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2001 Nevada KIDS COUNT Data Book

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2001 Nevada KIDS COUNT Data Book

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Preface

Nevada KIDS COUNT is a statewide effort to address the challenges facing Nevada's children and families. Nevada KIDS COUNT aims to be the authoritative data source on the status of children and their families in Nevada, thereby enriching discussion regarding the needs and successes of Nevada's children and the promotion of responsible decision-making on their behalf. Increased awareness and accountability facilitate Nevadans' efforts to improve children's quality of life.

The primary activities of the Nevada KIDS COUNT project are to:

- ❖ collect, analyze, and disseminate the best available data measuring the educational, social, economic, and physical well-being of children and youth in Nevada;
- ❖ educate and inform decision-makers, citizens, service providers, providers of funding, and community partners regarding data, policy, and resource analysis;
- ❖ provide linkages with community efforts to reach decision-makers with information concerning relevant issues for children and youth.

This annual Nevada *KIDS COUNT Data Book* is one of fifty state-level publications designed to portray detailed conditions of children. Collectively, KIDS COUNT represents a critical data resource for decision-making at the national, state, regional, and county level. A national *Data Book* with comparable data for the U.S. is produced annually by the Annie E. Casey Foundation (AECF). The AECF also supports Nevada KIDS COUNT. In addition, state support has been critical in maintaining a KIDS COUNT effort in Nevada.

To improve existing efforts and operations, Innovation Network, Inc. has assisted the AECF in developing a self-assessment tool for KIDS COUNT projects among the states. This evaluation

effort addresses the following areas: (1) Data Collection and Analysis, (2) Communications and Dissemination, (3) Policy Analysis, (4) Community and Constituency Mobilization, and (5) Fund Development and Sustainability. This process has led to the discussion of critical activities, areas of improvement, reevaluation of challenges, and the development of action steps for the Nevada KIDS COUNT project.

Information regarding the efforts of the Nevada KIDS COUNT project has been disseminated throughout the state via public-speaking engagements, conferences, workshops, newsletters, television appearances, and press releases. Nevada KIDS COUNT collaborates with other groups that have related concerns and interests. Nevada KIDS COUNT has developed several innovative publications which are easily accessed on-line at:

<http://kidscount.unlv.edu>.

Input from the Data Book User Surveys and inquiries for additional information are instrumental in our efforts this year. We welcome suggestions you may have regarding Nevada KIDS COUNT data products and solicit your efforts to create an informed and motivated citizenry to improve the well-being of Nevada's children and youth.

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Overview/Purpose

WHAT is the 2001 Nevada KIDS COUNT Data Book?

This report represents the ongoing effort of the Nevada KIDS COUNT project to provide a profile of the children and youth in Nevada by reporting research findings with current data.

WHAT is the layout of the 2001 Nevada KIDS COUNT Data Book?

The design of this year's *Data Book* is similar to past years'. We provide indicators reflecting critical elements of child and youth well-being. Examples of primary indicators include low-birthweight babies, births to teen mothers, children in poverty, and teen violent deaths. The primary indicators are organized into three descriptive areas as follows:

- ❖ **Definition:** A description of what the indicator is and what it measures.
- ❖ **Research Highlights:** Summaries of current research from academic journals, foundation publications, and public-information materials.
- ❖ **Related Tables and Figures:** Most recent available data for each indicator, including data for the county and state.

Two primary information sections presented in the *2000 Nevada KIDS COUNT Data Book* have been revised and released: (1) Preventive Factors: Promising and Proven Practices and (2) Key Facts About Nevada's Children. Although not included in this year's book, the materials can be accessed via the Nevada KIDS COUNT Web site.

WHAT are the additions to the 2001 Nevada KIDS COUNT Data Book?

This year's *Data Book* provides expanded and more comprehensive information. Administrative data have been included in some instances to demonstrate, for example, service availability, program trends, and participation and eligibility differences.

This year's publication includes a submission addressing **Native American children and youth** in Nevada. The information should help to increase our awareness of, and attention to, this population.



In the Health Conditions and Health Care section, additional topics such as **Medicaid, Nevada Check Up, Women Infants & Children Program, dental care, immunizations, and prenatal care** are presented.

New in the Economic Well-Being section are updated federal poverty guidelines and federal program information regarding **Temporary Assistance for Needy Families, Food Stamps, and National School Meals**. In addition, **child care and child-support efforts** are addressed.

More information on Education and Achievement is provided in this year's *Data Book*. Nevada's challenge to address the status of education, especially the large number of high school dropouts, warranted greater coverage by Nevada KIDS COUNT. The new educational components in this year's *Data Book* include **characteristics of the formal education system in Nevada; testing, proficiency, and college-entrance efforts; and a profile of children and youth enrolled in special education and Early Head Start and Head Start**.

Overview/Purpose Continued

Data regarding Nevada's **children in out-of-home placements** and a profile of **children exposed to domestic violence** are presented in the Safety/Welfare section, emphasizing the importance of a safe, home environment for children.

The section titled **Developmental Assets of Youth** presents a framework of youth-centered development which focuses on shaping caring and supportive family, school, and community environments; establishing high behavior expectations from an early age; and ensuring meaningful opportunities for youth participation and success.

For those interested in more-detailed topical information, a new **Resources** section offers a number of additional, primarily electronic, resources.

HOW were the data indicators selected?

The measures included in this *Data Book* were chosen through careful examination of the available data with input from the Nevada KIDS COUNT Advisory Council Data Subcommittee. Efforts were made to select substantive sets of benchmarks which represent the health and well-being of Nevada's children and youth. A number of practical considerations guided the selection process, including whether the individual indicators are:

- ❖ relevant and easily understandable by those who plan, manage, deliver, use, and support children's services;
- ❖ based on substantial research connecting them to child well-being;
- ❖ measured regularly, which allows for updates and demonstrated trends over time;
- ❖ representative of selected segments of children and youth;
- ❖ available at the county level where possible;
- ❖ verifiable with reliable data sources.

Limitations of the data

Nevada KIDS COUNT strives to report the best available data. In doing so, we evaluated data-collection processes and data accuracy, consistency, and applicability.

In some instances, annual county-level information was not readily available or accessible. Examples include most administrative program data and substance-usage information (alcohol, tobacco, and other drugs) by youth. Few measures of social development and health-related behaviors for very young and preteenage children were found. Quality indicators of school readiness, mental health, child homelessness, day-care quality, and measures of children in institutional care are lacking by county.

The atypical population distribution in Nevada creates a serious "rare event" problem in counties with very small populations. Multiyear rolling averages are used to stabilize and improve the usefulness of these data wherever possible. Moreover, caution should be used when drawing conclusions from rates or percentages based on small numbers. Because rates based on small denominators are likely to be statistically unreliable, rates were not calculated for counties with small denominators. The designation N.M. = Not Meaningful is noted in the tables and raw data are provided as applicable. In some data tables, the sum of the county may not equal the state total due to rounding and/or missing county-reference data.

Many of our data sources, such as the Nevada Department of Education, need time after the end of the reporting period to compile and disseminate accurate information. Therefore, current-year data are often not available when this report is produced. Additionally, 1990 decennial Census data are the most

Overview/Purpose Continued

current available for a number of indicators such as families in poverty, teens not in school and not working, and children in single-parent families. The data for these particular indicators can be found in the *2000 Nevada KIDS COUNT Data Book*; we chose not to report them again in this year's issue. Data on children and youth from the 2000 decennial Census will be disseminated in future KIDS COUNT publications.

HOW can this information be used?

The **KIDS COUNT data** can be used to make a difference in the lives of Nevada's children and youth. These data can be used by:

- ❖ **private citizens** to find out about the needs of children, help identify areas which need volunteers, and to contact decision-makers regarding children;
- ❖ **business people** to determine what issues in the community affect employees, future employees, and their families;
- ❖ **teachers** to become more aware of possible needs of children in their classrooms and to become engaged in relevant discussion regarding civic responsibility, problem solving, and community service;
- ❖ **parents** to learn more about issues that affect their children and to foster more productive parent-teacher conferences;
- ❖ **educators and social service providers** to design programs to address community issues and concerns;
- ❖ **elected officials** to analyze the effectiveness of current policies and help shape future policies.

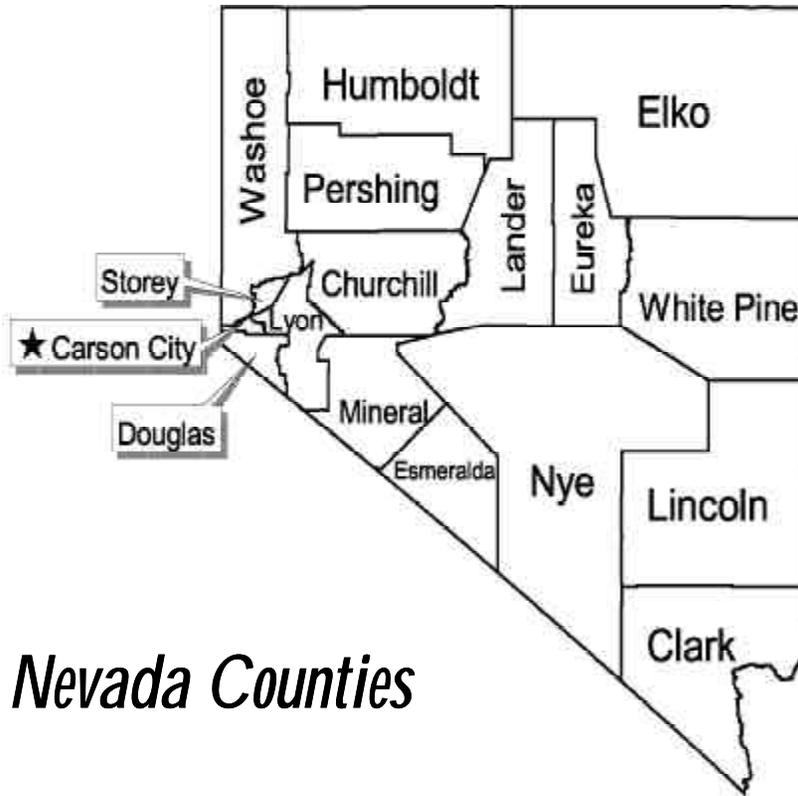
“Successful, happy, healthy kids need families that are strong--families that not only love them, but also provide, nurture, support, and teach. But being a strong family is terribly tough in high-poverty neighborhoods that offer few of the opportunities, networks, and supports that all families need and most families take for granted.”

*The Annie E. Casey Foundation
2000 KIDS COUNT Data Book, p. 14*



*Nevada
Demographics*

Nevada Demographics



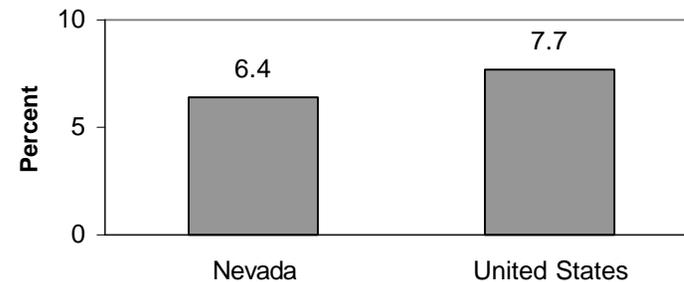
Nevada Counties

1999 Nevada Demographics

State Population	1,967,219
Clark County Population	1,343,537
Percent of population:	68.3
Washoe County Population	323,651
Percent of population:	16.5
Rest of State	300,031
Percent of population:	15.2
Adult (20 and Older) Population	1,441,918
Percent of population:	73.3
Child Population (19 and Under)	525,301
Percent of population:	26.7

Source: Nevada state demographer, 2000.

Percent of Children under Age Six with at Least One Parent Working Full Time Who Remain in Poverty



Source: National Center for Children in Poverty, *Map and Track: State Initiatives for Young Children and Families 2000 Edition*.

Nevada Demographics Continued

Projected Demographic Change (Number of Children: 1999 and 2005)

Age Groups	1999	2005	Percent Change
0-4 years old	137,545	172,431	25
5-14 years old	265,020	308,888	17
15-19 years old	122,736	152,651	24
All children under 20	525,301	633,970	21

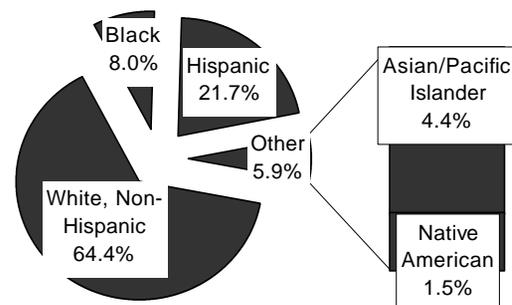
Source: Nevada state demographer, 2000.

Demographic Change (Race/Ethnicity of Children: 1998 and 1999)

Racial/Ethnic Group	1998	1999	Percent Change
White, Non-Hispanic	353,728	338,355	-4
Black	48,698	42,148	-13
Hispanic	109,635	114,081	4
Asian and Pacific Islander	13,773	22,894	66
Native American	8,324	7,823	-6
All children under 20	534,158	525,301	-2

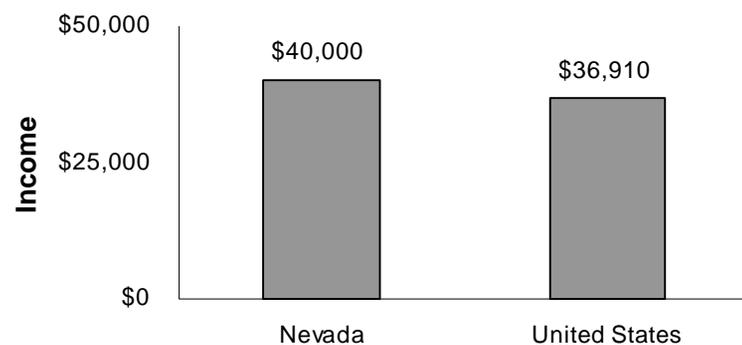
Source: Nevada state demographer, 2000.

Percentage of Children in Nevada by Race/Ethnicity: 1999



Source: Nevada state demographer, 2000.

Median Income for Families with Children under Age Six



Note: Data are averaged across 1994, 1996, and 1998.

Source: National Center for Children in Poverty, *Map and Track: State Initiatives for Young Children and Families 2000 Edition*.

Nevada Demographics Continued

Age Distribution in Nevada and in Counties: 1999

County	Age Group					% 0-19	Total
	0-4	5-19	20-44	45-64	65+		
Carson City	3,625	9,924	19,118	12,823	7,124	26	52,614
Churchill County	1,871	5,713	9,485	5,451	2,788	30	25,308
Clark County	95,562	258,705	536,467	309,668	143,135	26	1,343,537
Douglas County	1,414	8,338	16,808	11,075	4,936	23	42,571
Elko County	3,716	11,939	20,433	10,944	3,557	31	50,589
Esmeralda County	38	287	434	298	318	24	1,375
Eureka County	101	411	707	457	200	27	1,876
Humboldt County	1,583	4,578	6,928	3,792	1,468	34	18,349
Lander County	632	1,822	2,501	1,499	527	35	6,981
Lincoln County	210	1,121	1,481	835	542	32	4,189
Lyon County	1,819	7,543	13,117	7,631	4,038	27	34,148
Mineral County	361	1,481	2,146	1,476	972	29	6,436
Nye County	1,480	6,379	13,782	7,947	3,948	23	33,536
Pershing County	373	1,842	2,609	1,200	1,479	30	7,503
Storey County	58	716	1,373	1,012	254	23	3,413
Washoe County	24,114	64,475	121,476	76,136	37,450	27	323,651
White Pine County	588	2,482	4,078	2,637	1,358	28	11,143
NEVADA*	137,545	387,756	772,943	454,881	214,094	27	1,967,219

* The sum of the counties may not equal the state total due to missing or incomplete county-reference data.

Source: Nevada state demographer, 2000.

Nevada Demographics Continued

Racial/Ethnic Distribution of Nevada's Children and Youth: 1999 (Ages 19 and under)

County	Race/Ethnicity					Total Population
	White Non-Hispanic	Hispanic	Black	Asian/Pacific Islander	Native American	
Carson City	10,306	2,493	86	268	396	13,549
Churchill County	5,932	812	136	326	378	7,584
Clark County	212,542	82,429	39,366	17,272	2,658	354,267
Douglas County	8,109	1,132	66	180	265	9,752
Elko County	11,465	3,138	64	178	810	15,655
Esmeralda County	252	54	1	3	15	325
Eureka County	422	68	2	3	17	512
Humboldt County	4,168	1,631	12	54	296	6,161
Lander County	1,846	493	6	6	103	2,454
Lincoln County	1,204	106	0	1	20	1,331
Lyon County	7,434	1,412	65	121	330	9,362
Mineral County	1,243	267	76	21	235	1,842
Nye County	6,355	1,096	64	125	219	7,859
Pershing County	1,584	522	8	16	85	2,215
Storey County	684	75	0	5	10	774
Washoe County	62,315	17,925	2,191	4,293	1,865	88,589
White Pine County	2,494	428	5	22	121	3,070
NEVADA*	338,355	114,081	42,148	22,894	7,823	525,301

* The sum of the counties may not equal the state total due to rounding.

Source: Nevada state demographer, 2000.

Native American Children and Youth*

*Native American Children and Youth is an invited monograph. As such, the opinions expressed are not necessarily endorsed by Nevada KIDS COUNT.

Introduction

This section is intended to provide a better understanding of tribal social services for Native American children and families who live on tribal reservations and colonies in Nevada. It is important to understand that federally recognized Indian Tribes have a unique relationship with the federal government expressed through “tribal sovereignty” which governs how Tribes interact with states and other entities. These interactions form the basis of Tribal social service delivery systems and their state and inter-agency collaborative efforts.

Background

Passage of Public Law 93-638, The Indian Self-Determination and Education Assistance Act, January 4, 1975, recognized the principle of inherent tribal sovereignty, as Tribes were free to establish their own objectives and determine their own policies. The shift in policy can best be described as *self-determination*. No other minority group in the U.S. has this legal status. This policy recognized Tribes as political entities whose internal rights and powers must be addressed officially. As a result, tribal governments became free from state and other nonfederal government controls.

With the passage of Public Law 93-638, the Tribes may contract for services with the federal government. In addition, Tribes may enter into local agreements with states and other nonprofit organizations on behalf of their children and families. These services include, but are not limited to, social services, tribal court, law enforcement, enrollment services, tribal health clinics, higher education, adult vocational training, community health representatives, Head Start, Child Development Block Grants, and senior citizens programs.

In 1954, under Public Law 83-280, some states, including Nevada, assumed jurisdiction over criminal and civil matters on reservations, without consultation with Indian Tribes. After some 20 years of state jurisdiction, for criminal offenses and civil causes of action committed or arising on Indian reservations and colonies, the state of Nevada, in 1975, retroceded jurisdiction for these criminal offenses and civil causes back to the federal government for all colonies and reservations in the state except for the Ely Indian Colony. Law enforcement for the Ely Indian Colony has since been retroceded back to the federal government.

Nevada Indian Tribes

Nevada Tribes have their own government-to-government relationship with the federal government and the state of Nevada. This government-to-government relationship confirms that each of the 556 federally recognized Indian Tribes in the U.S. has a uniqueness recognized by the Constitution, numerous court decisions, and federal law. Indian Tribes have a special legal status of self-government, meaning that the jurisdiction of state law is strictly limited or nonexistent.

Explanations for “tribe” and “council” as they relate to the services provided by state or federal agencies are as follows: (1) a Tribe is a federally recognized Indian Tribe listed in the Federal Register; there is no universal legal definition and (2) a “council” is the governing body of a Tribe as required by their tribal constitution.¹

Native American Children and Youth Continued

Bureau of Indian Affairs (BIA)

The role of the Bureau of Indian Affairs (BIA) with Indian Tribes is often misunderstood, especially in the area of child and family services. People incorrectly assume that the BIA has the primary responsibility for providing all services within a state for all Native American residents. To be sure, the BIA and other federal agencies, such as Indian Health Services or Housing and Urban Development (HUD), provide funds to Indian Tribes. The BIA operates and funds social services programs that administer welfare assistance and services on reservations. However, the policy of the BIA is that its services are residual (not intended to be the primary, sustaining resources), though BIA and tribal social services make an effort to locate other resources to meet the needs of Native American tribal clientele.

The 25 Code of Federal Regulations, Section 20.3, states:

Bureau social services programs are a secondary, or residual resource, and must not be used to supplement or supplant other programs.²

There are three BIA agencies which interact with the respective Nevada Tribes within their areas of jurisdiction. These three agencies fall under the Western Regional Office in Phoenix which has a total of 14 agencies covering Arizona, Utah, and Nevada. The Nevada-related Bureau of Indian Affairs agencies are Eastern Nevada Agency, Southern Paiute Field Agency, and Western Nevada Agency.

(The contact information for these agencies is provided in the References and Resources section, page 117.)

Population

It is estimated that there are 15,000 Native Americans enrolled in Nevada Indian Tribes living on and off reservations areas in Nevada. In general, the Native American population is dissimilar to the geographic distribution of the state's population, with greater tribal populations residing in the northern regions of the state.

Education

Most of Nevada's Native American children attend Nevada public schools. Only a small percentage of high-school-age children attend BIA boarding schools out of state (Chemawa in Oregon; Sherman Indian School in Riverside, California; or Jones Academy, a private boarding school in Oklahoma). There are two tribal schools--one on the Duck Water Reservation and one on the Pyramid Lake Reservation.

The Washoe Tribe of Nevada and California has an Immersion School which teaches children the Washoe language and provides for their educational needs. The Immersion School is funded by different sources, one of which is the Administration for Native Americans. This school is unique in that the primary medium is the Washoe language; the students speak, write, and read the Washoe language. During the summer, the students participate in an environmental project, which includes reintroducing native plants to Taylor Creek at Lake Tahoe. This Immersion School serves as a model to other Tribes seeking to preserve their native languages and cultures.

The year 2000 saw a number of Nevada Native American youth qualify for Nevada's Millennium Scholarship Program (see page 66). This enabled Native American youth, who might be financially disadvantaged, to attend Nevada colleges and universities.

Native American Children and Youth Continued

Native American Tribal Enrollment in Nevada (1997)

Nevada Tribes	State	Tribal Enrollment	Total Indian Resident Service Population	Population under Age 16*
Eastern Nevada Tribal Community				
Duck Valley Shoshone-Paiute Tribe**	NV	1,163	1,233	361
Duckwater Shoshone Tribe	NV	318	318	88
Ely Shoshone Tribe	NV	288	350	175
Confederated Tribes of Goshute***	NV	412	20	2
Te-Moak Tribe-Battle Mountain	NV	563	178	44
Te-Moak Tribe-Elko Colony	NV	1,445	616	181
Te-Moak Tribe-South Fork	NV	258	101	15
Te-Moak Tribe-Wells Colony	NV	190	77	23
Southern Nevada Tribal Community				
Las Vegas Tribe of Paiute	NV	75	220	54
Moapa Band of Paiute	NV	283	283	59
Western Nevada Tribal Community				
Fallon Paiute-Shoshone Tribe	NV	985	1,667	420
Fort McDermitt Paiute-Shoshone	NV	875	396	112
Lovelock Paiute Tribe	NV	292	252	71
Pyramid Lake Paiute Tribe	NV	2,017	1,689	564
Reno-Sparks Indian Colony****	NV	817	1,045	390
Summit Lake Paiute Tribe	NV	85	92	14
Walker River Paiute Tribe	NV	1,969	1,018	369
Washoe Tribe of NV-CA*****	NV-CA	1,542	1,508	201
Winnemucca Shoshone Colony	NV	77	66	18
Yerington Paiute Tribe	NV	857	381	131
Yomba Shoshone Tribe	NV	208	112	31
TOTAL		14,719	11,622	3,323

Pyramid Lake Paiute Tribe, Reno-Sparks Indian Colony, and Walker River Paiute Tribe have the largest number of Native Americans under the age of 16.

Differences between the state demographer's estimates of the Nevada Native American population and the enrollment in Nevada-based Tribes are likely due to several factors. The primary one is the number of Native Americans residing in Nevada who are enrolled in Tribes in other parts of the country.

Note: These enrollment numbers are based on 1997 Labor Force Report Data. Three Tribes in NV have a "self-governance" designation: Ely, Duck Valley, and Duckwater. Individual enrollment figures for the Carson, Presslerville, Stewart, and Woodfords councils are not available. Resident service population includes tribal members living on a designated "reservation" or "colony."

* Due to Federal Labor Force Reporting requirements, the population number under 18 is not available.

** Tribal members also reside in Idaho. This number only represents the members who are NV residents.

*** Tribal members also reside in Utah. This number only represents the members who are NV residents.

**** Members of multiple Tribes are represented.

***** Tribal members reside in California also. This number represents the members who are NV and CA residents.

Native American Children and Youth Continued

Well-Being of Children

Native American children receive services from Women, Infants, and Children Program (WIC), tribal health clinics (infancy to age 5) and Head Start (ages 3-5). School-age children are served primarily by the school systems and tribal health clinics. There are 18 tribal health clinics and one Indian Health Service clinic in Nevada.

The Children's Health Insurance Program (Nevada Check Up) has been introduced and is beginning to be utilized by Native American children enrolled in Nevada Tribes. The extent of use among tribal enrollees is unknown at this time. Other supplemental programs to assist in the well-being of children are child-care funds provided by Child Care Development Block Grants and child-care funds administered by the Children's Cabinet for northern Nevada and the Economic Opportunity Board in southern Nevada.

Child Assistance

There are nine contracted tribal social services programs in western Nevada, eight contracted tribal social services programs in eastern Nevada, two contracted tribal social services programs in southern Nevada, and three compacted self-governance Tribes. All Nevada Tribes provide child-welfare services through their contracted social services provider, a consortium covering

one or more reservations, or self-governance program. The tribal programs provide various categories of assistance such as Indian General Assistance; Tribal Work Experience Programs; Child Welfare Assistance; Adult Custodial Care Assistance; Burial Assistance; Disaster Assistance; Emergency Assistance; and Services to Children, Elderly, and Families.

Tribal social workers are authorized by law to investigate allegations of suspected child abuse and neglect. These child-welfare providers emphasize working with both the child and family,

especially with efforts toward family reunification or permanency planning. BIA criminal investigators support the investigation of child abuse and neglect cases involving criminal offenses. Cases that are substantiated are referred for consideration to the U.S. Attorney's Office.

Children and youth enrolled in a Tribe and not residing on tribal properties receive child-welfare services through local and state child-welfare agencies. For these children, the local or state child-welfare agency must follow the Indian Child Welfare Act.

The table on the following page summarizes the number of Native American child abuse and neglect incidents confirmed in 1998, as reported to tribal social service agencies.

Federal Laws Pertaining to Native American Children

Public Law 95-608 Indian Child Welfare Act of 1978
Public Law 101-630 Indian Child Protection and Family Violence Prevention Act
Public Law 93-638 Indian Self-Determination Act & Education Assistance Act
Adoptions and Safe Families Act

Nevada Tribes have their own law and order codes. These codes generally have a juvenile code section. The tribal court systems fully utilize these codes in their court decisions and orders. The tribal courts and tribal law have jurisdiction over matters pertaining to Indians on reservation land. Civil and criminal matters pertaining to non-Indians on reservation land or Indians living off-reservation are handled through state jurisdiction.

Native American Children and Youth Continued

Tribal Social Service Annual Reports of Child Abuse and Neglect: Fiscal Year 1998

	Total Number of Referrals		Types of Referrals			Results in Investigation		Action Taken		
	Total Number of Referrals	Subtotal Involving Alcohol & Substance Abuse	Child Abuse	Child Neglect	Sexual Abuse	Substantiated	Unsubstantiated	Referral to Court	Referral to Social Services or Other Agency	No Action Taken
Nevada Tribes										
Duckwater**	1	0	0	1	0	0	1	0	1	0
Ely*	2	0	0	2	0	2	0	2	2	0
Goshute	4	2	0	4	0	3	1	0	3	1
Shoshone-Paiute**										
Te-Moak	14	2	0	10	4	7	7	1	13	0
Battle Mountain*	30	8	6	18	6	6	24	4	21	5
Elko	25	5	6	17	2	7	18	8	13	4
Fallon*	43	3	14	24	5	18	25	17	14	14
Fort McDermitt*	7	6	1	4	0	5	2	5	4	
Lovelock*	21	11	5	16	0	8	13	8	9	
Pyramid Lake	39	39	22	1	16	2	37		39	
Reno-Sparks*	64	10	8	55	1	14	50	16	60	1
Summit Lake				Covered by Fort McDermitt Tribe						
Walker River*	17	10	8	6	3	1	16	3	17	
Washoe*	27	10	2	24	1	9	18	10	19	
Winnemucca				Covered by Fort McDermitt Tribe						
Yerington**	7	1	2	5	0	1	6	0	1	3
Yomba	3	3	1	1	1	1	2		3	
TOTAL	304	110	75	188	39	84	220	74	219	28

* Missing monthly reports.

** No reports submitted for 1998.

Source: Bureau of Indian Affairs, Phoenix Area Office, *Annual Child Abuse and Neglect Report - P.L. 99-570*.

