

**NEBRASKA STATE PLAN  
FOR THE  
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)  
PROGRAM**

**Effective October 1, 2003**

**PURPOSE**

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) requires that a state plan be submitted to the Secretary of Health and Human Services. Nebraska is submitting this State Plan to renew its status as an eligible state in order to continue to qualify to receive funding and administer the Temporary Assistance for Needy Families (TANF) program.

**GOALS**

*Employment First* is the name of Nebraska's welfare reform program. The primary purpose of *Employment First* is to provide temporary, transitional support for Nebraska families so that the provision of training, education and employment preparation will assist them in attaining their maximum level of economic independence possible within two years. Nebraska is dedicated to improving the standard of living and quality of life for each family living in the State. We will accomplish this by promoting personal responsibility and empowering parents to support their families.

**POPULATION SERVED**

Nebraska will continue to serve families who are Nebraska residents and:

- Are composed of either one or two parents; or
- Specified relative(s), conservator, or guardian; and
- Who are expecting their first child to be born within the next 90 days; or
- Who care for children under the age of 18; or
- Up to age 19 if still in secondary school or equivalent level of vocational school, or participating in *Employment First* after dropping out of school; and
- Whose family's income and resources meet the current means tests.

Nebraska will continue to serve families moving to Nebraska under the same program regulations as are applied to other Nebraska families.

Nebraska will continue to serve qualified aliens as defined in section 431 of PRWORA, as amended, under the same program regulations as are applied to other Nebraska families. Funding for assistance provided to qualified aliens who enter the country on or after August 22, 1996, and who are not eligible to receive Federal benefits because of the time limitations, will be from state only sources for the first five years.

## **OUT OF WEDLOCK BIRTHS**

The Nebraska Department of Health and Human Services, the Nebraska Department of Education, the Governor's Urban Indian Affairs Office; the Mexican American Commission; the Nebraska Crime Commission (Office of Juvenile Justice); the University of Nebraska Lincoln Cooperative Extension; the University of Nebraska Lincoln Center on Children, Families and the Law; and the Women's Commission have formed the Nebraska Adolescent Pregnancy Network. The goal of the network is to decrease adolescent pregnancy in Nebraska by consolidating efforts and increasing the collaboration of state programs forming a unified focus addressing the needs of pregnant and parenting teens and increase public awareness.

Refer to Attachment A for Family Planning Goals and Objectives for 2010. Refer to Attachment B for Family Planning Goals and Objectives for 2010 Table.

## **STATE RAPE EDUCATION PROGRAM**

The Nebraska Law Enforcement Training Center, the Nebraska State Patrol, and Omaha Police Department are the three entities responsible for providing training to Nebraska's law enforcement officials on the problem of statutory rape. In addition the NDHHS contracts with the Nebraska Domestic Violence Sexual Assault Coalition to provide training and technical assistance to local rape crisis centers as well as local police departments upon request regarding statutory rape.

Nebraska Revised Statutes 28-317 to 321, Crimes and Punishments, does not distinguish between genders. The State Rape Education Program serves all genders equally without distinction. The educational services provided are the same for both genders statewide.

## **ELIGIBILITY FOR TANF**

Nebraska's TANF cash assistance program is called Aid to Dependent Children (ADC). Eligibility is limited to needy families with dependent children or parent(s) with an unborn child. A needy family is defined as a family consisting of children who are living in the home of a relative, guardian, or conservator, unless removed from that home by judicial determination and whose income and resources are below the standards which are applied on a Statewide basis.

Usually the child shares the same household with the parent, relative, guardian or conservator. However, a home is considered to exist as long as the parent or relative exercise responsibility for the care and control of the child, even though circumstances may require the temporary absence of either from the customary family setting. Allowable absences include:

1. A child receiving medical care or education which requires the child to live away from the home.
2. A child out of the home for a visit not to exceed three months.
3. Emergency situations that deprive the child of a parent, relative, guardian, or conservator's care (may not continue beyond three months except in case of extended hospitalization).

If the child is living with a relative, the relative must be a father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, second cousin, nephew, or niece. These relatives may be half blood, related by adoption, or from a preceding generation. A child may also live with the spouse of any persons previously named even after death or divorce has terminated the marriage. The child may also live with a court appointed guardian or conservator.

The parent or needy caretaker relative, guardian or conservator may be included in the ADC financial payment. To be eligible they shall:

1. Assign support rights to the Nebraska Department of Health and Human Services (NDHHS);
2. Cooperate with the Child Support Enforcement Unit;
3. Live with the child in a place or residence they maintain;
4. Be in need, as determined by assistance requirements and standards;
5. Comply with *Employment First* requirements;
6. Not be eligible to receive Aid to the Aged, Blind and Disabled (AABD) medical assistance program.

If there is more than one child in the household of a non-relative, all children for whom assistance is requested must be included in a single grant unit and budgeted accordingly.

Deprivation of parental support or care is not an eligibility requirement. Unmarried parents living together as a family shall be considered a family unit when paternity for the child(ren) has been acknowledged or established. When unmarried parents are living as a family and one parent is ineligible, the ineligible parent and his/her child(ren) are not included in the ADC unit. If otherwise financially eligible, the other parent and his/her children may continue to receive ADC cash assistance.

Eligibility for ADC cash assistance must be redetermined every 12 months. A family will be eligible for financial assistance and services if:

1. The family's countable income is under the standards in effect on July 1, 2003, adjusted biennially using the Consumer Price Index (CPI) for the previous two years; and
2. Countable resources do not exceed \$4,000 for a single individual and \$6,000 for two or more.

Any person convicted in federal or state court of having fraudulently misrepresented his/her residence in order to obtain assistance in two or more states is ineligible for assistance for 10 years from the date of conviction.

An individual is ineligible for assistance during any period in which the individual is:

1. Fleeing to avoid prosecution or custody or confinement after conviction for a crime or attempt to commit a crime that is a felony under the law of the place from which the individual is fleeing; or
2. Violating a condition of federal or state probation or parole.

An individual who commits any offense after August 22, 1996, which is classified as a felony and which has as an element the possession, use, or distribution of a controlled substance and is convicted under federal or state law after August 22, 1996, is permanently ineligible for ADC cash assistance.

### **CONFIDENTIALITY**

All information regarding families will remain confidential and available only for the purposes of the effective administration of the program and to other federal or state agencies as appropriate. All employees will be trained in the need to maintain the confidentiality of information.

### **APPEALS/MEDIATION**

The participant has the right to appeal to the Director of the Nebraska Department of Health and Human Services for a hearing on any action or inaction with regard to services or assistance. The appeal must be filed in writing within 90 days of the action or inaction. Appeals filed within 10 days of the notice of action will stay the action until the final decision is reached.

*Employment First* participants have the right to independent mediation when the Department has determined that the participant has not complied with the terms of the Self-Sufficiency Contract or the participant contends that the Department has not fulfilled its terms of the Self-Sufficiency Contract.

