



2005 Legislative Briefing Book

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Introduction

The purpose of this book is to provide a quick snapshot of some of the most pressing issues facing Nevada's children in order to provide advocates and policymakers with a stepping stone in creating positive changes to improve the lives of Nevada's children. While this book does not cover every issue facing our children, it is intended to highlight those of greatest concern, covering issues in education, health, safety and security, and the juvenile justice system.

Diligent efforts need to be made during the 2005 Legislative Session to improve policies, procedures and services for Nevada's children. Nevada has continually been ranked as one of the poorest states when it comes to statistics regarding children and social policy. For example, the National Education Association has ranked Nevada last for its funding of education as compared to other states--meaning that the state of Nevada proportionally contributes less than any other state in its funding matrix for schools.

Although most advocates and particularly legislators would like to create policies that will provide immediate positive feedback, it is important to realize that effective social change takes time. As such, much emphasis should be placed on developing quality early childhood programs and implementing preventative strategies to researched-based risk indicators. While this book separates the presented issues into distinct categories and subcategories for the purpose of analysis, advocates and policymakers need to be aware of the connections and bonds that take place between the categorical issues. Advocates and legislators alike need to make a dedicated effort to create positive, long-term changes in the lives of Nevada's children.

In the preparation of this book, every effort has been made to ensure that the information provided is accurate and up-to-date. Citations are listed in the endnote section of the book to provide easy reference for advocates and policymakers. Please note, all of the Current Bill Draft Requests (BDRs) listed in the sections of this book are current as of December 2004. Additional Bill Drafts may be requested prior to the start of the legislative session in February 2005 and many may never become actual bills. For up-to-date information on BDRs and bills, please visit the NICRP website at http://nic.unlv.edu/legislative_information.html.

EDUCATION

Ratios and Teacher Retention
Dropout Rates
Special Education
Early Childhood Education
Expenditures and Funding
Bilingual Education

RATIOS AND TEACHER RETENTION

Policy Statement

Improve policies to ensure that teachers in Nevada receive competitive salaries and benefits in an effort to keep quality teachers in the state. Additionally, implement policies to reduce the student-teacher ratio and group size in the classroom to increase student learning and teacher retention.

Issue Background ¹

Nevada is facing a teacher shortage in the urban school districts. The percentage of new teachers hired is not keeping pace with the percentage of new students entering our school districts. This is why it is imperative that supportive efforts are continued to attract and retain teachers to our schools. In the last legislative session the legislature approved a \$2,000 signing bonus for teachers. Additionally, the Executive Budget designated a \$3,000 stipend for teachers of math, special education, bilingual education, and school psychologists to assist in establishing competitive wages in high need areas. The Executive Budget designated an additional \$2,000 stipend for teachers in these disciplines working at “at-risk” schools.

A direct result of the teacher shortage is high student to teacher ratios and large group sizes in the classroom. Students learn better in smaller group sizes with individualized teacher attention.

Current Statistics in Nevada

- Student enrollment in Nevada schools increased by 4.3% from the 2002-03 to the 2003-04 school year. ²
- The number of teachers in Nevada schools increased by only 2.7% from the 2002-03 school year to the 2003-04 school year. ³
- During the 2003-04 school year, Nevada school teachers earned an average of \$43,211. ⁴
- During the 2002-03 school year, the national average for teacher’s salaries was \$45,771. ⁵
- Last year, over half of the new teachers hired were in a salary range of \$26,000-\$32,999. ⁶
- In 2003, the Nevada Legislature approved \$226,079,942 for continuation of the class-size reduction efforts. ⁷
- In 2001-02 Nevada ranked 43rd in the nation for student-teacher ratios for grades pre-kindergarten through 12th grade for public elementary and secondary education. ⁸
- In 2001-02, the Nevada student to teacher ratio was 18:5. The national ratio was 15:9. ⁹

Recommendations

- Continue the \$2,000 signing bonus for new teachers.
- Continue the one-fifth retirement credit for teachers and school psychologists working in at-risk schools.
- Increase teacher pay scales to be comparable to the national average teacher pay scales.
- Develop and implement a teacher induction and mentoring program for new teachers to the state.