Native American Children and Youth Continued

Native American Tribal Concerns Regarding Child-Welfare Assistance

- ❖ Tribes want to participate in the federal Independent Living Program for Indian children in foster or group-home care. The U.S. Congress enacted the Independent Living Program in 1986 as the legislative framework for states to develop services for youth to receive before they are discharged from foster care.
- ❖ Tribes are concerned about compliance with certain requirements of the Indian Child Welfare Act (ICWA). One specific ICWA requirement calls for Indian adoptions to be sent to the BIA's central office in Washington, D.C. Responsibility for this requirement has not been clarified within Nevada.
- ❖ Tribes are mandated by federal regulations, effective November 20, 2000, to cease providing services to tribal youth in foster care who have attained the age of 18. As a consequence, foster children may not have incentive to finish high school should their 18th birthday occur during their last years of high school.

Native American Tribal Priorities Regarding the Well-being of Children and Families

- ❖ Seeking and utilizing other services and resources for which Tribes are eligible, such as Title IV-E, Title IV-B, and Title XX funding to support child-welfare services and case-management efforts.
- ❖ Development of policy and procedures for social services contracts between tribal social services, state and local child service agencies, and other social service providers.

- ❖ Establishment of collaborative efforts between tribal social services, state and local child service agencies, and other social service providers.
- ❖ Improvement of outreach for information exchange, collaboration, and policy development.

*Contributed by Norma J. Moyle, M.S.W.
Western Nevada Agency, Bureau of Indian Affairs*

"There is a Washoe language school for our youth to preserve for them the language given to us from the land and the traditions that allow our children to learn of nature and a way of life in the open."¹³

*A. Brian Wallace
Washoe Tribal Chairman*

"There is no resource that is more vital to the continued existence and integrity of Indian Tribes than our children."¹⁴

Kevin Gover, Assistant Secretary, Indian Affairs

"Let us put our minds together and see what kind of life we can build for our children."¹⁵

Sitting Bull



*Health
Conditions
and
Health
Care*

Low-Birthweight Babies

Definition

Low-Birthweight Babies are those weighing less than 2,500 grams (about 5.5 pounds) at birth. Low-birthweight data, reported by mother's county of residence rather than infant's place of birth, measures the percentage of live births in which babies weigh less than 2,500 grams.

Research Highlights

- ❖ Using data obtained from case studies, researchers concluded that smokers who gained less weight during pregnancy (than that which is recommended by the Institute of Medicine) were at higher risk of having low-birthweight babies than were smokers who gained the recommended weight.¹
- ❖ A study of 1990 birth data for the Chicago metropolitan area revealed that higher housing costs and greater economic hardship increased the likelihood of low-birthweight babies.²
- ❖ An analysis of state data from New Jersey showed that women, both black and white, in their thirties were more likely to deliver a low-birthweight baby than women ages 25-29. Whites who were younger than 15 and older than 40 were at a higher risk of delivering a low-birthweight baby than whites aged 15-40. Blacks were significantly more likely to deliver a low-birthweight baby than whites among all age groups except the youngest teenagers.³
- ❖ Changing or adopting lifestyle behaviors before or during pregnancy can affect the health of a baby. Quitting smoking and heavy drug use, eating a nutritious diet, and gaining enough weight can decrease the risk of having a low-birthweight baby.⁴

Nevada

Between 1997 and 1999, the Percent of Low-Birthweight Babies in Nevada was 7.6. Of the 83,779 babies born during this period, 6,370 weighed less than 5.5 pounds. According to the 2000 *KIDS COUNT Data Book: State Profiles of Child Well-Being*, the 1997 Percent Low-Birthweight Babies in the U.S. was 7.5.⁵

Counties

Among the 17 counties in Nevada, the Percent of Low-Birthweight Babies ranged from a low of 3.3 in Eureka County to a high of 13.8 in Mineral County. Seven Nevada counties had a percentage of low-birthweight babies that was higher than the state rate of 7.6.

Nevada's 2000 National Rank⁶: 25

"We need to learn more about the causes of infant mortality but at the same time implement programs that incorporate interventions that we know will reduce its rate."

*Preventing Low Birth Weight Executive Summary
The Future of Children*

"Birthweight and period of gestation are the two most important predictors of an infant's subsequent health and survival."⁸

National Vital Statistic Reports

Low-Birthweight Babies Continued

Percent of Low-Birthweight Babies: 1997 - 1999*

County	1997		1998		1999		Average Percent Low- Birthweight Babies 1997-1999**
	Number <2,500 Grams	Total Number of Births	Number <2,500 Grams	Total Number of Births	Number <2,500 Grams	Total Number of Births	
Carson City	38	705	37	719	47	740	5.6
Churchill County	28	389	36	367	24	354	7.9
Clark County	1,498	18,471	1,496	19,838	1,585	20,767	7.8
Douglas County	22	286	16	286	28	280	7.7
Elko County	48	732	55	712	41	630	6.9
Esmeralda County	0	9	1	4	0	5	5.6
Eureka County	2	20	0	24	0	16	3.3
Humboldt County	15	297	21	336	25	295	6.6
Lander County	6	128	10	132	9	105	6.8
Lincoln County	2	42	3	43	1	29	5.3
Lyon County	20	341	32	418	30	380	7.2
Mineral County	7	69	11	65	7	47	13.8
Nye County	25	291	26	337	25	317	8.0
Pershing County	3	76	6	82	10	68	8.4
Storey County	0	9	2	13	0	11	6.1
Washoe County	308	4,669	378	4,765	360	4,722	7.4
White Pine County	11	127	11	122	4	89	7.7
NEVADA***	2,033	26,661	2,141	28,263	2,196	28,855	7.6

* (2,500 grams = about 5.5 pounds) Based on mother's county of residence, rather than infant's place of birth.

** Calculated percentages based on very small numbers should be used with caution.

*** The sum of the counties may not equal the state total due to missing or incomplete county-reference data.

Source: State of Nevada Department of Human Resources, Health Division, Office of Vital Records and Statistics, 1997, 1998, 1999.

Infant Mortality

Definition

The Infant Mortality Rate measures the number of babies who die during their first year of life, per 1,000 live births. The data are reported by county of residence, rather than place of death.

Research Highlights

- ❖ During the 1998 period, infant mortality rates (IMRs) were higher for infants whose mothers lacked prenatal care, were teenagers, had 9 to 11 years of education, were unmarried, or smoked during pregnancy.¹
- ❖ The three leading causes of infant death in 1998 were congenital abnormalities, disorders related to short gestation and low birthweight, and sudden infant death syndrome (SIDS).²
- ❖ A study published in 1999, based on 1990 Census figures, examined the relationship between welfare and infant mortality. Findings revealed that states with higher welfare benefits also had lower infant mortality rates.³
- ❖ The U.S. has a higher rate of infant mortality than most other developed countries. The use of tobacco, alcohol, and illegal drugs by pregnant women accounts for a significant proportion of infant mortality.⁴
- ❖ Little attention has been given to the effect of paternal factors as a risk factor for infant mortality. A recent study based upon 1989-1990 data in Georgia suggests that the involvement of a father may have an effect on infant health, and may be a more important risk factor for infant mortality than unmarried status.⁵

❖ Although IMRs are higher among teenage and unmarried mothers, poorer birth outcomes among this group are largely explained by the adverse sociological circumstances that many of these mothers face rather than by their young maternal age or marital status per se.^{6,7}

❖ Many life-course interventions including preventative education, policies that restrict youth from access to harmful substances, and restriction of cigarette and alcohol advertising have been demonstrated to be effectual and cost effective in contrast to pregnancy-triggered interventions.⁸

Nevada

Between 1997 and 1999, the Infant Mortality Rate in Nevada was 6.6. Of the 83,779 babies born during this period, 551 infants died before they reached their first birthday. According to the *2000 KIDS COUNT Data Book: State Profiles of Child Well-Being*, the 1997 rate for the U.S. was 7.2.⁹

Counties

Among the 15 counties in Nevada for which statistically reliable rates could be calculated, the Infant Mortality Rate ranged from a low of 0 in Eureka and Storey counties to a high of 11.8 in White Pine County.

Nevada's 2000 Rank¹⁰: 16

"Improving women's health before, during, and after pregnancy is the key to reducing the human and economic costs associated with infant mortality and morbidity."¹¹

*V. R. Chomitz, L. W. Y. Cheung, and E. Lieberman
The Role of Lifestyle in Preventing Low Birth Weight*

Infant Mortality Continued

Infant Mortality Rate: 1997 - 1999

(Deaths of infants less than 1 year old per 1,000 live births)

County	1997		1998		1999		Average Infant Mortality Rate 1997-1999
	Infant Deaths	Number of Births	Infant Deaths	Number of Births	Infant Deaths	Number of Births	
Carson City	5	705	2	719	4	740	5.1
Churchill County	3	389	2	367	1	354	5.4
Clark County	115	18,471	125	19,838	141	20,767	6.4
Douglas County	1	286	2	286	1	280	4.7
Elko County	3	732	3	712	5	630	5.3
Esmeralda County	0	9	1	4	0	5	N.M.
Eureka County	0	20	0	24	0	16	0.0
Humboldt County	3	297	2	336	2	295	7.5
Lander County	0	128	0	132	1	105	2.7
Lincoln County	1	42	0	43	0	29	8.8
Lyon County	1	341	6	418	0	380	6.1
Mineral County	0	69	2	65	1	47	N.M.
Nye County	3	291	4	337	2	317	9.5
Pershing County	1	76	0	82	0	68	4.4
Storey County	0	9	0	13	0	11	0.0
Washoe County	28	4,669	44	4,765	32	4,722	7.3
White Pine County	0	127	3	122	1	89	11.8
NEVADA*	164	26,661	196	28,263	191	28,855	6.6

Note: N.M. = Not Meaningful. Calculated rates based on very small numbers are not statistically reliable. The rates are not reported for counties with less than five deaths.

* The sum of the counties may not equal the state total due to missing or incomplete county-reference data.

Source: State of Nevada Department of Human Resources, Health Division, Office of Vital Records and Statistics, 1997, 1998, 1999.

T_{een} Births

Definition

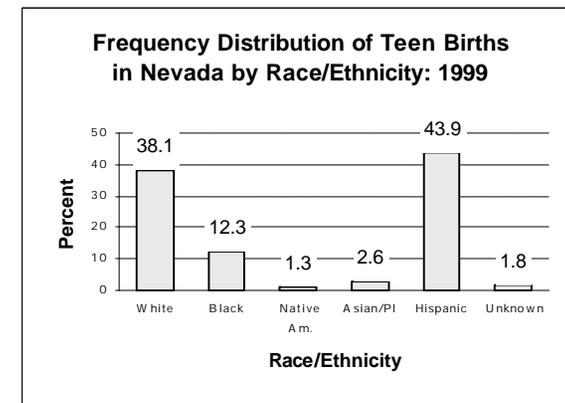
The Teen Birth Rate is the number of births to teenage females between the ages of 15 and 17, per 1,000 females. The Unmarried Teen Birth Rate is the number of births to unmarried teenage females between the ages of 15 and 17, per 1,000 females. The data are reported by mother's county of residence, rather than infant's place of birth.

Research Highlights

- ❖ In 1994, 78 percent of all pregnancies to teens, ages 15 to 19, were unintended.¹
- ❖ Preliminary data based on vital records for U.S. births show the teen birth rate for teenagers, ages 15 to 17, declined by 25.8 percent from 1991 to 1999. Since 1998, the rate for this age group declined by 6 percent. Of the racial/ethnic groups, black teens experienced the greatest decline in birth rates. The major reasons for the overall decline were “decreased sexual activity, increases in condom use, and the adoption of the implant and injectable contraceptives.”²
- ❖ The majority of teenagers (63 percent) who have had sexual intercourse wish they had waited longer. The percentage for teenage girls was 72 and for boys 55.³
- ❖ A longitudinal study of high school mothers identified factors that predict the postponement of a second teen birth. These included involvement with education, that is, completion of a high school diploma or a GED, or involvement with work and living with biological parents.⁴
- ❖ Analysis of preliminary data of vital records on U.S. births shows that Hispanics have the highest birth rates (61.2 per 1,000 females, ages 15 to 17); followed by blacks (52.1); Native American (41.3); whites (24.8); whites, non-Hispanics (17.1); and Asians/Pacific Islanders (12.6).⁵

Nevada

From 1997 to 1999, the Teen Birth Rate in Nevada was 38 per 1,000 females, ages 15 to 17. According to the 2000 KIDS COUNT DATA BOOK: State Profiles in Child Well-Being, the Teen Birth Rate in Nevada decreased by 2 percent between 1990 and 1997. The Unmarried Teen Birth Rate for Nevada was 31 per 1,000 females, ages 15 to 17.⁶ Of the racial/ethnic groups, Hispanics have the highest percentage of teen pregnancy in Nevada.



Source: Nevada state demographer, 2000.

Counties

The Teen Birth Rate ranged from a low of 0 births per 1,000 teens, ages 15 to 17, in Esmeralda and Eureka counties, to a high of 41 in Clark County.

Nevada's 2000 National Rank⁷: 42

“Teen pregnancy affects everyone at some level. The financial and societal costs associated with teen pregnancy are tremendous; the benefits of teen pregnancy prevention are equally impressive.”⁸

*Teen Pregnancy Prevention in Nevada:
Meeting the Challenge of the New Millennium*

Teen Births Continued

Teen Birth Rate: 1997 - 1999 (Births per 1,000 females, ages 15-17)

County	1997		1998		1999		Average Teen Birth Rate 1997-1999**
	Births to Teens	Female Population Ages 15-17	Births to Teens	Female Population Ages 15-17	Births to Teens	Female Population Ages 15-17*	
Carson City	43	847	21	929	27	915	34
Churchill County	15	532	20	531	13	535	30
Clark County	985	22,235	949	23,604	928	23,824	41
Douglas County	11	886	13	923	11	841	13
Elko County	41	1,180	25	1,259	28	1,199	26
Esmeralda County	0	32	0	23	0	23	0
Eureka County	0	39	0	36	0	39	0
Humboldt County	14	398	13	420	19	455	36
Lander County	6	178	7	175	6	180	36
Lincoln County	2	115	1	111	0	131	8
Lyon County	20	664	25	724	34	784	36
Mineral County	3	164	3	151	3	138	20
Nye County	22	630	6	659	18	620	24
Pershing County	8	158	6	215	4	204	31
Storey County	0	75	1	78	0	86	4
Washoe County	190	5,453	208	5,566	227	5,605	38
White Pine County	2	228	4	238	5	245	15
NEVADA***	1,362	33,814	1,302	35,642	1,323	35,824	38

* Revised.

** Rates based on small numbers should be used with caution.

*** The sum of the counties may not equal the state due to missing or incomplete county-reference data.

Source: State of Nevada Department of Human Resources, Health Division, Office of Vital Records and Statistics, 1997, 1998, 1999.

Births to Women Lacking Adequate Prenatal Care

Definition

Births to Women Lacking Adequate Prenatal Care is defined as the percentage of women beginning prenatal care in the second or third trimester of pregnancy or receiving no prenatal care at all. Data are reported by place of mother's residence, not place of infant's birth, and include only those women who gave birth, not all women who were pregnant.

Research Highlights

- ❖ Women who receive early and consistent prenatal care are more likely to have healthier babies. The early diagnosis of a pregnancy can lead to a plan of care which takes into consideration the medical, nutritional, psychosocial, and educational needs of the patient and her family.¹
- ❖ "Early prenatal care (i.e., care in the first trimester of pregnancy) allows women and their health-care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development."² Receiving prenatal care late in a pregnancy or receiving no prenatal care at all, can lead to negative health outcomes for mother and child. "Adequate prenatal care is determined by both the early receipt of prenatal care . . . and the receipt of an appropriate number of prenatal care visits for each stage of pregnancy."³
- ❖ In 1999, 83.2 percent of women in the U.S. who gave birth received prenatal care in the first trimester.⁴
- ❖ In 1998, women in the U.S. who lived in cities were less likely to receive prenatal care in the first trimester of pregnancy than those who did not (79.5 versus 82.8 percent).⁵

Inadequate Prenatal Care, Nevada: 1999

Number of Women with Delayed Prenatal Care	Percent of Women with Delayed Prenatal Care	Number of Women with No Prenatal Care	Percent of Women with No Prenatal Care
6,064	24%	793	3%

Note: Of the 28,893 live births to Nevada women in 1999, information regarding prenatal-care status is not available for nearly 12 percent (3,467). Therefore, the figures presented are based on the number of live births in which prenatal-care status is available (25,426).

Source: State of Nevada Department of Human Resources, Health Division, Office of Vital Records and Statistics, 1999.

Nevada

- ❖ Twenty-seven percent of the births to Nevada's women in 1999 had delayed or no prenatal care. The corresponding national percentage for 1998 was 17 percent.⁶
- ❖ The average number of prenatal visits for Nevada mothers who received prenatal care in 1999 was 11.94. The American College of Obstetricians and Gynecologists recommends that women receive at least 13 prenatal visits during a full-term, low-risk pregnancy.⁷

*"Assuring early initiation of prenatal care is an important component of safe motherhood programs, which aim to improve maternal and infant health outcomes."*⁸

Centers for Disease Control and Prevention, Entry into Prenatal Care-United States, 1989--1997, Morbidity Weekly Report (MMWR)

The Nevada Women, Infants, and Children (WIC) Program

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is closely connected to the health-care delivery system. WIC provides nutrition education, supplemental foods, and referral to other community-based health and social service providers.¹ Program participants must be Nevada residents, and include women who are pregnant, breastfeeding, or have recently given birth; and their infants or children up to age five. Families must have low incomes and a nutritional risk.² The participants' household income must be below 185 percent of the federal poverty line (see page 43 for poverty guidelines). The program is classified as a federal food program, as funding revenues are primarily from the United States Department of Agriculture. (Information regarding other federal food programs can be found on pages 43-48.) WIC participants receive vouchers for highly nutritious supplemental foods that can be redeemed at retail stores. Nutrition education is provided to all program participants. Individuals identified at higher risk receive counseling from nutrition professionals. All participants are integrated into the health-care system through referrals to appropriate providers in order to improve their health and nutrition-related behaviors.

Extensive national surveys have found that substantial numbers of pregnant and postpartum women, infants, and young children from families with low incomes have inadequate nutrition and health care. This results in higher rates of low-birthweight babies, poorer development in the early years of life, lack of readiness to enter school, poorer overall health, and higher costs of medical care. The WIC program "has been proven to increase the number of women receiving prenatal care, reduce the incidence of low birthweight and fetal mortality, reduce anemia, and enhance the nutritional quality of the diet of participants."³

The WIC program operates statewide through a network of clinics. Clinics in Washoe and Clark counties are operated through contractual agreements with local agencies; whereas, clinics in the rest of the state are operated directly by the state. In all cases, coordination with other local providers ensures that the program improves the utilization of basic health care by serving as an adjunct to existing health care. Additionally, revenues are received from rebates on foods purchased (infant formula and cereal) through single-source contracts with food manufacturers, billings to retail groceries for improper charges, and occasional other small grants. Outreach is conducted to encourage potentially eligible individuals and families to apply. The program operates a toll free number (1-800-8NEV-WIC) for basic information and clinic-location referral.

The Nevada State WIC program serves an average of 39,000 low-income nutritionally at-risk women, infants, and children in Nevada each month. This monthly average for fiscal year 2000 is an increase of 3,000 participants from the previous year. Each month the WIC program serves an average of 10,200 women (4,100 pregnant women, 2,900 breastfeeding women, and 3,200 recently postpartum women); 10,600 infants; and 18,200 children.⁴

Program effectiveness is measured by tracking the numbers of different types of participants, as well as the estimated percentage of eligible women and children. Effectiveness is also measured through the percentage of infants breastfed, percentage of infants introduced to solid food at four months or later, and the percentage of children weaned from the bottle by 14 months.

The Nevada Women, Infants, and Children (WIC) Program Continued

Special Supplemental Nutrition Program for Women, Infants, and Children Program Data

State Fiscal Year	1996	1997	1998	1999	2000
Number of women (pregnant, postpartum, or breastfeeding)	8,961	9,019	9,341	9,162	9,760
Number of infants (birth to 12 months)	8,983	9,359	9,702	9,943	10,348
Number of children (1-4 years)	17,387	18,021	17,969	17,338	17,751
Total number of participants	35,331	36,399	37,012	36,443	37,859

Source: Nevada Department of Human Resources, Division of Health, WIC Program.

The Health Passport Project

The Nevada WIC program is currently participating with the Western Governors Association (WGA) in a project which uses electronic health cards to improve information sharing and administrative efficiency among public and private health-care providers and nutrition programs. The on-going test demonstration of the Health Passport Project in Reno began on June 2, 2000, and is scheduled to run through December 2001. If successful, and federal funding is available, the Health Passport Project will become available to the rest of the state. This project provides WIC Program benefits through Electronic Benefits Transfer (EBT) utilizing Smart Card Technology and is gaining widespread support from participants, vendors, and clinic personnel. The goal of the Health Passport Project is to develop and demonstrate a versatile, multipurpose electronic card that will streamline access to, and delivery of, a variety of public and private services and benefits to individuals to improve their health and the health of their families. At present, participating organizations include the WIC Program, the Immunization Program, and the Head Start Program.

Source: Nevada Department of Human Resources, Division of Health, WIC Program.

Health Care for Children and Youth

Health Insurance Coverage

Who are the uninsured?

The uninsured are predominantly the nonelderly because most persons 65 years and older are eligible for and have Medicare coverage.¹ Unemployed workers and households with very low incomes are eligible for Medicaid. Workers and their families with low incomes make up most of the uninsured.²

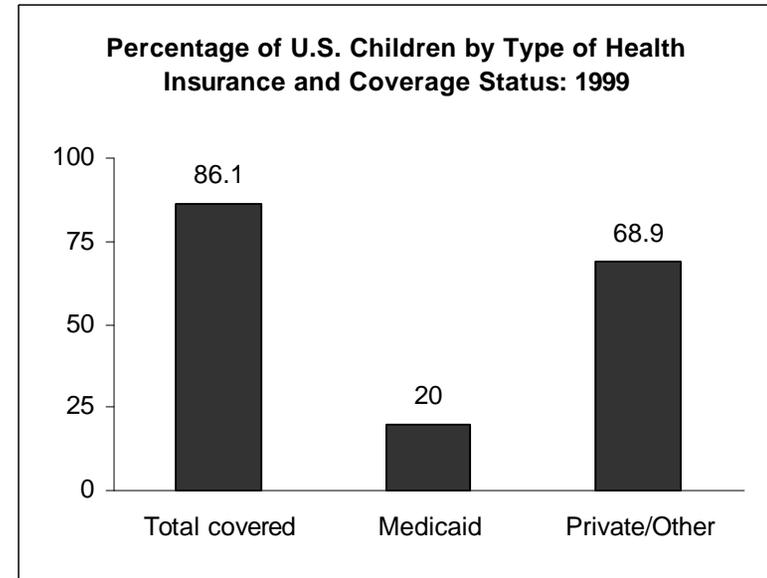
What difference does health insurance make?

Children without a regular source of health insurance face an uncertain future if their health-care needs are not met. These children are more likely to face obstacles which may inhibit their health, growth, and development, such as disease, disability, and death. Uninsured children, compared to insured children, are more likely to use the emergency room as a regular health source than insured children, less likely to receive preventive care, more likely to go without medication, and more likely to have unnecessary pain.^{3,4} Illnesses which are easily treatable when care is readily available, such as ear infections, could become permanent disabilities or life-threatening conditions when health insurance and regular access to care are unavailable.

What is the primary source of national data on the uninsured?

The primary national data source for numbers of uninsured children is the Current Population Survey (CPS) which is conducted by the Census Bureau. The following information on the uninsured comes from the March 2000 CPS.

- ❖ In 1999, 10 million children under 18 years of age (13.9 percent of all children) were uninsured, a 1.5 percent decrease over 1998.⁵



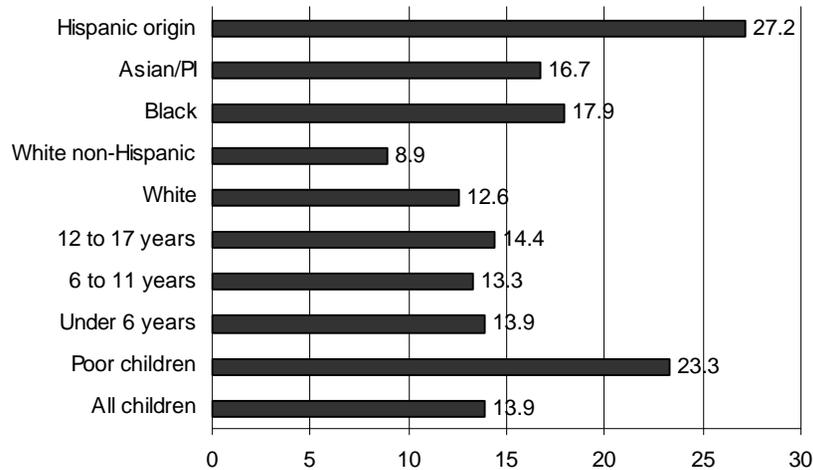
Note: Children may be covered by both private health insurance and Medicaid during the year.

Source: U.S. Census Bureau, Current Population Survey, March 2000.

- ❖ The majority of children (68.9 percent) were covered by private/other health insurance, 20 percent by Medicaid.⁶
- ❖ Of the racial/ethnic groups, blacks (36.2 percent) were the most likely to be covered by Medicaid.⁷
- ❖ Poor children were more likely to be uninsured than nonpoor children, older children were slightly less likely to be insured than younger children, and Hispanics were less likely to be insured than other racial groups.⁸ (See table on next page.)

Health Care for Children and Youth Continued

Uninsured Children in the United States by Race, Ethnicity, and Age: 1999 (In percent)



Note: Hispanics may be of any race.

Source: U.S. Census Bureau, Current Population Survey, March 2000.

“Health insurance affects access to health care as well as the financial well-being of families.”⁹

What Is the Status of Health Care for Children in Nevada?

The U.S. Census Bureau reports that about 22 percent of the children under 18 were uninsured (not covered by private or government health insurance) in Nevada, from 1997 to 1999.¹⁰ (Since the number of children in the sample is too small to produce reliable yearly estimates, data from three consecutive years [1998 to 2000] were combined to produce more reliable estimates.) The corresponding figure for the nation is about 15 percent. From 1994 to 1996, the percentage of uninsured children was about 19, indicating a slight increase in the number of uninsured over the three-year period.

Currently, there are two state-level programs which can assist children from low-income households who need a reliable source of health care: Nevada Medicaid (CHAP) and Nevada Check Up (CHIP).

Medicaid

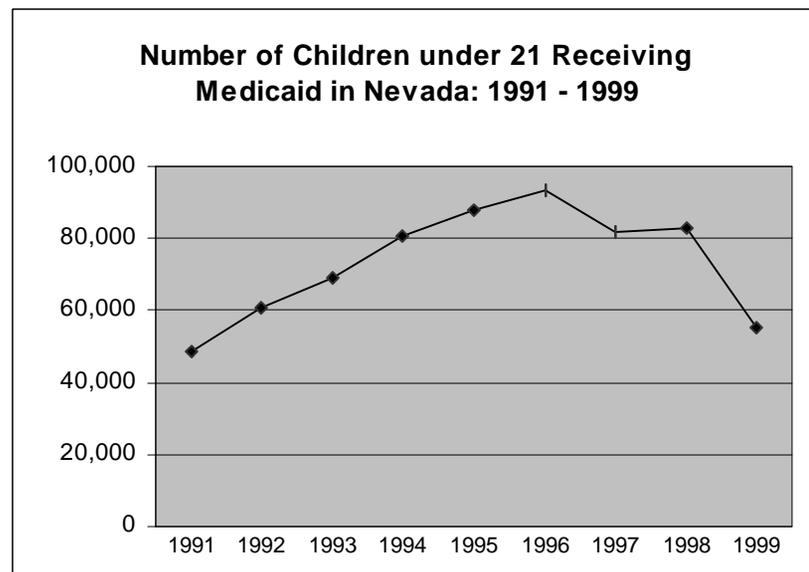
The Medicaid program, authorized by the Social Security Act in 1965, is a health-insurance program for low-income individuals and families. It is jointly funded by state and federal governments. Medicaid provides comprehensive, preventive coverage with some benefits designed specifically for children. These benefits include immunizations; well-child checkups; school physicals; and hearing, dental, and vision screening services.¹¹

In 1967, Nevada implemented its Medicaid program with the passage of Title XIX of the Social Security Act. Since states can raise age and income levels beyond what federal guidelines mandate, states vary in the percentage of low-income children covered, ranging from 20 percent in Nevada to 62 percent in Vermont between 1996 and 1998.¹² In 1999, 10.2 percent of

Health Care for Children and Youth Continued

Nevada's children under age 18 were covered by Medicaid.¹³ The federal government pays 50 percent of Nevada's Medicaid costs.¹⁴ Nevada's total Medicaid spending in 1997 was \$489 million.¹⁵

The following chart illustrates the percentage of Nevada's children enrolled in Medicaid since 1991.



Note: The 1999 data came from the Nevada State Welfare Division (NSWD) Monthly LEGACY Report WL-00427 and NSWD Monthly NOMADS Report AME44A. Both are a snapshot in time of their monthly run dates; they are estimates only.

Source: Annie E. Casey Foundation, 2000 (1991 to 1998 data); Nevada Department of Human Resources: Welfare Division (1999 data).

Nevada Check Up (CHIP)

New federal funds became available after Congress enacted the Children's Health Insurance Program (CHIP, also called S-CHIP). The 1997 Nevada legislature passed enabling legislation to authorize the development and implementation of Nevada Check Up, which began October 1, 1998.