### **BENEFITS**

The maximum amount of ADC financial assistance provided will be \$222 for the first person and \$71 for each additional person included in the unit. The amount of the ADC cash payment to the household is determined by completing the following steps:

1. Total gross countable earned income;
2. Subtract 20 percent of earned income;
3. Subtract child care paid out-of-pocket;
4. Subtract the remaining earned income from the appropriate Standard of Need (\$417 for the first person and an additional \$97 for each additional person.)
5. Compare the result of step 4 to the appropriate payment standard;
6. Show the lower of the payment standard or the difference from step 4;
7. Subtract unearned income from the amount shown in step 6;
8. The result of step 7 is the amount of the grant.

No additional cash benefit will be issued to a family for a child born more than 10 calendar months after the date of the application. Exceptions to the family cap include:

1. A child conceived as a result of incest or sexual assault;
2. First born children of minors.

In cases that include an able-bodied adult or minor parent, ADC cash assistance will be limited to a total of 24 months within a continuous 48-month period. Once the 48-month period has expired, the family may be eligible for another 24 months of ADC cash assistance within a new 48-month period. In cases where the minor parent(s), age 18 or under, has not completed high school or it's equivalent and is attending secondary school or GED classes on a full time basis, the ADC cash assistance will not be subject to the state time limit.

In cases that include an adult or minor parent, the family will also be subject to the federal 60-month lifetime limit on receipt of ADC cash assistance for those months in which the ADC cash payment includes federal TANF funds.

Medicaid coverage will be available to all family members receiving ADC cash assistance. An ADC unit may receive up to 12 months of transitional Medicaid if:

1. The family loses eligibility for ADC cash assistance due to increased earnings or increased hours of employment;
2. The unit received an ADC cash payment for which they were eligible in three of the last six months preceding ineligibility; and
3. An adult in the unit is employed.

Child care assistance is available at no cost to families receiving ADC cash assistance or whose gross earned and unearned income is at or below 100 percent of the Federal Poverty Level. Families whose incomes are above the current income standard for the full child care subsidy may be eligible for a partial child care subsidy if their gross earned and unearned income is at or below 120 percent of the Federal Poverty Level. Eligible families cannot be required to pay more than 20 percent of their gross income towards the cost of child care.

Transitional child care must be provided for 24 consecutive months if:

1. The family loses eligibility for ADC cash assistance as a result of increased earnings or increased hours of employment;
2. The family received an ADC cash payment for which they were eligible in three of the last six months preceding ineligibility;
3. The family provides the financial information necessary to determine eligibility and the amount of the fee;
4. The child care is necessary to allow the parent to accept or retain employment; and
5. The family's gross earned and unearned income is equal to or less than 185 percent of the Federal Poverty Level.

## **SANCTIONS**

Non-cooperation with the program requirements will result in the following sanctions:

1. Cash assistance will be reduced by \$50 for each dependent child who fails to attend school if the student's parent has not taken reasonable steps to encourage the child to remain in school.
2. Non-cooperation with Child Support Enforcement will result in a 25 percent reduction in the ADC cash payment and the removal of the sanctioned individual's needs from the medical unit.
3. Non-cooperation with obtaining available cost-effective health insurance will result in the removal of the individual's needs from the medical unit.
4. Non-cooperation with obtaining third party medical payments will result in the removal of the individual's needs from the ADC and the medical unit.
5. Refusal to apply for potential income will result in the suspension or closure of the case.
6. Failure of the needy caretaker relative, guardian, or conservator to participate in the *Employment First* program results in the removal of the individual's needs from the ADC and the medical unit.
7. Failure of a dependent child age 16, 17, or 18 to attend school without participating in any other *Employment First* approved work activity results in removal of the child's needs from the ADC unit.
8. If parent(s) fails to participate in the *Employment First* program, the result is the loss of ADC cash assistance for the entire family as well as removal of the adult(s) from the medical unit. Length of this sanction is:
  - a. The first sanction lasts one month or until the failure to cooperate ceases, whichever is longer.
  - b. The second sanction lasts for three months or until the failure to cooperate ceases, whichever is longer.
  - c. The third and subsequent sanctions last for twelve months or the remainder of the 48-month period, whichever is shorter.

### **EMPLOYMENT FIRST PARTICIPATION**

All ADC adults and minor parents will be mandatory to participate in the *Employment First* program unless they qualify for one of the exemptions listed under the Separate State Program for Exempt Families. Minor parents will be required to attend educational activities on a full-time basis if they have not completed high school or its equivalent.

Dependent children age 15 or younger (including an emancipated minor) and dependent children who are full time students age 16, 17, or 18 and regularly attending an elementary, secondary, or vocational or technical school are not mandatory to participate in the *Employment First* program.

### **ASSESSMENTS/CONTRACTS**

An assessment will be completed with each participant. The purpose of the assessment is to gather and organize information about the participant's skills, aptitudes, strengths, interests, family circumstances, prior work experience, and employability. The assessment is an ongoing process. Reassessment occurs when a participant's circumstances change,

and when he/she is not able to continue forward movement in his/her Self-Sufficiency Contract activities, or at any time the case manager and/or the participant determines it is necessary.

Based on the results of the assessment, an individualized Self-Sufficiency Contract, including an Employment Plan and Service Plan(s), will be developed. The Contract will stress urgent action toward economic independence. It will outline and define both the Department's responsibility and the family's responsibility. The Contract will be used as a flexible tool. If the client is not achieving progress in his/her Contract, it will be evaluated and changed accordingly.

### **WORK ACTIVITIES**

Nebraska's approved work activities include:

1. Job Search
2. Education - High School, GED, ESL, ABE
3. Post Secondary Education
4. Job Skills Training
5. Job Readiness
6. Apprenticeship
7. Microbusiness Enterprise
8. Work Experience
9. On-the-Job Training
10. Employment

### **SUPPORTIVE SERVICES**

Supportive services will be provided to the extent determined necessary to permit the individual to participate in any *Employment First* approved work activity, including related administrative activities, if no other source is available. Case management and necessary supportive services may be provided for the duration of the client's participation in all *Employment First* approved work activities and, if needed, after the loss of eligibility for ADC cash assistance due to earned income. Extended EF supportive can be provided for up to three months for all approved work activities included in their Self-Sufficiency Contract; and transitional EF supportive services can be provided for up to six months if the supportive services are determined as necessary and critical for job maintenance and/or job retention.

The supportive services include, but are not limited to: Transportation, education/training related expenses, relocation assistance, work related expenses, and health-related services.

### **SEPARATE STATE PROGRAM FOR TWO-PARENT FAMILIES**

Nebraska has implemented a separate state program for two-parent families receiving ADC cash assistance. To allow for more flexibility in serving these families, this program is not funded with federal TANF funds. This separate state program took effect October 1, 1999.

The State provides short-term targeted services and work activities to these families to assist them in achieving economic independence. The regulations of the federal TANF program do not count many of these services and activities towards the work participation requirements. These services and work activities are necessary because this population comprises a small fraction (8 percent) of all Nebraska families on assistance, and two-parent families typically are:

- On ADC cash assistance for much shorter periods of time;
- Employed much sooner; and
- No longer eligible for ADC cash assistance if one person works more than 35 hours per week at minimum wage.