- Reduce/implement student to teacher ratios and class size according to national standards for academic achievement.
- Examine exemptions to class size reduction policies and ensure that districts have the resources to comply without needing exemptions.

Current Bill Draft Requests

- 304 Revises certain provisions governing regional training programs for the professional development of teachers and administrators.
- 376 Revises provisions concerning incentives to teachers for teaching in hard to fill subject areas or schools needing improvement.
- 377 Revises provisions concerning the funding levels for the class size reduction program and the National School Lunch Program.
- 477 Revises provisions governing educational personnel.
- 478 Provides for development and implementation of a pilot program for mentoring teachers.
- 479 Makes various changes regarding the education and professional development of educational personnel.
- 873 Revises provisions relating to licensing of educational personnel.
- 879 Establishes requirements governing health benefit plans for employees of certain school districts.
- 950 Establishes requirements relating to health benefit plans for employees of school districts in smaller counties. Requested by NSEA.

DROPOUT RATES

Policy Statement

Reduce the high school dropout rate in Nevada by identifying reliable risk indicators and taking steps necessary to keep at-risk teenagers in school.

Issue Background

In 2001, low-income high school students dropped out of high school at six times the rate of other students at higher income levels. Nationally, almost 11% of low income students drop out of high school. The drop-out rate for middle income students is 5% and for high income students the dropout rate is approximately 2%.¹⁰ According to the U.S. Department of Labor, individuals with higher educational levels earn more and are unemployed less. Therefore, when adolescents drop out of school, they usually have the highest unemployment rates and the lowest income earning of the population.¹¹ The reasons that youth drop out of school are varied. However, they include apathy (often due to low achievement, substance abuse and/or familial problems) and the need to work (to help with low income family and/or to support a child).

Current Trends

- At 14% in 2001, Nevada ranked 49th in the nation for the percentage of high school students who dropped out of school.¹²
- The national dropout rate in 2001 was 10.7%.¹³
- According to the National Center of Educational Statistics, in 2001, high school students living in low-income families dropped out of school at six times the rate of their peers from high-income families.

Recommendations

- As a preventative measure, focus on quality early childhood education to stimulate cognitive development and promote positive learning habits.
- Provide quality alternative schooling with flexible schedules, low ratios and collaborations with local community service agencies.
- Develop a public service campaign to promote school completion targeted toward at-risk Nevada youth.
- Create flexible business partnerships so that low-income youth can earn income while completing their education.
- Develop a Mentoring Office within the Nevada Department of Education to encourage and develop effective mentoring programs for youth.
- Develop programs targeting credit-deficient high school freshman.

Current Bill Draft Requests

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| 131 | Makes various changes regarding proficiency exams, diplomas and student portfolios. |
| 475 | Revises provisions governing education to increase parental involvement. |

- 617 Revises educational opportunities for pupils who are expelled for certain disciplinary problems.
- 781 Requires school districts to offer alternative curriculum in high schools for students to be eligible for a career or technical education diploma.
- 782 Requires performance audit of test results of each school district on achievement and proficiency examinations to identify effective programs for statewide improvement.
- 837 Makes various changes to encourage parental involvement in public schools.
- 921 Revises provisions relating to education to promote parental involvement and responsibility in children's education.
- 935 Expands Career & Technology Education opportunities including public-private partnerships.
- 936 Provides for improved communications between schools and parents.
- 937 Expands alternative settings and programs for disruptive students.
- 1022 Provides resources for further development of the High School Proficiency Exam to facilitate release of previously used tests to the public.

SPECIAL EDUCATION

Policy Statement

Improve current practices in Nevada schools to ensure that all children with special needs are identified early and are receiving appropriate educational services in the least restrictive and most inclusive environment.