Uninsured children, ages birth to 18, with family incomes that are too high for Medicaid and too low to afford private insurance coverage, can be covered by Nevada Check Up. Families with income levels up to 200 percent of the federal poverty level may qualify. States can cover children at higher levels if they choose. Some states already do, or plan to, cover children at 200 percent of poverty or greater. The federal government covers 65.25 percent of Nevada Check Up expenditures and the state pays 34.75 percent.¹⁶

Program quarterly premiums, based on income and family size, range from \$10, \$25, or \$50 per quarter (per family). Families have no co-payments or deductibles.

From December 1998 to June 1999, Nevada Check Up reported a 135 percent increase in the number of children enrolled in the program, from 2,782 to 6,545.¹⁷ As of December 2000, more than 14,200 children were receiving coverage--an estimated 23,000 children could qualify for Check Up benefits.¹⁸ Ms. Joan Robertson, Provider Relations Coordinator of Nevada Check Up, describes the efforts of the program staff to reach all the eligible children: "The primary focus of the program staff is to enroll as many children as possible in our program. Our goal is to ensure that every eligible child is enrolled and receiving care."¹⁹

In 2001, the University of Nevada Cooperative Extension will help locate eligible children through their child-care providers.

Health Care for Children and Youth Continued

Differences between Medicaid and Nevada Check Up

Nevada Check Up	Nevada Medicaid
Requires quarterly premiums	Does not require cost sharing
Coverage effective first day of month following enrollment approval	Coverage begins on the date of application, if approved
No retroactive coverage	May have retroactive coverage three months prior to date of application
Requires preauthorization for only three treatment areas: orthodontics, steel crowns (more than seven in a single visit), and admission to Residential Treatment Center (RTC)	Requires preauthorization for many services
No limit on the number of physician visits	Limit on the number of physician visits
No limit on the number of prescription drugs	Limit of two prescription drugs per month

Source: Nevada Department of Human Resources, Division of Health Financing & Policy.

Eligibility Requirements for Medicaid and Nevada Check Up

Program	Poverty Guidelines*	Annual Income to Qualify
Nevada Medicaid		
Children (5 and under)	133% and below	Nevada counts assets in addition to income in determining eligibility for children**
Children (6-16)	100% and below	
Children (17-19)	89% and below	
Nevada Check Up		
Children (18 and under)	200% and below	Ranges from a family household of two with a maximum annual income of \$22,500 to \$68,900 for a family of ten (add \$5,800 for each additional member)

*The Department of Health and Human Services publishes the federal poverty income guidelines (FPL). The FPL is the government's working definition of poverty that is used as the reference point for various programs that serve families. It is adjusted for inflation annually. For 2000, the FPL at 100% for a four-person family is \$17,050 per year.

**Examples of assets include cash, bank accounts, bonds, trust funds, Individual Retirement Accounts, vehicles (other than primary vehicle), etc.

Source: The Kaiser Commission on Medicaid and the Uninsured, Start Healthy Campaign, and Nevada Check Up.

Health Care for Children and Youth Continued

Number of Children Receiving Nevada Check Up Coverage by County and Age*

County	Age Group				Total Children Receiving Coverage
	0-12 Months	1-6 Years	7-13 Years	14-18 Years	
Carson City	15	256	291	122	684
Churchill	3	91	97	51	242
Clark	332	3,145	3,327	1,301	8,105
Douglas	7	96	147	79	329
Elko	12	156	197	116	481
Esmeralda	0	4	8	3	15
Eureka	0	2	1	2	5
Humboldt	9	117	144	57	327
Lander	3	24	40	17	84
Lincoln	0	8	11	14	33
Lyon	18	199	248	149	614
Mineral	3	18	28	14	63
Nye	5	72	83	64	224
Pershing	0	26	48	20	94
Storey	0	2	3	5	10
Washoe	78	1,047	1,194	468	2,787
White Pine	4	47	60	37	148
NEVADA	489	5,310	5,927	2,519	14,245

* As of December 1, 2000, 14,245 children were covered by Nevada Check Up.

Source: Department of Human Resources, Division of Health Care Financing & Policy, Nevada Check Up.

Economic Well-Being and Children's Health

There is not a consensus on the definition of poverty, and there is little hope for one in the future. Nevertheless, consensus prevails that children growing up poor are likely to continue the cycle of poverty with the next generation.

The cost of health insurance is often cited as a reason in families' decision not to buy it. Without health insurance, families are less likely to afford the high cost of medical care, in particular, preventive care. The relationship between poverty and health-insurance coverage is evident in the following statistic: Nevada's poor and near-poor children and youth under 18 are three times as likely to be uninsured as other children. The data presented in this table provide further evidence of the relationship between poverty and health-insurance coverage for children and youth in Nevada.

Children in Nevada	<i>Percent</i>
Poor children aged birth to 17 without health insurance living in poverty (below 100 percent Federal Poverty Guidelines)	45
Near-poor children aged birth to 17 without health insurance living in low-income households (between 100-200 percent Federal Poverty Guidelines)	31
Children aged birth to 17 without health insurance living with working parents (at least one parent in a married-couple family or only parent in single-parent family worked at least 26 weeks in the previous year)	20
Poor and near-poor children aged birth to 17 without health insurance living with working parents (at least one parent in a married-couple family or only parent in a single-parent family worked at least 26 weeks in the previous year)	37
<i>Source:</i> U.S. Census Bureau's March CPS Files (three-year average 1998-2000), December 20, 2000.	

Health Care for Children and Youth Continued

Dental Care

Untreated childhood dental problems can lead to pain and often unrecognized problems with eating, speaking, sleeping, and increased susceptibility to other medical conditions.²⁰ These problems can also affect a child's performance in the classroom. Families living in poverty are twice as likely to cite a need for dental care than a need for medical care for their children.²¹ Studies on dental-care access reveal some noteworthy unmet needs.

- ❖ The 1997 National Survey of America's Families reports that **low-income children are nearly twice as likely to have had unmet dental needs** as higher-income children (9.6 versus 5.4 percent). Additional findings showed that children least likely to use dental services lacked health insurance, were in poor health, and had primary caregivers who were less educated and were low income.²² The age of the child was a significant factor in obtaining dental care. **Older children**, 13-17, were the most likely to have unmet dental needs, (12.2 percent); younger children, ages three to five, were the least likely (7.2 percent).
- ❖ The 2000 U.S. General Accounting Office Report on oral health reports that **low-income groups are more likely to have dental disease** compared to higher-income groups: "Among children aged two through five who had family incomes below \$10,000, nearly one in three had at least one decayed tooth that had not been treated."²³ The corresponding figure for those with incomes \$35,000 or higher was 1 in 10.
- ❖ **Dental-care access is a problem for children who have handicapping conditions.** Forty-nine percent of a sample of residents of Los Angeles County experienced problems in obtaining dental services for their handicapped children. Parents/guardians reported problems with cost, transportation, and finding a dentist who would treat their child.²⁴
- ❖ **Access to dental care is also difficult for homeless families.** A 1999 national survey of homeless assistance providers and clients reports that one-third of the children in homeless families had never seen a dentist; and, 17 percent had needed to see a dentist in the last year but had not been able to.²⁵
- ❖ A study of the North Carolina dental Medicaid program showed that **half of the children enrolled in the program never used dental services.**²⁶ The lack of dentist participation in the program and the shortage of dentists and of pediatric dentists in some states may have accounted for the problem.²⁷ A survey of dentists in Washington revealed several reasons for dentists' lack of participation in the Medicaid program including low reimbursement fees, untimely payments, bureaucratic system, and a difficult-to-work-with population (no-shows).²⁸ To compound the problem, parents of children who are Medicaid-eligible encounter barriers to obtaining dental services, citing difficulty in getting timely appointments, taking time off from work, getting child care, and transportation.²⁹

Health Care for Children and Youth Continued

Dental Care in Nevada

As mentioned earlier, two programs provide health care, including dental, to low-income children in Nevada: Nevada Medicaid and Nevada Check Up. Dental services are provided under Medicaid's comprehensive and preventive child-health program, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). At a minimum, Medicaid must provide services which "include relief of pain and infections, restoration of teeth and maintenance of dental health."³⁰ Dental benefits under Nevada Check Up include preventive, diagnostic and treatment, and other general dental and emergency assessments.³¹ In addition, the Miles for Smiles program, funded by a \$500,000 grant from Anthem Blue Cross and Blue Shield, provides free dental care in the Miles for Smiles Van for a limited number of uninsured in southern Nevada.³²

Even with the three programs, children may have trouble finding a dentist to treat them. Nevada's ratio of patients to dentists is high compared to the nation. According to Dr. Ray Rawson, a dentist and Nevada state senator, Nevada's ratio is about 2,600 to 1; whereas, the national average is 1,700 to 1.³³

"Tooth decay is one of the most common childhood diseases - 5 times as common as asthma and 7 times as common as hay fever in 5-to-17-year-olds."³⁴

Childhood Immunizations

The immunization rate measures the percentage of two-year-old children who are immunized with 4 diphtheria, tetanus, and pertussis (DTaP) shots; 3 polio shots; and 1 measles, mumps, and rubella (MMR) shot.

Significance

The success of childhood immunization programs is one of the greatest public-health accomplishments of the twentieth century. These accomplishments include the global eradication of smallpox, the elimination of polio in the Americas, and the reduction of measles, mumps, rubella, diphtheria, tetanus, and *haemophilus influenzae* type b (Hib) in the U.S. and many other countries around the world.

Because these vaccine-preventable diseases have all but disappeared, they no longer serve as a reminder of the need for immunization. It is important to remember that the viruses and bacteria that cause these diseases still exist. Even diseases that have been eliminated in this country, such as polio, still exist in countries that are only an airplane flight away.

Risk Factors

Low immunization rates have been associated with an increase in vaccine-preventable diseases. One out of four Nevada children has not been properly immunized and is, therefore, at risk of contracting a vaccine-preventable disease.

Impact

❖ The level of vaccine-preventable disease has been reduced by more than 99 percent in the U.S. since the introduction of vaccines.³⁵

Health Care for Children and Youth Continued

- ❖ Between 1989 and 1991, a measles epidemic affected more than 55,000 people nationwide--11,000 were hospitalized and more than 120 died. More than 250 Nevadans got measles at that time.³⁶
- ❖ In Nevada, vaccine-preventable diseases are at an all-time low. However, childhood diseases still exist. Estimates suggest close to 14,000 Nevada two-year-olds are not fully protected from 11 dangerous diseases.³⁷
- ❖ “By the time a child reaches the age of two, he or she should have received approximately 80 percent of the vaccine doses required for school enrollment.”³⁸
- ❖ “Millions of Americans do not have health insurance that covers vaccinations or other basic preventive health care.”³⁹
- ❖ “Vaccines save money. For every \$1 spent on the measles-mumps-rubella (MMR) vaccine more than \$21 in direct medical care costs is saved; for every \$1 spent on diphtheria-tetanus-acellular pertussis (DTaP) vaccine more than \$30 is saved; and, for every \$1 spent on polio vaccine more than \$6 is saved. It is estimated that the 1989-1991 measles outbreak cost over \$100 million in direct medical care.”^{40,41}

Nevada

In Nevada, the immunization rates for two-year-olds have increased dramatically since 1990. Vaccine-preventable diseases are at historically low rates. In 1991, only 35 percent of Nevada’s two-year-olds were fully protected from dangerous diseases such as measles and whooping cough. Today, over 73 percent of Nevada’s two-year-olds are fully immunized. However, the corresponding rate for the nation is almost 80 percent. Therefore, there is much to be done in Nevada to increase our rates to be closer to the national average.

Nevada’s immunization rates by county are presented in the following table. In 2000, Lyon (Yerington) reported the highest immunization rate (85.7 percent) and Nye and Esmeralda (Tonopah) reported the lowest (31.1 percent). Nevada’s year 2010 goal for childhood immunizations is that 90 percent of the children are fully immunized by the age of two.

Nevada Public Health Immunization Rates*

County	Percent		
	1999	2000	Change
Carson	53.8	51	-5.2
Churchill	74.7	55.3	-25.9
Clark	76.0	64.3	-15.4
Douglas	58.3	75.7	29.8
Elko	61.1	50.4	-17.5
Eureka	N.A.**	N.A.**	N.A.**
Humboldt	77.0	66.7	-13.4
Lander	75.6	66.3	-12.3
Lincoln	N.A.**	N.A.**	N.A.**
Lyon (Fernley)	70.8	66.7	-5.8
Lyon (Yerington)	94.9	85.7	-9.7
Mineral	69.4	75.0	8.1
Nye (Pahrump)	N.A.**	65.2	N.A.**
Nye & Esmeralda (Tonopah)	57.1	31.1	-45.5
Pershing	95.5	85.1	-10.9
Storey	N.A.**	N.A.**	N.A.**
Washoe	72.9	68.4	-6.2
White Pine	31.8	33.3	4.7

* The percentages represent the number of two-year-old children in Nevada public health clinics who are up to date with 4 DTaP (diphtheria, tetanus, pertussis), 3 polio, and 1 MMR (measles, mumps, and rubella).

** N.A. = Not Available.

Health Care for Children and Youth Continued

At two months of age an infant is ready to begin getting immunizations. These shots will protect a baby from measles, mumps, rubella, polio, diphtheria, tetanus, pertussis (whooping cough), and meningitis. The table below presents the recommended schedule for childhood immunizations.

Recommended Childhood Immunization Schedule

Age	Hep-B	DTaP, (diphtheria, tetanus, pertussis)	Hib (haemophilus influenza type b)	IPV (polio)	MMR (measles, mumps, rubella)	Varicella (chickenpox)	PCV7 (pneumococcal conjugate vaccine)
Birth	X						
2 months	X	X	X	X			X
4 months		X	X	X			X
6 months	X	X	X	X			X
12-15 months			X		X	X	X
15-18 months		X					
4-6 years		X		X	X		
11-12 years	All teens need 3 hepatitis B shots if not already immunized	Just tetanus and diphtheria (Td), not pertussis					
14-16 years							

The immunization section was contributed by the Nevada State Immunization Program, Deborah McBride, Grants and Projects Analyst.

“Adolescents are almost an invisible group in this nation regarding health care coverage. While the health care needs of adolescents tend to be of lower cost and preventive in nature, the challenge is reaching this invisible population before unmet health needs become more chronic and long-term as teenagers reach adulthood.”¹⁴²

*Dr. Marsha Lillie-Blanton, vice president for health policy
Kaiser Family Foundation*



*Economic
Well-Being*

Children in Poverty

Definition

The Percent of Children in Poverty is the percentage of children under the age of 18 who live in families with incomes below the U.S. poverty threshold. In 1999, the U.S. poverty threshold for a family of four was \$16,895.

Current Population Survey

The official and most current source of poverty estimates is the March supplement to the Current Population Survey (CPS), which samples about 50,000 households across the U.S. The data reflect the status of persons during calendar year 1999. Based on these data, **the poverty rate for the U.S. in 1999 was 11.8 percent for all persons and 16.3 percent for children under age 18.**¹

To improve the statistical reliability of poverty estimates, the Census Bureau also calculates a three-year average of poverty for the U.S. and for individual states. **In 1999, the three-year average of poverty for the U.S. was 12.6 percent. The corresponding rate for Nevada was 11 percent.**² (The Census does not estimate state rates using single years of data.) Among the states, **Nevada ranks 20th in the number of all people in poverty.** (The state rankings are arranged in sequential order from highest/best [1] to lowest/worst [50].)

Additional highlights from the March 2000 supplement from the CPS include:³

- ❖ The 1999 U.S. poverty rate for all people was the lowest rate since 1979. This was also the case for children in poverty.
- ❖ Every racial and ethnic group experienced a decline in the poverty rate. Except for whites, poverty rates “fell below or equalled the lowest rate ever recorded” for each of the major ethnic/racial groups.
- ❖ Poverty rates for the racial and ethnic groups in 1999 were 23.6 percent for blacks; 7.7 percent for whites, non-Hispanics; 22.8 percent for Hispanics; and 10.7 percent for Asians and Pacific Islanders. The 1997-1999 average poverty rate for American Indians and Alaska Natives was 25.9 percent.

Small Area Income and Poverty Estimates

To provide more current estimates of income and poverty than that which the decennial Census provides for states, the U.S. Census Bureau implemented the Small Area Income and Poverty Estimates (SAIPE) program. Estimates are calculated by modeling “the relation between income or poverty and tax and program data for the states and a subset of counties using estimates of income or poverty from the Current Population Survey.”⁴ The Bureau then uses “the modeled relations to obtain estimates for all states and counties.”⁵ The estimates are modeled on 1997 income reported in the March 1998 CPS. The following are poverty highlights for Nevada using SAIPE (refer also to the table on the following page).

- ❖ **Nevada’s poverty rate for all ages was 10.7 percent**, similar to the 11 percent calculated from the three-year average of poverty using the March supplement to the CPS.⁶
 - ❖ Among the counties in Nevada, **Mineral had the highest poverty rate (16.3 percent) for all ages**, followed by Esmeralda and Lincoln (15.2 and 14.8 percents, respectively). **Storey County had the lowest rate (4.2 percent).**⁷
- ❖ **Nevada’s poverty rate for children under age 18 was 15.4 percent.**⁸
 - ❖ **Mineral County had the highest poverty rate (23.1 percent) for children**, followed by Nye and Esmeralda counties (20.7 and 17.8 percents, respectively). **Storey County had the lowest rate (5.4 percent).**⁹

Children in Poverty Continued

Estimated Number and Percent of People of All Ages in Poverty by Nevada County: 1997

County	People of All Ages With incomes less than 100% of poverty threshold	
	Number	Percent
Carson City	4,964	10.6
Churchill	2,469	10.7
Clark	129,276	11.1
Douglas	2,698	7.3
Elko	3,365	7.3
Esmeralda	176	15.2
Eureka	165	8.2
Humboldt	1,442	8.0
Lander	623	8.8
Lincoln	571	14.8
Lyon	3,436	11.4
Mineral	858	16.3
Nye	3,652	12.7
Pershing	529	10.9
Storey	127	4.2
Washoe	20,791	9.8
White Pine	1,201	13.4
NEVADA	186,345	10.7

Note: These estimates were released in November 2000.
Source: U.S. Census Bureau, Small Area Income and Poverty Estimates Program.

Estimated Number and Percent of Children under Age 18 in Poverty by Nevada County: 1997

County	Children under Age 18 With incomes less than 100% of poverty threshold	
	Number	Percent
Carson City	1,853	15.4
Churchill	1,004	13.7
Clark	52,257	16.4
Douglas	1,079	10.8
Elko	1,414	8.4
Esmeralda	52	17.8
Eureka	52	8.9
Humboldt	594	9.4
Lander	258	9.6
Lincoln	231	17.7
Lyon	1,398	15.8
Mineral	348	23.1
Nye	1,465	20.7
Pershing	211	12.5
Storey	42	5.4
Washoe	11,307	13.8
White Pine	441	15.3
NEVADA	74,006	15.4

Note: These estimates were released in November 2000.
Source: U.S. Census Bureau Small Area Income and Poverty Estimates Program.

Children in Poverty Continued

Low-Income Status of All Persons and of Children in the U.S. and Nevada: 1997-1999 (Three-year average of data from 1998-2000 CPS)

	All Persons		
	Total Population (in thousands)	Total Number with Incomes Less Than 200% of Poverty Threshold (in thousands)	Percent of All Population with Incomes Less Than 200% of Poverty Threshold
United States	271,010	83,986	31
Nevada	1,830	533	29

	Children under Age 18		
	Total Population of Children under Age 18 (in thousands)	Total Number of Children under Age 18 with Incomes Less Than 200% of Poverty Threshold (in thousands)	Percent of All Children under Age 18 with Incomes Less Than 200% of Poverty Threshold
United States	71,379	28,603	40
Nevada	522	195	37

Note: Percentages were calculated from unrounded numbers.
Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, Current Population Survey (March supplement), 1998 to 2000.

Low income is defined as incomes less than twice the federal poverty line--\$16,895 for a family of two adults and two children under 18 years of age in 1999.

- ❖ Nevada has 533,000 people who are low income (less than 200 percent of poverty threshold). Twenty-nine percent of Nevada's population can be classified as low income. This is slightly lower than that of the nation (29 versus 31 percent).
- ❖ Nevada ranks 22nd in the nation in the percentage of all persons with low income (the state rankings are arranged in sequential order from highest/best [1] to lowest/worst [50]).
- ❖ Nevada has 195,000 children under age 18 who are low income. Nevada's percentage of children under age 18 who are low income is slightly lower than the nation's (37 versus 40).

*"Child poverty is America's dirty little secret. We must get it out in the open and clean it up now."*¹⁰

*Marian Wright Edelman, president
Children's Defense Fund*

*"One in six nonelderly Americans lives in families in which the adults work at least half-time but whose incomes fall below twice the federal poverty level."*¹¹

*G. Acs, K.R. Phillips, and D. McKenzie
The Urban Institute*

*"Regardless of a family's race, age, or structure, poverty and economic hardship can penetrate its boundaries."*¹²

*Mark. R. Rank
Handbook of Family Diversity*

Federal Program Information

Poverty thresholds and poverty guidelines are two federal poverty measurements. Poverty thresholds are updated yearly by the Census Bureau and used mainly for statistical purposes. The poverty guidelines are issued yearly by the Department of Health and Human Services and used mainly for administrative purposes, such as “determining financial eligibility for certain federal programs.”¹ The table below provides **poverty guidelines** which are used to determine financial eligibility for the Food Stamp and the National School Lunch programs discussed in this section. Temporary Assistance for Needy Families does not use the poverty guidelines.

2000 Health and Human Services Poverty Guidelines (100 percent)

Size of Family Unit	48 Contiguous States and D.C.
1	\$8,350
2	11,250
3	14,150
4	17,050
5	19,950
6	22,850
7	25,750
8	28,650
For each additional person, add:	2,900

Source: Federal Register, Vol. 65, No. 31, February 15, 2000.

Introduction

This section provides a brief description and participation data/program trends of selected federal programs, administered in Nevada, which are supplements to families’ incomes. The Federal Poverty Guidelines are a common basis for eligibility determination for a number of public-assistance programs that serve children and their families. An examination of trends in program participation can provide some indication of family and child well-being over time. Direct comparison among programs is difficult as programs often have varying income guidelines, eligibility criteria, and target populations. In Nevada, the percentage of persons eligible and actual participation levels are often dramatically different. (Note: for information regarding the Women, Infants, and Children Program see pages 27-28.)

Food Programs

An important factor in the health of a child is access to a nutritious diet, one sufficient in nutrients and calories.² Being able to provide a nutritional diet for children is linked to various factors including a family’s income, cost of living, participation in the Food Stamp Program, and “the strength of extended family and community support systems.”³ Children living in households with an annual income below 185 percent of the poverty line are eight times more likely to experience food insecurity with hunger than those with a household income above the line.⁴ Food insecurity is defined as having “limited or uncertain access to enough safe, nutritious food for an active and healthy life.”⁵ Based on findings from the Food Security Supplement to the CPS, the United States Department of Agriculture (USDA) and the Census Bureau indicate that slightly more than 12 million children lived in food-insecure households in 1999.⁶ Households with children were

Federal Program Information Continued

twice as likely to experience food insecurity as households without children.⁷ Children who qualify for these federal food programs are more likely to live in families without enough money to purchase a balanced diet that ensures proper nutrition.

Food Stamps

The federal Food Stamp Program is designed to help prevent hunger by providing nutrition assistance to low-income persons in Nevada. To be eligible for food stamps, a household must meet certain eligibility standards based on income and resources, work requirements, and citizenship status. In general, a family is eligible if its gross income is at or below 130 percent of the current Federal Poverty Guidelines.⁸ The amount of benefits an eligible household receives is dependent upon the number of people in the household and total household income. There is no time limit for families with dependent children, as long as the family continues to meet the eligibility requirements.

Nationally, “. . . Food Stamp participation has declined three times faster than poverty, indicating that many people who are eligible for food stamps—including working low-income families, may be living without adequate food or nutrition.”⁹ In September 1997, the percentage of eligible Nevadans who participated in the Food Stamp Program was the lowest of all states at 45 percent.¹⁰ In December of 1998, Nevada’s Food Stamp participation fell by 14.5 percent from December 1997 and from October 1996 to October 2000, Nevada’s participation fell 31.4 percent.¹¹

National 1999 Food Stamp Participant Characteristics¹²

- ❖ Approximately 52 percent of all food stamp participants were children and over 80 percent of food stamp benefits go to households with children.
- ❖ About one-third of all children receiving food stamps were age four and under.

- ❖ Among adult participants, more than 57.2 percent were women.
- ❖ Forty percent of food stamp participants were white, 36 percent were African-American, and 18 percent were Hispanic.
- ❖ Approximately 90 percent of food stamp households had an income below 100 percent of the Federal Poverty Guidelines.

School Breakfast Program

The School Breakfast Program (SBP) was established to provide nutritionally balanced, low-cost or free breakfasts to children. Generally, parents apply to their child’s school for participation in the program.¹³ The income guidelines for both the Free and Reduced Price Breakfast and Lunch Child Nutrition programs are as follows.¹⁴

- ❖ *Free Meals*--Maximum yearly income: 130 percent of the Federal Poverty Guideline. Children in households participating in Food Stamps or Temporary Assistance to Needy Families programs are categorically eligible for free meals.
- ❖ *Reduced Price Meals*--Maximum yearly income: 185 percent of the Federal Poverty Guidelines.

School Lunch Program

The National School Lunch Program (NSLP) was established to provide nutritionally balanced, low-cost or free lunches to children. The program operates in public and nonprofit private schools and residential child-care facilities.¹⁵ School districts and independent schools elect to participate in the NSLP.¹⁶

Participating schools and child-care institutions receive cash subsidies and donated commodities from the USDA for each meal served.¹⁷ Participating schools and child-care institutions must serve meals that meet federal requirements and offer free or reduced price meals to eligible children.¹⁸

Federal Program Information Continued

Recent School-Year Participation in the Free and Reduced Price School Breakfast and Lunch Programs: Nevada

Academic School Year	Number of Schools Participating in F&RP* School Breakfast Program	Number of Low-Income Students Receiving F&RP School Breakfast	Number of Schools Participating in F&RP School Lunch Program	Number of Low-Income Students Receiving F&RP School Lunch	% of Schools Offering F&RP Lunch Program That Offer F&RP Breakfast Program
1998-1999	337	27,404	407	65,941	82.8
1999-2000	372	29,264	436	70,349	85.3

* F&RP stands for free and reduced price.

Source: *School Breakfast Report Card: 2000*, Food Research and Action Center.

Cash Assistance/Work Programs

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) restructured the federal/state welfare program, now called Temporary Assistance to Needy Families (TANF). The TANF program provides cash assistance to the very poor families in Nevada and allows for greater flexibility in how states design and implement their cash assistance programs. "States. . . must use the available funds for eligible needy families with a child and for one of the four purposes of the TANF program":¹⁹

1. To provide assistance to needy families;
2. To end dependence of needy parents by promoting job preparation, work, and marriage;
3. To prevent and reduce out-of-wedlock pregnancies;
4. To encourage the formation and maintenance of two-parent families.

As with other states, Nevada has experienced a dramatic decline in its TANF caseloads in recent years. In spite of these results, there are still individuals not working or in entry-level jobs, with incomes that are too low or too erratic to raise their families above poverty. "From 1993 to 1998, state-welfare caseloads were reduced by 47 percent, while the national poverty rate decreased by only 17 percent."²⁰

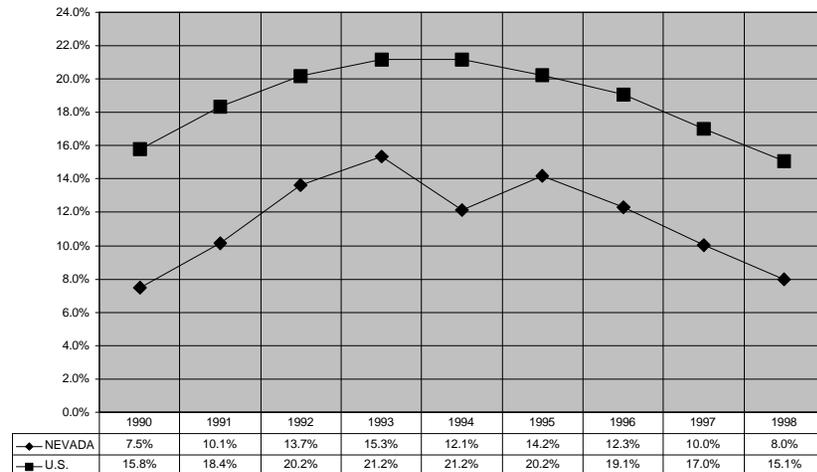
According to the Department of Health and Human Services Administration for Children and Families, some important areas for Nevada and communities to address include:²¹

- ❖ Ensuring that families have sufficient food, medical coverage, affordable quality child care, and reliable transportation to enable them to work;
- ❖ Ensuring that custodial parents receive child support from noncustodial parents so they may pay their bills and adequately provide for their children;

Federal Program Information Continued

- ❖ Focusing on educational and training opportunities that improve wages and working conditions for low-income families;
- ❖ Crafting services for families with special needs or multiple employment barriers that appropriately and effectively meet their needs;
- ❖ Developing collaborative linkages among employers, local leaders and organizations, and faith-based and nonprofit community groups so as to combine their resources and talents to create jobs, support work, and make low-income neighborhoods more viable.