In addition, Nebraska will continue to expect all families, including all two-parent families, receiving ADC cash assistance with an able-bodied adult(s) or minor parent(s) to meet the defined work participation requirements. Nebraska will continue to report on all TANF families and separate state funded families in the quarterly TANF data report (ACF-199) as required.

#### **SEPARATE STATE PROGRAM FOR EXEMPT FAMILIES**

Nebraska has implemented a separate state program for single-parent families receiving ADC cash assistance where the adult or minor parent qualifies for one of the specified exemptions. To allow for more flexibility in serving these families, this program is not funded with federal TANF funds. This separate state program took effect July 1, 2003.

This separate state program allows Nebraska to exempt from the work participation requirements and state and federal time limits those single-parent families where the adult or minor parent is incapacitated with a medically determinable physical, mental or emotional impairment or who has significant barriers to participation in approved work activities. Nebraska will provide the services necessary to help these individuals overcome and/or remove the barriers preventing them from effectively engaging in approved work activities and attaining the maximum level of economic independence possible for their families through work.

The following individuals are exempt from participating in *Employment First* approved work activities and are also exempt from the state and the federal time limits for the length of time they qualify for the exemption:

1. A person who: a) has an illness or injury serious enough to temporarily prevent entry into employment or training; b) is incapacitated with a medically determinable physical or mental impairment which, by itself or in conjunction with age, prevents the individual from engaging in employment or training and which is expected to exist for a continuous period of at least three months.
2. A person age 60 or older.
3. A person who is needed in the home on a continuous basis because of the illness or incapacity of another household member and no other appropriate member of the household is available to provide the needed care.

4. A parent or needy caretaker relative, guardian or conservator of a child under the age of 12 weeks.
5. A pregnant woman beginning with the third trimester.
6. An individual who lives in a location that is so remote from an *Employment First* program or approved work activity that effective participation is not possible (Individuals who qualify for this exemption remain subject to the state time limit).
7. An individual who is participating in AmeriCorps and who would have been eligible for ADC cash assistance at the time he/she entered AmeriCorps (Individuals who qualify for this exemption remain subject to the state time limit).
8. A victim of domestic violence and where participation in the *Employment First* Program would make it more difficult for the individual to escape violence, or unfairly penalize the individual, or would put the individual at risk of further domestic violence.
9. A single custodial parent who is unable to participate because s/he cannot obtain child care for his/her child age five or younger for one or more of the following reasons:
  - a. Unavailability of appropriate child care within a reasonable distance from the client's home or work site;
  - b. Unavailability or unsuitability of informal child care by a relative or under other arrangements; or
  - c. Unavailability of appropriate and affordable formal child care arrangements.(Individuals qualifying for this exemption remain subject to the state time limit)

Two-parent families are allowed the same exemptions as are single-parent families, but will remain in the Separate State Program for Two-Parent Families. If both parents in a two-parent family qualify for an exemption the family will be exempt from the state time limit for the length of time they qualify for the exemption.

In addition, Nebraska will continue to expect all families receiving ADC cash assistance with an employable adult or minor parent to meet the defined work participation requirements. Nebraska will continue to report on all TANF families and separate state funded families in the quarterly TANF data report (ACF-199) as required.

## **TRIBAL SUPPORT**

Nebraska is home to four recognized Native American Tribes. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) gives these Tribes, for the first time in history, the opportunity to play an active role in developing the services that will be provided to their membership and others who are moving toward employment.

The three land based Tribes have an opportunity to provide any combination of component activities that they feel would best meet the needs of their membership under the federally funded Native Employment Works (NEW) program which is designed to fund the services needed on the reservations to help individuals prepare for, seek and maintain employment.

Tribal members who reside on a reservation and receive ADC cash assistance through the State's TANF program are subject to *Employment First* requirements.

The Tribes also have the opportunity to develop and operate any component of the basic economic assistance programs available to their membership and other residents. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) outlines the process that is to be followed in providing federal funding and technical assistance so that the tribes can make an informed decision as to which, if any, programs they will operate. State funding is also available to meet the legislative intent of the original appropriation for those programs. Any services provided and consequent expenditures made under a federally approved Tribal TANF Plan shall be accepted and considered appropriate activities under and accepted as part of Nebraska's State Plan.

To support this tribal opportunity we have conducted general tribal meetings, followed by a series of individual tribal meetings to ensure that the necessary technical assistance is available. This has been done both independently and in conjunction with a federally supported native consulting group, Oklahomans for Indian Opportunity, who are helping tribes evaluate their options under this Act.

#### **NEBRASKA'S MAINTENANCE-OF-EFFORT QUALIFYING EXPENDITURES**

To receive full federal TANF funding, Nebraska must have qualifying state expenditures to meet at least 75% of the 1995 level of expenditures. Nebraska's Maintenance-Of-Effort is \$30,538,068 (\$28,629,439 at the 75% level).

The following are Nebraska's qualifying state expenditures for its MOE:

1. *Cash assistance:*

Nebraska's Aid to Dependent Children (ADC) program provides cash assistance to low-income families with minor children to help to meet basic needs. Eligibility is based on the same criteria for TANF cash assistance as found on pages 2 - 5, ELIGIBILITY FOR TANF.

2. *Emergency assistance:*

Nebraska's Emergency Assistance (EA) program provides financial assistance for families with minor children who are threatened by unforeseen crises, such as, catastrophic illness where services are not covered by Medicaid, shutoff by utility companies, imminent eviction from a family home, emergency non-food items, emergency telephone installation, emergency special diets, or emergency food. General eligibility requirements include:

- a. The child is age 18 or younger (a pregnant woman with no other children may be eligible);
- b. The child is currently living with one or both parents, or, within six months before the month in which assistance is required, was living with a specified relative or a legally appointed guardian or conservator in a place of residence maintained as their own home;
- c. The household is without income and resources immediately accessible to meet the needs that are caused by the emergency situation;
- d. The child meets requirements of citizenship or permanent resident alien status;
- e. The destitution or need did not arise because the child (if age 16 or older and not in school) or the relative responsible for support and care refused without good cause to accept employment or training for employment or quit a job without good cause. However, if the child or family member refused without good cause, but the emergency was not caused by this action, the family is still eligible for EA;
- f. The household meets relevant income eligibility requirements. The family's gross monthly income must not exceed 185 percent of the ADC payment standard for the family size. The ADC payment standard is \$222 for the first person and \$71 for each additional person included in the household.

3. *Employment assistance:*

Nebraska's *Employment First* (EF) program provides education, training, and employment preparation activities, supportive services along with other programs and services to recipients of ADC cash assistance. The *Employment First* program is designed to move families, who are receiving ADC cash assistance, quickly into employment so that they may become economically independent. To be eligible, *Employment First* participants must be receiving ADC cash assistance. To be eligible for *Employment First* extended or transitional supportive services, participants must have received ADC cash assistance within the last three and six months respectfully before losing eligibility for ADC cash assistance due to earned income.