Issue Background

Public education of individuals with disabilities began in 1975 with the passing of the IDEA (Individual with Disabilities Education Act). School districts nationally are serving over 6 million students with varying disabilities in the public education system.¹⁴ One of the primary issues in special education is early identification. High quality early childhood education and kindergarten can improve the identification process of special education students. Since the majority of special education students are “mainstreamed” in general education classes, it is important that the general and special education classrooms collaborate to effectively meet the needs of special education students.

Current Trends

- During the 2003-04 school year, 45,201 children in Nevada were enrolled in special education.¹⁵
- During the 2003-04 school year there were 2,893 special education teachers employed by Nevada school districts.¹⁶

Recommendations

- Create state policies, practices and audit procedures to ensure that local school districts are in compliance with state and federal laws relating to the identification, assessment and placement of children in need of special education services.
- Strictly enforce the existing policies regarding special education services and create sanctions for non-compliance or incentives for compliance.
- Increase funding for special education services to ensure appropriate levels of screening, placement, teacher quality/experience, and low ratios in the special education environment.
- Develop cooperative teaching programs to ensure collaboration of general and special education instructors.

Current Bill Draft Requests

- 606 Authorizes school districts to extend mandatory attendance requirements to children younger than mandatory school age but who are enrolled in school and to remedial programs that are provided to pupils without charges.
- 689 Establishes advisory committee to oversee transportation of pupils with disabilities from school.

EARLY CHILDHOOD EDUCATION

Policy Statement

Increase the number of children who have access to affordable, quality preschool education programs so that children enter school ready to learn and succeed. Additionally, increase the pay and develop career paths for early childhood education teachers to attract and retain quality individuals to the field.

Issue Background

Quality early childhood education is critical to both the intellectual and social well-being of young children. Two of the most widely studied programs, the High Scope/Perry Preschool¹⁷ and the Carolina Abecedarian¹⁸, followed their participants to the ages of 27 and 21, respectively. These longitudinal studies reveal that children participating in quality programs are less likely to be held back a grade or be placed in special education programs. The studies also indicate that reduced dropout rates and improved test scores are benefits of early childhood education programs. More benefits have become apparent as the participants matured into early adulthood – lower juvenile crime rates, greater labor force participation, and higher incomes.

Major findings of the studies include:

- Participants had higher cognitive test scores from toddler years to adulthood;
- Participants had higher academic achievement in both reading and math;
- Participants completed more years of education and were more likely to attend a four-year college than children who did not attend the early intervention program;
- By age 27, only one-fifth as many of the participants were arrested 5 or more times as compared to non-participants;
- At age 27, four times as many of the participants as compared to non-participant children earned \$2,000 or more per month. Almost three times as many owned their own homes.

Current Trends

- In 2003, there were an estimated 162,201 children between the ages of 0 and 4 in Nevada.¹⁹
- During 2003-2004 school year 2,690 children ages 3 and 4 were enrolled in public school pre-kindergarten programs to receive special education.²⁰
- During the 2003-2004 school year, 3,155 children were enrolled in Head Start and Early Head Start programs.²¹
- In 2003, the Nevada Legislature with the support of Governor Guinn approved \$2,896,583 each year for fiscal years 2003 and 2004 for comprehensive pre-kindergarten programs. From those funds, \$301,000 must be granted to the Classroom on Wheels program.²² This is down from \$3.5 million per year in FY 2002-03 – which did not include COW.
- The average wage of a child care worker in Nevada is \$16,920 per year or \$8.14 an hour.²³
- “Only 18 occupations out of 770 surveyed by the [Bureau of Labor Statistics] reported having lower mean wages than child care workers. Those who earned higher wages included service station attendants, bicycle repairers and locker room attendants.”²⁴

Recommendations

- Restore the allocation for comprehensive pre-kindergarten programs to at least \$3.5 million each year for fiscal years 2005 and 2006.
- Implement state-funded full day kindergarten programs in all Nevada public schools, while reducing group size to a maximum of 24.
- Allocate funding to the T.E.A.C.H.® initiative for teacher education and compensation.
- Conduct a feasibility study regarding developing universal pre-kindergarten for children ages three to five.
- Implement regulations to reduce group sizes for early childhood education pursuant to NAEYC recommendations.

