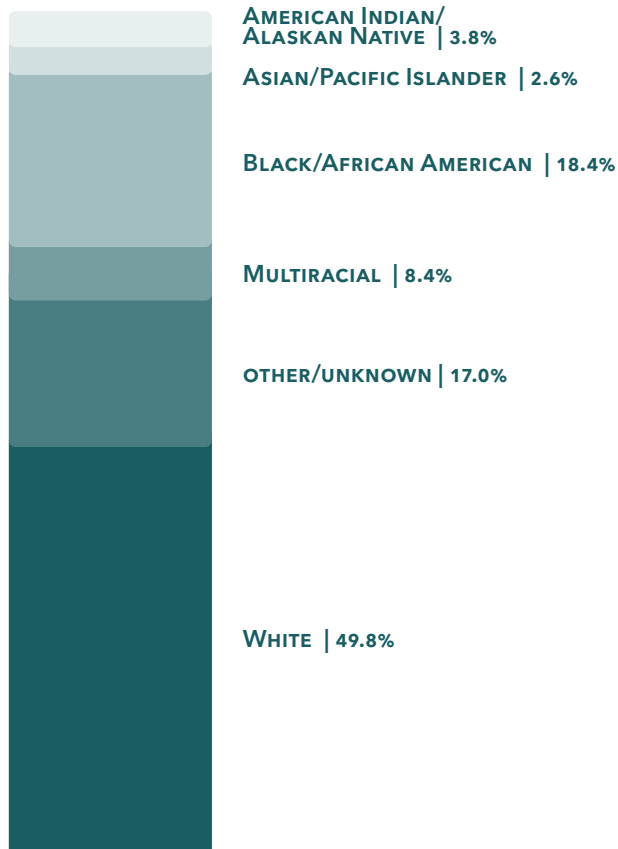
Source: *Characteristics of the Supplemental Nutrition Assistance Program Households*

AVERAGE NUMBER OF CHILDREN ENROLLED IN SNAP (JUNE 2009-2021)



Source: *Financial Services, Operations, Nebraska Department of Health and Human Services; Kids Count 2021.*

SNAP PARTICIPANTS BY RACE/ETHNICITY (JUNE 2021)



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

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) (2021)

Of the monthly average **34,725** WIC participants in 2021:

- 7,180 were women;
- 7,594 were infants; and
- 19,951 were children

WIC services are provided at **99 clinics** in **75 counties.**

Source: *Nebraska Department of Health and Human Services.*

\$58.93

AVERAGE MONTHLY COST PER WIC PARTICIPANT IN 2021.

Source: *Nebraska WIC Program.*

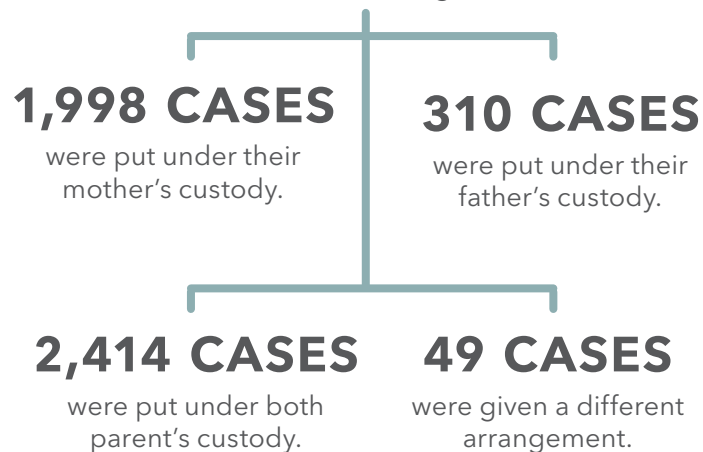


MARRIAGE AND DIVORCE

IN 2021...

10,492 COUPLES & **5,228**
were married & were divorced.

4,771 CHILDREN
experienced their parents
divorcing.



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

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.

18,000 (4.0%)¹ CHILDREN WERE LIVING IN KINSHIP CARE (2019-2021 3-YEAR AVERAGES).
10,004 (2.1%)² WERE LIVING WITH A GRANDPARENT WHO WAS THEIR PRIMARY CAREGIVER IN 2021.

1. Annie E. Casey Foundation, Kids Count Data Center.
 2. U.S. Census Bureau, 2021 American Community Survey 5-year Estimates, Table B10002.

CHILD SUPPORT (2021)

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).

99,841 cases received CSE assistance, **71.3%** of cases with child support obligation.

95,175 were non-ADC cases.*

4,666 were ADC cases.*

\$217,921,040 Amount of child support disbursed through CSE.

14,854 Cases received services through CSE, but payments were not being made.

1,829 Cases receiving public benefits which are eligible for and are receiving child support payments.

1,141 Cases receiving public benefits which are eligible for child support, but it is not being paid.

3,771 Child support cases where non-custodial parent is incarcerated.

\$120.05 Mean monthly child support payment per child.

Source: Nebraska Department of Health and Human Services.

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



EMPLOYMENT, INCOME, & ASSETS

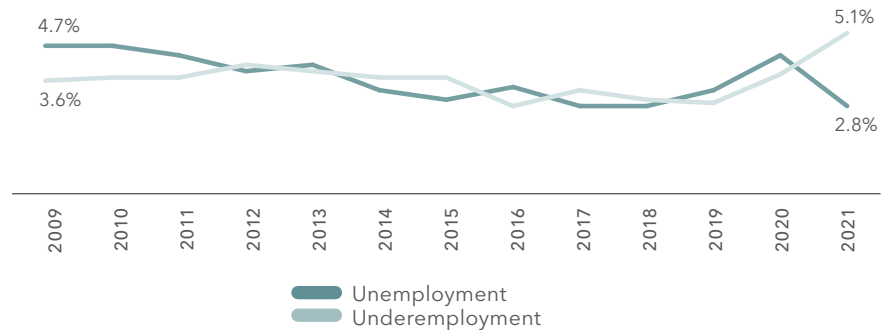
IN 2021,

78.1%
of children
under 18 had
all available
parents in the
workforce.

74.3%
of children
under 6 had
all available
parents in the
workforce.

Source: U.S. Census Bureau, 2021 American Community Survey 5-year Estimates, Table B23008.

NEBRASKA UNEMPLOYMENT AND UNDEREMPLOYMENT RATE (2009-2021)



Source: U.S. Bureau of Labor Statistics, Alternative Measures of Labor Underutilization for States, Annual Averages, U-3, U-6.; Kids Count 2019.

MEDIAN INCOME FOR FAMILIES WITH CHILDREN (2021)

All families	\$85,162
Married couple	\$105,802
Male householder (no spouse)	\$51,182
Female householder (no spouse)	\$33,550

Source: U.S. Census Bureau, 2021 American Community Survey 5-year Estimates, Table B19126.

MEDIAN INCOME FOR FAMILIES BY RACE & ETHNICITY (2021)

American Indian	\$57,300
Asian	\$83,761
Black/African American	\$51,614
Hispanic	\$59,341
Multiracial	\$67,625
Other	\$60,222
White, Non-Hispanic	\$90,614

Source: U.S. Census Bureau, 2021 American Community Survey 5-year Estimates, Table B19113B-1.

5,000
workers in Nebraska earned
minimum wage or below in 2021.¹

18.9%
of individual borrowers were over
75% of credit card limit.³

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.

17.6%
OF NEBRASKANS
EXPERIENCE ASSET
POVERTY.²

1. U.S. Bureau of Labor Statistics, Characteristics of Minimum Wage Workers, 20210.

2. Prosperity Now Scorecard, Financial Assets and Income, 2019.

3. Federal Reserve Bank of New York/Equifax Consumer Credit Panel, tabulated by the Federal Reserve Banks of Philadelphia and Minneapolis and accessed via the Consumer Credit Explorer

TRANSPORTATION & TAXES



FAMILY TAX CREDITS*

116,526 families claimed
\$267,053,741 in federal Earned
 Income Tax Credit (EITC) in 2020.

162,920 families claimed
\$31,625,091 in state Earned
 Income Tax Credit in 2021.

222,914 families claimed
\$564,029,175 in federal Child
 Tax Credit in 2020.

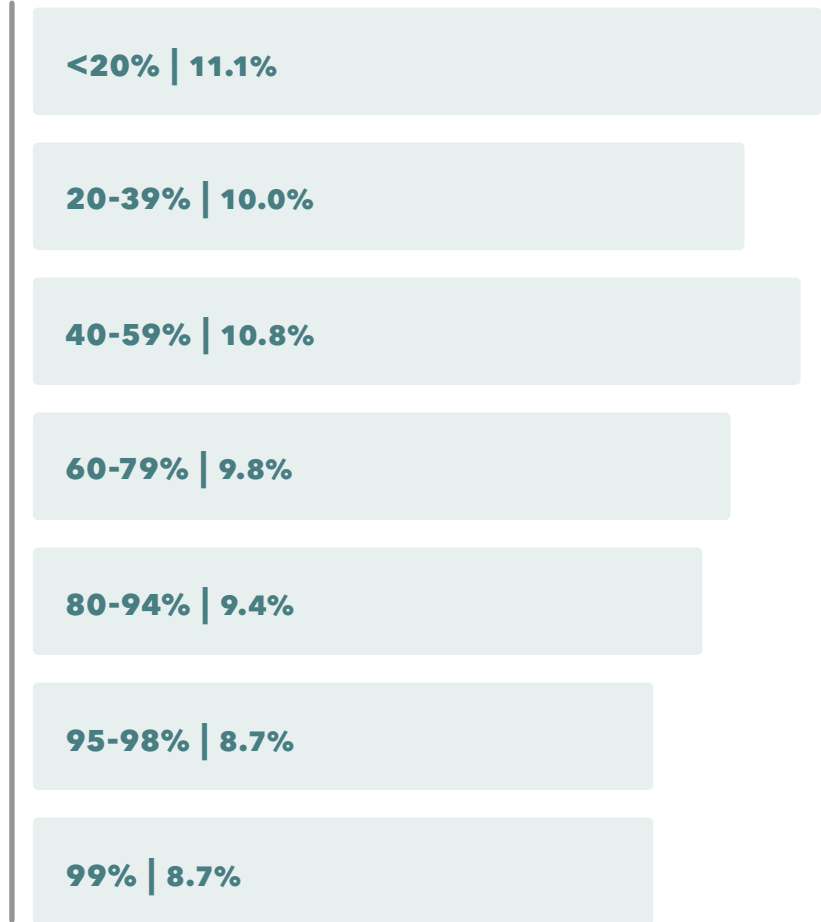
44,599 families claimed
\$24,601,543 in federal Child and
 Dependent Care Credit in 2020.

48,201 families claimed
\$28,054,597 in state Child and
 Dependent Care Credit in 2021.

97,216 families claimed
\$184,394,419 in Additional
 Child Tax Credit in 2020.

Source: Nebraska Department of Revenue.
 *Data listed are for last years available at time of print.