4. *Administrative expenses:*

Nebraska expends funds to administer Nebraska's assistance programs. These administrative costs support staff and necessary overhead. These qualifying state expenditures are developed through our Cost Allocation plan.

5. *Information systems expenses:*

Nebraska expends funds to provide information systems to provide needed information to staff regarding eligibility, client activities, payments and services for families receiving assistance. These qualifying state expenditures are developed through our Cost Allocation plan.

6. *Child care assistance:*

Nebraska's Child Care Assistance program subsidizes child care costs for eligible families. Child care assistance is available at no cost to families receiving ADC cash assistance or whose gross earned and unearned income is at or below the 100 percent of the Federal Poverty Level. Families whose incomes are above the current income standard for the full child care subsidy may be eligible for a partial child care subsidy if their gross earned and unearned income is at or below 120 percent of the Federal Poverty Level. Families must also show a need for receiving a child care subsidy, such as, but not limited to, job search, employment, education, training, incapacitated parent, and need to obtain medical care.

## **CULTURE CHANGE**

Nebraska's Department of Health and Human Services has transitioned from a service delivery system by income maintenance staff to a service coordination philosophy using case management staff.

The change in the way our services are being delivered from a hierarchical organization to a high performance organization affects the interaction we have with clients as well as the expectations for participation from our clients. It places our staff in the position of being able to present the changes in the welfare system as being positive and helping the clients to accept and use the changes to their best opportunity.

## **COMPENDIUM OF PERFORMANCE MEASUREMENT ACTIVITIES**

1. All outcome (goal, result) statements currently developed.

### *Employment First Vision:*

People receiving temporary welfare assistance will overcome poverty by achieving an optimal level of sustained employment; successful employment will be supported by an integrated, multifaceted service delivery system that is family focused, easily accessed, highly responsive, and tailored to individual need and circumstance.

### *Employment First Philosophical Underpinnings:*

- *Employment First* benefits and services should be temporary for most clients and designed to assist clients to transition to employment.
- *Employment First* policies, procedures and processes should support the values of work, family, opportunity and personal responsibility.
- *Employment First* services should be family centered, recognizing that the client is the decision-maker within program parameters.
- The strengths of clients and communities should serve as the foundation of *Employment First* self-sufficiency plans. Empowerment of clients should be the goal.
- *Employment First* should be based on a partnership among Health and Human Services staff, clients and the community.
- Personnel of all levels should have an understanding of and commitment to the collaborative process.

- *Employment First* services should enhance the dignity of clients and reinforce the personal responsibility of clients.

*Employment First Philosophy:*

Inherent within the philosophical beliefs of the *Employment First* program are the core values that most individuals are capable of being economically independent and have a personal responsibility to support their children; that work provides financial and emotional rewards; that public assistance is a temporary measure; and that the Department along with the families will work in partnership to meet the families goal of achieving their highest level of economic independence.

*Employment First Goal:*

The primary purpose of *Employment First* is to provide temporary, transitional support for Nebraska families so that the provision of training, education and employment preparation will assist them in attaining their maximum level of economic independence possible within two years. Nebraska is dedicated to improving the standard of living and quality of life for each family living in the State that has had to turn to public assistance to help support their family in times of need. We will accomplish this by promoting personal responsibility and empowering parents to support their families.

*Employment First Objective:*

To provide the programs and services necessary to help clients get higher paying jobs with benefits; increase their opportunities; develop their job advancement capabilities; improve the quality of life for their families; reduce family stress; to be more successful at parenting and building healthy families; integrate with their communities; increase the rate of school completion for their children; preventing teen pregnancy and increasing the time before second births; and end long term welfare dependency and multigenerational dependency.

2. All performance measures/performance indicators that have been developed to measure each outcome/goal/result.
  - a. Federal data reports (i.e. caseload reduction, participation rate – 50% of entire caseload must be participating at least 30 hours per week, entered employment rate, job retention rate, reasons for case closure, earnings gain, teen birth rate, etc.). Only federal standard established is for participation rate.
  - b. Federal High Performance Bonus measurements (achievement and improvement in the job entry rate, job retention rate and earnings gain). No federal standard established.
  - c. Federal MOE report.
  - d. Federal TANF expenditure report.
3. All performance measures/performance indicators that have been developed even in the absence of outcomes/goals/results.

- a. Contractor's reports on various performance standards achievements.
- b. Nebraska Adolescent Pregnancy Network's Goals and Objectives report.
- c. Welfare in Nebraska report.
- d. Institute for Social and Economic Development 1997 evaluation of the Employment First program (two reports).
- e. American Institute for Full Employment 2000 evaluation of the Employment First program.
- f. Mathematica Policy Research, Inc. 1999 report on implementing welfare reform in Nebraska.
- g. Mathematica Policy Research, Inc. 2001 evaluation of the Employment First program (two phases).
- h. Mathematica Policy Research, Inc. 2002 evaluation on the Employment First program's preparation of clients for work and addressing their obstacles.
- i. Mathematica Policy Research, Inc. 2002 evaluation of employment experiences and challenges among urban and rural welfare clients in Nebraska, opportunities for improving the Employment First program.
- j. Mathematica Policy Research, Inc. evaluation of Employment First rural welfare-to-work strategies (current).
- k. Welfare Peer Technical Assistance Network.
- l. TANF Annual Report to Congress.
- m. Multitudes of reports and surveys using Nebraska data conducted by major research groups with on many facts of the welfare reform law, it's implementation and affects on families and children.
- m. Special run reports on recidivism, welfare recycling, long term receipt, cost per client, demographics of cases, contract costs, educational attainment, caseload trends, budget expenditures, types of expenditures, average length of time on welfare, etc.

#### **CERTIFICATIONS AND ASSURANCES**

- Nebraska will operate a statewide program which provides temporary financial assistance for needy families with minor children and a mandatory work program known as the *Employment First* Program.
- Nebraska will operate a Child Support Enforcement Program as outlined under the State Plan approved under Part D.
- Nebraska will operate a Foster Care and Adoption Assistance program under the State Plan approved under part E and the State will take such actions as are necessary to ensure that children receiving assistance under such part are eligible for medical assistance under the State plan under Title XIX.
- Nebraska will operate these programs under the administrative direction of the Nebraska Department of Health and Human Services.
- Nebraskans were provided the opportunity to review and inspect this State Plan and submit comments during a 45-day public comment period prior to the submission of this State Plan. Comments were accepted by written or electronic mailings during the time period of November 3 through December 17, 2003.
- Nebraska will serve all political subdivisions in the State fairly and equitably.