Current Bill Draft Requests

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| 480 | Makes appropriation to provide full-day kindergarten in certain schools. |
| 481 | Requires Council to Establish Academic Standards to address kindergarten curriculum. |
| 606 | Authorizes school districts to extend mandatory attendance requirements to children younger than mandatory school age but who are enrolled in school and to remedial programs that are provided to pupils without charge. |
| 807 | Prohibits smoking in child care facilities and video arcades. |

EXPENDITURES/FUNDING

Policy Statement

Provide adequate funding to Nevada school districts to ensure that children in our state have proper supplies, quality teachers, safe and productive environments, as well as up-to-date technologies to foster educational success.

Issue Background

The 2003 Legislative Session and the November 2004 ballot initiatives brought a lot of attention to education funding and expenditures in Nevada. The troubles in the last session, which caused delays to the start of the 2003-04 school year in some districts, made advocates and policymakers alike realize the importance of mandating education as a priority funding issue in the Legislature. As a result, Question 1, which required an amendment to the state Constitution requiring the Legislature to fund public education before any other part of the state budget, passed by 56% of the votes.²⁵ Question 2, however, requiring public education to be funded at or above the national average, failed with just over 51% opposing the initiative.²⁶

Funding for public education comes from three primary sources: the federal government, local governments and state appropriations. State funding to school districts is based on a funding formula which takes into consideration population, wealth and cost of living, as well as a number of other factors. Although there is both professional and academic debate regarding the effectiveness of expenditures on student learning, funding is needed in Nevada schools so that teachers are not required to buy their own supplies, children have enough text books, and school buildings are safe and environmentally appropriate.

Current Trends

- After heated debates and special sessions, the 2003 Legislature approved \$1.2 billion for the 2003-04 school year and approximately \$1.43 billion for the 2004-05 school year.²⁷
- At only 29%, the state of Nevada contributes the least into its own educational system. The federal government contributes 5% and local governments contribute 66%.²⁸
- The average contribution of states is 49%.²⁹
- The estimated national average for expenditures per student was \$7,734 for the 2001-02 school year.³⁰
- Nevada spent an average of \$6,380 per student for the 2001-02 school year.³¹
- The Education Week's Quality Counts 2005 Report Card ranks Nevada 48th in the nation for per pupil expenditures.³²

Recommendations

- Ensure that funding education is a priority during the legislative session.
- Increase the state contribution to education to meet or exceed the national average.
- Increase per pupil spending to meet or exceed the national average.
- Increase budgetary control to schools.

Current Bill Draft Requests

- 60 Requires the amount of money expended per pupil in this state to meet or exceed the national average.
- 550 Revises provisions governing education and makes appropriations for education.
- 867 Allows school districts to carry forward unexpended appropriations to next fiscal year.
- 882 Revises provisions relating to budgets of school districts.
- 896 Creates interim study on education funding.
- 941 Provides limitation on number of off-site administrators employed by school districts.
- 978 Prescribes limit on number of administrators in certain large school districts.

BILINGUAL EDUCATION

Policy Statement

Assist English Language Learners (ELL) in effectively acquiring use of the English language while assuring that such students receive adequate academic instruction they can comprehend. Furthermore, ensure that these students are not penalized via grading and assessments due to their lack of knowledge of the English language.