NEBRASKA STATE AND LOCAL TAXES, SHARES OF FAMILY INCOME BY INCOME GROUP (2018)*



STATE & LOCAL TAX SHARE OF FAMILY INCOME

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

38,879 (4.9%)
 workers used transportation
 other than a personal
 automobile or carpool to
 get to work in 2021.


Source: U.S. Census Bureau, 2021 American Community Survey 1-year Estimates, Table C08141.

41,029 (5.4%)
 households had no vehicle
 available in 2021.

Source: U.S. Census Bureau, 2021 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 do 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.....	60
Entries & involvement.....	62
Alternative Response & Tribal youth.....	63
Race & ethnicity in child welfare.....	64
In-home and out-of-home placement.....	65
Out-of-home placements.....	66
Placement stability.....	67
Permanency.....	68
Aging out.....	69



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 (85%) 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

34,213
REPORTS

of alleged maltreatment were made to the Child Abuse & Neglect Hotline in 2021.

34,213
reports were made

18,101
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.

2,080
reports were substantiated

8,793
reports were unfounded

4,089
reports were referred to Alternative Response

SAFETY ASSESSMENTS

31,089
safety assessments conducted on children

2,518
children determined unsafe

1,971
children determined unsafe and referred to court

503
children determined unsafe and non-court involved and family did not elect to participate in voluntary services

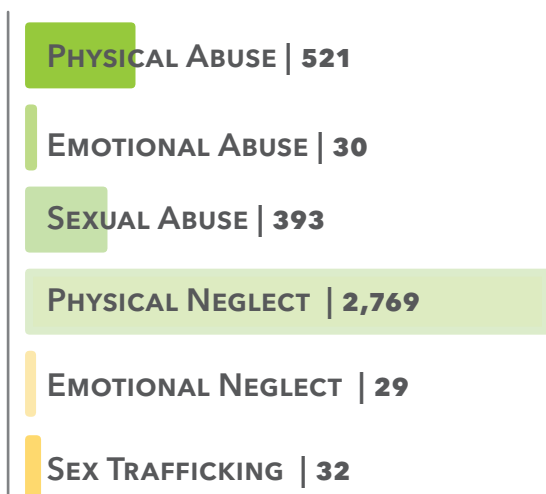
44
children determined unsafe and non-court involved

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

CHILD MALTREATMENT



TYPES OF SUBSTANTIATED MALTREATMENT (2021)



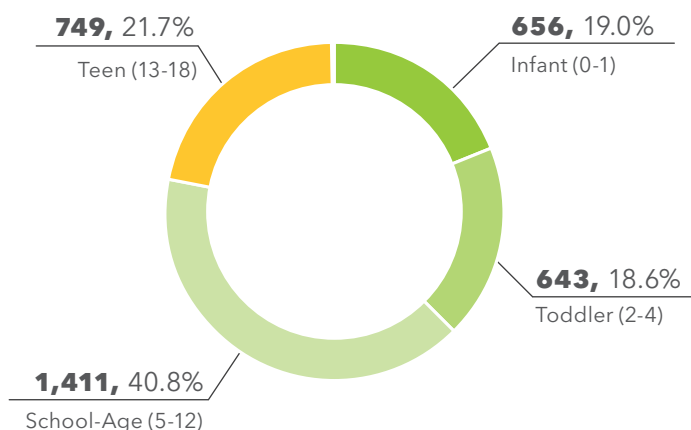
Some children experienced more than one type of maltreatment. The numbers here will be higher than the total number of children who experienced maltreatment.

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.

3,419 KIDS
experienced
maltreatment
in 2021.

CHILD MALTREATMENT BY AGE (2021)



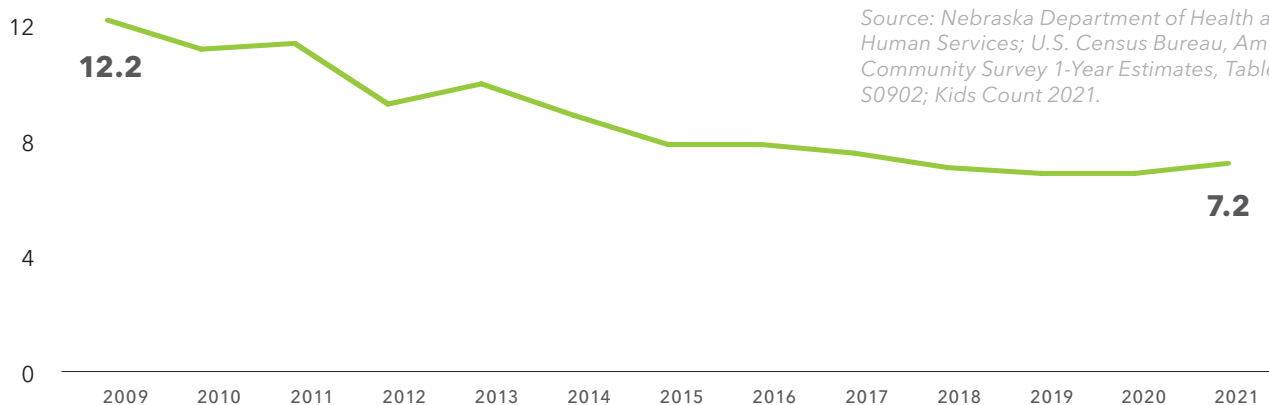
Source: Nebraska Department of Health and Human Services (DHHS).

IN 2021, **7,800 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 (2009-2021)

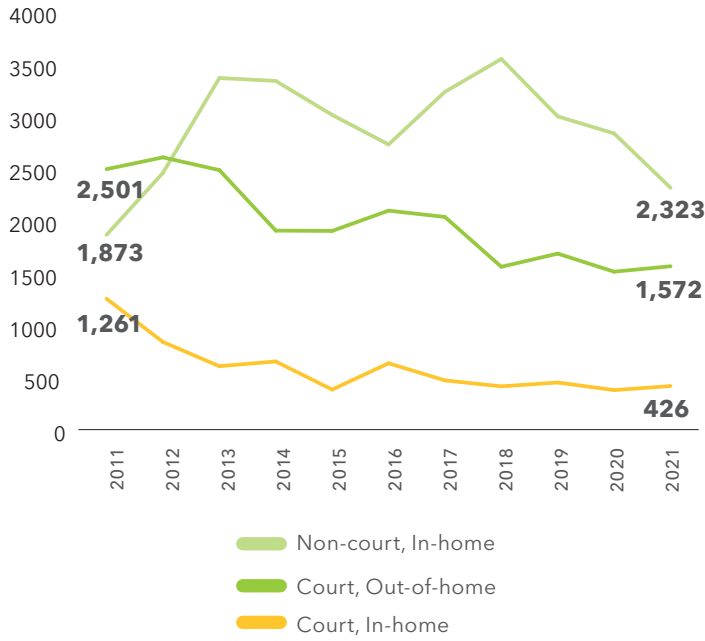


Source: Nebraska Department of Health and Human Services; U.S. Census Bureau, American Community Survey 1-Year Estimates, Table S0902; Kids Count 2021.



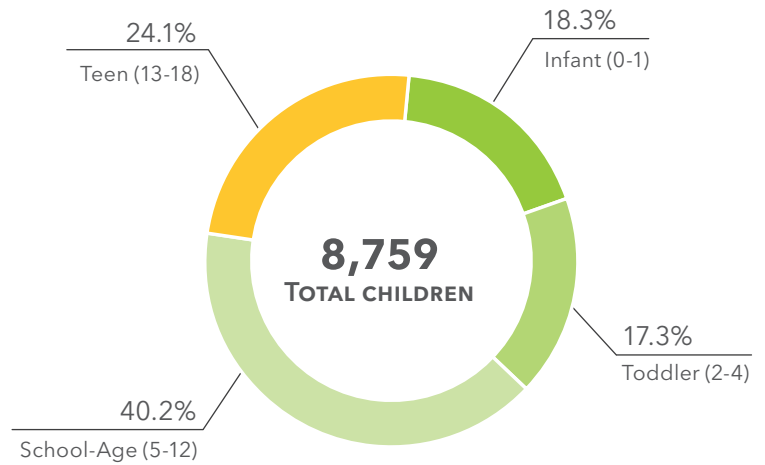
ENTRIES & INVOLVEMENT

HOW DO CHILDREN ENTER OUR CHILD WELFARE SYSTEM? (2011-2021)



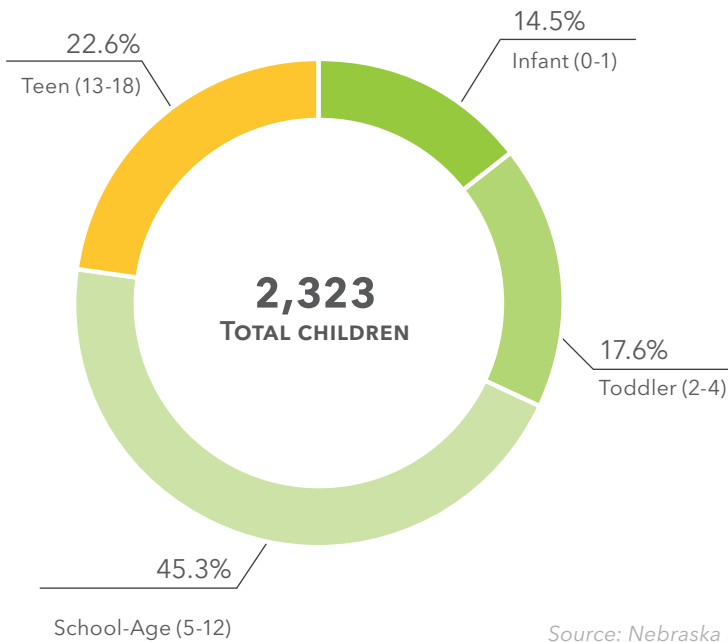
1,269 CHILDREN entering care in 2021 had prior involvement in the child welfare system.

ANY INVOLVEMENT BY AGE (2021)

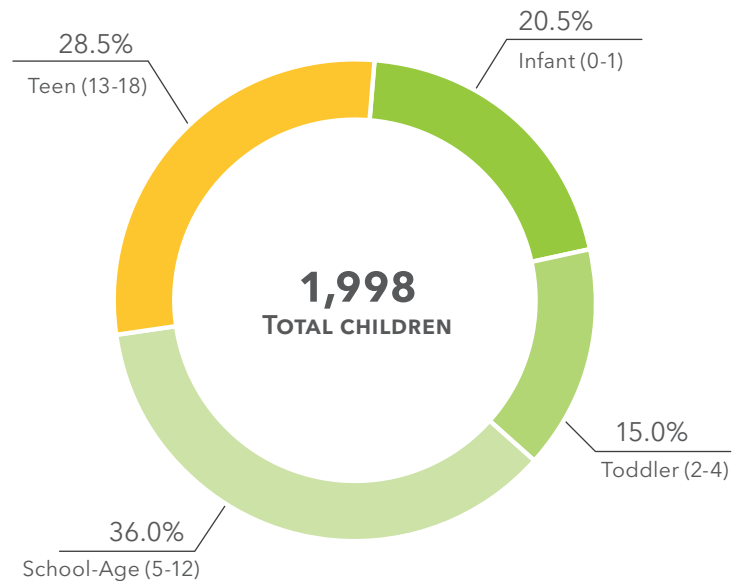


8,759 KIDS FROM 4,253 FAMILIES were involved in our child welfare system in 2021.