- Nebraska is committed to the continued recognition of the sovereignty of the Indian Nations and we will provide each member of an Indian Tribe, who is domiciled within Nebraska and is not eligible for assistance under a Tribal family assistance plan approved under section 412, with equitable access to assistance under this Plan.
- Nebraska has established and is enforcing standards and procedures to ensure against program fraud and abuse, including standards and procedures concerning nepotism, conflicts of interest among individuals responsible for the administration and supervision of the State program, kickbacks and the use of political patronage.
- Nebraska will continue to offer services, where appropriate, to those who are victims of domestic violence and has taken every step possible to insure that the programs administered by the State do not place individuals at further risk of such violent behavior, sexual abuse or extreme cruelty. Nebraska will:
  - Screen and identify individuals receiving ADC cash assistance under this part with a history of domestic violence, sexual abuse or being subject to extreme cruelty while maintaining the confidentiality of those individuals;
  - Refer such individuals to counseling and appropriate services;
  - Waive the work program requirements and time limits (for up to six month or longer, if necessary), child support cooperation requirements, and family cap provisions (in case of incest or sexual assault) in cases where compliance with such requirements would make it more difficult for individuals receiving ADC cash assistance under this part to escape domestic violence, be unfairly penalized, or put at greater risk of further domestic violence.

Nebraska assures that the following provisions of law will apply to programs and activities funded under this program:

The Age Discrimination Act of 1975  
 Section 504 of the Rehabilitation Act of 1973  
 The Americans with Disabilities Act of 1990  
 Title VI of the Civil Rights Act of 1964

Nebraska shall make available to the public a copy this State Plan. The State Plan will be posted on the Nebraska Health and Human Services web site. Those who do not have internet access can receive an electronic copy or a hardcopy of the State Plan by calling toll free or writing the Nebraska Department of Health and Human Services, Office of Economic and Family Support.

Certified by the Chief Executive Officer of the State of Nebraska.

---

Date

---

The Honorable Mike Johanns, Governor  
 State of Nebraska

## **Attachment A**

## **Nebraska 2010 Health Goals and Objectives**

### **Family Planning**

#### Key Findings

- Unplanned pregnancy rates in the United States have declined in recent years, probably as a result of higher contraceptive usage rates and use of more effective contraceptive methods. However, the proportion of pregnancies that are unintended is still quite high.
- In the 1999 BRFSS, Nebraska women aged 18 through 44 years who were currently pregnant or had been pregnant within the last five years were asked how they felt about becoming pregnant just before their last or current pregnancy. Based on their responses, more than one-third (37 percent) of these pregnancies were unintended.
- Young mothers (aged 18 through 24) at the time of the survey were much more likely than older mothers in Nebraska to say their last or current pregnancy was unintended (59 percent vs. 22 to 23 percent of mothers aged 25 and older).
- The Nebraska teen pregnancy rate has decreased by nearly 38 percent over the past decade. The 1999 rate of 27.5 pregnancies per 1,000 girls aged 15 to 17 years is less than one-half the U.S. rate.
- The 1999 Nebraska teen birth rate was the lowest recorded in the state since 1987 (20.1 births per 1,000 girls aged 15 to 17).
- Declines in the teen birth rate were recorded for all racial/ethnic groups except Hispanic Americans in Nebraska over the last ten years. Although three-fourths of all teen births occurred among white adolescents in 1994-1998, birth rates for 15- to 19-year-olds were nearly three times as high for African American, Native American, and Hispanic American teens as for white adolescents.
- The 1999 Nebraska Youth Risk Behavior Survey found that 62 percent of high school students (both boys and girls) reported that they had never had sexual intercourse. This represents a substantial increase from previous studies (54 percent in 1997 and 53 percent in 1995 and 1993).
- Overall, prevalence of condom usage at last sexual intercourse has changed little among sexually active high school students in Nebraska since 1993. In 1999, 61 percent of students reported using condoms the last time they had intercourse.

#### Healthy People 2010 Goal

The national Healthy People goal for 2010 is to improve pregnancy planning and spacing and prevent unintended pregnancy.

#### Background

Family planning is the process of establishing the preferred number and spacing of one's children, selecting the means to achieve the goals, and effectively using that means. Despite technology that should allow couples to have considerable control over their fertility, about one-half of all pregnancies in the United States are currently unintended.

Family planning efforts can aid in achieving planned, wanted pregnancies and prevent unintended pregnancies. Family planning services provide opportunities for people to receive medical advice and assistance in controlling when pregnancy occurs and for health care providers to offer health education and related medical care.

### Health Impact of Unintended Pregnancy

Consequences of unintended pregnancy can be serious and costly. Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect.

Medically, unintended pregnancies are serious in terms of lost opportunity to prepare for a healthy pregnancy, an increased chance of infant and maternal illness, and the possibility of abortion.

With an unintended pregnancy, the mother is less likely to seek prenatal care in the first three months of pregnancy and is more likely not to obtain prenatal care at all. She is also less likely to breastfeed and more likely to expose the unborn child to harmful substances by smoking or consuming alcohol.

For teenagers who have an unintended pregnancy, the problems are well documented. Teenaged mothers are less likely to get or stay married and less likely to complete high school or college. They are also more likely to require public assistance and to live in poverty than their peers who are not mothers. The infants born to teen mothers, especially those under age 15 years, are more likely to have low birth weight and are at greater risk of neonatal death and sudden infant death syndrome (SIDS). These babies may also be at greater risk of child abuse or neglect, as well as educational and behavioral problems later on in life.

Economic costs of unintended pregnancy are substantial. The cost of pregnancy care for one woman who does not intend to be pregnant, yet is sexually active and uses no contraception, is about \$3,200 annually in a managed care setting.

Estimates of overall cost to U.S. taxpayers for teen childbearing range between \$7 billion and \$15 billion per year, primarily due to higher public assistance costs, increased child welfare, higher criminal justice costs, and lost tax revenues from changes in productivity of teen parents. Unintended births to teenagers cost more than \$1.3 billion in direct health expenditures each year.

Each year, publicly subsidized family planning services prevent an estimated 1.3 million unintended pregnancies. For every dollar spent on these services, \$3 is saved in Medicaid bills for pregnancy-related health care and medical care for newborns.

Some women or couples facing an unintended pregnancy choose to have an induced abortion. Although the numbers of abortions in the United States have declined over the

last fifteen years, approximately one abortion occurs for every three live births in this country each year.

### Pregnancy Prevention

Contraceptive use is the primary determinant of pregnancy and birth rates in the United States. However, no one method of contraception is likely to be consistently and continuously suitable for each woman, man, or couple.

Total abstinence from sexual intercourse is the only foolproof method of contraception. Sterilization, which is the most common form of contraception in the United States, has near-perfect effectiveness and differs from other contraceptive methods because it is usually permanent.

Combination oral contraceptives (“the pill”) are the most frequently used method of reversible contraception in the United States and are used by an estimated 10 million females. Other hormonal contraceptives (in injectable or implant form) and intrauterine devices provide contraception without the need for daily compliance.

Barrier methods, including the condom, the diaphragm, the cervical cap, and the female condom, are more variable in their effectiveness. Condoms can prevent both pregnancy and sexually transmitted diseases, when used consistently and correctly. Other barrier methods may reduce the risk of STD's, but not necessarily prevent them.