Issue Background

Each year, thousands of non-English speaking children enter the school system. These children not only have the task of learning their core academic subject areas, but also of concurrently learning the English language. As a result, many of these students lag behind their English speaking peers. Currently, the No Child Left Behind Act³³ rules promulgated by the federal Department of Education allow for a proficiency testing exemption for up to three years from when the student enters school. Although this exemption is an improvement to the previous rules that required all students to test regardless, this still does not fully take into account of the length of time it takes for ELL students to become proficient. The Government Accountability Office noted three studies of ELL students and the length of time it took for them to gain proficiency. The studies concluded that “it may take 4 to 8 years to develop language skills needed to perform on a par with native English-speakers in all core academic subject areas (reading language arts, social studies, science and mathematics).”³⁴

Current Trends

- In 2003-04, there were 64,181 English Language Learners in Nevada’s K-12 schools.³⁵
- In 2003-04, 16.7% of students in Nevada were ELL.³⁶

Recommendations

- Reduce language complexity and allow translation dictionaries during assessments.
- Evaluate and implement effective strategies of providing bilingual education in schools which ensure children the right to learn and succeed in school.
- Provide after school access to bilingual tutors to assist students in non-English speaking families with homework.

Current Bill Draft Requests

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| 758 | Strengthens penalties against contractors who discriminate against or exploit workers because of their citizenship status and makes various other changes relating to increasing access to school and business opportunities for immigrants. |
| 827 | Enacts provisions governing the policies and use of the Department of Education in relation to English Language Learners. |
| 933 | Changes manner of regulating interpreters who provide services in schools. |

HEALTH

Teen Pregnancy
Youth Suicide
Child and Infant Mortality
Nutrition, Obesity and Physical Fitness
Children's Mental Health
Substance Abuse
Access to Health Care
Children's Oral Health
HIV/AIDS

TEEN PREGNANCY

Policy Statement

Implement research-based strategies in service agencies to further reduce Nevada's teen birth rate so that it is equal to or lower than the national average.

Issue Background

Teen pregnancy and teen parenting has far reaching societal ramifications. Teen mothers are more likely to drop-out of school than other girls.³⁷ More than 80% of teen mothers end up in poverty and on welfare during the critical development period of their child.³⁸ Children born to adolescent mothers were more likely to be placed in foster care due to an abuse or neglect complaint than children born to mothers in their early 20's. One study estimates that 5% of foster care placements could be averted by delaying childbearing.³⁹ The cost to U.S. tax payers for adolescent pregnancies is estimated between \$7 billion and \$15 billion a year.⁴⁰

Teen mothers are much less likely to receive prenatal care than older mothers,⁴¹ and young mothers are more likely than women in their twenties to give birth to a low-birthweight baby. The long term ramifications of teen pregnancy are far reaching as well. For example, male children of teen mothers are almost three times more likely to be incarcerated than those born to mothers in their early 20's.⁴²

Current Trends in Birth Rates

- The national teen birth rate in 2002 was 23 births per 1000 females ages 15-17.⁴³
- In 2003, Nevada had a teen birth rate of 28 births per 1000 females ages 15-17. Clark County's teen birth rate was 30 births per 1000 females, Washoe County's teen birth rate was 22 births per 1000 females, and the teen birth rate for the rest of the state was the same as Washoe County's.⁴⁴
- The Healthy People Nevada 2010 goal is 25 births per 1000 females ages 15-17.
- In 2003, Nevada had an adolescent birth rate of 11 births per 1000 females ages 10-17. Clark County's adolescent birth rate was 12 births per 1000 females, Washoe County's adolescent birth rate was 9 births per 1000 females, and the adolescent birth rate for the rest of the state was 8 births per 1000 females.⁴⁵
- The national teen birth rate in 2002 was 73 births per 1000 females ages 18-19.⁴⁶
- In 2003, Nevada had a teen birth rate of 79 births per 1000 females ages 18-19. Clark County's teen birth rate was 81 births per 1000 females, Washoe County's teen birth rate was 70 births per 1000 females, and the teen birth rate for the rest of the state in this age group was 82 births per 1000 females.⁴⁷
- In 2003, only 27% of mothers under age 15 received prenatal care in their first trimester. Approximately 45% of mothers aged 15-17 received prenatal care in the first trimester, and 54% of mothers aged 18-19 received prenatal care in the first trimester. Over two thirds of women in all other age groups received proper prenatal care⁴⁸.
- Teen mothers aged 15-17 deliver a higher percentage of low-birthweight babies than the statewide average for all age groups⁴⁹.