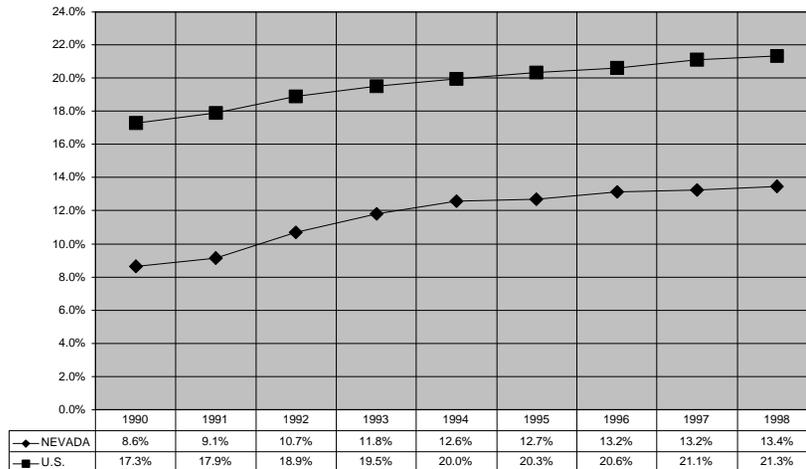
Percent of Children Receiving Food Stamps in Nevada and the U.S.:
Federal Fiscal Year 1990 - 1998



From 1990 to 1998, Nevada had a lower percentage of children receiving food stamps than did the nation. Nevada had from 29.7 percent (in 1995) to 52.5 percent (in 1990) fewer children receiving food stamps than did the nation.

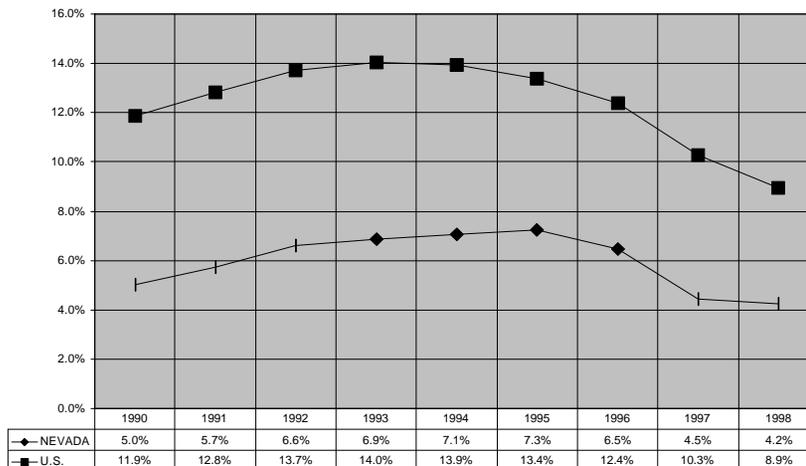
Federal Program Information Continued

Percent of Children Receiving NSLP in Nevada and the U.S.:
Federal Fiscal Year 1990 - 1998



From 1990 to 1998, Nevada had a lower percentage of children receiving National School Lunch Program services than did the nation. Nevada had from 35.9 percent (in 1996) to 50.3 percent (in 1990) fewer children receiving the services than did the nation.

Percent of Children Receiving AFDC/TANF Services in Nevada and the U.S.:
Federal Fiscal Year 1990 - 1998



From 1990 to 1998, Nevada had a lower percentage of children receiving AFDC/TANF services than did the nation. Nevada had from 45.5 percent (in 1995) to 58 percent (in 1990) fewer children receiving the services than did the nation.

Federal Program Information Continued

Sources:

An Annie E. Casey Foundation memo on federal programs provided the number of children receiving services from the three federal programs. Their sources of data included:

Food Stamps: All data were obtained from the Office of Analysis and Evaluation, Food and Consumer Service, U.S. Department of Agriculture.

National School Lunch Program: Data were obtained from the Food and Nutrition Service Office of the U.S. Department of Agriculture.

TANF: All data were obtained from the DHHS Web site (www.acf.dhhs.gov). The 1990-1996 data were obtained from www.acf.dhhs.gov/programs/opre/timetren/tch.htm. The October 1996 through June 1997 data were obtained from "Temporary Assistance for Needy Families (TANF) Program First Annual Report to Congress, August 1998." The July 1997 through September 1997 data were obtained from "Characteristics and Financial Circumstances of TANF Recipients, July-September 1997." The 1998 data were obtained from "Characteristics and Financial Circumstances of TANF Recipients, Fiscal Year 1998."

To calculate the percentage of children receiving services, population estimates for 1987-1990 were obtained from Population Estimates Program, Population Division, U.S. Census Bureau, Annual Time Series, July 1, 1987 to July 1, 1998 (includes revised April 1, 1990, Census population counts).

"The diet quality of children and adolescents is of concern because poor eating patterns established in childhood usually transfer to adulthood. Such patterns are major factors in the increasing rate of child obesity over the past decades and are contributing factors to certain diseases."²²

Definition

Child Care means the “full range of services used by families to educate and nurture young children--services that also allow parents to work or go to school.”¹

Child care is a key factor in household economic well-being as nearly 71 percent of children under age six in Nevada lived with working parents in 1997.² Inability to access or afford adequate child care may greatly diminish parents’ ability to maintain employment.

Useful descriptions for Nevada child-care facilities are defined by law and may be found in *Services for Facilities for Care of Children* NAC-432A.³

Child-care center: any facility in which the licensee regularly provides day or night care for more than 12 children.

Child-care institution: a facility in which the licensee provides care during the day and night and provides developmental guidance to 16 or more children who do not routinely return to the homes of their parents or guardians.

Family home: any facility in which the licensee regularly provides care without the presence of parents, for at least five and not more than six children.

Group home: any facility in which the licensee regularly provides care for no less than seven and no more than 12 children.

Nursery for infants and toddlers: a child care facility in which the licensee provides care for five or more children who are under two years of age.

Preschool: a facility in which the licensee has established specific goals to enhance each child’s cognitive, social, emotional, physical and creative development.

Special needs facility: a child care facility providing care to children in which the licensee has established specific goals to enhance special needs, and in which those children comprise 40 percent or more of the total number of children for whom the facility is licensed to provide care.

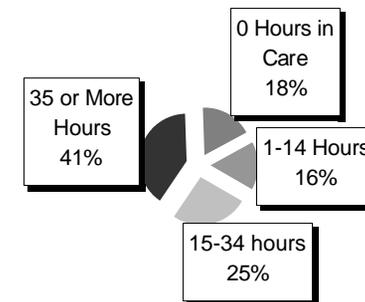
On-site child-care facility: an establishment that (1) provides care to the children of employees of a business at the place of employment; (2) provides care on a temporary or permanent basis, during the day or overnight, to five or more children who are under the age of 18 years and who are not related within the third degree of consanguinity or affinity to an owner or manager of the business; and (3) is owned, operated, subsidized, managed, contracted for or staffed by the business (NRS 432A.0275).

2001 Nevada KIDS COUNT Data Book

Center for Business and Economic Research, University of Nevada Las Vegas

<http://kidscount.unlv.edu>

National Estimates of the Hours Spent per Week in Nonparental Care by Children under Five with Employed Mothers: 1997



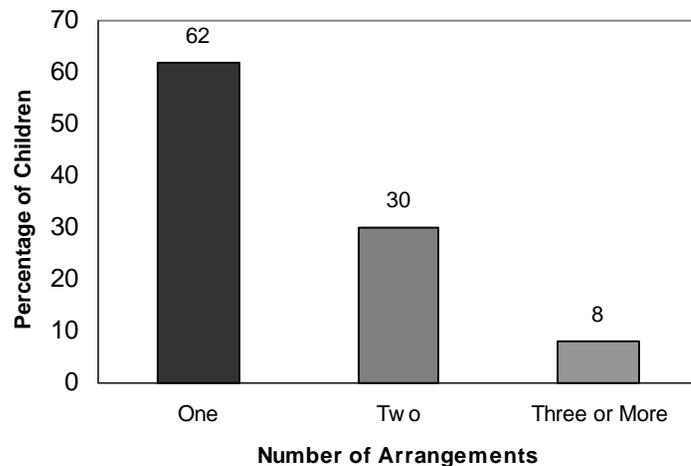
Source: Urban Institute calculations from the 1997 National Survey of America’s Families, “The Hours That Children Under Five Spend in Child Care: Variation Across States,” Series B, No. B-8, March 2000.

Research Highlights

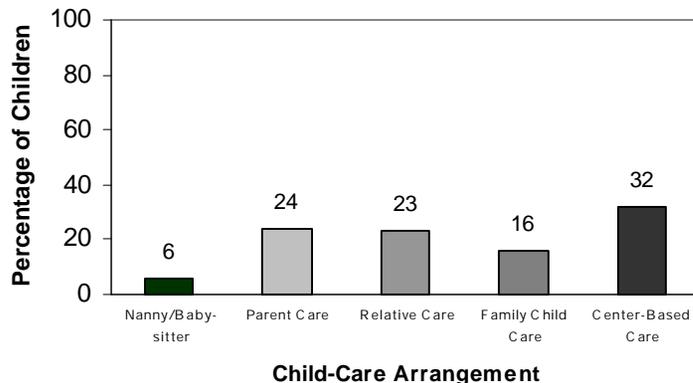
- ❖ Data from the 1997 National Survey of America’s Families, analyzed by the Urban Institute, revealed that:
 - ❖ Forty-one percent of children under five years of age of working mothers spent 35 or more hours a week in child care (see figure above).⁴
 - ❖ Thirty-eight percent of children in nonparental child care were in more than one child-care arrangement each week (see figure on following page).⁵
 - ❖ Seventy-six percent of preschool children with employed mothers were regularly cared for by someone other than their parents (see figure on following page).⁶

Child Care Continued

National Estimates of the Percentage of Children under Age Five with Employed Mothers by Non-parental Child-Care Arrangements: 1997



National Estimates of the Percentage of Children under Age Five with Employed Mothers by Primary Child-Care Arrangements: 1997



Source: Urban Institute calculations from the 1997 National Survey of America's Families.

- ❖ Three- and four-year-olds were twice as likely to be found in center-based arrangements than children ages birth to two (45 versus 22 percent).⁶
- ❖ Low-income children (equal to or below 200 percent Federal Poverty Guidelines) were more likely to receive care from a relative or a parent than higher-income children and were less likely to be in center-based care.⁷
- ❖ A survey of families who had left welfare since 1996 revealed that the most often-cited reason for not working (among the unemployed former recipients) was lack of child care.⁸
- ❖ “The high cost of child care puts quality care out of reach for many families.”⁹ This conclusion was drawn by the Children’s Defense Fund following a 2000 nationwide survey of local child-care resource and referral agencies on child-care costs. Some additional findings include:¹⁰
 - ❖ Child-care costs, in all states except one, exceeded the cost of college tuition. For example, the average annual cost of child care for a four-year-old in Reno, NV, was \$4,862 (2000 Children’s Defense Fund data); whereas, the average annual cost of public-college tuition in Nevada was \$1,956 (based on 1997 enrollment data).
 - ❖ Average annual costs for infants exceeded those of children. “The statewide average annual cost of center care for a four-year-old ranged from \$3,380 in Mississippi to \$7,389 in Alaska.” The corresponding figures for an infant ranged from \$3,692 in Mississippi to \$9,509 in Minnesota.
 - ❖ Family home care was somewhat less expensive than center care.
 - ❖ Child-care costs were somewhat lower in rural areas than in urban areas.

Child Care Continued

Nevada

- ❖ During January 1, 2000 to June 30, 2000, there were 1,065 licensed child-care facilities in Nevada. The two most common types were family home and child-care centers (590 and 352, respectively).¹¹
- ❖ Many Nevada families pay 25 percent or more of their gross income for child care as compared with the 10 percent recommended by the Children’s Defense Fund.¹²

- ❖ According to the Nevada Women’s Lobby, because of budget constraints, many caregivers in Nevada have not received adequate training and staff-turnover rates are high, resulting in child care which may lack in quality and consistency. And, paying for quality early education programs now will save paying much more later for costly remedial services necessary to ensure children’s success in school and later in life.¹³
- ❖ Only 6 percent of children eligible for federal child-care assistance in Nevada received it in 1999. The figure for the nation was 12 percent. (The percentage of children served ranged from a low of 3 percent in the District of Columbia to a high of 25 percent in West Virginia.)¹⁴

Number of Day Care Licenses in Nevada: 2000

Type of Facility	Licenses
Day-care center	352
Onsite center	7
Child-care institution	4
Family home	590
Group home	33
Nursery for infants and toddlers	5
Preschool	38
Special-needs facility	1
Accommodation	35
Total	1,065
Total Spaces	40,484

Source: Division of Child and Family Services,
Bureau of Services for Child Care.

“A better understanding of state-specific child care behavior will help state policymakers effectively target their child care policies and identify the likely impact of policy changes.”¹⁵

Child Care Continued

Child-Care Costs in Nevada: 2000

Area	<i>Average Annual Cost of Center Care for a 4-Year-Old</i>	<i>Average Annual Cost of Center Care for a 12-Month-Old</i>
Nevada	\$4,862	\$5,850
Rural Nevada (Fallon)	\$4,862	\$4,758
Urban Nevada (Reno)	\$4,862	\$5,850

Area	<i>Average Annual Cost of Family Child Care for a 4-Year-Old</i>	<i>Average Annual Cost of Family Child Care for a 12-Month-Old</i>
Nevada	\$4,680	\$4,940
Rural Nevada (Carson City)	\$4,550	\$4,550
Urban Nevada (Reno/Sparks)	\$4,420	\$4,550

Area	<i>Average Annual Cost of Center Care for a School-Age Child</i>	<i>Average Annual Cost of Family Child Care for a School-Age Child</i>
Nevada	\$2,396	\$2,097
Rural Nevada (centers)/Carson City (family child care)	\$2,037	\$1,797
Urban Nevada (Reno)	\$2,492	\$2,576

Source: *The High Cost of Child Care Puts Quality Care Out of Reach for Many Families*, Children's Defense Fund, 2000.

Statewide findings from the Children's Defense Fund study on child care revealed that the cost of child care for infants in Nevada, as in the nation, was greater than the cost for an older child, regardless of type of care received. However, in comparing types of child care, center care was somewhat more expensive than family care for a school-age child.

In comparing regions of the state, child-care costs for school-age children in the urban areas were higher than in the rural areas, regardless of type of care. Family care in rural Nevada (Carson City), however, was somewhat more expensive than family care in the urban area of Reno/Sparks. This was also the case for center care for an infant. On the other hand, costs were higher for a four-year-old in the rural areas, irrespective of type of care received.

*"The challenges confronting the families who seek to enroll their children in child care are very much like the challenges facing an Olympian track star: every hurdle the runner successfully leaps is followed by another."*⁶

Opening a New Window on Child Care
National Council of Jewish Women

Child Care Continued

Child-Care Subsidy Programming

“Dependable, affordable child care is a critical support for all working families; and, such care can be particularly difficult for low-income families to access.”¹⁷ The high cost of child care represents a significant barrier to parents entering and remaining in the work force. Child-care costs constitute a much greater percentage of income for low-income families than for high-income families. Additionally, working poor families are more likely to have nonstandard working hours and inflexible work schedules, making availability a child-care access barrier. Because a primary goal of welfare reform is to increase parents’ work effort, Nevada uses federal and state funds to subsidize low-income parents’ purchase of child care. Such child-care subsidies most commonly take the form of vouchers to clients or direct payments to providers that offset some or all of the cost of care.

The 1997 Nevada legislature consolidated all child-care subsidy programs and placed them within the Department of Human Resources Welfare Division. As a result of the consolidation, the following eligibility system was developed. In general, child-care subsidies will be provided for those families who (1) have applied for TANF and are actively pursuing employment, (2) are receiving TANF assistance and are in a work-training program, (3) are working and receiving TANF assistance, (4) are working but are still at-risk of needing TANF assistance as their income falls below 185 percent of TANF eligibility guidelines and not above 75 percent of the state median income, and (5) are considered in discretionary status such as caring for a foster child or enrolled in an educational program.¹⁸ In Nevada, the child-care subsidy program is “privatized” with one northern (Children’s Cabinet) and one southern (Economic Opportunity Board) nonprofit entity administering child-care subsidy programs.

In Nevada, 8,049 families, representing 14,333 children, received these child-care support services during Federal Fiscal Year (FFY) 2000.¹⁹

Given that a subsidy may improve a parent’s access to more stable, higher-quality child care, which then may increase the likelihood of sustained employment, research findings highlight the need to ensure eligible families know about and have access to child-care subsidies. A 1998 U.S. Department of Health and Human Services report on child-care subsidies found that 10 percent of the 14.7 million children eligible for child-care assistance under federal guidelines, receive them.²⁰

Characteristics of Child-Care Subsidy Programming in Nevada: 2000

	Number	Percent
Subsidy Payment Methods		
Number of children served via grants or contracts	2,682	18.7
Number of children served via direct certificates (payment voucher)	11,651	81.3
Total	14,333	100
Number of Children Served per Type of Child-Care Setting		
Child’s home	153	1.1
Family home	1,695	11.8
Group home	46	0.3
Center Care	12,439	86.8
Total	14,333	100

Source: State of Nevada Child Care and Development Fund Annual Report, FFY 2000.

Child Support

Child Support

Child Support is financial support paid by a parent to help support a child or children of whom they do not have custody. Child support can be entered into voluntarily or ordered by a court or a designated administrative agency, depending on each state's laws. Parents must support their children financially until age 18. Children supported by just one parent usually do not have the same resources as children supported by both parents. With many of Nevada's children affected by divorce or born to a single unmarried parent, many may need child support. Child support may be crucial for the economic well-being of many children.

Nationally, in 1997, 31 percent of single-mother families received child support.¹ Although considerable progress has been made in collections for certain subgroups of single mothers (divorced or separated), numbers of never-married mothers have been increasing and have a much lower rate of child-support receipt than divorced and separated mothers. Additionally, when the noncustodial parent has arrangements for joint child custody and visitation, payment of full or partial child support is most likely.²

County and state child-support enforcement agencies play an important role in child-support collection efforts by locating noncustodial parents, establishing paternity, and establishing and enforcing child-support and medical-support orders. The three state child-support offices are located in Elko, Las Vegas, and Reno. Each of Nevada's counties, with the exception of Eureka and Storey, operate child-support agencies. The state office in Elko manages Eureka County child-support efforts and the state office in Reno manages Storey County child-support efforts.³

Child-support collection efforts include withholding, voluntary payment, unemployment compensation, and income tax withholding. Nevada's total child-support collections have increased over the past three years as shown in the following table.

Total Child-Support Collections in Nevada: 1998-2000

Fiscal Year	Amount of Child-Support Collection
1998	\$91,076,767
1999	101,101,396
2000	106,516,115

Source: Nevada Department of Human Resources, Welfare Division, Child Support Enforcement Program.

Child-Support Enforcement Data, Nevada: State Fiscal Year 2000

Total number of Nevada's children and youth with open child-support cases at the end of the fiscal year*	143,422
Total amount of current support due	\$128,494,209
Total amount of current support distributed	\$63,817,527
Annual percentage of current support amount due which was distributed	49.67%
Total cumulative amount of arrearages (unpaid prior support) due for all fiscal years	\$641,849,988
Total amount of arrearages distributed	\$27,901,546
Annual percentage of cumulative arrearages due which were distributed	4.35%

Of the 34,438 cases** with arrears due, 62.64% (21,573) were getting payments toward the amount

* Includes instances where support is and is not being provided.

** Each case includes at least one child; the average case size includes three children.

Source: Nevada Department of Human Resources, Welfare Division, Child Support Enforcement Program.



*Education
and
Achievement*

Characteristics of the Formal Education System in Nevada

The following highlights describe the available data on the formal education system in Nevada. Some of these data are presented in detail in the tables and figures on the next five pages.

- ❖ Only one school district per county is currently allowed under Nevada law; as such, there are 17 school districts in Nevada.
- ❖ In 1999-00, there were 471 public schools in Nevada: 299 elementary schools, 68 middle schools, 78 high schools, and 26 alternative/special schools. (Five charter schools are included in the total count of public schools.)
- ❖ Nevada public schools showed a 4.9 percent increase in enrollment from 296,621 in 1997-98 to 311,063 in 1998-99. Nine counties reported a decrease, seven an increase, and one showed no change.
- ❖ Clark is the largest school district in Nevada and the sixth largest school district in the U. S. Enrollment for the 1998-99 school year was 203,777 (65.5 percent of the state's total enrollment).
- ❖ Esmeralda is the smallest school district with an enrollment of 114 students.
- ❖ In 1998-99, the average class size in grades one through five in Nevada ranged from a low of 16 for grade one to a high of 27 for grade five. Overall, class size decreased slightly or remained the same over the 1997-98 school year.
- ❖ The average class size for secondary English, secondary math, secondary science, and secondary social studies in Nevada for 1998-99 was 25.1, 25.9, 26.0, and 26.3, respectively. In general, class size remained the same or decreased slightly over the 1997-98 school year.

Attendance Requirements

NAC 387.131 School day in session: A school day in session must consist of the following minimum daily periods for each grade, including recess and time between activities, but not including the time allowed for lunch.

Grade	Period
Kindergarten	120 minutes
1 and 2	240 minutes
3 through 6	300 minutes
7 through 12	330 minutes

Source: Nevada Department of Education.

- ❖ In 1998-99, over one-half of the teachers in Nevada had a B.A., 46.2 percent had an M.A., and 0.6 percent had a PhD. Clark, Washoe, and Lincoln school districts had the highest percentage of teachers with advanced degrees.
- ❖ Considering kindergarten through grade eight, first graders were the most likely to have been retained during the 1998-99 school year; whereas, fifth graders were the least likely to have been retained.
- ❖ Nevada had a school attendance rate of 93.3 for 1998-99, ranging from a low of 92.2 in the Esmeralda School District to a high of 95 in the Eureka School District.
- ❖ For 1998-99, the Clark School District had the largest transiency rate, White Pine the lowest.
- ❖ Current expenditures per student in Nevada's public schools in the 1997-98 school year were \$5,758 (based on daily attendance), a slight increase from \$5,541 in the 1996-97 school year. The nation-wide average was \$6,662 in 1997-98. Among the states Nevada ranked 37th in current expenditures per student.¹

Characteristics of the Formal Education System in Nevada Continued

Number of Nevada Public Schools: School Year 1999-2000

School District	Junior		Total	Elementary	Alternative/	Total
	High Schools	High/Middle Schools	Secondary Schools		Special Schools	Nevada Schools
Carson City	1	2	3	7	2	12
Churchill County	2	1	3	5	1	9
Clark County	32	36	68	152	17	237
Douglas County	2	3	5	7	1	13
Elko County	7	2	9	17	0	26
Esmeralda County	0	0	0	3	0	3
Eureka County	1	0	1	2	0	3
Humboldt County	2	2	4	10	0	14
Lander County	2	1	3	4	0	7
Lincoln County	2	2	4	4	1	9
Lyon County	4	4	8	7	0	15
Mineral County	1	0	1	3	0	4
Nye County	5	1	6	10	0	16
Pershing County	1	1	2	2	0	4
Storey County	1	1	2	2	0	4
Washoe County	13	11	24	59	3	86
White Pine County	2	1	3	5	1	9
NEVADA	78	68	146	299	26	471

Note: Five charter schools are included in the above count of public schools.

Source: Nevada Department of Education.

Private Schools in Nevada

In 1999-00, there were 15,789 students enrolled in Nevada private schools. Approximately one-half of the counties report private-school enrollment. By far, Clark County reports the highest enrollment with 11,216 students, followed by Washoe County with 3,675 students. Enrollment figures for the remaining six counties were Carson City (n=565), Elko (n=100), Douglas (n=50), Churchill (n=33), Lyon (n=52), and Nye (n=98).

Charter Schools in Nevada

The enrollment in Nevada charter schools for 1999-00 was 898. For additional information on charter schools in Nevada refer to Assembly Bill 348.²

Home-Based Schools in Nevada

From 1997-98 to 1999-00, the number of students home schooled increased from 3,566 to 4,924, a 38.1 percent increase. The number of home-based schools is not collected on a statewide basis. As such, no number is reported.

Characteristics of the Formal Education System in Nevada Continued

Number of Students Home Schooled: School Years 1997 - 1999

School District	1997/98	% of Total	1998/99	% of Total	1999/00	% of Total
Carson City	28	0.8	77	1.9	100	2.0
Churchill	111	3.1	114	2.7	102	2.1
Clark	2,024	56.8	2,484	59.9	2,968	60.3
Douglas	177	5.0	245	5.9	248	5.0
Elko	254	7.1	224	5.4	272	5.5
Esmerelda	4	0.1	6	0.1	10	0.2
Eureka	5	0.1	8	0.2	7	0.1
Humboldt	71	2.0	72	1.7	87	1.8
Lander	52	1.5	36	0.9	42	0.9
Lincoln	12	0.3	20	0.5	22	0.4
Lyon	N.A.	N.A.	N.A.	N.A.	153	3.1
Mineral	18	0.5	19	0.5	13	0.3
Nye	145	4.1	135	3.3	95	1.9
Pershing	9	0.3	5	0.1	11	0.2
Storey	6	0.2	10	0.2	7	0.1
Washoe	624	17.5	653	15.7	766	15.6
White Pine	26	0.7	42	1.0	21	0.4
NEVADA	3,566	100.0	4,150	100.0	4,924	100.0

Note: N.A. = Not Available.

Source: Nevada school districts.

Characteristics of the Formal Education System in Nevada Continued

Nevada School District Characteristics: 1997 - 1998, 1998 - 1999

School District	Enrollment*		% Change in Enrollment	% Transiency Rate**		% Attendance Rate***	
	1997-98	1998-99	1998-99	1997-98	1998-99	1997-98	1998-99
Carson City	8,305	8,358	0.6	26.0	26.0	94.0	94.0
Churchill	4,767	4,834	1.4	25.0	25.0	93.9	93.7
Clark	190,822	203,777	6.8	45.0	43.0	92.0	93.3
Douglas	7,302	7,322	0.3	20.0	21.0	93.9	94.0
Elko	10,622	10,443	-1.7	25.0	22.0	92.9	94.1
Esmeralda	114	114	0.0	28.0	36.5	93.0	92.2
Eureka	378	358	-5.3	21.0	21.0	95.0	95.0
Humboldt	4,258	4,288	0.7	22.9	30.0	93.6	94.3
Lander	1,857	1,703	-8.3	28.0	19.0	94.1	94.4
Lincoln	1,081	1,052	-2.7	11.1	18.0	93.1	94.0
Lyon	6,154	6,351	3.2	27.0	25.9	92.5	93.7
Mineral	1,075	1,039	-3.3	28.0	26.0	93.7	93.7
Nye	5,274	5,265	-0.2	35.0	36.0	93.0	93.0
Pershing	999	985	-1.4	27.0	20.5	93.0	92.8
Storey	532	507	-4.7	22.0	27.0	93.0	94.0
Washoe	51,205	52,813	3.1	33.0	33.0	92.0	92.9
White Pine	1,876	1,854	-1.2	16.0	16.4	92.8	92.9
NEVADA	296,621	311,063	4.9	39.3	38.1	92.3	93.3

* The student enrollment for the 1997-1998 school year reported in the School Accountability Data Table (for school year 1998-1999) is different from the student enrollment for the 1997-1998 school year reported in the School Accountability Data Tables for school year 1997-1998 for some districts. This difference in reporting the student enrollment for 1997-1998 was due to some districts reporting their enrollments differently from those presented in the *Research Bulletin, Volume 41*, completed by the State Department of Education. The enrollments on the official fall count day filed with the State Department of Education by school districts are reported in the *Research Bulletin* and school districts receive general funds through the Distributive School Account (DSA) based on the enrollments presented in the *Research Bulletin*.

** Weighted average of district information for the state as a whole.

*** Weighted average of district information for the state as a whole.

The student attendance rate is calculated by taking the aggregate of days that students are present and dividing it by the same number added to the aggregate of days that students are absent.

Source: *Research Bulletin*, Volume 41, Nevada Department of Education.

Characteristics of the Formal Education System in Nevada Continued

The Percentage of Teachers in Nevada School Districts by Highest College Degree and License

School District	% Teachers B.A.		% Teachers M.A.		% Teachers PhD		% Teachers in License*	
	1997-98	1998-99	1997-98	1998-99	1997-98	1998-99	1997-98	1998-99
Carson City	80	80	20	20	0	0	98	100
Churchill	85	86	14	13	1	0	100	100
Clark	48	47	52	52	1	1	99	98
Douglas	69	69	30	31	0	0	96	96
Elko	76	75	24	25	0	0	100	99
Esmeralda	90	90	10	10	0	0	100	90
Eureka	90	86	10	14	0	0	92	94
Humboldt	83	82	17	18	0	0	100	97
Lander	85	86	15	14	0	0	94	95
Lincoln	62	56	37	43	1	1	96	97
Lyon	74	73	25	26	1	1	100	100
Mineral	79	84	22	14	0	1	93	92
Nye	74	76	26	24	0	0	97	93
Pershing	86	89	14	12	0	0	100	100
Storey	60	73	38	27	2	0	82	100
Washoe	50	49	50	51	N.R.	0	99	96
White Pine	76	77	24	23	0	0	88	100
NEVADA**	54	53	46	46	1	1	99	98

Note: N.R. = Not Reported.

* Percentage of teachers teaching within their license area. Includes all degrees.

** Weighted average of district information.

Source: Nevada Department of Education.