NON-COURT ENTRIES BY AGE (2021)



COURT ENTRIES BY AGE (2021)



Source: Nebraska Department of Health and Human Services (DHHS); Kids Count, 2021.

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	683
ENTERED	223
PLACED IN OUT-OF-HOME CARE	574-586*
EXITED	152-208*

PLACEMENT TYPES OF TRIBAL CHILDREN RECEIVING OUT-OF-HOME SERVICES (2021)

ADOPTIVE HOME	< 5*
DEVELOPMENTAL DISABILITY FACILITY	< 5*
DETENTION	20
EMERGENCY SHELTER	24
GROUP HOME	24
HOSPITAL/MEDICAL FACILITY	10
INDEPENDENT LIVING	< 5*
KINSHIP FOSTER HOME	65
MISSING YOUTH	0
NON-RELATIVE FOSTER HOME	132
PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY	< 5*
RELATIVE FOSTER HOME	440
THERAPEUTIC GROUP HOME	< 5*
YOUTH REHABILITATION AND TREATMENT CENTER	< 5*
TOTAL	721-745

3,799 FAMILIES
were served by Alternative Response in 2021.

3,016 FAMILIES
were successfully discharged from Alternative Response in 2021.

Families averaged **42 DAYS** of involvement in the program.

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 symptoms of 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.

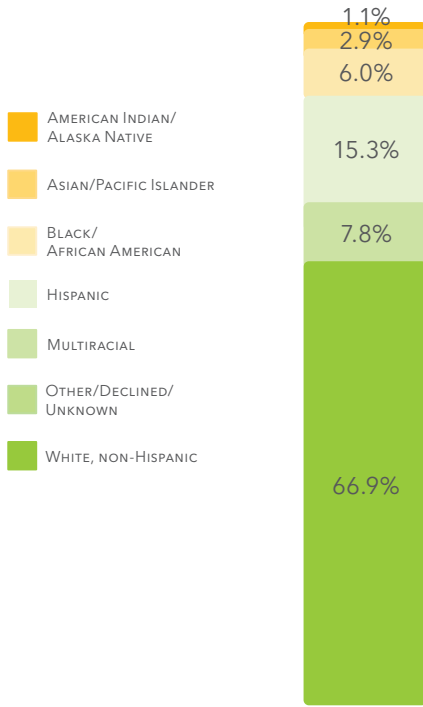
164 FAMILIES
changed track from Alternative Response to Traditional Response after an average **14.5 DAYS** of involvement.

*Exact counts suppressed by Nebraska Department of Health and Human Services due to privacy concerns.

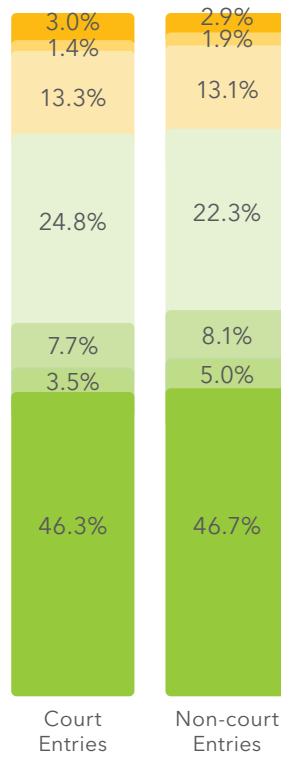


RACE & ETHNICITY IN CHILD WELFARE

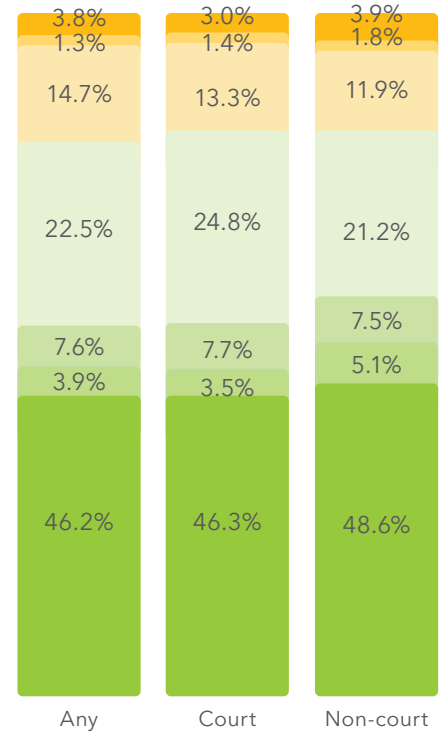
TOTAL CHILD POPULATION (2021)



ENTRIES TO THE CHILD WELFARE SYSTEM (2021)

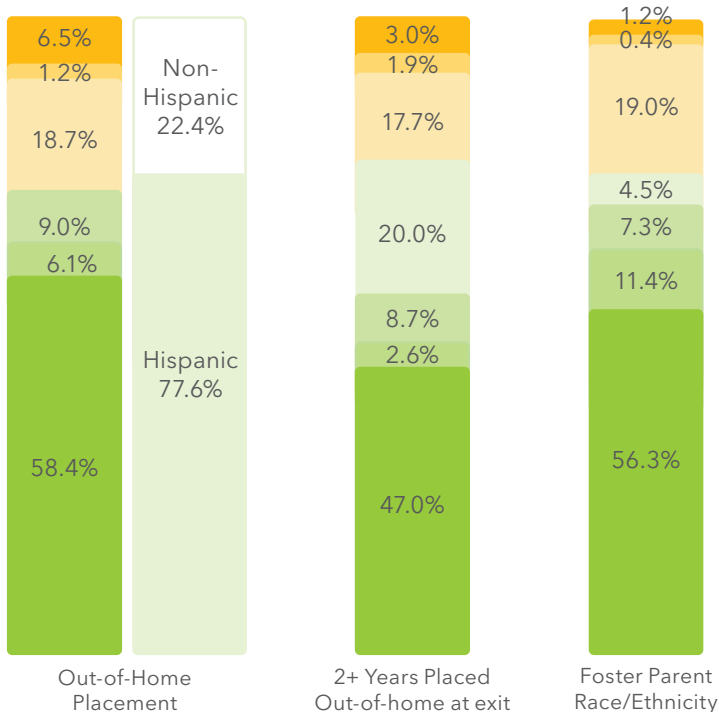


CHILD WELFARE SYSTEM INVOLVEMENT (2021)

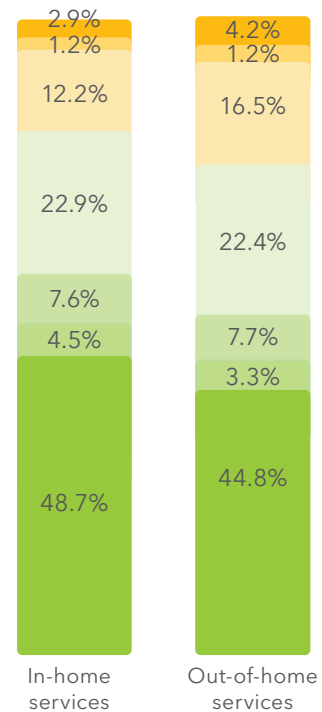


Source: U.S. Census Bureau, Annual Estimates of Resident Population by Sex, Race, and Hispanic Origin for Nebraska: April 1, 2020 to July 1, 2021.

OUT-OF-HOME CARE (2021)



IN-HOME AND OUT-OF-HOME SERVICES (2021)



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

PLACEMENTS & STAFF CASELOADS



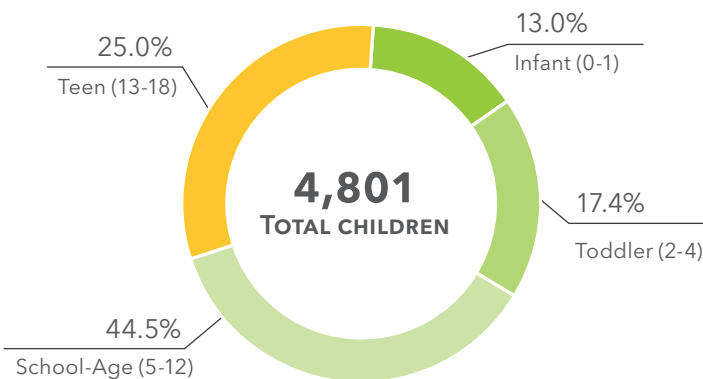
REMOVAL REASONS OF CHILDREN IN OUT-OF-HOME CARE (2021)

5,076 CHILDREN WHO RECEIVED OUT-OF-HOME SERVICES HAD A 3(A) PETITION

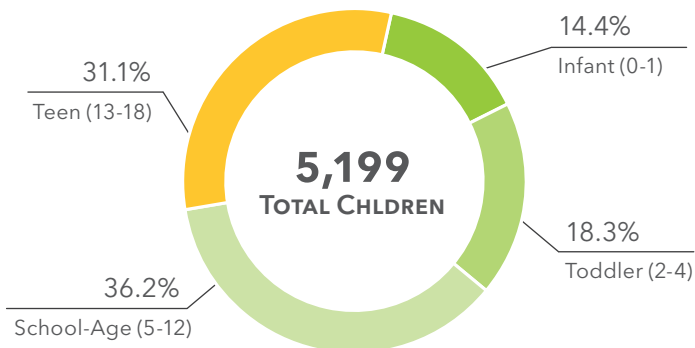
NEGLECT (ALLEGED/REPORTED)	2,429	MENTAL AND EMOTIONAL ABUSE	102
DRUG ABUSE (PARENT/CARETAKER)	1,429	DEATH OF PARENT(S)/CARETAKER(S)	54
INADEQUATE HOUSING	833	MENTALLY ILL AND DANGEROUS (CHILD)	50
PHYSICAL ABUSE (ALLEGED/REPORTED)	687	COURT DETERMINED THAT REASONABLE EFFORTS ARE NOT REQUIRED.	26
DOMESTIC VIOLENCE	610	ALCOHOL ABUSE (CHILD)	26
INCARCERATION OF PARENT(S)/CARETAKER(S)	471	DIAGNOSED CHILD'S DISABILITY	25
SEXUAL ABUSE (ALLEGED/REPORTED)	313	DRUG ABUSE (CHILD)	16
ABANDONMENT	312	RELINQUISHMENT	11
ALCOHOL ABUSE (PARENT/CARETAKER)	284	HUMAN TRAFFICKING	11
CHILD'S BEHAVIOR PROBLEMS	268	SAFE HAVEN	1-5
PARENT'S/CARETAKER'S INABILITY TO COPE DUE TO ILLNESS/OTHER	200		

Note: Children may have more than one reason for removal.