Natural family planning methods are based on determining when sexual intercourse can and cannot result in pregnancy. The two methods currently being taught (the ovulation method and the symptothermal method) are much more effective than the rhythm method used in the past. According to the American Academy of Family Physicians, these two methods have been found to be 90 to 98 percent effective when practiced correctly. They have the added advantages of not involving use of medications, devices or chemicals and they are inexpensive.

Other methods, such as spermicides used alone (foams, creams, and jellies) and coitus interruptus (withdrawal), may also be used but their effectiveness in actual use is lower than that for other methods.

### Unintended Pregnancy Rates

Unplanned pregnancy rates in the United States have declined, probably as a result of higher contraceptive usage rates and use of more effective contraceptive methods. The proportion of pregnancies that were unintended decreased from 57 percent in 1987 to 49 percent in 1994.

Still, in 1994, nearly one-half (48 percent) of females aged 15 to 44 reported they had at least one unintended pregnancy in their lifetime and more than one-fourth (28 percent) had one or more unplanned births. Nearly one-third (30 percent) of women in this age group had one or more abortions and 11 percent had both an unintended birth and an abortion.

The 1995 National Survey of Family Growth defined intended pregnancies as those that were wanted at the time of conception (that is, those that happened at the “right” time, later than wanted, or from women answering that they “didn’t care”). All pregnancies ending in induced abortion are considered unwanted pregnancies. This survey found that 51 percent of pregnancies that occurred among women aged 15 through 44 years were intended.

Recent research indicates that women who had a history of adverse childhood experiences were more likely than other women to engage in risky sexual behavior. As a result, these women were at increased risk of unintended pregnancy and infection with sexually transmitted diseases. “Adverse childhood experiences” were defined as: having experienced emotional, physical or sexual abuse; having had a battered mother; or having substance-abusing, mentally ill, or criminal household members.

Unintended pregnancies occur among females of all socioeconomic levels and all marital status and age groups, but females under age 20 years, those who are poor, and African American women are more likely than other females in the United States to become pregnant unintentionally. National data show that more than 7 of every ten pregnancies among African American women are unintended, compared to about 4 of every ten pregnancies among white and Hispanic American females.

In Nebraska, similar data was collected through the BRFSS. In this survey, women aged 18 through 44 who were currently pregnant or had been pregnant within the last five years were asked how they felt about becoming pregnant just before their last or current pregnancy. In Nebraska, nearly two-thirds of the women interviewed (66 percent in 1998 and 63 percent in 1999) reported that their pregnancy was intended.

When responses are categorized by current age group of the mother, differences are evident. Please keep in mind that some of the Nebraska mothers responding may have been as much as five years younger when they experienced the pregnancy to which they were referring. The youngest mothers (currently 18 to 24 years of age) were much more likely than older mothers to say their last or current pregnancy was unintended (59 percent vs. 22 to 23 percent of mothers 25 and older). Nebraska data on unintended pregnancy by race and ethnicity are currently unavailable.

### Healthy People Objective

Objective #9-1 seeks to increase the proportion of pregnancies that are intended to at least 70 percent nationwide and to at least 80 percent in Nebraska by 2010.

### Teen Pregnancy

Nearly 1 million teenage pregnancies occur each year in the United States. About 40 percent of these pregnancies are unintended.

The rate of pregnancy among 15- to 17-year-old girls in the United States was 68 per 1,000 females in this age group in 1996. In Nebraska, there were 1,083 pregnancies among girls

aged 15 to 17 in 1999. The resulting rate (27.5 pregnancies per 1,000) was less than one-half the U.S. rate. (The number of pregnancies includes the number of live births plus the number of fetal deaths plus the number of abortions reported for girls in this age group).

The Nebraska teen pregnancy rate has decreased by nearly 38 percent over the past decade (Figure 31), moving steadily downward from 44.1 pregnancies per 1,000 girls aged 15 to 17 in 1990 to the current rate of 27.5.

The national rate has also declined, but by only about 15 percent during the last ten years. Data from the National Center for Health Statistics indicate pregnancy rates declined in the 1990's across racial/ethnic groups, including non-Hispanic white, African American, and Hispanic teenagers.

In Nebraska, 25.6 percent of the 1,083 pregnancies among 15- to 17-year-old girls ended in abortion in 1999. Nearly three-fourths (73.0 percent) resulted in a live birth and 1.4 percent ended in fetal death.

### Healthy People 2010

Objective #9-7 seeks to decrease the pregnancy rate among girls aged 15 to 17 years to no more than 43 pregnancies per 1,000 girls in this age group nationwide and to no more than 18 pregnancies per 1,000 in Nebraska.

### Teen Births

Data from the National Center for Health Statistics show that the teen birth rate in the United States has declined steadily since the early 1990's. The birth rate for teens aged 15 to 19 years is now at a record low of 49.6 births per 1,000 females in this age bracket in 1999.

Teen birth rates have also been declining in each major racial and ethnic group in the United States. However, the current rates for African American and Hispanic American adolescent girls are still more than double the birth rate for non-Hispanic white teens in 1999.

There were 2,505 births to mothers under age 20 years in Nebraska in 1999. These births comprised 10.5 percent of all births in the state. Among 15- to 17-year-olds, 791 births were recorded for a fertility rate of 20.1 births per 1,000 females in this age group (Figure 32). This rate is the lowest recorded in the state since 1987.

According to *Health Status of Racial and Ethnic Minorities in Nebraska: 2001 Report*, birth rates for girls aged 15 to 19 were down in 1994-1998 compared to the previous five-year period for all racial/ethnic groups in Nebraska except Hispanic Americans. The greatest decreases were recorded for African American (-24 percent) and Native American (-19 percent) teens. Despite these declines, however, fertility rates for African Americans (100.8 births per 1,000 girls aged 15-19) and Native Americans (117.5) were roughly triple

the rate for white teens (34.2). The rate for Hispanic American girls (98.2) was 2.9 times the white rate.

Differences were also apparent in the proportion of all births occurring to teenagers by race and ethnic origin. Although three-fourths of all teen births in Nebraska occurred among white adolescents in 1994-1998, births to teenagers made up a greater percentage of total births for racial/ethnic minority groups. Nearly one-fourth of all births to African Americans (24.1 percent) and Native Americans (24.4 percent) occurred to females under 20 years of age. Among Hispanic Americans, 17.3 percent of births were to adolescents aged 15 to 19. In comparison, only 9.4 percent of white births and 5.4 percent of Asian American births occurred to teenagers.

Most adolescent childbearing occurs outside marriage and this trend has increased substantially over the past twenty years. In 1997, 78 percent of births to adolescent females (under 20 years of age) occurred out of wedlock in the United States, compared to only 44 percent in 1977. A similar pattern is apparent in Nebraska (Figure 33). In 1999, 81.7 percent of teen births were recorded for females who were unmarried at the time, compared to only 43.6 percent in 1980.