Characteristics of the Formal Education System in Nevada Continued

Nevada School District Class Size for Grades K - 6: 1997 - 1998, 1998 - 1999

School District	Class Size Kindergarten		Class Size Grade 1		Class Size Grade 2		Class Size Grade 3		Class Size Grade 4		Class Size Grade 5		Class Size Grade 6	
	97-98	98-99	97-98	98-99	97-98	98-99	97-98	98-99	97-98	98-99	97-98	98-99	97-98	98-99
	Carson City	27.0	25.0	15.0	16.0	16.0	16.0	24.0	19.0	29.0	26.0	30.0	28.0	28.0
Churchill	20.0	20.0	16.0	16.0	16.0	15.0	19.0	20.0	28.0	25.0	27.0	28.0	26.0	28.0
Clark	24.0	24.0	16.0	16.0	16.0	16.0	23.0	19.0	29.0	28.0	28.0	28.0	N.R.	N.A.
Douglas	26.0	22.0	16.0	16.0	17.0	17.0	22.0	19.0	25.0	25.0	24.0	26.0	26.0	25.0
Elko	19.0	19.0	15.0	13.0	14.0	15.0	21.0	19.0	26.0	28.0	26.0	25.0	26.0	26.0
Esmeralda	All classes are multigrade classes.													
Eureka	20.0	11.0	17.0	13.0	14.0	10.0	13.0	13.0	13.0	14.0	14.0	17.0	17.0	22.0
Humboldt	17.0	22.0	13.0	17.0	14.0	15.0	17.0	18.0	19.0	24.0	14.0	24.0	16.0	24.0
Lander	23.0	19.0	18.0	17.0	16.0	16.0	22.0	21.0	27.0	27.0	27.0	25.0	23.0	22.0
Lincoln	13.0	13.5	10.0	10.0	14.0	11.5	16.0	20.0	17.0	15.0	17.0	17.0	15.0	17.0
Lyon	21.0	21.4	15.0	15.0	16.0	16.0	20.0	19.9	25.0	22.4	24.0	25.7	27.0	25.4
Mineral	14.0	17.1	16.0	13.1	14.0	16.1	16.0	17.1	19.0	24.1	21.0	18.1	23.0	20.1
Nye	15.0	17.0	16.0	14.0	15.0	15.0	18.0	20.0	21.0	21.0	22.0	20.0	24.0	22.0
Pershing	20.0	15.0	17.0	16.0	15.0	16.0	19.0	18.0	26.0	24.0	24.0	24.0	20.0	N.A.
Storey	13.0	10.0	15.0	12.0	16.0	11.0	18.0	15.0	16.0	22.0	16.0	14.0	20.5	N.A.
Washoe	24.0	23.9	16.0	17.0	16.0	16.3	21.0	19.8	25.0	25.5	26.0	25.6	26.0	25.5
White Pine	15.0	10.0	15.0	11.0	17.0	11.0	18.0	15.0	16.0	15.0	22.0	15.0	17.0	13.0
NEVADA*	24.0	24.2	16.0	16.0	16.0	15.9	22.0	19.1	28.0	26.9	27.0	27.0	N.A.	N.A.

Note: N.R. = Not Reported.

N.A. = Not Available. State information not available due to lack of the information for the Clark County School District.

* Weighted average of district information.

Source: Nevada Department of Education.

Testing, Proficiency, and College-Entrance Efforts

Testing

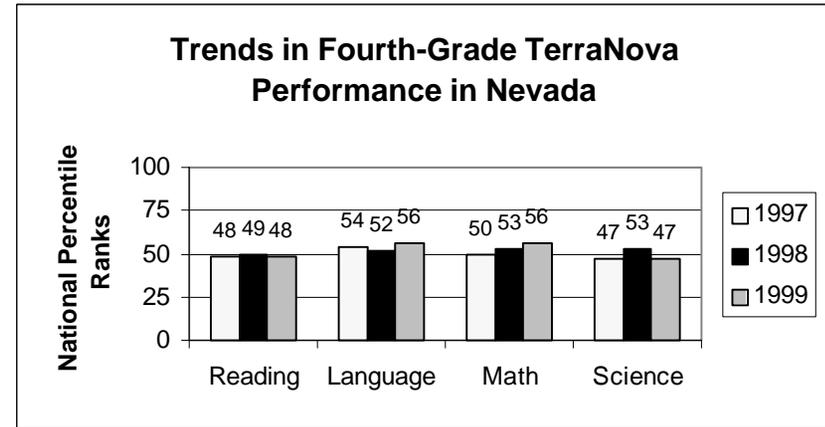
TerraNova Examination

As stipulated in Nevada Revised Statute (NRS 395.015), students in grades four, eight, and ten attending Nevada public schools must be assessed using a norm-referenced examination. Students must be assessed for achievement in reading, language, mathematics, and science. The TerraNova examination (CTB/McGraw-Hill) is currently used in the state of Nevada to meet this need and is administered to students during the fall of the academic year.

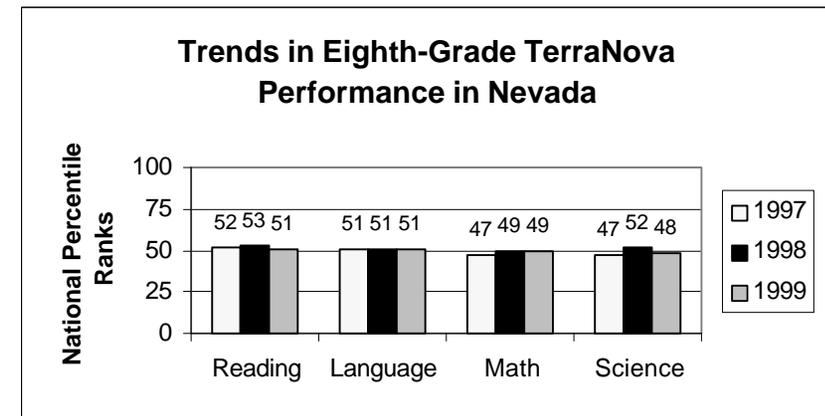
A norm-referenced examination allows a comparison of student performance against a nationally representative sample of students (a norm group). Student performance can be reported or characterized in a variety of ways. Within this summary, a description of performance as measured by national percentile scores will be provided. National percentile scores are fairly easy to interpret. For example, a national percentile score of 50 is equivalent to performance at the national average. In other words, a student with a score of 50 in reading has scored higher than 50 percent of the students making up the national norm group sample.¹

The following summarizes findings from the TerraNova tests for Nevada students in grades four, eight, and ten in 1999-2000.

- ❖ At the fourth-grade level, Nevada students performed above the national 50th percentile in language and math, but scored below the national average in reading and science.
- ❖ At the eighth-grade level, Nevada students performed above the national 50th percentile in language and reading, but scored below the national average in math and science.
- ❖ At the tenth-grade level, Nevada students performed above the national average in all four areas.

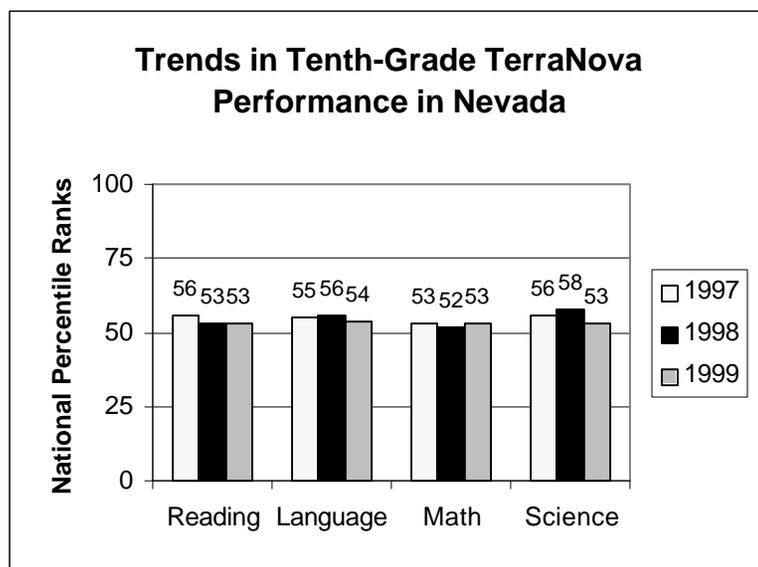


Source: Nevada Department of Education.



Source: Nevada Department of Education.

Testing, Proficiency, and College-Entrance Efforts Continued



Source: Nevada Department of Education.

State Writing Examination

The Nevada Writing Assessment Program was developed by Nevada teachers for use by Nevada teachers.² The writing assessment is administered in grades four and eight, and as part of the High School Proficiency Examination (HSPE) program. In grades four and eight student-writing samples are scored analytically (a type of trait scoring which considers the interrelated components of good writing including such features as ideas, organization, voice, and conventions). As part of the HSPE program, student-writing samples are scored holistically (a type of trait scoring which reflects an overall impression of the writing with a balance of the strengths and weaknesses maintaining that the whole can be greater than the individual parts).

The table below suggests that eighth-grade students' scores on all sections of the writing exam have increased since 1997-1998.

Fourth- and Eighth-Grade Performance on Nevada Writing Examination Exam: 1997-2000

Grade	% Proficient in Writing Ideas			% Proficient in Writing Organization			% Proficient in Writing Voice			% Proficient in Writing Conventions		
	1997-98*	1998-99	1999-00	1997-98*	1998-99	1999-00	1997-98*	1998-99	1999-00	1997-98*	1998-99	1999-00
4th	N.A.	N.A.	52.8	N.A.	N.A.	49.1	N.A.	N.A.	47.4	N.A.	N.A.	51.7
8th	63.6	76.0	79.1	62.7	72.0	76.1	60.1	72.0	73.7	68.3	65.0	72.6

Note: State percentages are not comparable since the state data cover performance within a year and the district percentages can cover a student's performance over a two-year period.

N.A. = Not Available.

* Fourth grade was not tested until 1998-1999. Data for 1998-99 were not consistently reported by districts in the accountability reports.

Source: Nevada Department of Education.

Testing, Proficiency, and College-Entrance Efforts Continued

High School Proficiency Examination

The key features of the High School Proficiency Examination (HSPE) are:

The High School Proficiency Examination covers the subject areas of reading, math and writing. Beginning with the Class of 1999 (pupils who were juniors in the 1997-98 school year and seniors in 1998-99), pupils were required to pass a new, more rigorous high school proficiency examination in reading and mathematics in order to receive a standard high school diploma. The new examinations are based upon the Nevada Course of Study adopted by the State Board of Education in 1994. The new exams were first given to juniors in April of 1998; the next class (Class of 2000) first took the new exams in October of 1998; students are generally allowed to retake the exam up to five times if they do not pass the exam the first time.

Passing scores for the examination are set by the State Board of Education. Assembly Bill 523 of the 1997 Legislative Session directed the State Board of Education to set a "moderate" passing score for the first class to take the new examination (Class of 1999) and to increase the score to a higher level for students to whom the examination is administered during subsequent years. The passing scores for the Class of 1999 were a scaled score of 61 on the mathematics test and 70 on the reading test; the Class of 2000 and 2001 must obtain scaled scores of 64 on mathematics and 71 on reading. The passing score on the writing portion of the examination remains unchanged at 7 for all three years.³

According to Carol Crothers, Education Consultant, Nevada Department of Education: *All public school students who receive a Nevada standard or adult high school diploma must pass the HSPE. That includes students who attend charter schools, which are public schools. Private schools make their own rules about requirements for diplomas, but most have chosen to require students to pass the HSPE as a graduation requirement. Home-schooled students receive diplomas through a variety of means, including correspondence courses; therefore, they follow the*

guidelines from the institution issuing the diploma. They are not required to pass the HSPE, but can opt to take it if they choose.⁴ All students must pass the HSPE as one of the criteria to be eligible for a Millennium Scholarship (see page 66).

The table on the following page summarizes HSPE results over a three-year period. Lander School District had the largest percentage (8.1) of high school students who were denied diplomas for failing the HSPE, followed by Clark (5.6 percent). Eureka, Lincoln, Mineral, Pershing, and Storey school districts reported that no students were denied a diploma for such reason. However, due to great size variations among school districts comparisons are not necessarily reliable.

College Entrance Exams

Two college-entrance exams are administered to seniors in the Nevada public schools: the American College (ACT) exam and the Scholastic Assessment (SAT) exam. The ACT is a standardized test which covers English, math, science reasoning, and reading. A composite ACT score is the average score on the four areas. The SAT consists of three math sections, three verbal sections, and one experimental section (not scored). An average SAT score is reported for the verbal and the math sections.

The percentage of Nevada students taking the ACT and SAT college-entrance exams increased over the 1997-98 to 1998-99 school years. For the 1998-99 school year 43.7 percent of seniors took the ACT, up from 37.9 percent in 1997-98. Similarly, 34 percent of seniors took the SAT in the 1998-99 school year versus 29.8 percent in 1997-98.

The class of 2000 earned a composite score of 21.5 on the ACT, which is slightly above the national average composite score of 21.⁵ The highest possible score is 36.

Testing, Proficiency, and College Entrance-Efforts Continued

Nevada School District High School Proficiency Examination (HSPE) Performance: 1996 - 1997, 1997 - 1998, 1998 - 1999

School District	HSPE			HSPE			HSPE			HSPE		
	% Proficient Reading			% Proficient Math			% Proficient Writing			% Denied Diploma for Examination Failure**		
	1996-97	1997-98	1998-99*	1996-97	1997-98	1998-99*	1996-97	1997-98	1998-99*	1996-97	1997-98	1998-99*
Carson City	99.2	83.0	99.8	99.2	72.0	98.6	98.7	99.5	100.0	N.A.	N.A.	0.5
Churchill	98.0	92.8	99.1	100.0	96.0	98.3	100.0	96.8	99.1	N.A.	N.A.	2.0
Clark	96.8	96.7	96.1	97.4	96.8	91.8	97.8	97.3	97.2	N.A.	N.A.	5.6
Douglas	99.0	99.0	N.R.	100.0	99.0	N.R.	99.0	99.0	NR	N.A.	N.A.	0.2
Elko	99.7	99.9	100.0	99.1	97.6	99.4	99.7	100.0	99.7	N.A.	N.A.	1.1
Esmeralda***	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Eureka	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	11.0	N.A.	N.A.	0.0
Humboldt	95.6	99.3	97.0	97.6	99.0	96.0	97.1	99.5	99.0	N.A.	N.A.	N.R.
Lander	97.1	96.0	97.2	95.1	95.0	88.2	97.0	96.9	95.6	N.A.	N.A.	8.1
Lincoln	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	N.A.	N.A.	0.0
Lyon	100.0	95.6	98.3	98.9	94.8	95.7	100.0	95.2	98.0	N.A.	N.A.	<5
Mineral	95.5	95.8	100.0	98.5	97.2	100.0	95.5	98.6	100.0	N.A.	N.A.	0.0
Nye	100.0	99.0	99.0	100.0	99.0	99.0	100.0	100.0	100.0	N.A.	N.A.	<1
Pershing	100.0	100.0	100.0	100.0	100.0	100.0	98.0	100.0	100.0	N.A.	N.A.	0.0
Storey	93.0	96.0	96.0	93.0	96.0	96.0	93.0	96.0	96.0	N.A.	N.A.	0.0
Washoe	95.3	98.7	97.1	94.5	98.6	97.4	96.2	99.2	99.3	N.A.	N.A.	3.3
White Pine	95.0	100.0	100.0	95.0	100.0	99.2	100.0	100.0	100.0	N.A.	N.A.	N.R.
NEVADA	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.

Note: State percentages are not comparable since the state data cover performance within a year and the district percentages can cover a student's performance over a two-year period.

N.R. = Not Reported.

N.A. = Not Applicable.

* 1998-99 - Seniors were required to pass the new HSPE in reading and math as aligned to the 1994 Course of Study.

** Data not reported until 1998-99.

*** No 9th- through 12th-grade instruction. Students attend school in Nye County.

Source: Nevada Department of Education.

2001 Nevada KIDS COUNT Data Book

Center for Business and Economic Research, University of Nevada Las Vegas

<http://kidscount.unlv.edu>

Testing, Proficiency, and College-Entrance Efforts Continued

The average verbal and math scores for the class of 2000 on the SAT were 512 and 517, respectively. The corresponding national average scores were 505 and 512.⁶

Test results show that students who complete classes in core areas outperform those who do not. ACT defines core-course work as four years of English, three years of math, three years of science, and three years of social studies. See page 70 for Nevada requirements.

A recent higher education study concludes that Nevada is among the lowest-ranked states in the nation in educating residents beyond high school. According to researchers, Nevada fares poorly in the proportion of students who go to college; and, a low percentage of young adults (ages 18-24) are enrolled in education or training beyond high school. Furthermore, a comparatively low percentage of Nevada's first-time, full-time college students earn a bachelor's degree within five years of enrolling.⁷

Nevada High School Performance on ACT and SAT*: 1996-1997, 1997-1998, 1998-1999

ACT & SAT Performance	1996-97	1997-98	1998-99
Percent of seniors taking ACT	39.4	37.9	43.7
ACT composite average	21.3	21.4	21.5
Percent of seniors taking SAT	32.2	29.8	34.0
SAT verbal average	508.0	510.0	512.0
SAT math average	509.0	513.0	517.0

* ACT and SAT are college-entrance examinations.
Source: Nevada Department of Education.

Millennium Scholarships

In 1999, NRS 396.911 created the Millennium Scholarship trust fund, which was initiated by Governor Guinn and approved by Nevada's legislators. The trust fund is administered by the state treasurer. It is derived from the state's share of the settlement from tobacco companies over health-care costs related to smoking. The University and Community College System of Nevada (UCCSN) Board of Regents adopted policy guidelines for the administration of the scholarship.

Nevada's high school students are eligible for the Millennium Scholarship if they meet the following conditions:⁸

- ❖ Graduation with a diploma from a public or private high school in Nevada after May 1, 2000;
- ❖ Completion of high school with at least a 3.0 grade-point average, on a 4.0 grading scale, using all high school credit-granting courses;
- ❖ Passing all areas of the Nevada HSPE;
- ❖ State of Nevada resident for at least two years of high school.

Each eligible student receives an award packet for identification as a potential Millennium Scholarship recipient.⁹ To receive the benefits, students must enroll in a public institution of higher learning in Nevada. However, receiving a Millennium Scholarship does not guarantee admission to the institutions, nor does it guarantee admission to all programs at the universities or community colleges.¹⁰

Two lifetime limitations on the Millennium Scholarship exist:

- (1) the maximum lifetime total award is \$10,000
- (2) support is available only during the eight years following high school graduation.¹¹

Testing, Proficiency, and College Entrance Efforts Continued

Number of Eligible Students for the Millennium Scholarship by County; Fall 2000

School District	Eligible Students
Carson City	247
Churchill	153
Clark	4,307
Douglas	217
Elko	316
Esmeralda*	N.A.
Eureka	14
Humboldt	106
Lander	36
Lincoln	46
Lyon	145
Mineral	17
Nye	123
Pershing	36
Storey	14
Washoe	1,396
White Pine	67
Total Eligible Students**	7,243
Number of Participating Students	4,291

Note: N.A. = Not Applicable.

* Esmeralda County students attend neighboring Nye County high schools. The actual number of Esmeralda County students eligible for the Millennium Scholarship is not available.

** Of the total number of eligible graduates, 7,222 attended public or private school, 15 were home schooled, and 6 attended a non-Nevada high school.

Source: Office of the State Treasurer, Millennium Scholarship.

As of December 2000, 59 percent of Nevada high school graduates deemed eligible for the Millennium Scholarship were enrolled in the UCCSN. Students may enroll in the Community College of Southern Nevada, Great Basin College, Truckee Meadows Community College, University of Nevada Las Vegas, University of Nevada Reno, or Western Nevada Community College.

For more information regarding the Millennium Scholarship guidelines contact the Millennium Scholarship Office at (888)477-2667 or on-line at: <http://treasurer.state.nv.us/new/>.

High School Dropout and Graduation Information

Definition

High School Dropout Rate is defined as the percentage of fall enrollment (students enrolled in the beginning of the school year) in grades 9-12 who dropped out of school during the school year.

Research Highlights

- ❖ A longitudinal study of 4,390 adolescents from California and Oregon revealed that cigarette use during the seventh grade was associated with the likelihood of dropping out of high school for Asians, blacks, and whites. Marijuana use predicted the likelihood of dropping out for Latinos. Other significant predictors were age (overage), gender (female), family structure (nonintact families), repeating a grade, attending a greater number of elementary schools, educational aspirations (low), and grades in school (low).¹
- ❖ Another longitudinal study of 1,242 black first graders from Chicago, revealed that demonstration of aggressive behavior in first grade influenced dropping out of high school. Other significant predictors of dropout were low grades, having a mother without a high school education, and poverty.²
- ❖ Based on the 1998 Current Population Survey, the Bureau of Labor Statistics reports that “students who finish high school are about twice as likely to be working or enrolled in college as are those who drop out.” Furthermore, the proportion of people either unemployed or not in the labor force and not enrolled in college was significantly higher for dropouts than for graduates--56 versus 16 percent.³
- ❖ Researchers identified four types of high school dropouts from a sample of French-speaking students from Montreal in 1974 and 1985. The first group, the Quiets, were characterized as having “moderate or high levels of commitment to education in general” and showing a low level of misbehavior in school. The second group, the Disengaged, demonstrated “an average-low level of school misbehavior, low commitment to school, and average performance with respect to grades.” The Low-Achievers, the third group, showed a “weak commitment to education, average-low levels of school misbehavior, and . . . very poor school performance.” The last group, the Maladjusteds, demonstrated a high level of school misbehavior, poor school performance, and a weak commitment to education. The researchers recommended that teachers should focus on improving achievement for the Quiets; increasing motivation for the Disengaged; implementing teaching strategies geared to overcoming learning difficulties for Low-Achievers; and creating structural learning environments and increasing social and survival skills for the Maladjusteds.⁴
- ❖ A national study of dropouts between the eighth and tenth grades showed that the major reasons given by adolescents for dropping out of high school differed among racial/ethnic and gender groups. All groups, however, reported school-related factors as the most-cited reason for early dropout. Whites were more likely to have given reasons related to alienation from school; black males were more likely to have cited suspension or expulsion from school; and Hispanic and black females were more likely to have reported family-related reasons.⁵

High School Dropout and Graduation Information Continued

- ❖ A national study reports a relationship between the social class of a high school dropout and the likelihood of delinquency. The findings revealed that middle-class high school dropouts were more likely to become involved with crime than were lower-class dropouts. This was more likely the case for students who dropped out for personal or school-related reasons than for those who dropped out for economic or other nonspecified reasons.⁶
- ❖ Data from the youth cohort of the 1979 National Longitudinal Survey of Labor Market Experience were recently analyzed to determine why youths drop out of high school. The selected data, based on 702 white males less than 15 years of age, revealed that specific traits are associated with dropouts: a lower school ability and/or motivation, a lower expected value of a high school diploma, higher skills in the kinds of jobs that do not require a high school diploma, a higher value placed on leisure, and a lower value for attending school.⁷
- ❖ Student mobility, “the practice of elementary and secondary students changing schools for reasons other than promotion from one school to another,” can affect school dropout. Students in California who had changed schools at least once between grades 8 and 12 were more likely to drop out of school than those who had not changed schools. The effect was more pronounced for Latino students than non-Latino whites.⁸
- ❖ The National Center for Education Statistics, using data from the Current Population Survey, reports that “in 1999, young adults living in families with incomes in the lowest 20 percent of all family incomes were five times as likely as their peers from families in the top 20 percent of the income distribution to drop out of high school.”⁹

The **Nevada** legislature in its 1997 and 1999 sessions passed legislation to improve the academic achievement of **Nevada’s** students. The **Nevada** Council to Establish Academic Standards for Public Schools was created to establish high, measurable standards in English, language arts, mathematics, social studies, computer and technology education, health and physical education, and the arts.¹⁰

Of the racial/ethnic categories, Hispanics had the largest percentage of high school dropouts in **Nevada** (11.9 percent) followed by blacks (11.1 percent), American Indian/Alaskan Natives (9.1 percent), whites (6.3 percent), and Asian/Pacific Islanders (5.8 percent). Additionally, 12th graders were more likely to leave school than students in grades 9 through 11; and, males were more likely to drop out than were females.¹¹

In 1997-1998, 53 percent of **Nevada** children lived in a household without a computer. The corresponding percentage for the nation was 49 percent.¹²

High School Dropout and Graduation Information Continued

Nevada Graduation Requirements

In addition to passing the High School Proficiency Examination, Nevada students entering the ninth grade during or after the 1999-2000 school year must earn credits as outlined below. In addition, as of the October 2000 meeting of the Nevada State Board of Education, recipients of the advanced diploma must have a cumulative high school grade point average of 3.0. Students who entered the ninth grade prior to the 1999-2000 school year have slightly different credit requirements for a standard diploma (noted in parentheses below) and are not eligible to receive an advanced diploma.

Credit Requirements for *Standard* High School Diploma

American Government	1
American History	1
Arts & Humanities	1
English*	4
Health Education	½
Mathematics	3 (2)
Physical Education	2
Use of Computers	½
Science	2
Electives	7 ½ (8 ½)
Total	22 ½

*English credit includes reading, composition, and writing.
 Source: Nevada State Department of Education.

Credit Requirements for *Advanced* High School Diploma

American Government	1
American History	1
Arts & Humanities	1
Social Studies	1
English*	4
Health Education	½
Mathematics	3
Physical Education	2
Use of Computers	½
Science	3
Electives	7
Total	24

*English credit includes reading, composition, and writing.
 Source: Nevada Department of Education.

High School Dropout and Graduation Information Continued

Changes in Reporting from Previous KIDS COUNT Efforts

The following text by Carol Crothers, Education Consultant, Nevada Department of Education, explains the changes in reporting of dropout rates from previous KIDS COUNT books. *In previous years, the Nevada KIDS COUNT Report has published Nevada dropout rates for students in grades 10 through 12. Since the Nevada Department of Education and the National Center for Education Statistics (NCES) report annual dropout event rates for individuals in grades 9 through 12, Nevada KIDS COUNT has chosen to report these rates in the same manner. NCES is also working with states and school districts to develop a national database of public school dropout rates. In the 1996-1997 reporting year, 47 states submitted dropout data to the Common Core of Data (CCD describes the system or database in which NCES collects and reports school-level data). Nevada was among 26 states that met the quality and comparability levels that NCES felt are necessary for state-to-state comparisons. An additional 12 states had possible reporting discrepancies that NCES concluded were small enough to justify their inclusion in the cross-state comparison. Since all 50 states are not yet represented in the NCES report of annual event rates, the national KIDS COUNT book publishes dropout status rates from the Current Population Survey conducted by the U.S. Census Bureau. These rates represent an estimated percentage of individuals within specified age groups who reside in each state and have not completed high school. By contrast, the event rate reported by the Nevada Department of Education represents a percentage of individuals who dropped out of high school during a specific school year.*

Revisions to Nevada Revised Statutes (NRS) from the 1999 legislative session, combined with recent revisions and

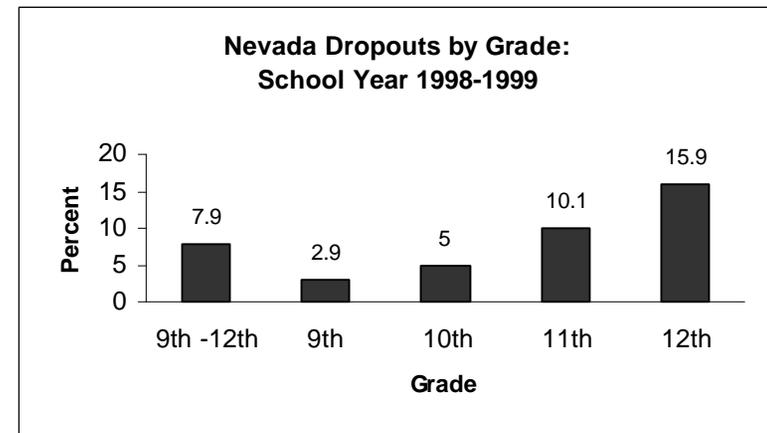
clarifications from the NCES, have resulted in changes to dropout reporting requirements which have significantly affected the numbers of students that Nevada reports as dropouts. Due to the impact of these changes on Nevada's dropout rate, it is imperative that rate comparisons with previous years be avoided.¹³

Nevada

Approximately, 8 percent of students in grades 9-12 in Nevada from school year 1998-1999 were high school dropouts. And, 82.2 percent of high school students who were enrolled at the beginning of their senior year, subsequently graduated.

Counties

Among the 17 counties in Nevada, the percentage of students in grades 9 to 12 who were high school dropouts during the 1998-1999 school year ranged from a low of 0 in Eureka County to a high of 10.9 in White Pine County.



High School Dropout and Graduation Information Continued

High School Completion by Type of Diploma for Clark and Washoe School Districts: School Years 1997-1999

Standard Diplomas*				Adult Standard Diplomas**			
Year	Total	Clark	Washoe	Year	Total	Clark	Washoe
1997	8,824	6,885	1,939	1997	705	555	150
1998	9,385	7,385	2,000	1998	441	260	181
1999	9,964	7,760	2,204	1999	526	403	123

Adjusted Diplomas***				Certificates of Attendance****			
Year	Total	Clark	Washoe	Year	Total	Clark	Washoe
1997	269	202	67	1997	196	157	39
1998	341	269	72	1998	308	241	67
1999	463	367	96	1999	568	487	81

* **Standard diploma** means a diploma which evidences a pupil's graduation from high school but which is not an adjusted diploma or an adult standard diploma.

** **Adult standard diploma** means a diploma which evidences the graduation from high school of a person who has met the requirements for graduation through (1) a program of adult education established by a school district or (2) an alternative program for the education of pupils at risk of dropping out of high school established by a school district pursuant to NRS 388.537.