CHILDREN RECEIVING IN-HOME SERVICES BY AGE (2021)



CHILDREN RECEIVING OUT-OF-HOME SERVICES BY AGE (2021)



TOTAL STAFF CASELOADS IN COMPLIANCE (2021)

SERVICE AREA	TOTAL STAFF	STAFF WITH CASELOADS IN COMPLIANCE	PERCENT CASELOADS IN COMPLIANCE
CENTRAL	55	46	83.6%
EASTERN*	147	97	66.0%
NORTHERN	67	49	73.1%
SOUTHEAST	102	73	71.6%
WESTERN	58	45	77.6%
STATE	428	308	72.0%

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.

**In 2021, ongoing cases were handled by a subcontracted agency and are not included here. The privatization pilot ended in 2022.*

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



OUT-OF-HOME PLACEMENTS

WHERE ARE THE KIDS IN OUT-OF-HOME CARE? (12/31/2021)

1.4%	Group home (48 children)
0.9%	Living independently (31 children)
1.4%	Missing Youth (47 children)
0.3%	Emergency shelter (11 children)
0.3%	Medical facility (10 children)
36.8%	Foster & adoptive homes (1,221 children)
14.1%	Kinship care (467 children)
40.0%	Relative home (1,327 children)
0.6%	Detention facility (21 children)
2.7%	Developmental Disability facility (91 children)
1.0%	Psychiatric Residential Treatment Facility (33 children)
0.2%	Therapeutic Group Home (6 children)
0.2%	Youth Rehabilitation and Treatment Center (7 children)

FOSTER HOME PLACEMENT BEDS (12/31/2021)

4,887 foster home beds were available in **2,242** homes.

1,132 beds in **679** approved homes.

3,755 beds in **1,563** licensed homes.

1,794 (54.0%) children in foster care were placed with relatives or kin.

33.0% of foster home beds were in kin or relative homes.

- **60.5%** were placed with all siblings.
- **82.3%** were placed with at least one sibling.

THERE ARE THREE TYPES OF FOSTER PARENTS IN NEBRASKA:

RELATIVE FOSTER HOMES:

Foster parents who are related to the child or children who 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. (Ex: former teacher, coach, or neighbor.)

LICENSED FOSTER HOMES:

Foster parents who live at the licensed residence and care for a child or children who they have not previously known.

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.

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

PLACEMENT STABILITY

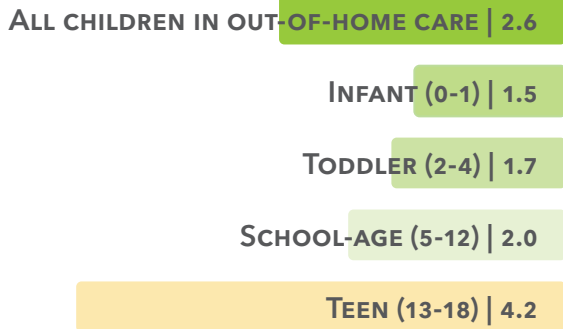


MULTIPLE PLACEMENTS

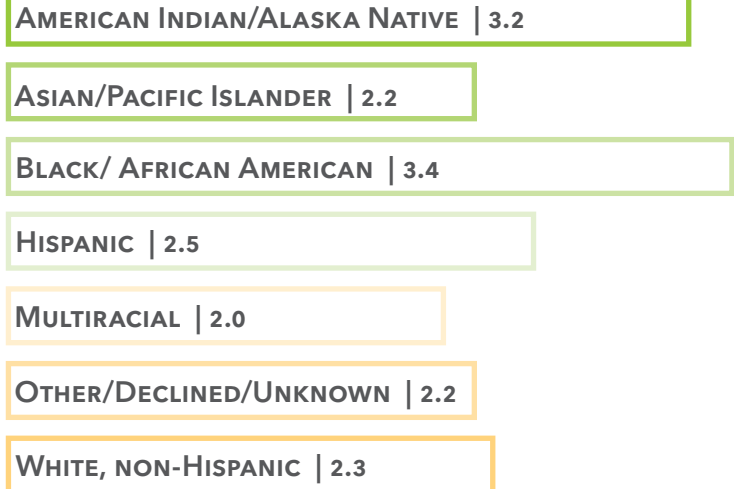
The Nebraska Department of Health and Human Services counts placement changes when a child moves from one foster care setting to another. Children in stable homes are reported to receive more attention, acceptance, affection, and better care from their foster parents. Children who are in stabilized homes 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 (2021)



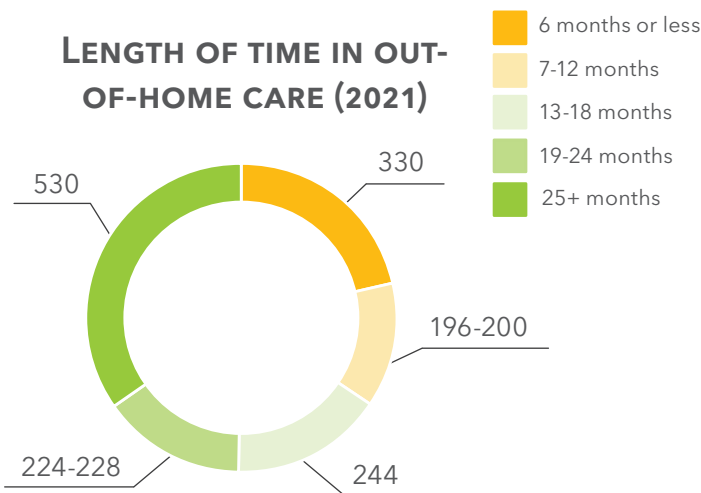
AVERAGE NUMBER OF OUT-OF-HOME PLACEMENTS BY RACE/ETHNICITY (2021)



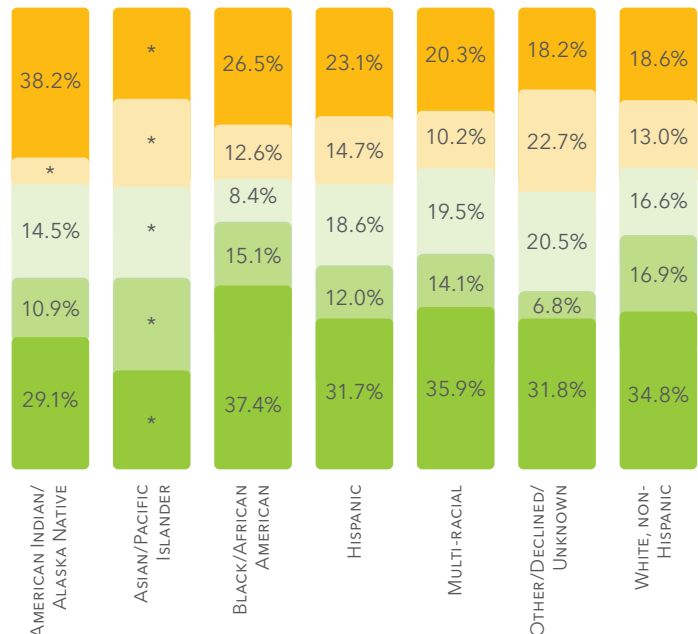
1,530 CHILDREN

exited out-of-home care in 2021. The mean length of time away from home was **21.8 MONTHS**.

LENGTH OF TIME IN OUT-OF-HOME CARE (2021)



LENGTH OF TIME IN OUT-OF-HOME CARE BY RACE/ETHNICITY (2021)



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

*Indicates suppressed counts due to privacy protection.

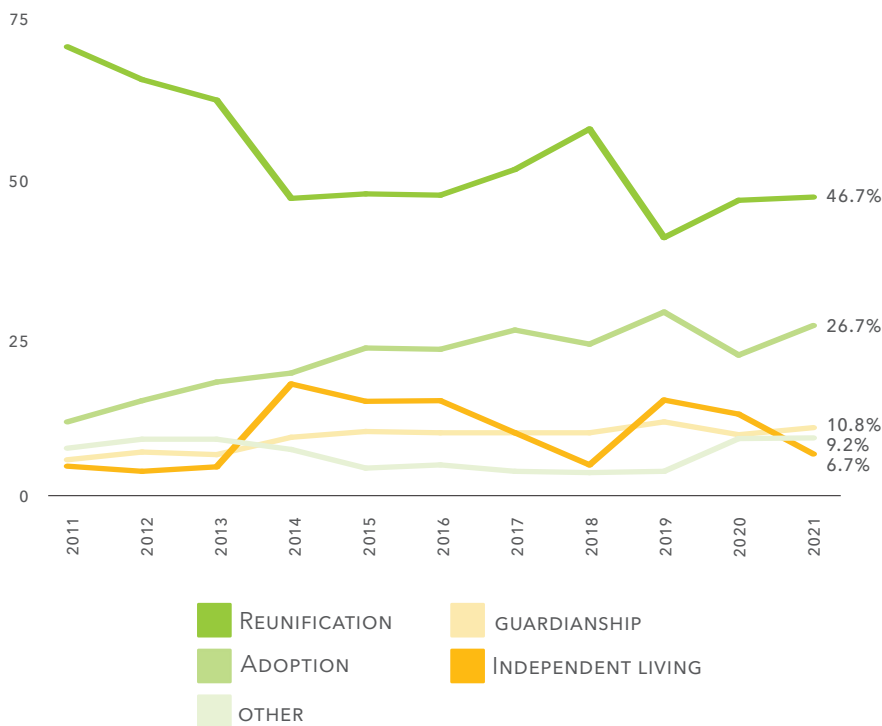


PERMANENCY

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 (2011-2021)



2,217 non-court-involved children exited the system in 2021.

2,046 court-involved children exited the system in 2021.

408 children were adopted in 2021.

402 adoptions were subsidized. Mean time from becoming free for adoption to adoption: **10 MONTHS.**

166 children exited into guardianships in 2021,

158 of which were subsidized.

Source: Nebraska Department of Health and Human Services (DHHS); Kids Count 2021.

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.

REASONS FOR PARTICIPATION IN THE BRIDGE TO INDEPENDENCE PROGRAM (2021)

123 YOUTH

were in out-of-home care when they reached their 19th birthday in 2021.

ENROLLED IN SECONDARY SCHOOL | 55

ENROLLED IN POST-SECONDARY OR VOCATIONAL EDUCATION | 97

PARTICIPATING IN A PROGRAM DESIGNED TO PROMOTE OR REMOVE BARRIERS TO EMPLOYMENT | 140

EMPLOYED 80+ HOURS PER MONTH | 236

INCAPACITATED DUE TO PHYSICAL OR MENTAL HEALTH CONDITIONS FROM EMPLOYMENT | 43

41 YOUNG ADULTS

in the Bridge to Independence Program were parenting or pregnant in 2021.