#### Time Interval Between Births

Encouraging women of all ages to leave an adequate time interval between pregnancies can help lower the risk of adverse birth outcomes. Recent research indicates that females who wait 18 to 23 months after delivery before conceiving their next child lower their risk of adverse outcomes, such as low birth weight, pre-term births, and small-for-gestational age births.

Nebraska Vital Statistics data show that 23.3 percent of all births in 1999 occurred within 24 months of a previous birth (Table 8). For African Americans (27.0 percent), Native Americans (31.8 percent), and Asian Americans (27.2 percent) in the state, rates were somewhat higher. Nationally, only 11 percent of all births occurred within 24 months of a previous birth, according to the 1995 National Survey of Family Growth. (Differences between state and national rates may be due in part to the data sources used).

For adolescents, bearing a child is associated with poor outcomes for both mother and child. Giving birth to a second child while still a teenager increases these risks. Research has shown that these births are associated with physical and mental health problems for both mother and child. Still, birth data show that teen mothers are about as likely as older mothers to have a second birth within two years of the first birth.

In 1997, nearly one-fifth of all births to teenaged mothers nationwide were second or subsequent births. Of 2,505 births to mothers under age 20 in Nebraska in 1999, 469 were second or subsequent births (18.7 percent).

#### Healthy People 2010 Objective

Objective #9-2 is to reduce the proportion of births that occur within 24 months of a previous birth to no more than 12 percent in Nebraska and to no more than 6 percent nationwide.

### Contraceptive Use

Improper use of contraceptives, or contraceptive failure, or failure to use contraceptives are the main causes of unintended pregnancy in the United States. The small proportion of women who are at risk of unintended pregnancy and who use no method of contraception account for more than one-half of all unintended pregnancies. Reducing the proportion of sexually active persons using no birth control method and increasing the effectiveness with which persons use contraceptives would do much to lower the rate of unintended pregnancy.

The proportion of American females aged 15 to 44 at risk of unintended pregnancy who use any form of contraception rose from 88 percent in 1982 to 93 percent in 1995 (Table 8). This includes females who have been sterilized for contraceptive reasons and husbands or partners who have had vasectomies.

In Nebraska, 86.1 percent of women aged 18 to 44 who were at risk for unintended pregnancy reported using a birth control method in 1999. (Women at risk for unintended pregnancy excludes women who are not currently sexually active, those who are not using any form of birth control because they wish to become pregnant, and those who did not know if they were using birth control or refused to answer the question). A similar proportion (87.2 percent) of Nebraska women at risk for unintended pregnancy in 1998 stated they were using a birth control method.

### Healthy People 2010 Objective

Objective #9-3 targets increasing the proportion of women at risk for unintended pregnancy (and their partners) who use contraception to 95 percent in Nebraska and 100 percent in the nation.

### Sexual Behavior

Research has shown that adolescents who have early sexual experiences are more likely at later ages to have more sexual partners and more frequent intercourse. Youth who begin having sex at young ages are also exposed to the risks of pregnancy and sexually transmitted diseases for longer periods. Adolescents should be encouraged to delay sexual intercourse until they are physically, cognitively, and emotionally ready for mature sexual relationships and their consequences.

### Sexual Intercourse Before Age 15 Years

In 1995, the National Survey of Family Growth interviewed adolescent girls aged 15 to 19 years regarding sexual behaviors. The National Survey of Adolescent Males collected

similar data for teenaged boys. These studies reported that 81 percent of females and 79 percent of males stated that they had not engaged in sexual intercourse before 15 years of age (Table 8). For females, this figure represents a decrease from 89 percent who had never had sex before age 15 in 1988.

In Nebraska, these proportions were a little larger than current U.S. rates. The 1999 Youth Risk Behavior Survey (YRBS) reported that 88 percent of female and 85 percent of male high school students in the state had not had sexual intercourse before age 15 years.

### Ever Had Sexual Intercourse

These studies also collected data on the proportion of adolescents who had never engaged in sexual intercourse. The proportion of U.S. teenagers who have never had sexual intercourse has risen for the first time since the early 1970's, with most of the increase attributable to males. The 1995 national studies (mentioned above) determined that 62 percent of girls aged 15 to 17 and 57 percent of boys in this age group had never had sexual intercourse.

In Nebraska, the YRBS found that 62 percent of high school students (both boys and girls) reported in 1999 that they had never had intercourse (Figure 34). This represents a substantial increase from previous studies (54 percent in 1997 and 53 percent each in 1993 and 1995).

### Condom Use at Last Sexual Intercourse

The two major health consequences of unprotected intercourse among youth are sexually transmitted diseases, including HIV, and unintended pregnancy. Abstinence is the most effective method of avoiding these potential problems. For youth that are sexually active, however, proper and consistent use of condoms can be effective in preventing STD's and pregnancy.

Sexual intercourse in adolescence, especially first intercourse, is frequently unplanned and unprotected by contraception. The rate of condom use at first intercourse has risen substantially among teenagers, as has condom use at last intercourse. According to the 1995 National Survey of Family Growth and the National Survey of Adolescent Males, 67 percent of sexually active unmarried females aged 15 to 17 reported condom use the last time they had intercourse, as did 72 percent of their male counterparts (Table 8). The 1999 Nebraska YRBS showed 59 percent of female high school students and 63 percent of male students used condoms at last intercourse (Figure 35). The overall prevalence (61 percent) had changed little from 1993 through 1997, when the proportion using condoms the last time they had sexual intercourse ranged from 59 percent to 62 percent.

### Healthy People 2010 Objectives

Objective #9-8 seeks to increase the proportion of high school students who have not engaged in sexual intercourse before age 15 years to 88 percent in the United States and to 92 percent in Nebraska by 2010 (Table 8).

In #9-9, the objective is to increase the proportion of high school students who have never had sexual intercourse to 75 percent, both in Nebraska and the nation.

Objective #9-10 targets an increase in the proportion of sexually active, unmarried adolescents in grades 9 through 12 (or their partners) who used condoms at last intercourse to 75 percent for girls and 83 percent for boys by 2010.

## References

1. Abma JC and Sonenstein FL. Sexual activity and contraceptive practices among teenagers in the United States, 1988 and 1995. *Vital and Health Statistics, 2001*, Series 23, No. 21.
2. Charles Stewart Mott Foundation. Child Trends: CTS Facts at a Glance, December 1999.
3. Dietz PM et al. Unintended pregnancy among adult women exposed to abuse or household dysfunction during their childhood. *Journal of the American Medical Association*. 1999, 282(14): 1359-1364.
4. Hillis SD, Anda RF, Felitti VJ and Marchbanks PA. Adverse childhood experiences and sexual risk behaviors in women: a retrospective cohort study. *Family Planning Perspectives*. 2001, 33(5): 206-211.
5. MSNBC. Teen-age sex education works: programs do not encourage experimentation. May 30, 2001.
6. Nebraska Health and Human Services System, Department of Regulation and Licensure, Public Health Assurance Division. Nebraska Behavioral Risk Factor Surveillance System Report, 1997-1998. Also, 1999 unpublished data.
7. Nebraska Health and Human Services System, Department of Services, Preventive and Community Health, Office of Minority Health and Human Services. *Health Status of Racial and Ethnic Minorities in Nebraska*. April 2001
8. U.S. Department of Health and Human Services. *Healthy People 2010*. 2<sup>nd</sup> ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office 2000.