Current Trends in Sexual Behavior

- In a survey of Nevada teens, 32.6% of the 9th graders, 39.2% of 10th graders, 56.3% of 11th graders and 69.2% of 12th graders reported ever having had sexual intercourse.⁵⁰
- In Nevada in 2003, 7.5% of high school students reported having had sexual intercourse before age 13.⁵¹
- Almost 20% of Nevada high school students report having four or more partners in their lifetime in 2003, a 2.5% increase since 2001.⁵²
- Of the Nevada students who are sexually active, 22% report drinking alcohol or using drugs before the last intercourse, a decrease since 2001 and a percentage less than the affirmative answers nationwide.⁵³
- Of the Nevada students who are sexually active, 64% report using a condom the last time they had sex, a 1% increase since 2001.⁵⁴
- Of the Nevada students who are sexually active, 21% report using no method at all to prevent pregnancy. The 2003 number is a reduction of almost 6% from 2001.⁵⁵

Recommendations

- Develop and implement programs that emphasize the harmful physical and emotional effects of teen pregnancy, targeted toward at-risk youth – both male and female.
- Develop and implement school-based curriculum which includes abstinence as well as safe sex education.

Current Bill Draft Requests

- 599 Includes ingestion of illegal substances by a pregnant woman as child abuse and endangerment to which criminal penalty applies.

YOUTH SUICIDE

Policy Statement

Reduce the rate of teen suicide and attempted suicide in Nevada through the implementation of research-based prevention programs that identify and target at-risk youth.

Issue Background

There are some serious risk factors for youth suicide, such as the co-occurrence of mental health disorders, substance abuse problems, impulsive aggression problems, parental depression and substance abuse, family discord and abuse, poor family support, and other life stressors such as interpersonal conflict, loss and disciplinary problems.⁵⁶ Just the presence of a psychiatric disorder is a critical risk factor for suicide. However, the strongest predictor of future suicide attempts is a past attempt.⁵⁷

Females aged 15-19 are more likely than males to attempt suicide, and males are four to six times more likely to actually kill themselves.⁵⁸ This finding may be due to the fact that males are more likely to use firearms, while females are more likely to ingest a poison.⁵⁹

According to a recent study, the primary protective factor for youth suicide is family: parents giving help and support, establishing clear family rules, and making the youth feel useful and important.⁶⁰

Current Trends

- In Nevada, suicide is the third leading cause of death for youth and young adults ages 10 to 25.⁶¹
- In 2003, 16.4% of Nevada middle school students and 18.1% of high school students have seriously considered attempting suicide.⁶²
- In 2003, 10.7% of Nevada middle school students and 8.8% of high school student had attempted suicide at least once in a 12 month period.⁶³
- Of those Nevada high school students attempting suicide, 33.2% required medical treatment.⁶⁴

Recommendations

- Establish preventive programs that focus on identified risk and protective factors.
- Evaluate existing programs to determine what works best – school-based screening, peer support programs, telephone hotlines, general education about suicide, and/or individual vs. family counseling.
- Educate youth, families, teachers and administrators on the signs of suicide and available resources.

Current Bill Draft Requests

None

CHILD & INFANT MORTALITY

Policy Statement

Reduce the rate of infant and child mortality in Nevada through the identification of key risk indicators and implementation of programs aimed at reducing those risks.

Issue Background

The Infant Mortality Rate (IMR) is the rate at which babies die before their first birthday. In 2000, the national rate reached an all-time low of 6.9 deaths per 1,000 live births.⁶⁵ Despite national success in addressing factors which contribute to the infant mortality rate, such as reduction in the rate of cigarette smoking among pregnant women and the rate of teen pregnancies, and improvements in the numbers of women receiving first trimester prenatal care, there continue to be racial and ethnic disparities in infant mortality rates.