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

BRIDGE TO INDEPENDENCE PROGRAM (2021)

356
young adults participated

143
young adults left

157
young adults entered

0

chose to leave the voluntary services program

45

left due to lack of cooperation with the voluntary program

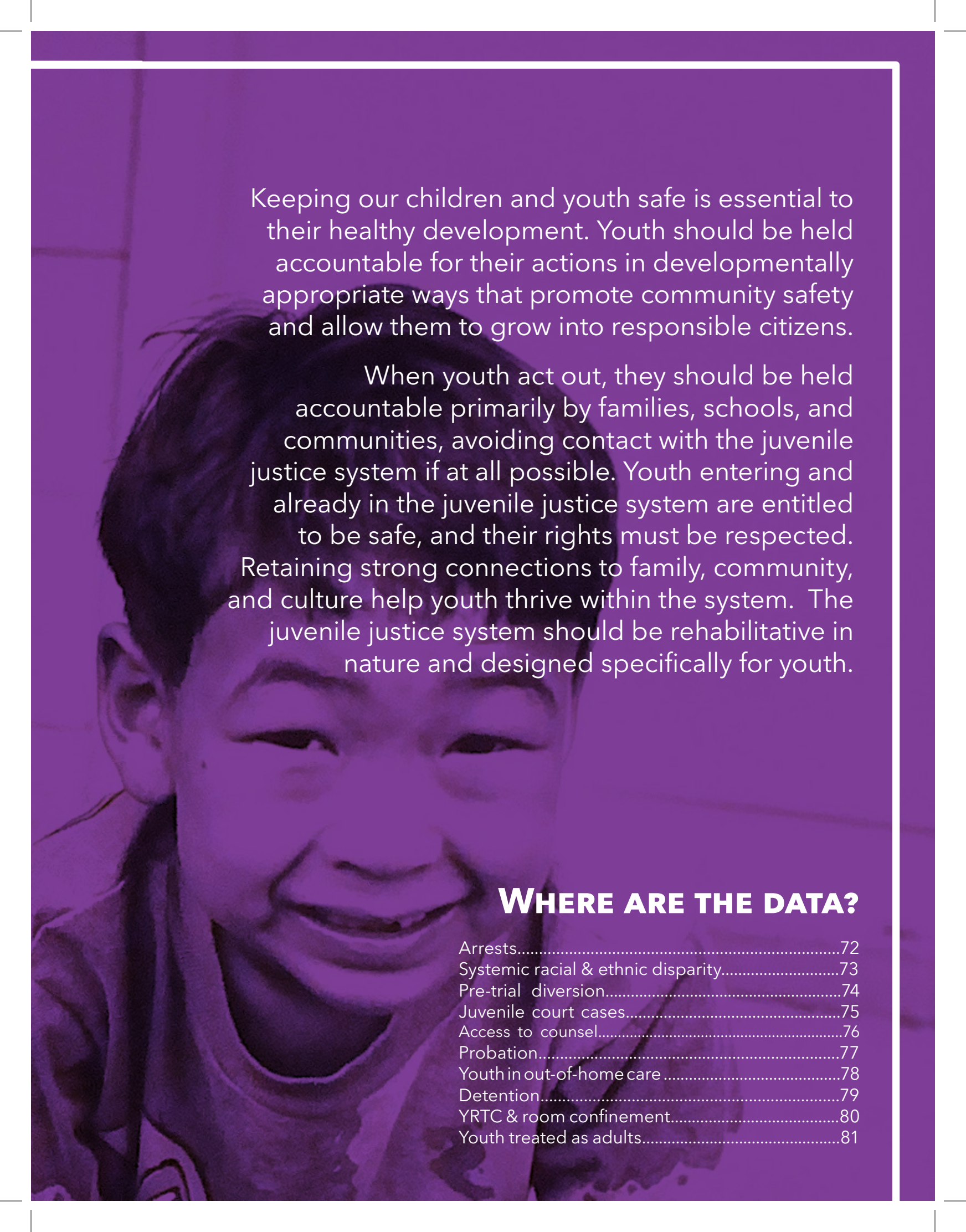
98

successfully completed the B2i Program

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



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 already 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.....	72
Systemic racial & ethnic disparity.....	73
Pre-trial diversion.....	74
Juvenile court cases.....	75
Access to counsel.....	76
Probation.....	77
Youth in out-of-home care.....	78
Detention.....	79
YRTC & room confinement.....	80
Youth treated as adults.....	81



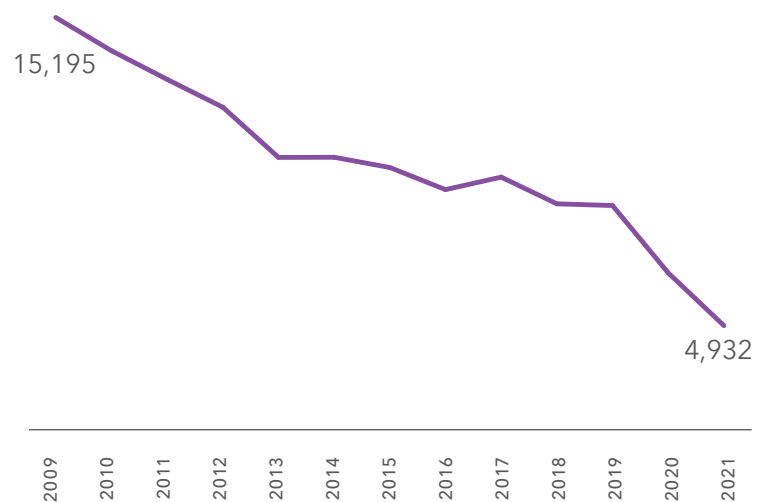
ARRESTS

YOUTH ARRESTS (2021)

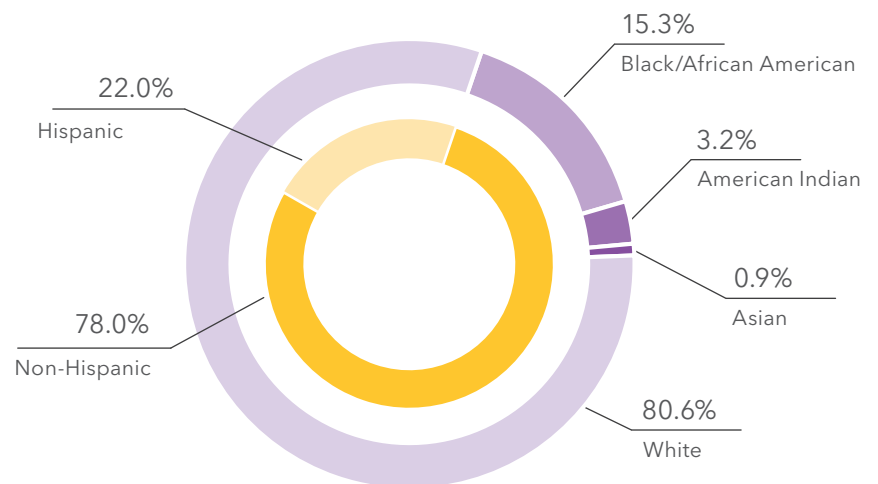
TYPE	MALE	FEMALE	TOTAL	% OF TOTAL
STATUS OFFENSES	273	189	462	9.4%
CURFEW	66	29	95	1.9%
ALCOHOL	207	160	367	7.4%
DRUG-RELATED	482	218	700	14.2%
VIOLENT	92	34	126	2.6%
PERSON	817	642	1,459	29.6%
PROPERTY	832	335	1,167	23.7%
PUBLIC ORDER	64	37	101	2.1%
WEAPON	38	0	38	0.8%
OTHER	558	258	816	16.6%
DUI	43	20	63	1.3%
TOTAL	3,199	1,733	4,932	

4,932 YOUTHS WERE ARRESTED IN 2021.
THE MOST COMMON, 29.6%, WERE PERSON CRIMES.

NUMBER OF YOUTHS ARRESTED (2009-2021)



YOUTH ARRESTS BY RACE/ETHNICITY (2021)



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: Arrests by Arrest Offense and Arrestee Age, Nebraska Crime Statistics; Kids Count, 2021.

SYSTEMIC RACIAL & ETHNIC DISPARITY

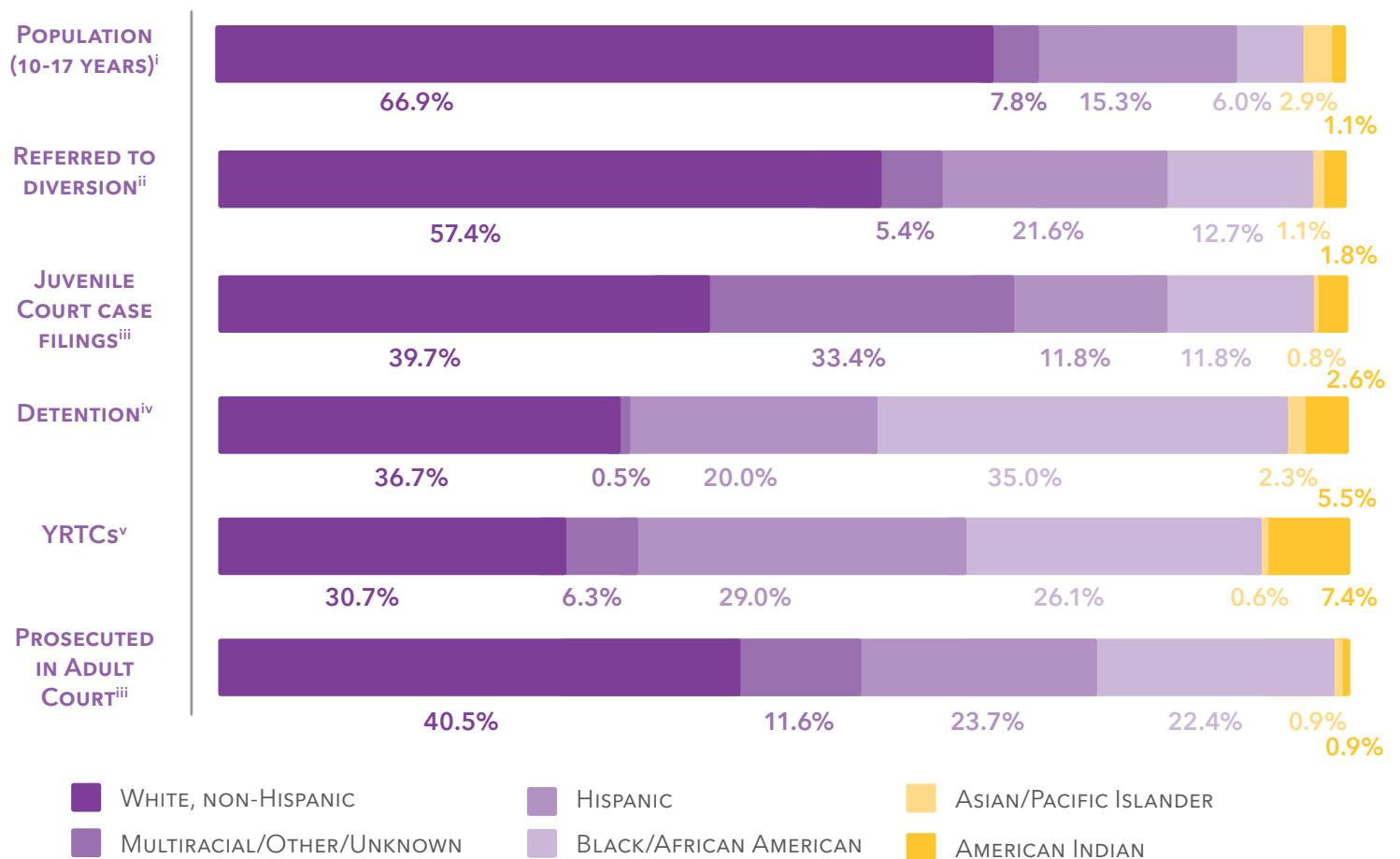


DISPROPORTIONATE MINORITY CONTACT (DMC)

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 (2021)



i. U.S. Census Bureau, Population Division, Annual State Resident Population Estimates for 6 Race Groups.

ii. Nebraska Crime Commission, Juvenile Diversion in Nebraska 2021 Annual Report.

iii. Nebraska Juvenile Justice System, Statistical Annual Report 2021.

iv. Analysis based on data from individual facilities including Lancaster County Detention Center, Northeast Nebraska Juvenile Services, and Douglas County Youth Center. The Patrick J. Thomas Juvenile Justice Center was not included in this analysis due to the facilities' different methods of measuring race and ethnicity.

v. Department of Health and Human Services, Office of Juvenile Services Annual Legislative Report SFY 2021.