*** **Adjusted diploma** means a diploma which evidences the graduation from high school of a handicapped pupil after he/she has met special requirements or adjusted standards.

**** **Certificates of attendance** will be awarded to any student who has earned the required units of credit for high school graduation, but has failed to pass one or more portions of the Nevada High School Proficiency Examination. Since a certificate of attendance is not equivalent to a high school diploma, certificate of attendance recipients are considered high school completers, but not high school graduates.

Source: Nevada Department of Education.

❖ Of the four types of diplomas given to seniors in the Clark County School District in 1999, 86 percent were standard diplomas, 4.5 percent were adult standard diplomas, 4.1 percent were adjusted diplomas, and 5.4 percent were certificates of attendance.

❖ Of the four types of diplomas given to seniors in the Washoe County School District in 1999, 88.1 percent were standard diplomas, 4.9 percent were adult standard diplomas, 3.8 percent were adjusted diplomas, and 3.2 percent were certificates of attendance.

❖ From 1997 to 1999, the number of certificates of attendance received by seniors in Clark and Washoe counties increased from 196 to 568, a 190 percent increase.

**Nevada's 2000 National Rank¹⁴: 50
(based on the estimated percentage of
teens ages 16-19 residing in Nevada
who have not completed high school)**

*"Let us reject the twin belief that once there was a time in American education when all things were better; and the negative assumption that this generation of young people can't quite cut it. Our young people don't buy that and neither do I."*¹⁵

*We are in a new era, driven by science and technology, and our schools need to give young people both the capacity to do college-level work and the essential skills to prosper in our new economy."*¹⁶

U.S. Secretary of Education, Richard W. Riley

High School Dropout and Graduation Information Continued

High School Dropout, Grades 9-12 and Graduation Rates*: School Year 1998 - 1999

County	Number of Students				Number of Dropouts				Dropout Rate			Percent of High School Graduates**
	9th Grade	10th Grade	11th Grade	12th Grade	9th Grade	10th Grade	11th Grade	12th Grade	9th-12th Grades	10th-12th Grades	12th Grade	
Carson City	684	645	606	555	3	4	17	45	2.8	3.7	78.7	
Churchill County	353	359	344	302	3	9	20	23	4.1	5.2	75.5	
Clark County	14,938	13,682	12,723	10,499	463	798	1,485	2,042	9.2	11.7	81.2	
Douglas County	600	568	586	531	10	9	26	46	4.0	4.8	84.2	
Elko County	778	758	756	586	16	26	40	24	3.7	4.3	94.2	
Esmeralda County***	0	0	0	0	0	0	0	0	N.A.	N.A.	N.A.	
Eureka County	31	30	21	23	0	0	0	0	0.0	0.0	82.6	
Humboldt County	320	313	308	231	12	5	9	4	2.6	2.1	90.0	
Lander County	124	111	87	99	5	6	6	2	4.5	4.7	85.9	
Lincoln County	98	121	119	110	0	0	0	0	0.0	0.0	82.7	
Lyon County	527	494	445	357	21	17	20	28	4.7	5.0	93.8	
Mineral County	70	57	62	87	3	7	4	6	7.2	8.3	83.9	
Nye County	453	415	388	283	12	27	21	27	5.7	6.9	82.7	
Pershing County	69	70	72	49	0	0	0	0	0.0	0.0	89.8	
Storey County	44	39	27	43	0	0	1	4	3.3	4.6	83.7	
Washoe County	3,915	3,837	3,426	2,960	112	168	363	416	7.5	9.3	81.9	
White Pine County	178	155	138	109	12	12	25	14	10.9	12.7	82.6	
NEVADA	23,182	21,654	20,108	16,824	672	1,088	2,037	2,681	7.9	9.9	82.2	

Note: N.A. = Not Applicable. The dropout rate shown does not account for the "nonreturned" student count and varies slightly from the Nevada Department of Education calculations.

* Graduation Rate is a measure of high school standard, adjusted, and adult diplomas as a percent of 12th-grade enrollment.

** High school standard, adjusted, and adult diploma count/Total 12th-grade enrollment count.

*** No 9th- through 12-grade instruction. High school students attend school in Nye County.

Source: Nevada Department of Education.

2001 Nevada KIDS COUNT Data Book

Center for Business and Economic Research, University of Nevada Las Vegas

<http://kidscount.unlv.edu>

Profile of Children and Youth Enrolled in Special Education

Definition

Children and youth enrolled in special education is the number of students age 3 through 21 who are enrolled in special education in Nevada's elementary, middle, and secondary schools.

Note: Information on children and youth in special education is collected by the Nevada Department of Education Child Count conducted every December. The count is done to determine age, disability category, and ethnicity for children eligible to receive special education.

Significance of Indicator

Special education is instruction tailored specifically for individual children, depending on their disabilities. Under the Individuals with Disabilities Education Act (IDEA) as reauthorized in 1997, state and local school districts are charged with providing specialized educational programs to students with special needs; and, students and parents are given a vehicle for enforcement of their rights.

Although the existence of learning disabilities is indisputable, the process of identifying students with these disabilities can be complicated, as "definitions of a particular disorder may be vague, broad, and with varying presenting manifestations."¹ Children with special needs not only vary by type of disability, but by other differences found in the student population at large--age, family income, race, ethnicity, and temperament.²

Children with disabilities gain academically and socially when they attend classes with all students, rather than being segregated into classes solely for special education. Furthermore, the academic performance of children who are fortunate enough to be without disabilities is not compromised when children with disabilities attend the same classes, according to the growing body of available research.³

Special Education in Nevada

The Nevada State Board of Education has established that all children with disabilities have the right to a free, appropriate public education. This policy includes all children with disabilities ages 3-21. Disabilities range from impaired hearing, vision, and speech to emotional disturbances and mental retardation. Not all children with disabilities require special education--only those with disabilities that interfere with their ability to learn.

Many children with disabilities are in regular classrooms and receive special education in those classrooms or spend a part of their day in regular classes and a part in separate special education classes. Advocates believe educating children with disabilities alongside other children will be an important step in helping them overcome social barriers to getting jobs and to being included into the broader society as they grow older. In recent years, the Nevada Department of Education has tried to encourage placement of children with disabilities in regular classrooms, by devoting resources for professional development and instructional support. National comparative data regarding special education placement settings are not available for the last three school years. However, the Nevada data show there has been movement from "separate class" settings (where students spend 0-39 percent of their school days with nondisabled peers) to "resource" and "regular" class settings (where students spend between 40-100 percent of their school days with nondisabled peers). Of most significance is the growth of students served in "regular" classes with nondisabled peers (for 80 percent or more of their school days) from 43 percent in 1995-1996, to 46 percent in 1998-1999.

Profile of Children and Youth Enrolled in Special Education Continued

Comparison of Nevada and U.S. Placement Data*

School Year	Regular Class		Resource Room		Separate Class		Separate/Residential/ Home/Hospital	
	NV	US	NV	US	NV	US	NV	US
	%	%	%	%	%	%	%	%
1995-1996	43	46	37	27	17	23	3	5
1996-1997	44	N.A.*	37	N.A.*	16	N.A.*	3	N.A.*
1997-1998	42	N.A.*	38	N.A.*	16	N.A.*	3	N.A.*
1998-1999	46	N.A.*	33	N.A.*	16	N.A.*	3	N.A.*

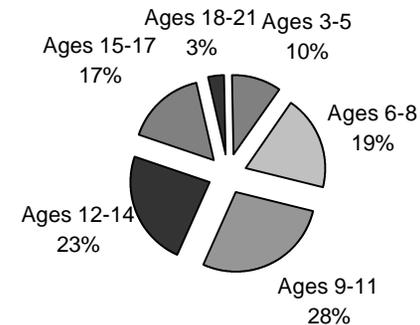
Note: Figures have been rounded to the nearest tenth.

* N.A. = Not Available.

Source: Nevada Department of Education, Educational Equity Team.

- ❖ On December 1, 1999, there were 35,714 children enrolled in special education in Nevada (11 percent of the student population). Chapter 388 of the Nevada Administrative Code defines the 13 primary disability categories for special education purposes (see <http://www.leg.state.nv.us/NAC/NAC-388.html>).
- ❖ The two largest counties in the state have the most children with disabilities, 22,568 in Clark and 6,072 in Washoe in 1999.
- ❖ The most frequent disability among Nevada's students is "learning disability" (57 percent of children in special education).
- ❖ One-half of the students in special education were 9-14 years of age in 1999.
- ❖ Slightly over one-half of the students ages 17-19 exiting special education received a standard education diploma (22 percent) or an adjusted diploma or certificate (30 percent) during the 1999-2000 school year.

Children and Youth Enrolled in Special Education in Nevada by Age: 1999



Source: Nevada Department of Education, Educational Equity Team.

Numbers and Percentages of Special Education Students Ages 17, 18, and 19 Exiting Special Education: 1999-2000 School Year

Special Education Students	Number	Percent
Received regular education diploma	422	22
Received adjusted diploma or certificate	564	30
Returned to regular education (no longer eligible)	51	3
Moved (known to be continuing education)	327	17
Moved (not known to be continuing education)	137	7
Dropped out of school	382	20
Died	5	>1
TOTAL	1,888	

Source: Nevada Department of Education, Educational Equity Team.

Children and Youth Enrolled in Special Education Continued

Children and Youth in Special Education by Primary Disability: School Year 1999-2000 (Ages 3-21)

School District	Total # of Students	Mentally Handicapped	Aurally Handicapped	Speech/Language Handicapped	Visually Handicapped	Emotion-ally Disabled	Ortho-pedically Impaired	Health Impaired	Learning Disabled	Deaf/Blind	Multiple Handicapped	Autism	Traumatic Brain Injured	Develop-mentally Delayed* applies to 3-5 year olds only	Total Students with Disabilities	% Students in Special Ed
Carson City	8,365	36	22	251	5	47	6	25	704	0	21	7	1	39	1,164	14
Churchill	4,860	21	10	108	0	39	11	17	401	0	3	3	5	78	696	14
Clark	217,526	1,139	294	4,073	92	1,138	186	723	12,677	5	475	207	75	1,484	22,568	10
Douglas	7,158	34	6	197	3	16	4	15	461	0	17	12	0	56	821	11
Elko	10,161	63	10	264	3	10	5	13	629	0	13	5	2	33	1,050	10
Esmerelda	105	0	0	5	0	0	0	0	6	0	0	0	1	1	13	12
Eureka	347	0	0	13	1	0	1	4	51	0	0	0	1	5	76	22
Humboldt	4,034	19	4	71	0	9	7	2	359	0	1	3	2	37	514	13
Lander	1,534	6	2	32	0	0	2	5	113	0	2	1	0	28	191	12
Lincoln	1,017	6	0	3	0	2	2	0	46	0	0	2	0	9	70	7
Lyon	6,539	29	15	171	4	27	14	46	488	0	28	6	7	88	923	14
Mineral	907	6	0	30	1	1	1	4	86	0	1	2	1	16	149	16
Nye	5,444	31	1	92	6	63	8	33	553	0	18	4	0	43	852	16
Pershing	963	8	0	10	1	2	3	5	126	2	2	1	0	25	185	19
Storey	458	3	1	11	0	2	1	1	69	0	0	1	0	3	92	20
Washoe	64,508	347	75	844	19	282	63	375	3,449	0	100	72	23	423	6,072	9
White Pine	1,684	8	1	56	0	2	3	2	158	0	4	1	1	11	247	15
Nevada Youth Training Center	176	4	0	0	0	2	0	0	14	0	0	0	0	0	20	11
Caliente Youth Center	95	0	0	0	0	6	0	0	5	0	0	0	0	0	11	12
Summit View Center	80	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NEVADA	335,961	1,760	441	6,231	135	1,642	317	1,271	20,391	7	685	327	119	2,378	35,714	11
Nevada % by Disabling Condition		4.9	1.2	17.4	0.4	4.6	0.9	3.5	57.1	0	1.9	0.9	0.3	6.6		

Source: Nevada Department of Education, Educational Equity Team.

Early Head Start and Head Start Programs

Early Head Start and Head Start are comprehensive child-development programs which aim to increase the school readiness of young children in low-income families. For program purposes, school readiness is defined by these criteria:¹

- ❖ The child has developed skills in socialization and preliteracy.
- ❖ The child is current in all immunizations and has had access to physical, dental, and mental-health care.
- ❖ The child has experienced good nutritional habits.

Early Head Start serves children from birth to age three and Head Start serves children ages three to five years. These Head Start programs must comprise at least 10 percent of children with disabilities. Inclusion and service to children with disabilities is a crucial piece of Head Start philosophy. Head Start programs deliver comprehensive services, providing individualized support in the areas of education and early childhood development, medical, dental, mental health, nutrition, social services, and parent involvement.²

Children enrolled in Head Start have various program options depending on availability. For example, half-day center-based programs, full-day center-based programs, and home-based settings may be offered. The entire range of Head Start services is responsive and appropriate to each child's and family's developmental, ethnic, cultural, and linguistic heritage and experience.³

Seven entities in Nevada operate Early Head Start programs (ages birth up to age three) and/or Head Start programs (ages three to five). The following enrollment numbers indicate the total number of children (available slots) federally funded in Early Head Start and/or Head Start per agency during program year 1999-2000 in Nevada. For each entity, the total number of children served throughout the reporting period is higher due to

client turnover. There are seven Early Head Start and 45 Head Start sites currently operating in Nevada.

The Head Start program is administered by the Head Start Bureau; Administration of Children, Youth and Families (ACYF); Administration for Children and Families (ACF); and Department of Health and Human Services (DHHS). Grants are awarded by the ACF Regional Offices and the Head Start Bureau's American Indian and Migrant Program Branches directly to local grantees, which are public agencies, private organizations, Indian Tribes, and school systems for the purpose of operating Head Start programs at the community level.

The Head Start-State Collaboration Project is funded through a separate grant from the Head Start Bureau. Its purpose is to (1) help build early childhood systems and increase access to comprehensive services and support for all low-income children and their families; (2) encourage widespread collaboration between Head Start/Early Head Start and other appropriate programs, services, and initiatives; and (3) facilitate the involvement of Head Start/Early Head Start in state decision-making forums.

The eight initiative areas targeted in this collaboration effort are child care and preschool, welfare, health care, education, community services activities, family-literacy services, activities relating to children with disabilities, and services for homeless children. Because the Head Start/Early Head Start programs are comprehensive, the Collaboration Project serves as a liaison to aid in identifying and initiating the partnerships to assist each grantee in serving children and their families.⁴

Early Head Start and Head Start Programs Continued

Number of Children (Available Slots) Funded in Early Head Start and/or Head Start in Nevada: 1999-2000

Agency	<i>Number of Site Locations</i>	<i>Number of Slots</i>
Economic Opportunity Board of Clark County	Four Early Head Start sites in Las Vegas, Ely, and Elko; and 13 Head Start sites in Henderson, Las Vegas, and North Las Vegas	1,343
Inter Tribal Council of Nevada	Fourteen Head Start sites in Elko, Fallon, Lovelock, McDermitt, Moapa, Nixon, Owyhee, Reno, Schurz, Sparks, Susanville, Wadsworth, and Yerington	291
Little People's Head Start	One Head Start and one Early Head Start site in Ely	71
Northeastern Nevada Head Start	Three Head Start sites in Elko, Jackpot, and Wells	156
University of Nevada Reno Community Services Agency	Two Early Head Start sites in Reno Nine Head Start sites in Carson City, Fallon, Fernley, Hawthorne, Reno, and Sparks	64 441
Washoe Tribe Head Start	Three sites in Carson City, Gardnerville, and Markleeville	90
	Total number of annual available/funded child-service slots	2,456

Source: Head Start-State Collaboration Project, Health and Human Services Region IX Head Start Program Information Report for 1999-2000 Program Year Enrollment Statistics Report.



*Child
and
Youth
Safety/Welfare*

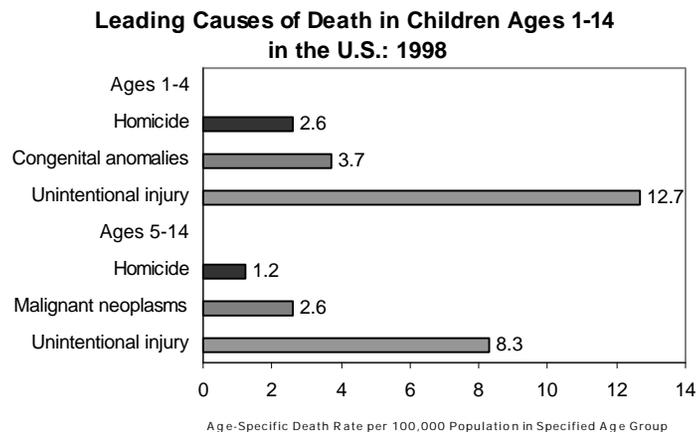
Child Deaths

Definition

The Child Death Rate is the number of deaths (from all causes) of children between the ages of 1 and 14, per 100,000 children. The data are reported by the child's county of residence, rather than by where the death occurred.

Research Highlights

- ❖ The Child Death Rate reflects several factors including the physical health of children, the dangers to which they are exposed in their environment, and the level of supervision they receive.
- ❖ Factors contributing to a child's risk of injury may include lack of education, young maternal age, multiple siblings, dilapidated housing, and unsafe play areas.¹
- ❖ In 1998, injury was the leading cause of death for U.S. children ages 1-4 and 5-14.²



Source: Sherry L. Murphy, *Deaths: Final Data for 1998, National Vital Statistics Reports*, National Center for Health Statistics, Vol. 48, No. 11, July 24, 2000.

Nevada

Between 1997 and 1999, the Child Death Rate in Nevada was 26 per 100,000 children. During this period, 294 children between the ages of 1 and 14 died in Nevada. According to the 2000 *KIDS COUNT Data Book: State Profiles in Child Well-Being*, the 1997 Child Death Rate in the United States was 25 per 100,000 children between the ages of 1 and 14.

Counties

The Child Death Rate ranged from a low of 0 in Esmeralda and Mineral counties to a high of 51 in Nye County. Statistically reliable rates could not be calculated for Eureka and Storey counties due to small numbers.

Causes of Child Death (Ages 1-14) in Nevada: 1997-1999

Region	Accidents	Natural Causes				Total
		Homicide	Suicide	Other		
Clark County	76	64	13	6	46	205
Washoe County	13	13	3	3	11	43
Rest of State	23	9	5	2	7	46
NEVADA	112	86	21	11	64	294

Source: State Department of Human Resources, Health Division; Office of Vital Records and Statistics.

Nevada's 2000 National Rank³: 39

Child Deaths Continued

Child Deaths and Death Rates: 1997 - 1999

(Deaths per 100,000 children, ages 1 - 14)

County	1997		1998		1999		Average Child Death Rate 1997-1999
	Child Deaths	Population Ages 1-14	Child Deaths	Population Ages 1-14	Child Deaths	Population Ages 1-14	
Carson City	4	9,365	2	9,576	3	9,676	31
Churchill County	1	5,226	0	5,205	0	5,384	6
Clark County	69	252,458	72	265,365	64	251,747	27
Douglas County	1	7,259	1	7,435	0	6,466	9
Elko County	0	11,716	4	11,885	7	11,030	32
Esmeralda County	0	226	0	216	0	210	0
Eureka County	1	323	0	302	0	362	N.M.
Humboldt County	2	4,201	1	4,198	0	4,351	24
Lander County	0	1,796	2	1,766	0	1,758	38
Lincoln County	0	761	0	755	1	862	42
Lyon County	2	6,198	0	6,353	2	6,348	21
Mineral County	0	1,425	0	1,370	0	1,307	0
Nye County	5	4,982	1	5,251	2	5,324	51
Pershing County	0	1,589	1	1,711	1	1,551	41
Storey County	0	546	1	545	0	488	N.M.
Washoe County	14	62,233	16	62,738	13	64,736	23
White Pine County	0	2,083	0	2,104	1	2,110	16
NEVADA*	99	372,387	101	386,777	94	373,710	26

Note: N.M. = Not Meaningful. Calculated rates based on very small numbers are not statistically reliable.

* The sum of the counties may not equal the state total due to missing or incomplete county-reference data.

Source: State Department of Human Resources, Health Division; Office of Vital Records and Statistics, 1997, 1998, 1999.

T^{een} Violent Deaths

Definition

The Teen Violent Death Rate is the number of deaths from suicide, homicide, accidents, and unclassified deaths, per 100,000 teens, ages 15 to 19. The data are reported by the youth's county of residence, rather than by where the death occurred.

Research Highlights

Suicides

- ❖ A study of 975 adolescents in New York revealed that those who attempted suicide were more likely to be greater users of illegal substances, have a greater number of drug-using friends, and have a lower level of familial social support than adolescents who had not attempted suicide.¹
- ❖ Factors associated with repeat suicide attempts among adolescents include substance abuse, a history of sexual abuse, chronic medical conditions, and nonaffective psychotic disorders (“those which had previously been diagnosed [and which were still clinically relevant] and disorders provisionally diagnosed”).²
- ❖ Adolescents and young adults who had experienced childhood neglect, physical abuse, or sexual abuse were three to four times more likely to become depressed or suicidal than those who had not. The risks of suicide were greatest for adolescents who had a history of being sexually abused.³
- ❖ A one-year study showed that 15,555 youths committed suicide in 34 of the wealthiest nations, that is, high- and upper-middle income countries. The U.S. accounted for 32 percent of the suicides. The majority of the suicides were committed by males (80.1 percent).⁴

Accidents

- ❖ In the U.S., approximately 78 percent of all injury deaths among teenagers in 1998 were caused by motor-vehicle crashes, making it the leading cause of injury mortality among 15- to 19-year-olds.⁵
- ❖ In 1999, U.S. teenagers accounted for 15 percent of motor-vehicle deaths. During that same year:
 - ❖ 55 percent of teenage motor-vehicle deaths occurred on Friday, Saturday, and Sunday;
 - ❖ 41 percent of teenage motor-vehicle deaths occurred between 9 p.m. and 6 a.m.⁶
- ❖ Research addressing reasons why teenagers are at high risk of death from motor-vehicle crashes shows that they are more likely than older drivers to:
 - ❖ speed;
 - ❖ run red lights;
 - ❖ make illegal turns;
 - ❖ ride with an intoxicated driver;
 - ❖ drive after using alcohol or drugs.⁷

Homicides

- ❖ In 1997, the U.S. number of homicides of juveniles, under the age of 18, reached its lowest level in 10 years--2,100 victims. Of these victims:
 - ❖ 33 percent were under age 6;
 - ❖ 17 percent were ages 6 to 14;
 - ❖ 50 percent were ages 15 to 17;
 - ❖ 30 percent were female;
 - ❖ 47 percent were black;
 - ❖ 56 percent were killed with a firearm.⁸

Teen Violent Deaths Continued

Teen Violent Deaths: 1997 - 1999*

(Deaths per 100,000 teens, ages 15-19)

County	1997		1998		1999		Average Teen Violent Death Rate 1997-1999
	Teen Violent Deaths	Population Ages 15-19	Teen Violent Deaths	Population Ages 15-19	Teen Violent Deaths	Population Ages 15-19	
Carson City	1	2,935	0	3,116	0	3,133	11
Churchill County	1	1,750	1	1,792	0	1,846	37
Clark County	49	72,897	66	78,832	41	81,753	67
Douglas County	2	2,947	1	3,162	2	3,006	55
Elko County	0	3,963	5	4,155	3	3,995	66
Esmeralda County	0	107	0	100	0	110	0
Eureka County	1	117	0	126	0	134	N.M.
Humboldt County	0	1,412	0	1,455	1	1,515	23
Lander County	0	627	4	597	3	591	N.M.
Lincoln County	0	393	2	393	0	440	N.M.
Lyon County	1	2,261	3	2,443	0	2,634	55
Mineral County	0	553	0	513	0	488	0
Nye County	5	1,982	1	2,158	2	2,218	126
Pershing County	1	514	0	617	1	596	116
Storey County	0	246	0	253	0	275	0
Washoe County	9	17,861	20	18,551	9	19,131	68
White Pine County	0	823	0	854	3	871	118
NEVADA**	70	111,388	103	119,118	65	122,736	67

Note: N.M. = Not Meaningful. Calculated rates based on very small numbers are not statistically reliable.

* Teen Violent Deaths includes homicides, suicides, accidents, and unclassified deaths.

** The sum of the counties may not equal the state total due to missing or incomplete county-reference data.

Source: State of Nevada Department of Human Resources, Health Division; Office of Vital Records and Statistics.

Teen Violent Deaths Continued

Nevada

Nevada's Teen Violent Death Rate from 1997 to 1999 was 67 deaths per 100,000 teens, ages 15 to 19. During this period, 238 teens died as a result of homicide, suicide, and accident. Eight deaths were considered "unclassified." According to the *2000 KIDS COUNT Data Book: State Profiles in Child Well-Being*, the 1997 rate for the U.S. was 58 per 100,000.⁹

Considering Teen Violent Deaths by cause, slightly more than one-half were accidents, 25.6 percent were homicides, 19.3 percent were suicides, and 3.4 percent were unclassified.

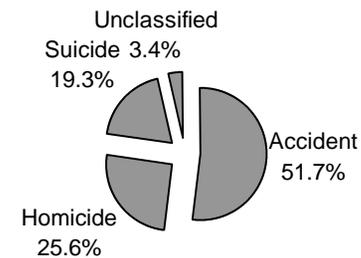
Findings from the 1999 Youth Risk Behavior Survey show that 27.8 percent of Nevada high school students (35.9 percent female and 19.9 percent male) felt sad every day for two or more weeks in a row; 19.5 percent (26 percent female and 13 percent male) had seriously considered attempting suicide during the 12 months preceding the survey; and 16.1 percent (20.8 percent female and 11.4 percent male) had made a suicide plan during the 12 months preceding the survey.¹⁰

Counties

The Teen Violent Death Rate ranged from a low of 0 in Esmeralda, Mineral, and Storey counties to a high of 126 in Nye County. For the three counties in which the calculated rates were not meaningful because of small population numbers, only raw numbers are provided. Four counties had a Teen Violent Death Rate higher than the state rate of 67.

Nevada's 2000 National Rank¹¹: 30

Percentage of Teen Violent Deaths by Cause, Nevada: 1997-1999



Source: State of Nevada Department of Human Resources, Health Division; Office of Vital Records and Statistics.

"Today's teen is more likely to die of a gunshot wound than of disease or other natural causes, and for every fatal shooting there are three nonfatal shootings."¹²

*John J. Wilson
Acting Administrator, U.S. Department of Justice*

"Depression and suicidal feelings are treatable mental disorders. The child or adolescent needs to have his or her illness recognized and diagnosed, and appropriate treatment plans developed."¹³

American Academy of Child & Adolescent Psychiatry

Child Abuse and Neglect

Definition

Child Abuse is defined by Nevada Revised Statute 432B.020. "Abuse or neglect" of a child means: physical or mental injury of a nonaccidental nature; sexual abuse or sexual exploitation; or negligent treatment or maltreatment caused or allowed by a person responsible for his welfare under circumstances which indicate that the child's health or welfare is harmed or threatened with harm. Child abuse is investigated by child protective service (CPS) agencies."

Research Highlights

The consequences of child abuse and neglect, which may be long term, have been studied by researchers in many disciplines. The consequences can be physical (ranging from "minor injuries to severe brain damage"), psychological (ranging from "chronic low self-esteem to severe dissociative states"), cognitive (ranging from "attentional problems and learning disorders to severe organic brain syndromes"), and behavioral (ranging from "poor peer relations to extraordinarily violent behaviors").²

Factors contributing to child abuse and neglect include poverty, lack of or limited social services, high crime rate, high unemployment rate, low self-esteem, emotional immaturity, personal history of physical or sexual abuse as a child, lack of parenting skills, teenage parents, and unwanted pregnancy.³

The estimated number of maltreated children in the U.S. is available from different sources. The National Center on Child Abuse and Neglect (NCCAN) collects data from CPS agencies on a yearly basis. (CPS refers to "services provided by an agency authorized to act on behalf of a child when parents are unable or unwilling to do so."⁴) The national data system that monitors the

caseloads of CPS agencies is the National Child Abuse and Neglect Data System (NCANDS) which is maintained by the Federal Department of Health and Human Services Administration for Families and Youth. The requirement to collect certain types of child abuse and neglect data is mandated by the Federal Child Abuse Prevention and Treatment Act (CAPTA). According to NCANDS, CPS agencies received 2 million reports on over 3 million maltreated children in 1996.⁵ Eighty percent of the reports were investigated by CPS agencies, 35 percent of the investigations revealed that the allegations were either substantiated (allegation was supported) or indicated (allegation could not be substantiated but there was reason to suspect the child was maltreated or was at risk of maltreatment). Additional findings related to substantiated or indicated maltreatment in the U.S. were:⁶

- ❖ 55 percent of the victims were white, 28 percent were black, 12 percent were Hispanic, and 5 percent were other;
- ❖ 52 percent were female;
- ❖ 1,077 had died of maltreatment;
- ❖ about 16 percent were removed from their homes;
- ❖ 80 percent of the perpetrators were parents of the victim.

Another source of child abuse and neglect data is the National Center on Child Abuse Prevention Research at Prevent Child Abuse America. Their annual survey of 50 states showed that in 1998, 3,154,000 children were reported as alleged victims of maltreatment, a decrease of 2.4 percent over their 1997 annual survey findings.⁷ Of the substantiated cases, over one-half were due to neglect (see figure on next page).

Child Abuse and Neglect Continued

Investigation Procedures

The process for investigating child abuse and neglect in Nevada is presented on the next two pages. The text was contributed by Division of Child and Family Services - Family Programs Office, Child Protective Services.