## **Attachment B**

Table 8  
Nebraska 2010 Health Goals and Objectives  
Family Planning

| Objective | U.S. Data Year  | U.S. Current Rate | U.S. 2010 Objective | NE Data Year | NE Current Rate | NE 2010 Objective |      |
|-----------|---|-------------------|---------------------|--------------|-----------------|-------------------|------|
| #9-1      | Percent of pregnancies that are intended (women aged 15-44 years) Data not available by race or ethnicity   | 1995              | 51                  | 70           | 1999            | 63                | 80   |
| #9-2      | Percent of births occurring within 24 months of a previous birth  | 1995              | 11                  | 6            | 1999            | 23.3              | 12.0 |
|           | White   | 1995              | 10                  | 6            | 1999            | 22.8              | 12.0 |
|           | African American  | 1995              | 14                  | 6            | 1999            | 27.0              | 12.0 |
|           | Native American   | 1995              | NA                  | 6            | 1999            | 31.8              | 12.0 |
|           | Asian American  | 1995              | NA                  | 6            | 1999            | 27.2              | 12.0 |
|           | Hispanic American   | 1995              | 14                  | 6            | 1999            | 24.8              | 12.0 |
| #9-3      | Percent of females aged 15-44 at risk of unintended pregnancy (and their partners) who use contraception<br>Data not available by race or ethnicity | 1995              | 93                  | 100          | 1999            | 86.1              | 95   |
| #9-7      | Rate of pregnancy/1,000 females aged 15-17 years (live births + fetal deaths + abortions)<br>Data not available by race or ethnicity                | 1996              | 68                  | 43           | 1999            | 27.5              | 18   |
| #9-8      | Percent of adolescents in grades 9-12 who have never engaged in sexual intercourse before age 15 years  |                   |                     |              |                 |                   |      |
|           | 9-8a. Females   | 1995              | 81                  | 88           | 1999            | 88                | 92   |
|           | 9-8b. Males   | 1995              | 79                  | 88           | 1999            | 85                | 92   |
|           | Data not available by race or ethnicity   |                   |                     |              |                 |                   |      |
| #9-9      | Percent of adolescents in grades 9-12 who have never engaged in sexual intercourse  |                   |                     |              |                 |                   |      |
|           | 9-9a. Females   | 1995              | 62                  | 75           | 1999            | 62                | 75   |
|           | 9-9b. Males   | 1995              | 57                  | 75           | 1999            | 62                | 75   |
|           | Data not available by race or ethnicity   |                   |                     |              |                 |                   |      |
| #9-10     | Percent of sexually active, unmarried adolescents   |                   |                     |              |                 |                   |      |

| Objective     |  | U.S. Data Year  | U.S. Current Rate | U.S. 2010 Objective | NE Data Year | NE Current Rate | NE 2010 Objective |
|---------------|--|---|-------------------|---------------------|--------------|-----------------|-------------------|
|               | aged 15-17 years in grades 9-12 who used condoms   |   |                   |                     |              |                 |                   |
|               | at last intercourse  |   |                   |                     |              |                 |                   |
|               | 9-10a. Females   | 1995  | 67                | 75                  | 1999         | 59              | 75                |
|               | 9-10b. Males   | 1995  | 72                | 83                  | 1999         | 63              | 83                |
| Data Sources: |  | Additional Notes:   |                   |                     |              |                 |                   |
| #9-1          | U.S.--National Survey of Family Growth, CDC; National Vital Statistics System (NVSS), CDC; Abortion Provider Survey, The Alan Guttmacher Institute; Abortion Surveillance Data, CDC.                                   | Intended pregnancies include births that were wanted at the time of conception (i.e., those resulting from pregnancies that happened at the "right" time, later than wanted, or those answering didn't care). All pregnancies ending in induced abortion are considered unintended pregnancies.   |                   |                     |              |                 |                   |
|               | Nebraska--BRFSS Family Planning Module, HHSS.  | Women aged 18 to 44 who were currently pregnant or had been pregnant within the past 5 years were asked how they felt about becoming pregnant just before their last or current pregnancy. Those who reported they wanted to be pregnant then or sooner were considered to have an intended pregnancy.  |                   |                     |              |                 |                   |
| #9-2          | U.S.--National Survey of Family Growth, CDC.   | Percent of females aged 15 to 44 years whose most recent live birth occurred within 24 months of a previous live birth.   |                   |                     |              |                 |                   |
|               | Nebraska--Vital Statistics, HHSS.  | Percent of females giving birth in 1999 whose most recent live birth occurred within 24 months of a previous live birth.  |                   |                     |              |                 |                   |
| #9-3          | U.S.--National Survey of Family Growth, CDC.   | Percent of "at-risk" females currently using a method of contraception other than withdrawal. "At-risk" females are those who had intercourse in the 3 months prior to the survey who were not pregnant, nor seeking pregnancy, not postpartum, nor (themselves or partner) surgically or non-surgically sterile. Unintended pregnancies are those not wanted at the time or conception or not wanted at all. |                   |                     |              |                 |                   |
|               | Nebraska--BRFSS Family Planning Module, HHSS.  | Percent of "at-risk" females currently using a method of contraception. "At-risk" females excludes women who were not sexually active or who wanted to become pregnant.   |                   |                     |              |                 |                   |
| #9-7          | U.S.--National Survey of Family Growth, CDC; National Vital Statistics System (NVSS), CDC; Abortion Provider Survey, The Alan Guttmacher Institute; Abortion Surveillance Data, CDC. Nebraska--Vital Statistics, HHSS. |   |                   |                     |              |                 |                   |
| #9-8          | U.S.--Females: National Survey of Family Growth,   |   |                   |                     |              |                 |                   |

| Objective | U.S. Data Year  | U.S. Current Rate  | U.S. 2010 Objective | NE Data Year | NE Current Rate | NE 2010 Objective |
|-----------|---|--|---------------------|--------------|-----------------|-------------------|
|           | CDC; Males: National Survey of Adolescent Males, Urban Institute. Nebraska--Youth Risk Behavior Surveillance System (YRBS), HHSS.   |  |                     |              |                 |                   |
| #9-9      | U.S.--Females: National Survey of Family Growth, CDC; Males: National Survey of Adolescent Males, Urban Institute. Nebraska--Youth Risk Behavior Surveillance System(YRBS), HHSS. |  |                     |              |                 |                   |
| #9-10     | U.S.--Females: National Survey of Family Growth, CDC; Males: National Survey of Adolescent Males, Urban Institute. Nebraska--Youth Risk Behavior Surveillance System YRBS), HHSS. | "Sexually active" is defined as having sexual intercourse in the 3 months prior to the interview.<br>"Sexually active" is defined as having sexual intercourse in the 3 months prior to the interview. |                     |              |                 |                   |