*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.

3,529

youths were referred to the diversion program.

2,250

youths successfully completed diversion.

87

counties participated in the diversion program.

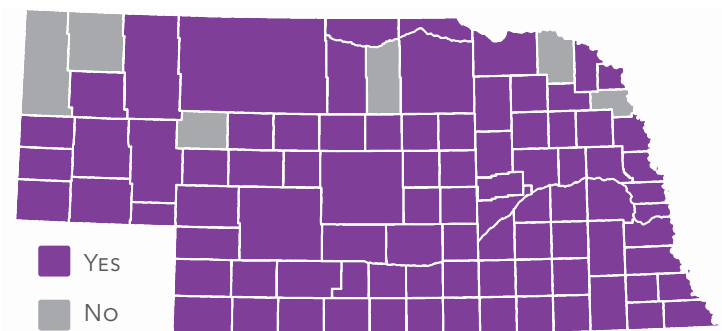
477

of those referred did not participate.

606

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

COUNTIES OFFERING A JUVENILE DIVERSION PROGRAM (2021)¹



YOUTH PARTICIPATING IN A JUVENILE DIVERSION PROGRAM (SFY 2021)¹

	Referred	Successful	Unsuccessful
MALE	59.6%	59.3%	58.6%
FEMALE	40.4%	40.7%	41.4%
10 & UNDER	0.4%	0.5%	0.7%
11-12	7.0%	7.5%	6.6%
13-14	26.7%	21.3%	27.0%
15-16	41.5%	40.1%	46.3%
17-18	24.3%	29.7%	19.4%

MOST COMMON LAW VIOLATIONS REFERRED TO DIVERSION (2021)¹

DRUG OFFENSES	721
ALCOHOL OFFENSES	599
ASSAULT	571
TRUANCY	544
TRAFFIC OFFENSE	527
SHOPLIFTING	346
CRIMINAL MISCHIEF	308
TOBACCO USE BY MINOR	241
TRESPASSING	164
OTHER THEFT OFFENSES	127
DISTURBING THE PEACE	121
UNGOVERNABLE	120
OTHER	641

COMMUNITY-BASED JUVENILE SERVICES AID PROGRAM (2021)²

194 programs in **73 counties** and **1 tribe** were funded through the Community-Based Juvenile Services Aid Program in Fiscal Year 2020/21.

158 Direct Interventions including **21** Prevention/Promotion Interventions.

10 Direct Service Programs
26 System Improvement Programs

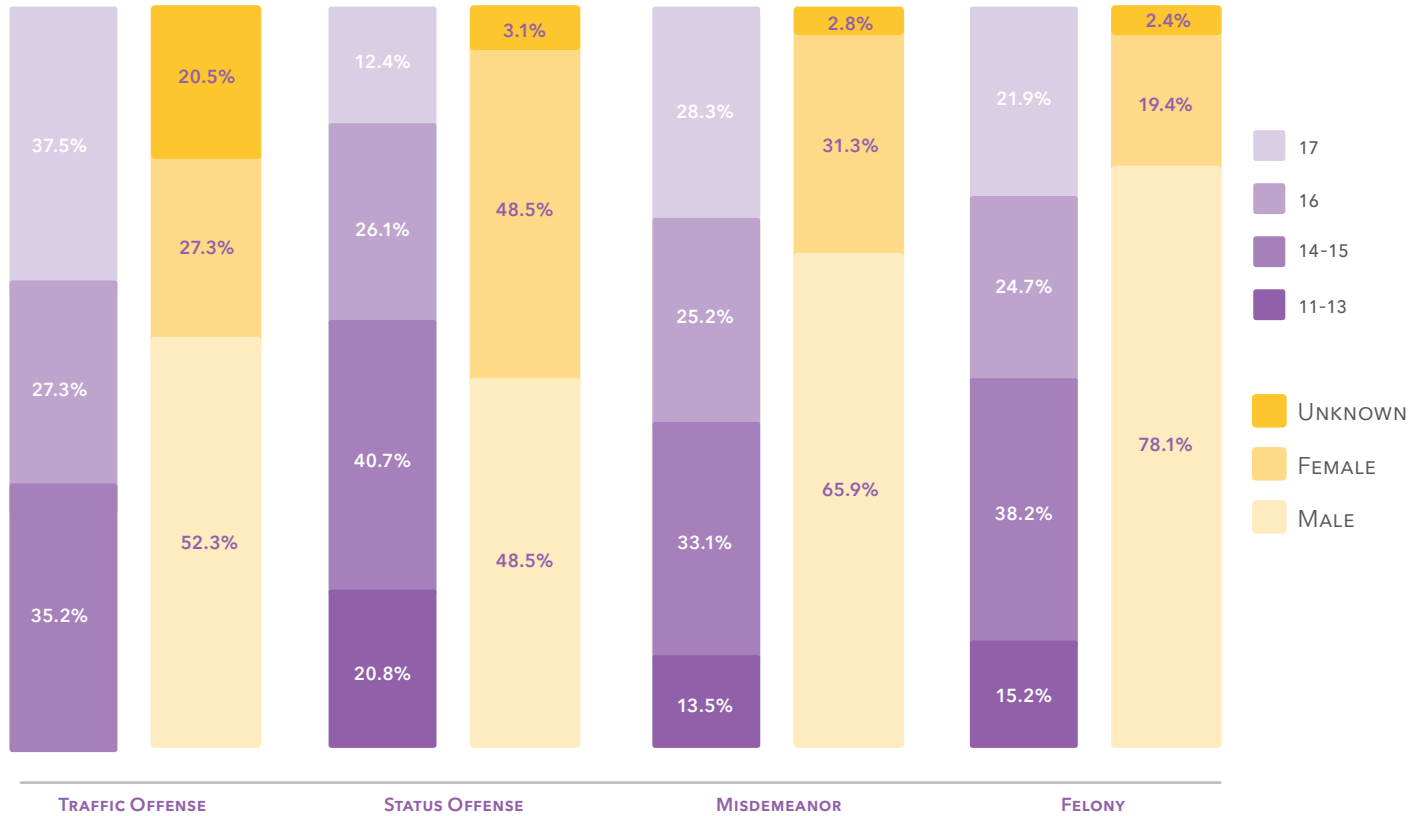
1. Nebraska Crime Commission, *Juvenile Diversion in Nebraska 2021 Annual Report*.

2. Nebraska Crime Commission, *Community-Based Juvenile Services Aid Program 2021 Annual Report*.

JUVENILE COURT CASES



NEW JUVENILE COURT CASES BY AGE AND GENDER (2021)



NEW JUVENILE COURT CASES BY RACE/ETHNICITY (2021)

	TRAFFIC OFFENSE	STATUS OFFENSE	MISDEMEANOR	FELONY
AMERICAN INDIAN	2 (2.3%)	12 (2.3%)	57 (2.7%)	12 (2.6%)
ASIAN/PACIFIC ISLANDER	0 (0%)	1 (0.2%)	15 (0.7%)	8 (1.8%)
BLACK/AFRICAN AMERICAN	5 (5.7%)	43 (8.3%)	232 (10.9%)	95 (21.0%)
HISPANIC	15 (17.0%)	69 (13.3%)	246 (11.5%)	47 (10.4%)
WHITE	50 (56.8%)	182 (35.1%)	890 (41.8%)	144 (31.8%)
OTHER	0 (0%)	2 (0.4%)	7 (0.3%)	4 (0.9%)
UNKNOWN	16 (18.2%)	209 (40.3%)	684 (32.1%)	143 (31.6%)
TOTAL ADJUDICATED AS "ADMIT"	88 (87.5%)	518 (66.0%)	2,131 (72.2%)	453 (83.0%)

Note: The data provider recording a case being adjudicated as "admit" means that it has been accepted to be true.
 Source: Nebraska Juvenile Justice System, Statistical Annual Report 2021.



ACCESS TO COUNSEL

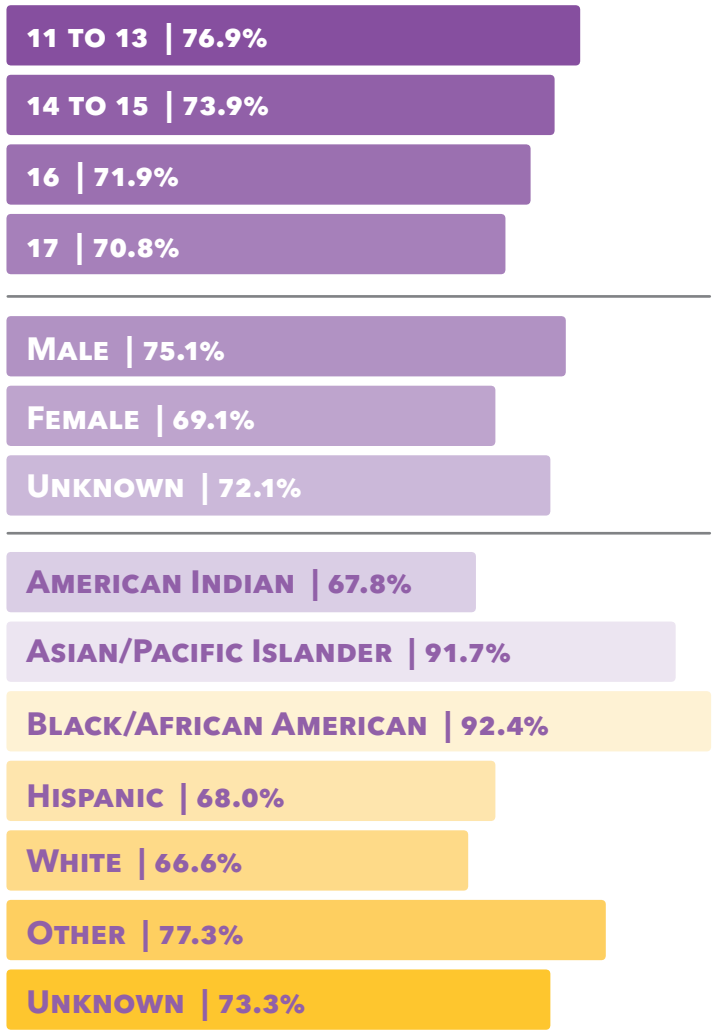
JUVENILE ACCESS TO COUNSEL

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.