Child protective agencies respond to verbal, telephone, Internet e-mail, written, or other referred reports of child abuse. Anyone who believes that a child is in danger (or at risk of harm) can file a report. Reports of abuse are also referred to as “incidents” of abuse. Upon the receipt of a report of possible child abuse or neglect, child protective service agencies screen the report and may initiate an investigation immediately when the child is five years of age or younger, there is high risk of serious harm to the child, or the child is deceased or seriously injured. The majority of reports are investigated.

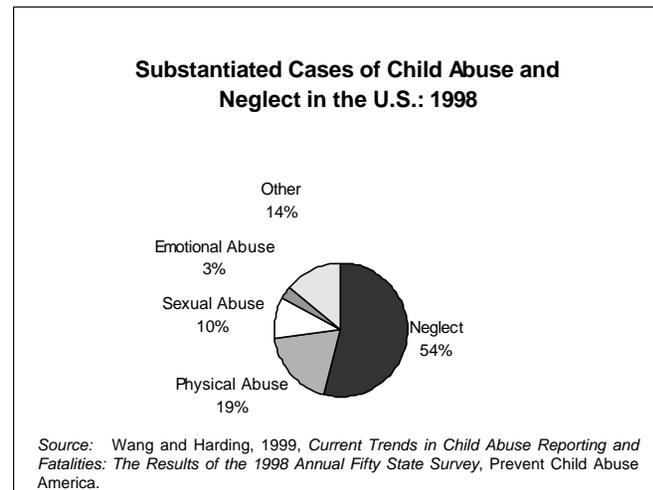
Some reports are referred for “information and referral” when the report is actually a request for services or when the report is within the purview of another agency. Nevada implemented a Differential Response

System in 1997. This effort allows families in which the report does not appear to be of a serious nature or at high risk of harm to the child, to be referred for a family assessment through selected community-based service providers, such as Family Resource Centers. The intent of the Differential Response is to allow families to gain access to services that will keep them out of the child protection system. There are no findings for this

type of referred report. Rather than the Differential Response System, Clark County now utilizes a network of community providers, such as public health nurses, as the first response to certain lower risk categories of neglect.

Findings

After the investigation of a report of abuse or neglect, the case findings are determined as to whether there is reasonable cause to believe that a child is abused or neglected or threatened with abuse or neglect. The findings are classified into several categories (NAC 432B.170) and entered in the State Central Registry. These categories are classified into three main report outcomes: substantiated, unsubstantiated, or unknown. Substantiated means that the reported abusive or neglectful situation/incident is confirmed through the investigation/assessment or court process. Unsubstantiated means that the abusive or neglectful situation was not confirmed through the investigation. An unknown report means that the investigating agency was unable to locate the alleged perpetrator and/or interview the child, or there was insufficient evidence or information provided. In some instances, these reports are false and malicious. Clark County does not use the term “unknown” as a disposition. Rather, “unable to locate” (cases where the victim, family, or others, cannot be located to complete an investigation) is used.



Child Abuse and Neglect Continued

Interpreting Statistics on Child Abuse and Neglect in Nevada

Child protective agencies often receive more than one report of abuse or neglect on the same child or family. When this happens, reports may be duplicated and the numbers of reports increase. Data collected for 1999 reflect duplicated reports.

Data collected for child abuse and neglect statistics come from the Nevada Child Abuse and Neglect System (NCANS). NCANS is part of the National Child Abuse and Neglect Data System (NCANDS). In 1996, the Child Abuse Prevention and Treatment Act (CAPTA) requirements for the NCANDS expanded to include more data fields and elements related to response time to reports and services, the number of child protection service workers, number of children reunited with their families or receiving family preservation services, number of children for whom individuals were appointed by the court to represent the best interests of the child, and other data. In Nevada, the current data collection system is unable to meet these new CAPTA requirements as well as the Adoption and Foster Care Reporting System (AFCARS) requirements.

However, the Nevada Statewide Automated Child Welfare Information System (SACWIS) Project or Unified Nevada Information Technology for Youth (UNITY) is the new computer system which will collect expanded data and ensure better reporting in the future. The UNITY system was partially implemented in the fall of 2000 and is expected to be fully operational by the end of 2001 for use in Washoe County and by the State Division of Child and Family Services. Clark County Family and Youth Services does not use the UNITY system; but, their Family Tracks computer system is designed to interface with UNITY and provide required data for NCANDS, AFCARS, and other federally required data systems.

The 1999 data, based on the older Legacy computer system, has limitations. These limitations include duplication of reports, the collection of the number of reports/incidents instead of the actual number of children, and the estimated number of children based on the child-victim numbers of maltreatment.

Nevada is unique in that existing law requires the establishment of separate child protection systems in counties in which the population exceeds 100,000 persons (NRS 432B.325). There are three separate systems coordinated by the State Division of Child and Family Services (DCFS). These systems share the NCANDS database, but each varies in the way cases are investigated and screened. Each agency has different protocols and practices that influence the reporting of child abuse and neglect.

Nevada

- ❖ Of the 13,384 total reports of suspected child abuse and neglect received, 3,983 or 29.8 percent were substantiated (see table on next page, column 6). The percentage of substantiated child abuse reports received in 1999 ranged from 0 in Esmeralda County to 57.1 in Eureka County. (Fifty-nine percent of the total reports occurred in Clark County, 22 percent in Washoe County, and 19 percent in the rural counties.)
- ❖ The 1999 substantiated child abuse rate in Nevada was 14.2 per 1,000 children under age 18 (refer to table on page 89, column 5). Overall, there were 6,755 victims of substantiated child abuse and neglect and 1.7 victims of child abuse and neglect per substantiated report (see table on page 89, column 3). On average more than one child was involved in each substantiated report.

Child Abuse and Neglect Continued

Child Abuse and Neglect Reports: 1999* (Ages 17 and under)

County	Type of Reports				Substantiated Child Abuse Reports as a Percent of Total Reports**
	Total	Substantiated	Unsubstantiated	Unknown	
Carson City	536	85	432	19	15.9
Churchill County	353	29	304	20	8.2
Clark County	7,932	2,920	4,769	243	36.8
Douglas County	259	21	226	12	8.1
Elko County	297	49	224	24	16.5
Esmeralda County	0	0	0	0	0.0
Eureka County	7	4	3	0	57.1
Humboldt County	149	8	131	10	5.4
Lander County	86	5	73	8	5.8
Lincoln County	22	3	19	0	13.6
Lyon County	337	49	236	52	14.5
Mineral County	97	21	75	1	21.6
Nye County	169	25	127	17	14.8
Pershing County	73	1	68	4	1.4
Storey County	33	4	26	3	12.1
Washoe County	2,913	746	1,934	233	25.6
White Pine County	121	13	107	1	10.7
Rural Counties***	2,539	317	2,051	171	12.5
NEVADA	13,384	3,983	8,754	647	29.8

* Reported by county of occurrence.

** Percentages based on small numbers should be used with caution.

*** All counties excluding Clark and Washoe.

Source: State of Nevada Department of Human Resources, Division of Child and Family Services.

Types of Child Abuse and Neglect Reports

Substantiated: "The reported abusive or neglectful situation/incident is confirmed through the investigation/assessment process."

Unsubstantiated: "The abusive or neglectful situation was not confirmed through the investigation."

Unknown: "The receiving/investigating agency was unable to locate the alleged perpetrator and/or interview the child, there was insufficient information or evidence, or the information was too old to pursue."

Source: *Child Abuse and Neglect Statistics, 1999*, State of Nevada Division of Child and Family Services.

Child Abuse and Neglect Continued

Child Abuse and Neglect Reports: 1999

(Substantiated cases* only, ages 17 and under)

County	<i>Number of Victims of Substantiated Child Abuse and Neglect</i>	<i>Victims of Child Abuse and Neglect per Substantiated Report</i>	<i>Population Ages 17 and under</i>	<i>Reported Child Abuse Rate***</i>
Carson City**	131	1.54	12,281	10.6
Churchill County**	45	1.54	6,849	6.5
Clark County	5,015	1.72	321,905	15.6
Douglas County**	32	1.54	8,473	3.8
Elko County**	75	1.54	14,095	5.3
Esmeralda County**	0	1.54	280	0.0
Eureka County**	6	1.54	450	13.7
Humboldt County**	12	1.54	5,592	2.2
Lander County**	8	1.54	2,216	3.5
Lincoln County**	5	1.54	1,155	4.0
Lyon County**	75	1.54	8,339	9.0
Mineral County**	32	1.54	1,632	19.8
Nye County**	38	1.54	6,909	5.6
Pershing County**	2	1.54	2,001	0.8
Storey County**	6	1.54	663	9.3
Washoe County	1,253	1.68	81,072	15.5
White Pine County**	20	1.54	2,718	7.3
Rural Counties****	487	1.54	73,653	6.6
NEVADA	6,755	1.7	476,630	14.2

* Substantiated: The reported abusive or neglectful situation/incident is confirmed through the investigation/assessment process.

** The numbers of victims for each of the rural counties are estimates. The number of substantiated victims is available for only Clark County, Washoe County, and the remaining counties combined (rural). Therefore, the same victim-to-report ratio (1.54) was applied to arrive at an estimated number of victims for each rural county.

*** Case rates based on small numbers should be used with caution.

**** All counties excluding Clark and Washoe.

Source: State of Nevada Department of Human Resources, Division of Child and Family Services.

Child Abuse and Neglect Continued

Nevada Child Abuse and Neglect Report Trends (Percent change: 1998-1999)

Type of Report	1998 # of Reports	1999 # of Reports	% Change
Unknown	909	647	-28.8
Unsubstantiated	8,053	8,754	8.7
Substantiated	4,743	3,983	-16.0
TOTAL	13,705	13,384	-2.3

Source: Nevada Department of Human Resources, Division of Child and Family Services, 1999.

- ❖ From 1998 to 1999, Nevada saw a 16.0 percent decrease in the number of substantiated child abuse and neglect reports.
- ❖ The number of child abuse and neglect reports decreased by 2.3 percent in Nevada from 1998 to 1999. Six counties saw increases in the number of reports (Storey, Douglas, Lincoln, Mineral, Lyon, and Washoe); nine counties saw decreases (Eureka, Churchill, Carson City, Nye, Humboldt, White Pine, Elko, Lander, and Clark); and two saw no change (Esmeralda and Pershing). Two counties, Eureka and Churchill (46.2 and 20.1 percents, respectively), reported significant decreases in the number of reports. Esmeralda and Pershing counties reported no change.

Increases/Decreases in Child Abuse and Neglect Reports by County: 1998-1999

County	1998	1999	% Change
Carson City	638	536	-16.0
Churchill County	442	353	-20.1
Clark County	8,152	7,932	-2.7
Douglas County	197	259	31.5
Elko County	311	297	-4.5
Esmeralda County	0	0	0.0
Eureka County	13	7	-46.2
Humboldt County	166	149	-10.2
Lander County	89	86	-3.4
Lincoln County	18	22	22.2
Lyon County	312	337	8.0
Mineral County	85	97	14.1
Nye County	195	169	-13.3
Pershing County	73	73	0.0
Storey County	21	33	57.1
Washoe County	2,866	2,913	1.6
White Pine County	127	121	-4.7
Rural Counties*	2,687	2,539	-5.5
NEVADA	13,705	13,384	-2.3

Note: "According to the computerized NCANS Report, reports in Clark County decreased by 2.7% from 1998-1999, a numerical decrease of 220 reports. However, Clark County reports actual data input of 8,100 reports. This variance may be due to the change in computer systems during the year."

* All counties excluding Clark and Washoe.

Source: Nevada Department of Human Resources, Division of Child and Family Services, *Nevada Child Abuse & Neglect Statistics 1999*, p. 7.

Child Abuse and Neglect Continued

Nevada Child Abuse and Neglect Substantiated Cases: 1999 (Percent and type of child maltreatment)

Type of Maltreatment	Number of Incidents to Children	Percent of Total Incidents
Physical neglect	1,823	22.1
Lack of supervision	1,460	17.7
Minor physical injury	1,163	14.1
Emotional abuse/Neglect	302	3.7
Sex abuse/Exploitation	227	2.8
Educational neglect	202	2.5
Medical neglect	178	2.2
Abandonment	174	2.1
Major physical injury	41	0.5
Other	2,662	32.3
Fatal	7	0.1
TOTAL*	8,239	

* Reports frequently include multiple types of maltreatment and more than a single incident.

Source: Nevada Department of Human Resources, Division of Child and Family Services, 1999.

- ❖ The three most frequently documented types of child maltreatment were physical neglect (22.1 percent), lack of supervision (17.7 percent), and minor physical injury (14.1 percent). "Other" types of maltreatment represented 32.3 percent of all maltreatment incidents.
- ❖ The three most often-recorded family stress factors associated with child abuse and neglect cases in Nevada are parents who cannot cope, insufficient income, and alcohol/drug dependency.

Family Stress Factors Involved in Cases Reported

Factor	# Cases	% Total Factors	% Total Reports
Insufficient income	2,719	8.9	20.3
Parents cannot cope	4,308	14.1	32.2
Alcohol/Drug dependency	2,378	7.8	17.8
Job-related problem	1,762	5.7	13.2
Marital problems	1,749	5.7	13.1
Health problem child	1,238	4.0	9.2
New baby/Pregnancy	1,199	3.9	9.0
Health problem caretaker	959	3.1	7.2
Social isolation	862	2.8	6.4
Family violence	712	2.3	5.3
Spousal abuse	690	2.3	5.2
Inadequate housing	622	2.0	4.6
Mismanaged income	587	1.9	4.4
Transient	572	1.9	4.3
Mentally retarded child	289	0.9	2.2
Mentally retarded caretaker	128	0.4	1.0
Other stress factors	7,929	25.9	59.2
None	659	2.1	4.9
Unknown	1,298	4.2	9.7
TOTAL	30,660		

Note: "More than one factor may be recorded in a case finding, and, as a result, the number of cases does not reflect the total number of open reports, nor the number of children."

Source: Nevada Department of Human Resources, Division of Child and Family Services, *Nevada Child Abuse & Neglect Statistics, 1999*, p. 22.

"Children with a history of maltreatment experience increased risk factors for delinquency. In addition, maltreatment and victimization can damage self-esteem, demolish families, and destroy futures."

*John J. Wilson, Acting Administrator
Office of Justice Programs*

Children and Domestic Violence

Definition

Children and Domestic Violence is the percentage of reported domestic violence incidents in which children under age 18 were present in the home. The data are based on police reports of domestic violence in 1999. Domestic violence is the use of physical force, or threat of force, against a current or former partner in an intimate relationship, resulting in fear and emotional and/or physical suffering.

Research Highlights

- ❖ Domestic violence is a serious social issue that affects all communities and cuts across racial, ethnic, and economic lines.¹ Studies provide strong evidence that children who witness domestic violence at home also exhibit a variety of behavioral, emotional, cognitive, and longer-term problems such as adult depression.²
- ❖ Children will experience adult domestic violence in unique ways depending on a variety of factors that include direct physical abuse of the children, their gender, age, time since exposure to violence, and their relationship with adults in the home.³
- ❖ Children who grow up in violent homes are much more likely to become abusive partners or victims of abuse in adulthood. Over 80 percent of abusive partners had themselves either been victims of child abuse or had witnessed their mothers being abused.⁴
- ❖ Children in homes where a parent is abusive to a spouse are at increased risk of child abuse. More than half of men who abuse their female partners also abuse their children.⁵

Children and Domestic Violence in Nevada

There are 15 shelters and advocacy programs in Nevada that offer services for victims of domestic violence and their families. Services include 24-hour hotlines, peer counseling, advocacy, emergency food, clothing, and shelter. In 1999, the 15 domestic violence agencies provided services to 6,063 Nevada children; of these, 1,718 children spent time in domestic violence shelters.

- ❖ Based on police reports from cities and towns in Nevada between January 1, 1999 and December 31, 1999, children were present during 6,754 (38 percent) of the 17,706 reported cases of domestic violence.⁶
- ❖ These data underrepresent the number of incidents of domestic violence in which a child was present because (1) police reports may not be fully completed in all cases, and (2) not all cases of domestic violence are reported.
- ❖ These data underestimate the total number of children who experienced domestic violence in their homes, since more than one child may be present at the incident.

Text provided by Sue Meuschke of the Nevada Network Against Domestic Violence (1-800-230-1955).

Children and Domestic Violence Continued

Domestic Violence Incidents with Children Present, Nevada: 1999

Contributing Agency	<i>Total Number of Domestic Violence Incident Reports</i>	<i>Total Number of Incidents in Which a Child Was Present</i>	<i>% of Incidents with Child Present</i>	Contributing Agency	<i>Total Number of Domestic Violence Incident Reports</i>	<i>Total Number of Incidents in Which a Child Was Present</i>	<i>% of Incidents with Child Present</i>
<u>Carson County:</u>				<u>Lyon County:</u>			
Carson SO*	472	227	48	Lyon SO	243	129	53
<u>Churchill County:</u>				<u>Mineral County:</u>			
Churchill SO	80	45	56	Yerington PD	14	7	50
Fallon PD**	72	37	51	<u>Mineral County:</u>			
<u>Clark County:</u>				<u>Nye County:</u>			
Boulder PD	100	39	39	Mineral SO	58	25	43
Clark Co. Schools PD	5	2	40	<u>Nye County:</u>			
Henderson	1,494	555	37	Nye SO	210	101	48
LV Metro PD	10,409	3,702	36	<u>Pershing County:</u>			
Mesquite	75	15	20	Pershing SO	11	7	64
North LV PD	1,302	646	50	Lovelock PD	19	8	42
UNLV PD	6	0	0	<u>Storey County:</u>			
<u>Douglas County:</u>				<u>Storey County:</u>			
Douglas SO	207	79	38	Storey SO	18	6	33
<u>Elko County:</u>				<u>Washoe County:</u>			
Elko SO	109	61	56	Washoe SO	351	180	51
Carlin PD	19	10	53	Reno PD	1,453	485	33
Elko PD	142	63	44	Sparks PD	747	317	42
Wells PD	9	2	22	Pyramid Lake PD	22	11	50
Wendover PD	78	25	32	UNR PD	8	0	0
<u>Esmeralda County:</u>				<u>White Pine County:</u>			
Esmeralda SO	3	0	0	Washoe Co. Schl PD	4	2	50
<u>Eureka County:</u>				<u>White Pine County:</u>			
Eureka SO	6	2	33	White Pine SO	22	8	36
<u>Humboldt County:</u>				TOTAL			
Humboldt SO	61	25	41	17,960	6,867	38	
Winnemucca PD	104	34	33	<i>Note:</i> The number of domestic violence reports and the number of incidents in which children were present are based on the State of Nevada Domestic Violence Statistical Form submitted by Law Enforcement Agencies to Nevada's Uniform Crime Reporting Program, January 1, 1999 to December 31, 1999.			
<u>Lander County:</u>				* SO = sheriff's office.			
Lander SO	20	10	50	** PD = police department.			
<u>Lincoln County:</u>				<i>Source:</i> Data gathered from <i>Domestic Violence</i> , a report published by the Nevada Office of the Attorney General and the Nevada Uniform Crime Reporting (UCR) Program, October 1, 1999.			
Lincoln SO	7	2	29				

Children in Substitute Care

The following overview was provided by Dr. Thom Reilly, UNLV School of Social Work, who has been instrumental in child welfare reform efforts in Nevada.

Nevada's system of child welfare is unique: it is the only state in the country with a child welfare system that divides responsibilities for the care of children between its two urban counties (Clark and Washoe), which are responsible for child protective services, and the state, which is responsible for long-term care of children. (In rural Nevada, the state Division of Child and Family Services is responsible for the entire child welfare system.) Under this system, which is often described as "bifurcated," a permanent plan for care and treatment of a child may be delayed for six months or longer. Even if a permanent plan for a child is implemented, a child may still be harmed by the bifurcated system because when he or she is moved from the county to the state system, the child may be transferred multiple times to new case managers, foster or group homes, therapists, and schools.

A Nevada legislative subcommittee met over the past two years to review this system and made recommendations to the 2001 Nevada legislature to integrate Nevada's child welfare system by transferring certain responsibilities from the Nevada state child welfare system, Division of Child & Family Services (DCFS) to Clark County Family and Youth Services (CCFYS) and Washoe County Social Services (WCSS). The purpose of this transfer is to streamline the services and eliminate the fragmentation that has contributed to the multiple placements and changes in case management currently experienced by children in the child welfare system. Under the current system, Nevada DCFS provides temporary out-of-home care for children in need of protection. When reunification is not possible, the Nevada DCFS seeks alternative permanency options that best suit the needs

of a child. Substitute care involves temporary out-of-home placement for children found by a court to be in need of protection. When a court determines that a child's family cannot provide a minimally safe environment, he or she is placed in foster care.¹ In Clark and Washoe counties, cases are generally transferred to the Nevada DCFS at the time of the dispositional hearing when a child is determined to be in need of protection. However, cases may be transferred earlier or later, depending upon the circumstances. In addition, in certain instances, children may be placed in out-of-home care situations without a court order through a voluntary agreement.

Substitute care includes emergency shelter, foster family care (including placement with relatives), group-home care, therapeutic foster care, respite care, residential treatment care (both in-home and out-of-state), and independent living services (transitional services for youth who are age 18 at the time they leave foster care). These services may be provided through contract or community placement.

The Nevada DCFS also provides adoption services for children who cannot return to their parents or are placed with relatives and are in need of permanent homes. Many of these children are termed special needs children (children who are older, from racial or ethnic minorities, members of sibling groups, and/or have special emotional, behavioral, developmental and/or medical problems). In order to help facilitate the placement of these children, Nevada DCFS provides both state and federal adoption subsidies to families willing to permanently care for special needs children. Adoption subsidy agreements are available for families who have adopted special needs children and can include the provision of financial, medical, and/or service assistance.

Children in Substitute Care Continued

“Since both federal and state laws discourage removal of children from their families unless necessary to ensure the child’s safety, placement in foster care is an extreme step taken only when a child is in immediate danger or when attempts to help the family provide a safe environment have failed; thus, the frequency of placements in foster care is an indicator of family dysfunction that is so severe that a child cannot remain safely with his or her family.”²

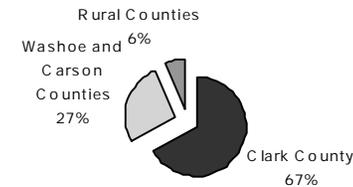
Types and Number of Nevada (DCFS) Substitute-Care Case Placements in Nevada: 2000

Total DCFS caseload*	5,017
Total DCFS child welfare caseload*	4,038
DCFS child welfare caseload in custody*	2,546
DCFS child welfare caseload in custody by type*	
Lower levels of care**	1,438
Higher levels of care***	701
Other****	401
DCFS-encumbered substitute-care placements*	2,017
DCFS child welfare caseload noncustody*****	1,537
Total DCFS youth corrections caseload*	934

- * Annual end-of-month average.
- ** Could include relative placement, relative nonfamily foster care, emergency shelter.
- *** Could include group home, therapeutic/medical institutional facilities.
- **** Could include children in DCFS custody placed with parents, youth in independent living programs, runaway youth, and hospitalized youth.
- ***** The child is not in DCFS legal custody. Could include voluntary placement in care by parent or by family receiving select services such as family preservation.

Source: State of Nevada Department of Human Resources, Division of Child and Family Services.

Percentage of Children Entering DCFS Custody (Substitute Care) by Regions in Nevada: 2000



Note: The percentages are approximations.

Source: State of Nevada Department of Human Resources, Division of Child and Family Services.

Adoption in Nevada: 2000

Total adoptions (average monthly cases) includes subsidized adoptions, adoption placements, and all eligible for adoption	1,491
Subsidized adoptions (average monthly cases)	996
Finalized adoptions state fiscal year 2000	202
Percent of children adopted in state fiscal year 2000 in comparison to those available for adoption	50%
Average time child awaits adoptive placement	12.3 months
Percent of children returning to foster care after adoption finalization	2.6%
Percent of children who entered DCFS custody in state fiscal year 2000 who have a case plan for adoption and became legally free for adoption who have been placed in an adoptive placement home	100%

Source: State of Nevada Department of Human Resources, Division of Child and Family Services.

Adoption and Safe Families Act

In 1997, Congress passed the Adoption and Safe Families Act (ASFA) requiring states to enact extensive changes in their child-welfare laws. To bring the state into compliance with ASFA, the Nevada legislature passed Assembly Bill 158 (Chapter 435, Statutes of Nevada 1999) in 1999. The legislation revises the statute concerning the procedures for the protection and placement of children and includes the following provisions:

- ❖ The court must hold a hearing concerning the permanent placement of a child not later than 12 months after the initial removal of a child from his/her home.
- ❖ A child protective service agency must make reasonable efforts to preserve and unify the child's family to prevent or eliminate the need for removing the child from his/her home and to make it possible for his/her safe return. Reasonable efforts are not required if the court makes certain findings relating to the child's safety or abandonment.
- ❖ If a child has lived outside his/her home for 14 of any 20 months, a presumption is created that it is in the child's best interest to terminate parental rights.
- ❖ Preference must be given for the placement of a child with his/her sibling(s).

"Every effort should be made to make foster care a positive experience and a healing process for the child."³

American Academy of Pediatrics



*Juvenile
Justice*

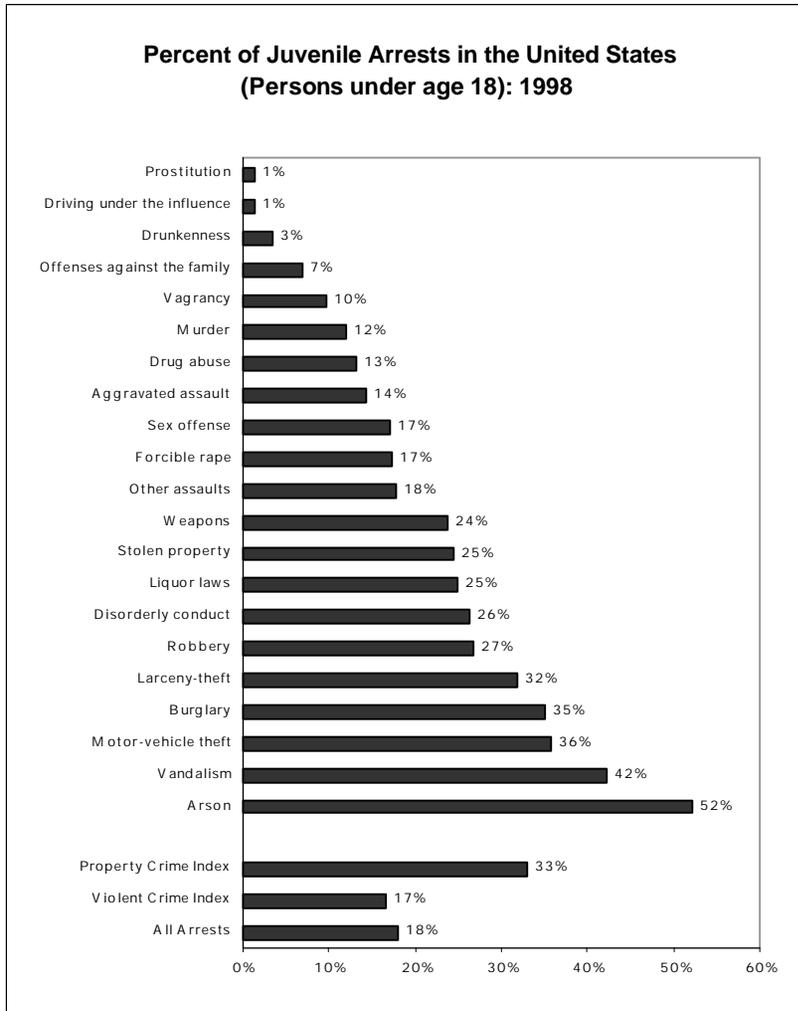
Juvenile Violent Crime

Definition

The *Juvenile Violent Crime Arrest Rate* measures the rate at which youths (per 100,000) between the ages of 10 and 17 are arrested for violent crimes. In Nevada, juvenile violent crime includes murder, nonnegligent manslaughter, rape, robbery, and aggravated assault.

Research Highlights

- ❖ Most violent behavior has been learned. Some key risk factors for violence include peer pressure; need for attention or respect; feelings of low self-worth; feelings of isolation or rejection; early childhood abuse or neglect; and witnessing violence at home, in the community, or in the media.¹
- ❖ Juvenile violent crime peaks between 3 p.m. and 4 p.m., unlike adult violent crime which peaks at 11 p.m. However, when nonschool days are considered, the pattern of juvenile crime is similar to that of adults. Juveniles are more likely to commit crime later in the evening on a nonschool day.²
- ❖ Aggravated assault and even homicide, involving juveniles as victims and/or offenders, often result from interactions over apparently trivial matters, and occur between individuals who know each other.³
- ❖ Although most of the research related to criminal activity and delinquency has involved males, recent reports indicate the rate of increase in the antisocial behavior of troubled girls surpasses that of boys, and significantly different risk factors exist between them.⁴
- ❖ In 1998, juveniles were involved in 18 percent of all arrests. They were about twice as likely to be arrested for property crime than for violent crime (33 versus 17 percent).⁵ See figure in next column.



Note: “The Violent Crime Index includes offenses of murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault. The Property Crime Index includes offenses of burglary, larceny-theft, motor vehicle theft, and arson. Running away from home and curfew and loitering violations are not presented in this figure, because, by definition, only juveniles can be arrested for these offenses.”⁶

Source: OJJDP Statistical Briefing Book, 1999.