In 2003, the infant mortality rate in Nevada was 8.05 deaths per 100,000 members of the population.⁶⁶ The top five causes of infant mortality in Nevada in the year 2002, according to the CDC, were congenital anomalies, short gestation, SIDS, unintentional injury, and maternal pregnancy complications.⁶⁷

In 2003, the child mortality rate, which measures the rate of death for children age 1 to 10, in Nevada was 11.36 deaths per 100,000 children.⁶⁸ The top three causes of death in children aged 1 to 4 years old in Nevada in the year 2002 were unintentional injury (42% motor vehicle/traffic, 33% drowning, and 17% suffocation), congenital anomalies, and homicide (33% firearm homicide, 67% other).⁶⁹ The top three causes of death in children aged 5 to 9 years old in Nevada in 2002 were unintentional injury (40% motor vehicle/traffic, 20% falls, and 20% machinery), chronic lower respiratory problems, and septicemia. Homicide by firearm was the number 6 cause for this age group.⁷⁰

Current Trends

Infant Mortality

- Between 2000 and 2002, the infant mortality rate in Nevada was 6.0 per 1,000 live births.⁷¹
- The infant mortality rate ranged from a low of 3.2 in Carson City to the high of 10.8 in Nye County.⁷²
- The rate for Clark County was 6.2.⁷³
- The national infant mortality rate was 6.8%.⁷⁴
- In 2001, the national infant mortality rate for smokers was 10.5 compared to 6.5 for non-smokers.⁷⁵
- Nationally, the infant mortality rate for African Americans is 13.3 per 1,000 births. This is over double of the Caucasian rate of 5.7 per 1,000.⁷⁶

Child Mortality

- In 2001, the child mortality rate for children 14 years and under in Nevada was 21 per 100,000 children.⁷⁷

- In 2001, the national child mortality rate for children 14 years and under was 22 per 100,000 children.⁷⁸
- The leading cause of death of children 1-14 was accidents.⁷⁹
- In Nevada, at least 120 children died from heat injuries nationwide between 1996 and 2000, seven of the deaths were in Nevada.⁸⁰

Recommendations

- Develop community-based programs to promote first trimester prenatal care among all age groups and increase access to those programs.
- Develop community-based programs to promote healthy habits for pregnant women, infants and families, and ensure that all programs are culturally sensitive to the population being served.
- Develop positive media campaigns to promote community awareness of infant and child mortality issues and solutions. Ensure that parents are made aware of the issues, but present age-appropriate prevention programs through the school districts as well.
- Support further enhancement to the infrastructure of Child Death Review Teams so that data is captured, analyzed and published.

Current Bill Draft Requests

- 599 Includes ingestion of illegal substances by a pregnant woman as child abuse and endangerment to which criminal penalty applies.

NUTRITION, OBESITY AND PHYSICAL FITNESS

Policy Statement

Decrease the number of children in Nevada who are overweight and increase the quality and quantity of nutritional food intake, physical fitness and awareness of healthy lifestyles among children and families in the State.

Issue Background

As American life becomes more sedentary, children are becoming increasingly obese and overweight. Over the past three decades, the obesity rate has more than doubled for children aged 2-5 years and adolescents aged 12-19 years.⁸¹ The obesity rate for children aged 6-11 years has more than tripled.⁸²

There are both physical and mental/social consequences of being overweight or obese. Immediate health risks include cardiovascular disease (CVD) risk factors—such as elevated total cholesterol, triglycerides, insulin or blood pressure.⁸³ For overweight or obese children, the lifetime risk of being diagnosed with type 2 diabetes is estimated to be 30 percent for boys and 40 percent for girls at some point in their lives.⁸⁴ Minorities have an even higher lifetime risk for developing type 2 diabetes.⁸⁵

The quality of life for obese or overweight children can also be affected through limited mobility and decreased physical endurance.⁸⁶ Social discrimination is also a consequence for overweight or obese children and adolescents and is associated with poor-self esteem and depression.⁸⁷

The primary causes of overweight and obesity in children are a combination of lack of physical activity and unhealthy eating habits.⁸⁸ Obesity prevention involves balancing the calories consumed versus the calories expended.⁸⁹ Several factors that need to be addressed come from interactions including family life, societal influences and schools.