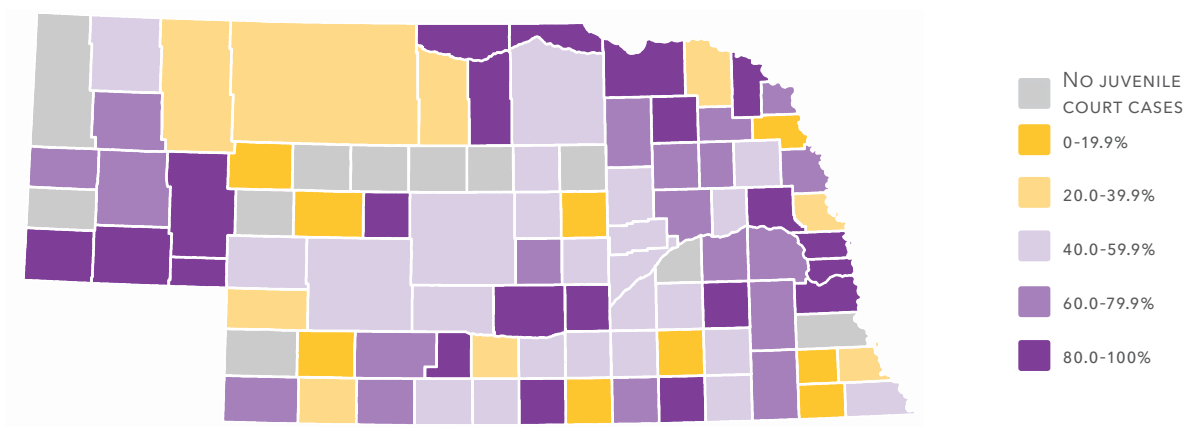
44.8%
OF CHILDREN IN ADULT CRIMINAL COURT
HAD AN ATTORNEY IN 2021.

73.1%
OF CHILDREN IN JUVENILE COURT
HAD AN ATTORNEY IN 2021.

YOUTH IN JUVENILE COURT'S ACCESS TO COUNSEL BY AGE, GENDER, AND RACE (2021)



PERCENT OF YOUTH IN JUVENILE COURT WHO HAD ACCESS TO COUNSEL BY COUNTY (2021)

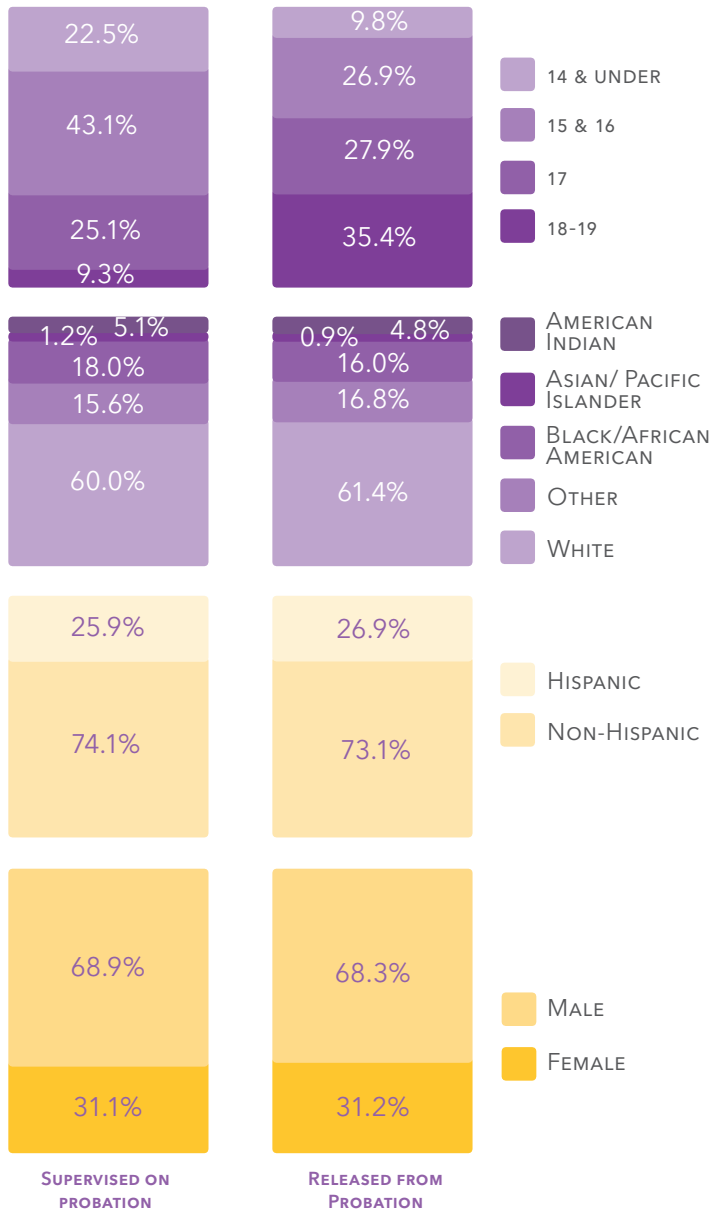


Source. Administrative Office of the Courts & Probation, Nebraska Juvenile Justice System Statistical Annual Report 2021.

PROBATION



YOUTH SUPERVISED ON PROBATION BY AGE, GENDER, & RACE/ETHNICITY (2021)



IN 2021, **3,565 YOUTH** WERE SUPERVISED ON PROBATION:

- **625** HAD FELONY OFFENSES
- **2,455** HAD MISDEMEANOR, INFRACTION, TRAFFIC, OR CITY ORDINANCE OFFENSES
- **485** HAD STATUS OFFENSES
- **2,160** WERE DISCHARGED

AVERAGE CASELOAD OF JUVENILE PROBATION OFFICERS (2021)

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

COST OF SERVICES FUNDED BY PROBATION (2021)

MONTHLY PER YOUTH (MPY)	\$864.68
MPY - IN-HOME SERVICES	\$599.84
MPY - OUT-OF-HOME SERVICES	\$1,851.05

12.5 months
mean length of time on probation in 2021.

10.2 months
mean length of time for status offenses in 2021.

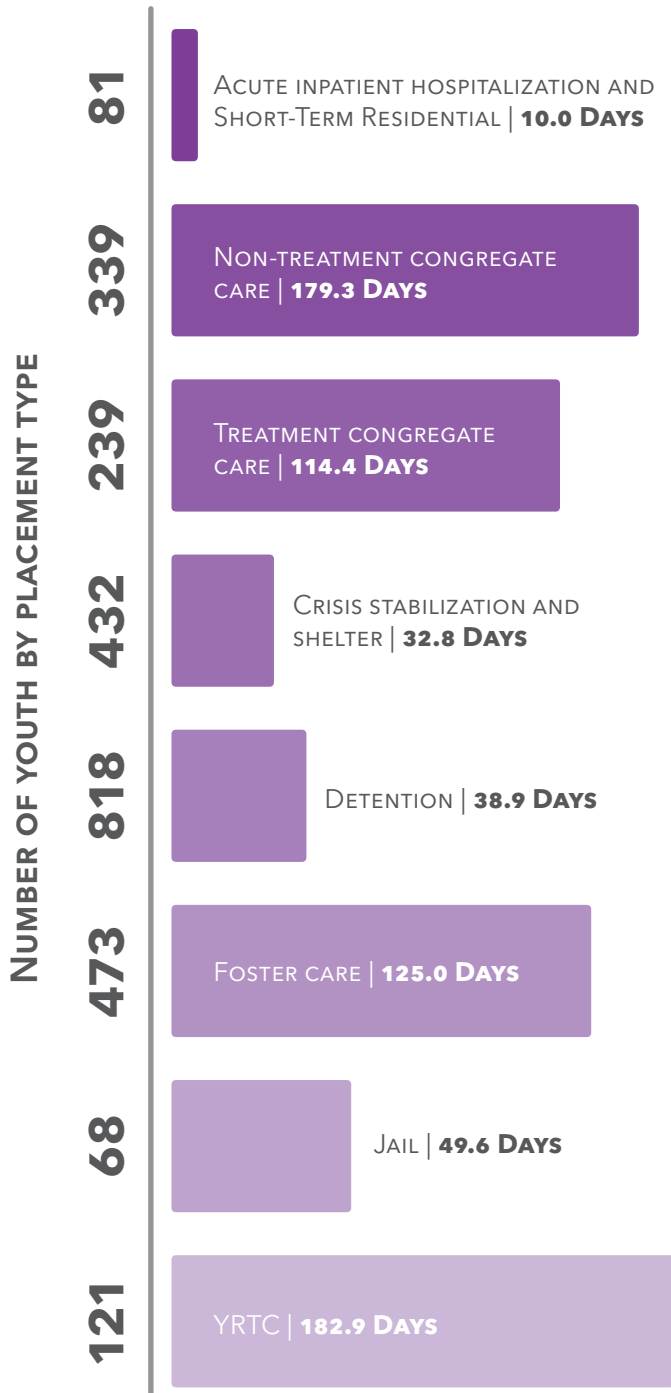
17.4 months
mean length of time for felonies in 2021.

12.0 months
mean length of time for misdemeanors/ infractions in 2021.



YOUTH IN OUT-OF-HOME CARE

OUT-OF-HOME CARE OF YOUTH ON PROBATION BY PLACEMENT TYPE AND AVERAGE LENGTH OF STAY (2021)



1,222 YOUTH SUPERVISED ON PROBATION WERE PLACED IN OUT-OF-HOME CARE. THE MEAN LENGTH OF TIME IN OUT-OF-HOME CARE WAS 2.9 MONTHS.