Juvenile Violent Crime Continued

Juvenile Violent Crime Arrest Rate: 1997 - 1999*

(Arrests per 100,000 teens, ages 10-17)

County	1997		1998		1999		Average Juvenile Violent Crime Rate 1997- 1999
	Juvenile Violent Crimes	Population Ages 10-17	Juvenile Violent Crimes	Population Ages 10-17	Juvenile Violent Crimes	Population Ages 10-17	
Carson City	40	5,047	19	5,247	20	5,291	507
Churchill County	1	2,964	7	2,995	3	3,078	122
Clark County	519	126,962	463	135,109	443	136,793	357
Douglas County	6	4,778	3	4,926	6	4,844	103
Elko County	13	6,640	10	6,827	10	6,536	165
Esmeralda County	0	163	0	153	0	169	0
Eureka County	0	209	0	202	0	230	0
Humboldt County	1	2,308	0	2,353	5	2,511	84
Lander County	0	985	2	982	0	937	69
Lincoln County	0	570	0	574	0	652	0
Lyon County	3	3,827	0	4,057	0	4,346	25
Mineral County	2	846	0	812	0	818	81
Nye County	9	3,143	9	3,352	2	3,570	199
Pershing County	1	907	0	1,026	0	1,073	33
Storey County	0	395	1	399	0	443	N.M.
Washoe County	96	31,440	85	32,189	96	33,025	287
White Pine County	0	1,327	0	1,341	2	1,383	N.M.
NEVADA**	691	192,511	599	202,546	587	205,699	312

Note: N.M. = Not Meaningful. Calculated rates based on very small numbers are not statistically reliable.

* Juvenile Violent Crime includes murder and nonnegligent manslaughter, rape, robbery, and aggravated assault.

** The sum of the counties may not equal the state total due to missing or incomplete county-reference data.

Source: State of Nevada Department of Motor Vehicles and Public Safety, Nevada Highway Patrol Records and Identification Services, 1997, 1998, 1999.

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Juvenile Violent Crime Continued

- ❖ The dilemma policymakers face is whether to address juvenile misbehavior by providing services to at-risk youth and families or applying tough sanctions, including incarceration of status offenders.⁷ (“A status offense is behavior that is unlawful for children even though the same behavior is legal for adults.”⁸ Examples include truancy, running away from home, and incorrigibility [disobeying parents, curfew violations, and alcohol possession by minors].)
- ❖ According to one source, prevention programs for young children and teens, such as graduation incentives, parent support and early intervention, reduce the number of more serious juvenile crimes (per dollar spent) than “three strikes you’re out” incarceration.⁹
- ❖ Effective prevention programs which focus on specific events or “moves” triggering violent confrontations, teach youth alternate ways to modify their reactions to perceived provocation.¹⁰
- ❖ Utilizing alternating dispute resolution (ADR) techniques such as mediation, peer or teen courts, and family conferencing, in dealing with juvenile legal matters, is a growing trend and diverts lesser offenders from reaching juvenile court.¹¹

Nevada

The Juvenile Violent Crime Arrest Rate in Nevada from 1997 to 1999 was 312 arrests per 100,000 youth, ages 10 to 17. During this period, there were 1,916 juvenile violent crime arrests. The 1996 to 1998 rate was 332.

Counties

Only two counties, Storey and White Pine, had incalculable Juvenile Violent Crime Arrest Rates. Among the 15 counties for which statistically reliable rates could be calculated, Carson and Clark counties had the highest rates, 507 and 357, respectively. Esmeralda, Eureka, and Lincoln counties reported no juvenile crime arrests for 1997-1999.

**Nevada: 1998 National Rank¹²: 25
(ranks unavailable after 1998)**

“Young people prefer programs that provide a range of choices--sports and recreation, activities that bolster their educational and social skills, activities that increase their ability to say ‘NO’ when faced with temptation, and computer and other technical instruction. They also want places where they can be safe during afterschool hours--where there are no gangs, weapons, or crime.”³

*Marcia Chaiken
Youth Afterschool Programs and Law Enforcement*



*Developmental
Assets
of
Youth*

Developmental Assets of Youth

This section was submitted on behalf of the Raising Nevada Initiative. Raising Nevada is a Nevada-based effort predicated on the work of the Search Institute; an independent, nonprofit, nonsectarian, organization headquartered in Minneapolis, Minnesota. The fundamental rationale of Raising Nevada is the commitment to generate asset-survey data within our communities and to foster a shared, proactive and long-term vision approach to youth development among multiple sectors within the state.

What Youth Need to Thrive

The traditional discussion of youth has centered on eliminating the problem behaviors of youth and the deficits that they experience. Its focus is largely on the measurement and reduction of negative environments and behaviors. The deficits experienced by youth are very real and must be addressed. However, there is a growing recognition that problem elimination is not synonymous with fostering success. An emerging framework, developmental assets of youth, focuses on the identification and promotion of life-enhancing developmental experiences and resources for youth.¹ This focus turns to positive outcomes for youth, even for youth in high-risk environments. These outcomes include the 5 Cs of:

- ❖ competence
- ❖ confidence
- ❖ character
- ❖ connections
- ❖ contributions.²

Youth are most likely to develop the 5 Cs in environments characterized by consistent, caring people; safe, structured, and stimulating places; and the availability of multiple options for learning and contributing.³ This developmental assets of youth approach acknowledges the need to address deficits, such as poverty and the elimination of at-risk behaviors, while investing equally in asset-building efforts.

A variety of models address the developmental experiences, opportunities, and attributes necessary for youth to succeed. The Communities That Care model acknowledges both risk and protective factors.⁴ Its primary focus is the reduction of environmental conditions that increase the likelihood that a youth will engage in problem behaviors. The model acknowledges that key protective factors can buffer youth from environmental risks. Those protective factors include individual characteristics, bonding, and healthy beliefs and standards.

Another youth initiative, America's Promise, articulates five "fundamental resources" that all youth need. These resources include ongoing relationships with caring adults, safe places and structured activities during nonschool hours, a healthy start, marketable skills through effective education, and opportunities to serve.⁵ America's Promise serves as a national catalyst to involve all community sectors in the positive development of youth. The resources identified by America's Promise are similar to those offered by the Center for Youth Development, the International Faith Foundation, and others.⁶

The emerging study of youth development focuses on the identification and promotion of life-enhancing developmental experiences and resources for youth.

Developmental Assets of Youth Continued

One of the most comprehensive descriptions of the experiences, opportunities, and internal qualities that youth need to succeed is the developmental assets framework.⁷ Based on a review of the literature and research with almost 1 million youths, the Search Institute has identified and examined 40 building blocks of human development. Each building block, a statement associated with a favorable youth development experience or internal quality, is one dimension for assessment. The presence of these assets in the lives of youth is strongly associated with thriving behaviors; whereas, their absence is strongly associated with problem behaviors. The 40 developmental assets may be grouped into external and internal assets. The external assets include support, empowerment, boundaries and expectations, and constructive use of time. The internal assets include commitment to learning, positive values, social competencies, and positive identity.

Community Mobilizing

There is acknowledgement in the youth development field that members of a community must work together to provide all youth with the environments they need to succeed. The success of youth can no longer be perceived as the sole domain of select professionals and parents, although they are essential to success. Instead, all individuals and organizations within a community have a constructive role to play in the lives of all of the youth in a community. All sectors of the community, including families, neighbors, schools, youth and social service organizations, faith communities, employers, health-care providers, criminal justice systems, and media, engage in promoting the developmental assets of youth.

An asset approach to youth development can oftentimes energize

community mobilization efforts. Individuals and organizations that have become disheartened by the insurmountability of problems and deficits can reengage around asset building. Community members are more likely to engage or reengage when they perceive that they can make a positive difference in the lives of youth through their individual, professional, and community contributions.

Profiles of Youth in Southern Nevada

A 143-item survey of Student Resources and Assets was developed in 1998, as a joint effort of America's Promise and Search Institute. It is designed to measure the assets, as well as engagement in high-risk and positive behaviors experienced by 6th through 12th graders.⁸ Several reasons for conducting the survey have been cited including: (1) to provide a common framework for cross-sector mobilization, (2) to discover factors that help promote positive youth development among youth, (3) to assist state and local educators in monitoring indicators related to student well-being, and (4) to set priorities and strategies for programs and services.⁹

As a result of the Raising Nevada Initiative, a Nevada-based developmental assets effort, almost 1,000 youths from eight middle schools and five high schools in the Clark County School District (CCSD) were surveyed during the spring and summer of 2000 with respect to the 40 developmental assets. It is the intent of Raising Nevada to facilitate the collection of developmental assets data throughout the state in order to provide schools and communities with detailed information about the level of resources and assets among youth, as well as the relationship of assets to risk and thriving behaviors.

Developmental Assets of Youth Continued

40 Assets Among Youth in Southern Nevada

The Search Institute identified building blocks of healthy development that help young people grow up healthy, caring, and responsible. The tables on pages 106 and 107 list the 40 developmental assets and the percentage of youths in the southern Nevada and U.S. samples that possess each of the developmental assets. That is, the responses are the percentage of students with each developmental asset. The percentages of young people who experience each asset represent almost 1,000 6th- to 12th-grade youth surveyed in the CCSD in Nevada and almost 100,000 6th- to 12th-grade youth surveyed in 213 towns and cities in the U.S.

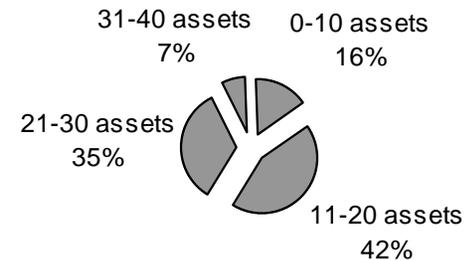
Some of the schools in the CCSD elected not to participate in the study. In addition, active consent was required of all students (written permission from parent or guardian). Therefore, these data cannot be generalized to all students in Clark County. Moreover, direct individual asset percentage comparisons between southern Nevada and the national sample (on pages 106 and 107) should not be made due to differences in sampling strategies among school districts.

The results suggest the youth of southern Nevada lack many of the opportunities, experiences, and internal capacities associated with successful youth development. **The majority of the Nevada youth (58 percent) have less than half of the 40 developmental assets deemed critical to success.**

Summary of Assets

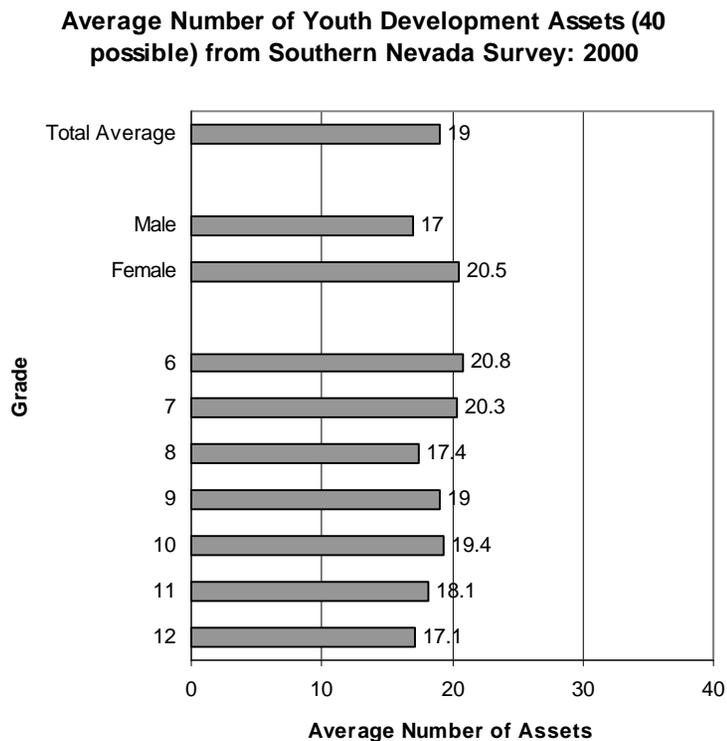
The figure below depicts four levels of developmental assets of the sample of youths from southern Nevada. Ideally, all youth would experience the highest level of assets (between 31 and 40). The figure shows, however, only 7 percent of youth experience this level of assets. Only 42 percent of those surveyed experience more than half of the developmental assets necessary to grow up to be healthy, competent, caring adults.

**Developmental Asset Summary:
Clark County**

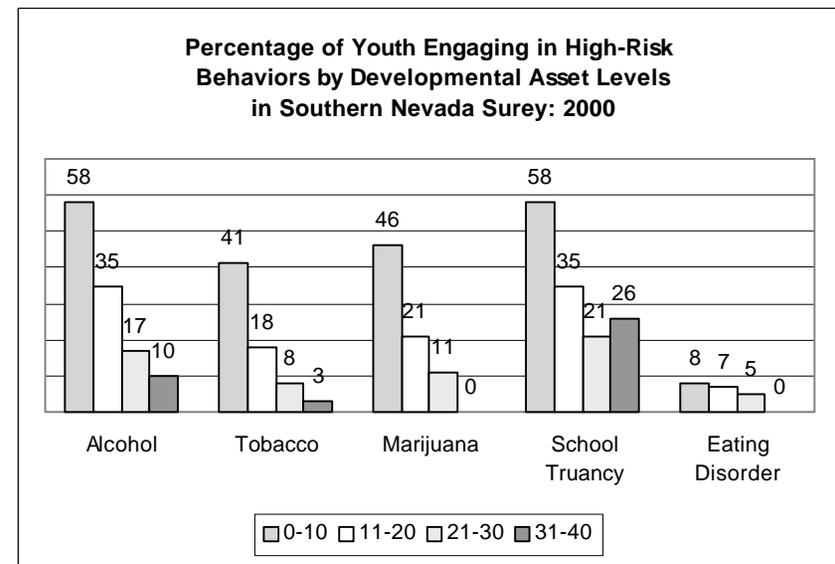


Developmental Assets of Youth Continued

The figure below depicts the average number of assets of the sampled youths from southern Nevada, by gender and by grade level. The average young person surveyed experiences only 19 of the 40 assets. In general, boys experience three fewer assets than girls. And, older youth have lower-average levels of assets than younger youth--a three-asset decrease from 6th to 12th grade. These southern Nevada data are consistent with national survey information indicating the average young person experiences 18 of the 40 assets, boys experience fewer assets than girls (16.5 and 19.5, respectively), and older youth have lower-average levels of assets than younger youth.



Developmental assets are powerful influences on youth behavior, protecting young people from many different problem behaviors and promoting positive attitudes and behaviors. The figure below shows that youths with the most assets are the least likely to engage in five patterns of high-risk behavior. More than half of the youth with the lowest asset level (1-10) indicate high-risk behaviors with alcohol and school truancy.



Developmental Assets of Youth Continued

Developmental Assets External Assets

Asset Type	Asset Name and Definition	Percent of Youth	
		Clark County, Nevada	United States
Support	1. Family support - Family life provides high levels of love and support.	71	64
	2. Positive family communication - Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s).	52	26
	3. Other adult relationships - Young person receives support from three or more nonparent adults.	37	41
	4. Caring neighborhood - Young person experiences caring neighbors.	36	40
	5. Caring school climate - School provides a caring, encouraging environment.	29	24
	6. Parent involvement in schooling - Parent(s) are actively involved in helping young person succeed in school.	29	29
Empowerment	7. Community values youth - Young person perceives that adults in the community value youth.	23	20
	8. Youth as resources - Young people are given useful roles in the community.	28	24
	9. Service to others - Young person serves in the community one hour or more per week.	43	50
	10. Safety - Young person feels safe at home, school, and in the neighborhood.	39	55
Boundaries and Expectations	11. Family boundaries - Family has clear rules and consequences and monitors the young person's behavior.	47	43
	12. School boundaries - School provides clear rules and consequences.	64	46
	13. Neighborhood boundaries - Neighbors take responsibility for monitoring young people's behavior.	45	46
	14. Adult role models - Parent(s) and other adults model positive, responsible behavior.	26	27
Constructive Use of Time	15. Positive peer influence - Young person's best friends model responsible behavior.	64	60
	16. High expectations - Both parent(s) and teachers encourage the young person to do well.	48	41
	17. Creative activities - Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.	16	19
	18. Youth programs - Young persons spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.	43	59
	19. Religious community - Young person spends one or more hours per week in activities in a religious institution.	52	64
	20. Time at home - Young person is out with friends "with nothing special to do" two or fewer nights per week.	53	50

Source: Raising Nevada (2000). Developmental Assets of Youth in Southern Nevada.

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Developmental Assets of Youth Continued

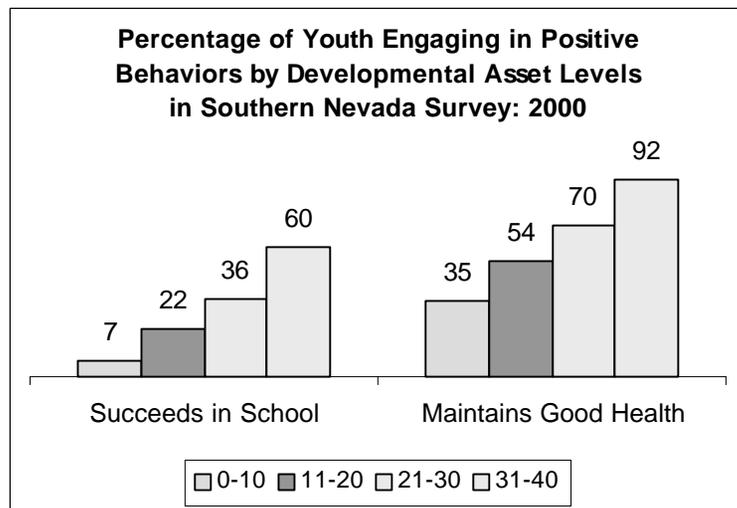
Developmental Assets Internal Assets

Asset Type	Asset Name and Definition	Percent of Youth	
		<i>Clark County, Nevada</i>	<i>United States</i>
<i>Commitment to Learning</i>	21. Achievement motivation - Young person is motivated to do well in school.	72	63
	22. School engagement - Young person is actively engaged in learning.	58	64
	23. Homework - Young person reports doing at least one hour of homework every school day.	43	45
	24. Bonding to school - Young person cares about her or his school.	57	51
<i>Positive Values</i>	25. Reading for pleasure - Young person reads for pleasure three or more hours per week.	18	24
	26. Caring - Young person places high value on helping other people.	44	43
	27. Equality and social justice - Young person places high value on promoting equality and reducing hunger and poverty.	46	45
	28. Integrity - Young person acts on convictions and stands up for her or his beliefs.	58	63
	29. Honesty - Young person "tells the truth even when it is not easy."	60	63
	30. Responsibility - Young person accepts and takes personal responsibility.	57	60
	31. Restraint - Young person believes it is important not to be sexually active or to use alcohol or other drugs.	50	42
<i>Social Competencies</i>	32. Planning and decision making - Young person knows how to plan ahead and make choices.	35	29
	33. Interpersonal competence - Young person has empathy, sensitivity, and friendship skills.	53	43
	34. Cultural competence - Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.	52	35
	35. Resistance skills - Young person can resist negative peer pressure and dangerous situations.	47	37
	36. Peaceful conflict resolution - Young person seeks to resolve conflict nonviolently.	45	44
<i>Positive Identity</i>	37. Personal power - Young person feels he or she has control over "things that happen to me."	38	45
	38. Self-esteem - Young person reports having a high self-esteem.	51	47
	39. Sense of purpose - Young person reports that "my life has a purpose."	54	55
	40. Positive view of personal future - Young person is optimistic about her or his personal future.	76	70

Source: Raising Nevada (2000). Developmental Assets of Youth in Southern Nevada.

Developmental Assets of Youth Continued

In addition to protecting youth from negative behaviors, having more assets increases the chances that young people will have positive attitudes and behaviors, as the figure below demonstrates. Sixty percent of surveyed students with the highest level of assets are successful in school (earn mostly “As”) and 92 percent of the same student group maintains good health (eats good foods and exercises on a regular basis).



Summary

These initial findings reveal that the overall level of developmental assets of Nevada’s youth are similar to the national average. More than half of the Nevada sample report lacking at least half of the experiences and opportunities related to developmental assets. Further study of developmental assets among Nevada’s youth should prove useful in fostering successful youth.

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The Web address for Raising Nevada is www.raisingnevada.org.

“The measure of the health of a society is how well it takes care of its youngest generation.”¹⁰



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Resources*

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Native American Children and Youth

Bureau of Indian Affairs
U.S. Department of the Interior
<http://doi.gov/bureau-indian-affairs.html>

National Indian Child Welfare Association
<http://www.nicaw.org>

State of Nevada Indian Commission
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Reno, NV 89502
(775) 688-1347

Eastern Nevada Agency
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(775) 738-5165

Southern Paiute Field Agency
P.O. Box 720
St. George, UT 84771
(801) 674-9720

Western Nevada Agency
1677 Hot Springs Road
Carson City, NV 89706
(775) 887-3516

Health Conditions and Health Care

American Academy of Pediatrics
<http://www.aap.org>

American Psychological Association
<http://www.apa.org>

Centers For Disease Control
<http://www.cdc.gov>

Covering Kids Initiative
<http://www.coveringkids.org>

Healthy People Initiative
<http://web.health.gov/healthypeople>

National Center for Education in Maternal and Child Health
<http://www.ncemch.org>

National Institutes of Health
<http://www.nih.gov>

The National Campaign to Prevent Teen Pregnancy
<http://www.teenpregnancy.org>

Division of Health Care Financing and Policy
Medicaid and Nevada Check Up
1100 E. William Street
Carson City, NV 89710
(775) 687-4176

Nevada Public Health Foundation
Teen Pregnancy Prevention
<http://www.nphf.org/programs.htm>

State of Nevada Health Division
505 E. King Street, Room 201
Carson City, NV 89701-4797
(775) 684-4200
<http://www.state.nv.us/health>

Economic Well-Being

Center for the Child Care Workforce
733 15th Street, NW Suite 1037
Washington, DC 20005-2112
(202) 737-7700
<http://www.ccw.org/home>

Food Stamp Program: Food and Nutrition Services
<http://www.fns.usda.gov/fsp>

National Center for Children in Poverty
<http://cpmcnet.columbia.edu/dept/nccp/index.html>

National Child Care Association
1016 Rosser Street
Conyers, GA 30012
(800) 543-7161
<http://www.nccanet.org>

National Resource Center for Health and Safety in Child Care
<http://nrc.uchsc.edu>

National School Lunch Program: Food and Nutrition
<http://www.fns.usda.gov/cnd/lunch>

Bureau of Services for Child Care
Division of Child and Family Services
Bureau of Services for Child Care
711 East 5th Street
Carson City, NV 89701
(775) 684-4400
<http://dcfs.state.nv.us/page23.html>

School Health, Safety, & Nutrition Team
Nevada Department of Education
700 East Fifth Street
Carson City, NV 89701-5096
(775) 687-9150
<http://www.nde.state.us/hlthsaf/index.html>

State of Nevada Welfare Division
2527 North Carson Street
Carson City, NV 89710
(775) 687-4128
<http://welfare.state.nv.us>

TANF: Office of Family Assistance
<http://www.acf.dhhs.gov/programs/ofa>
Carson City, NV 89701-5096
(775) 687-9154

Education and Achievement

Head Start Bureau
Administration on Children and Families
U.S. Department of Health and Human Services
330 C. Street SW
Washington, D.C. 20447
(202) 205-8572
<http://www2.acf.dhhs.gov/programs/hsb/index.htm?>

National Association for the Education of Young Children (NAEYC)
1509 16th Street NW
Washington, DC 20036-1426
(800) 424-2460 or
(202) 232-8777
<http://www.naeyc.org/naeyc>

National Center for Education Statistics
<http://www.nces.ed.gov/index.html>

Resources Continued

National Dropout Prevention Center
College of Health, Education, and Human Development
Clemson University
209 Martin Street, Clemson, South Carolina 29631-1555
(864) 656-2599
<http://www.dropoutprevention.org>

National Education Association
<http://www.nea.org>

U.S. Department of Education
<http://www.ed.gov/>

Nevada Department of Education
700 East Fifth Street
Carson City, NV 89701-5096
(775) 687-9200
<http://www.nde.state.nv.us>

Nevada Head Start -State Collaboration Office
Early Intervention Services/State of Nevada DHS
3987 South McCarran Blvd.
Reno, NV 89502
(775) 688-2284

Child and Youth Safety/Welfare

Center for the Prevention of School Violence
<http://www.ncsu.edu/cpsv>

Child Welfare League of America
<http://www.cwla.org>

National CASA Association (Court Appointed Special Advocates)
<http://www.nationalcasa.org>

National School Safety Center
<http://www.nssc1.org>

Prevent Child Abuse America
<http://www.preventchildabuse.org>

Nevada Network Against Domestic Violence
(800) 230-1955

State of Nevada Division of Child & Family Services
711 E. Fifth Street
Carson City, NV 89710
(775) 684-4400
<http://dcfs.state.nv.us>

The Nevada Respite Coalition (NRC)
(800) 216-7988 ext. 2352 Ms. Cheryl Dinnell
(775) 688-2284 Ms. Stan Dowdy

Juvenile Justice

Federal Bureau of Investigation - Uniform Crime Reports
<http://www.fbi.gov/ucr.htm>

Office of Juvenile Justice and Delinquency Prevention
<http://www.ojjdp.ncjrs.org>

Juvenile Justice Programs Office
Larry Carter
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400 West King Street Room 230
Carson City, NV 89701-3092
(775) 687-3982

Youth Development

National Youth Development Information Center (NYDIC)
<http://www.nydic.org>

Search Institute
<http://www.search-institute.org>

youthlink.org
<http://www.youthlink.org>

Multi-Issue

Administration for Children and Families
U.S. Department of Health and Human Services
<http://www.acf.dhhs.gov/programs/acyf>

American Public Human Services Association
<http://www.aphsa.org>

Annie E. Casey Foundation
<http://www.aecf.org>

Center on Budget and Policy Priorities
<http://www.cbpp.org>

Children's Defense Fund
<http://www.childrensdefense.org>

Federal Interagency Forum on Child and Family Statistics
<http://www.childstats.gov>

Forum on Child and Family Statistics
<http://childstats.gov>

I Am Your Child
<http://www.iamyourchild.org>

National Association of Child Advocates
<http://www.childadvocacy.org>

National Association of Counties
<http://www.naco.org>

Population Reference Bureau (PRB)
<http://www.prb.org>

The Future of Children
<http://www.futureofchildren.org>

The Urban Institute
<http://www.urban.org>

United Way of America
<http://national.unitedway.org>

U.S. Department of Education, Safe, and Drug Free Schools
<http://www.ed.gov/offices/OESE/SDFS>

U.S. Department of Health & Human Services
<http://www.hhs.gov>

Nevada Attorney General
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Carson City, NV 89701-4717
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Acknowledgments

Acknowledgments

The *2001 Nevada KIDS COUNT Data Book* would not have been possible without the help of many individuals and organizations. We deeply appreciate the time, talent, and support of each one.

A special thanks to “outgoing” Advisory Council members, Jan Cohen, Ken McBain, and Sharon Rogers, for their years of service to the Nevada KIDS COUNT project.

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A Special Thanks to:

The Annie E. Casey Foundation

For providing the funds to establish the KIDS
COUNT project, and for their continued
support, information, and encouragement.
Jennifer Baratz Gross
Francine Brown
Debbie Morgan
William P. O'Hare, PhD

The Nevada State Legislature

For providing the funds to publish the
2001 Nevada KIDS COUNT Data Book.
We especially appreciate the efforts of
Senator Ray Rawson who sponsored
legislation of our behalf.

CBER Staff

Harvey Mann, Senior Citizen Volunteer
Julie Mercer, Graduate Assistant
Bruce Pencek, PhD, Consultant

UNLV Reprographics

Nancy Cleveland, Artist/Designer
(Front and back covers and section dividers)

Acknowledgments Continued

Nevada KIDS COUNT thanks the following individuals and organizations for their assistance in providing key information for this publication:

Nevada Department of Education

Carol Crothers, Evaluation Consultant

Gloria Dopf, Team Leader, Educational Equity

Nevada Department of Human Resources

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Sue Meuschke, Director, Nevada Network Against Domestic Violence

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The University of Nevada Cooperative Extension, with offices in 16 of the 17 counties in Nevada, is an educational outreach unit of the University of Nevada, Reno. The University of Nevada Cooperative Extension provides educational programs throughout the state by conducting needs assessments, designing and delivering educational programs, and conducting evaluation studies.

The School of Social Work, University of Nevada, Las Vegas, founded in the early 1970s, is the only school of social work in the southern region of the state. The school offers a curriculum designed to educate both undergraduate and graduate students in the delivery of human services to individuals, families, groups, organizations, and communities. Concentrations in the Masters of Social Work program include Direct Practice, Administration, Practice and Planning, and Child Welfare. The school offers consultation, research, needs assessment, and program evaluation to public and nonprofit entities.

The Nevada Title IV-B, Family Preservation and Family Support Steering Committee, a statewide committee established as a result of federal legislation, has inclusive geographical and organizational representation. The Title IV-B Committee developed and guided the implementation of the Nevada Title IV-B, Family Preservation and Family Support Five-Year Plan that was submitted to the United States Department of Health and Human Services in 1995, with annual updates thereafter.

The Nevada KIDS COUNT Advisory Council, formally established in 1995, is a dedicated, 27-member council that includes statewide representation from a wide range of diverse organizations working with children or families in Nevada. This broad-based representation encompasses state government, county governments, public and private agencies, Nevada KIDS COUNT partners, data partners, data providers, and the business community.