YOUTH ON PROBATION IN OUT-OF-HOME CARE	#	%
TOTAL YOUTH	1,458	
FEMALE	360	29.5%
MALE	862	70.5%
AMERICAN INDIAN	87	7.0%
ASIAN/PACIFIC ISLANDER	13	1.0%
BLACK/AFRICAN AMERICAN	347	26.0%
OTHER	200	15.0%
WHITE	735	51.0%
HISPANIC	315	24.0%
NON-HISPANIC	1,067	76.0%
STATUS OFFENSES*	86	7.0%
FELONIES*	354	29.0%
MISDEMEANOR/INFRACTION/TRAFFIC/ CITY ORDINANCE OFFENSES*	782	64.0%

*If a youth had an offense in more than one adjudication type, they will be counted by the youth's highest or most serious offense.
Source: Nebraska Juvenile Probation System

DETENTION

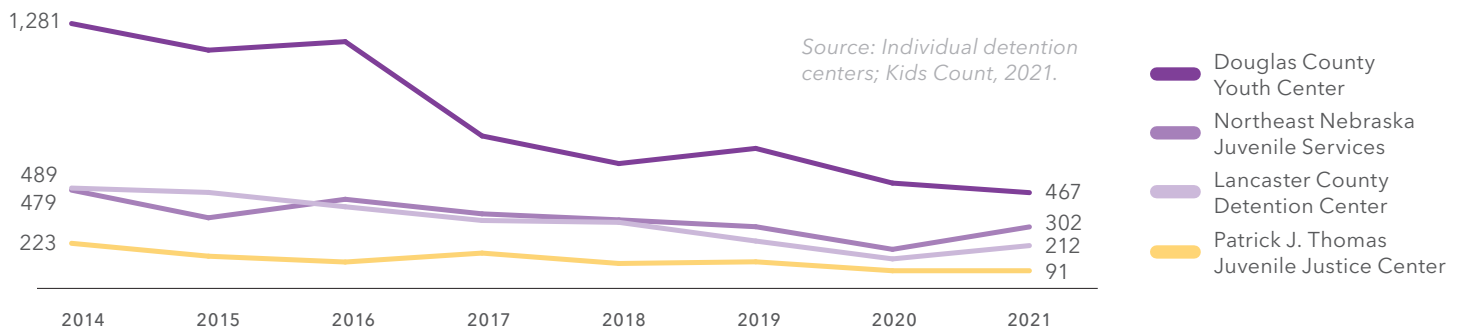


YOUTH HELD IN JUVENILE DETENTION FACILITIES* (2021)

	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)	
	#	%	#	%	#	%	#	%
GENDER								
MALE	142	67.0%	199	65.9%	348	74.5%	71	78.0%
FEMALE	70	33.0%	103	34.1%	119	25.5%	20	22.0%
RACE/ETHNICITY								
AMERICAN INDIAN/ ALASKA NATIVE	24	11.3%	27	8.9%	3	0.6%	4	3.3%
ASIAN/PACIFIC ISLANDER	3	1.4%	2	0.7%	18	3.9%	0	0%
BLACK/AFRICAN AMERICAN	60	28.3%	28	9.3%	255	54.6%	12	10.2%
HISPANIC	36	17.0%	89	29.5%	71	15.2%	18	15.3%
OTHER	3	1.4%	0	0%	2	0.4%	11	9.3%
WHITE, NON-HISPANIC	86	40.6%	156	51.7%	118	25.3%	64	61.9%
AGE**								
12 & UNDER	0	0%	0	0%	7	1.5%	0	0%
13-14	26	12.3%	62	20.5%	77	16.5%	20	22.0%
15-16	98	46.2%	124	41.1%	223	47.8%	39	42.9%
17+	88	41.5%	116	38.4%	160	34.3%	32	35.2%
TIMES DETAINED								
1	114	73.1%	182	78.8%	364	77.9%	71	78.0%
2	29	18.6%	31	13.4%	75	16.1%	18	19.8%
3+	13	8.3%	18	7.8%	28	6.0%	2	2.2%
TOTAL COUNT	212		302		467		91	
SECURE ADMISSIONS	212		136		467		0	
STAFF SECURE ADMISSIONS	0		166		0		91	
AVERAGE DAYS DETAINED	30.2 DAYS		23.0 DAYS		33.4 DAYS		27 DAYS	

Source: Individual detention centers.

JUVENILE DETENTION ADMISSIONS (2014-2021)



*Includes secure and staff secure detention.

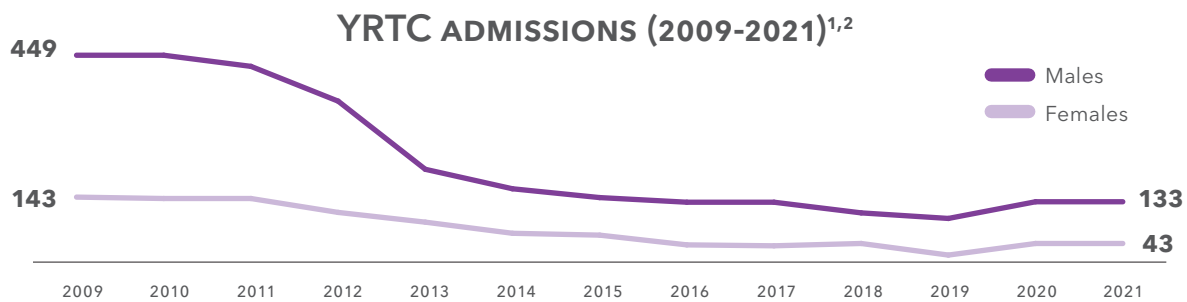
** For Lancaster County Detention Center and Douglas County Youth Center if the same youth is admitted under different ages during the year, they will count under each age group.



YRTC & ROOM CONFINEMENT

YOUTH REHABILITATION AND TREATMENT CENTERS (YRTCS) SFY 2020/21¹

	GENEVA	HASTINGS	LINCOLN	KEARNEY
NUMBER ADMITTED FOR TREATMENT	1 YOUTH	1 YOUTH, 13 TRANSFERS	6 YOUTH	84 YOUTH
AVERAGE DAILY POPULATION	3 YOUTH	9 YOUTH	8 YOUTH	58 YOUTH
AVERAGE LENGTH OF STAY	1.2 MONTHS	-	3.6 MONTHS	9.7 MONTHS
AVERAGE AGE AT ADMISSION	17 YEARS	16 YEARS	17 YEARS	17 YEARS
AVERAGE PER DIEM COST PER YOUTH	-	-	\$1,276.41	\$691.45
% RETURN TO FACILITY IN 12 MONTHS	-	16.7%	0%	12.0%



ROOM CONFINEMENT BY REPORTED REASON (SFY 2020/21)³

	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	106	21	123	43.4%	1.9%	55.7%	1,413	DANGER TO OTHERS (26.0%)
YRTC - KEARNEY	351	83	8.1	53.9%	16.0%	29.9%	98	DANGER TO STAFF (44.0%)
YRTC - LINCOLN	98	20	14.3	60.2%	8.2%	30.6%	92	DANGER TO STAFF (50.0%)
DOUGLAS COUNTY YOUTH CENTER	263	122	80.2	7.6%	3.8%	88.6%	173	FIGHTING (56.0%)
LANCASTER COUNTY YOUTH SERVICES CENTER	887	76	1.7	93.5%	4.5%	2.0%	14	TIED: STAFFING AND DANGER TO STAFF (35.0%)
NORTHEAST NEBRASKA JUVENILE SERVICES	43	27	7.9	60.5%	25.6%	14.0%	96.5	DANGER TO OTHERS (72.0%)
PATRICK J. THOMAS JUVENILE JUSTICE CENTER	29	12	2.9	79.3%	17.2%	3.4%	8.5	DANGER TO OTHERS (79.0%)

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."⁴ 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.⁴

1. Office of Juvenile Services, Annual Legislative Report SFY 2021.

2. Youth Treatment System Briefing to the Juvenile Services and Nebraska Coalition for Juvenile Justice; Kids Count, 2021.

3. Juvenile Room Confinement in Nebraska, 2020-2021 Annual Report, Inspector General of Child Welfare..

4. 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.

YOUTH TREATED AS ADULTS



In 2021, **232 youth** cases were prosecuted in Nebraska adult courts, down from **2,019** in 2014.¹

Of the **232 youth** cases prosecuted in adult criminal court in 2021, **21.1%** were traffic cases, **43.1%** were misdemeanor cases, and **35.8%** were felony cases.¹

A MOTION TO TRANSFER FROM JUVENILE COURT TO ADULT COURT WAS REQUESTED IN **32 CASES** AND GRANTED IN **1**.¹

ADULT COURT HAD **93** MOTIONS TO TRANSFER TO JUVENILE COURT FILED, AND **72** CASES TRANSFERRED TO JUVENILE COURT.¹

YOUTH CASES TRIED IN ADULT COURT (2021)¹

	YOUTH CASES PROSECUTED IN ADULT COURT		SENTENCED TO PROBATION		SENTENCED TO JAIL		SENTENCED TO PRISON	
MALE	174	75.0%	97	68.8%	31	72.1%	46	95.8%
FEMALE	52	22.4%	43	30.5%	8	18.6%	1	2.1%
UNKNOWN	6	2.6%	1	0.7%	4	9.3%	1	2.1%
11 TO 13	0	0%	0	0%	0	0%	0	0%
14 TO 15	24	10.3%	12	8.5%	3	7.0%	9	18.8%
16	65	28.0%	46	32.6%	5	11.6%	14	29.2%
17	143	61.6%	83	58.9%	35	81.4%	25	52.1%
AMERICAN INDIAN	2	0.9%	0	0%	1	2.3%	1	2.1%
ASIAN/PACIFIC ISLANDER	2	0.9%	1	0.7%	1	2.3%	0	0%
BLACK/AFRICAN AMERICAN	52	22.4%	21	14.9%	14	32.6%	17	35.4%
HISPANIC	55	23.7%	36	25.5%	8	18.6%	11	22.9%
UNKNOWN/OTHER	27	11.6%	15	10.6%	7	16.3%	5	10.4%
WHITE/NON-HISPANIC	94	40.5%	68	48.2%	12	27.9%	14	29.2%
Total	232		141		43		48	

77
MALES

3
FEMALES

YOUTH IN ADULT PRISONS AND JAILS²

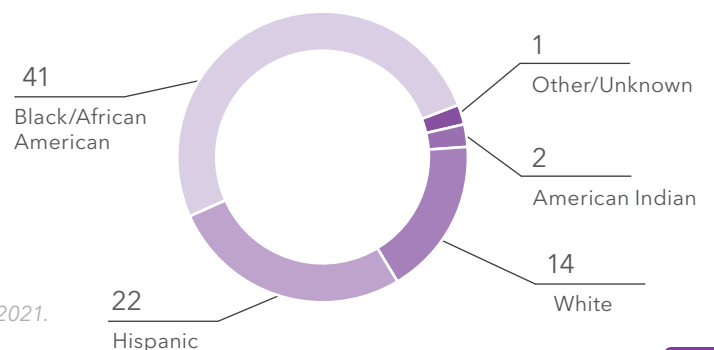
8 YOUTH (18 AND UNDER) WERE HELD IN A NEBRASKA CORRECTIONAL FACILITY FOR SAFEKEEPING REASONS OR WAITING ASSESSMENT.

72 YOUTH WERE SENTENCED TO A NEBRASKA PRISON.

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.

YOUTH INCARCERATED IN CORRECTIONAL FACILITIES BY RACE/ETHNICITY (2021)²



1. Nebraska Judicial Branch, Juvenile Justice System Statistical Annual Report 2021.
2. 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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