Furthermore, research shows that there is a 70% chance that overweight adolescents will become overweight adults.⁹⁰ Hence, reducing the rate of overweight children by instilling proper health values at an early age will ultimately result in healthier, more productive adults and decrease the national health care expenditures related to obesity and overweight. Currently, those rates range from \$98 billion to \$129 billion annually.⁹¹

Current Trends

- As of September 2004, the Institute of Medicine estimated that approximately nine million children 6 and older are obese.⁹²
- Among African-American, Hispanic and American Indian adolescents the increase of overweight and obese children is especially evident.⁹³
- Medical costs attributed to obese/overweight children and youth has more than tripled increasing from \$35 million in 1979-1981 to \$127 million in 1997-1999.⁹⁴
- In Nevada, 24.9 % of middle school students and 30% of high school students believe that they are overweight.⁹⁵

- In Nevada, 48.4% of middle school students and 48.8% of high school students watched television, used a home computer or played video games for three or more hours on an average school day.⁹⁶

Recommendations

- Support comprehensive school-based nutrition programs and services that should include:
 - Healthy nutritional standards for all food and beverages served or sold in schools;
 - Effective education in foods and nutrition;
 - Screening, counseling and weight assessment as part of school health services; and
 - Environments that provide opportunity and reinforcement for healthful eating and physical activity.
- Develop community-based programs that:
 - Provide opportunities for healthful eating and physical activities in existing and new community programs, particularly for high-risk populations; and
 - Educate parents regarding the importance of healthful eating and physical activities for the long-term health of their child.
- Implement physical education and health education curricula that emphasize enjoyable participation in physical activity and that help students to develop the knowledge, attitudes, motor skills, behavioral skills and confidence needed to adopt and maintain physically active lifestyles.
- Provide extracurricular physical activity programs that address the needs and interests of all students.
- Increase the number of hours of physical education instruction and recess time for elementary students.
- Provide training to personnel from teaching, coaching, recreation, health care, and school administration to effectively promote enjoyable, lifelong physical activity among youths.

Current Bill Draft Requests

- 36 Create a statewide council on physical fitness.
- 70 SCR: Acknowledge the Planning Group for its collective commitment to design a statewide policy to prevent obesity in Nevada.
- 785 Revises provisions governing the preparation and service of food in schools.

CHILDREN'S MENTAL HEALTH

Policy Statement

Develop policies to promote awareness of childhood mental health issues and implement strategies to provide affordable and accessible mental health services to all children in Nevada.

Issue Background

Although researchers used to believe that mental disorders began onset after adolescence, it has become evident that there are several disorders that begin onset during childhood and adolescence. These include attention deficit hyperactivity disorder (ADHD, ADD), autism, bipolar disorder, borderline personality disorder, depression, eating disorders and childhood-onset schizophrenia.⁹⁷ Consequently, children and adolescents with mental health problems are at greater risk for dropping out of school and suffering from long-term impairments.⁹⁸

Depression is one of the most common mental health disorders in youths, and it is treatable. According to the federal Center for Mental Health Services, depression affects one in 33 children and one in eight adolescents.⁹⁹ Children and adolescents who suffer from depression are more likely to have repeated depressive episodes. Depression has no single cause, however it often co-occurs with other disorders in young children and is related to increased substance abuse problems and risk of suicide in adolescents.¹⁰⁰ Depression can lead to academic underachievement, troubled relationships with family members and friends, and social isolation. Early identification and treatment of the disorder is paramount to ensuring the child or adolescent is able to lead a fulfilling life.

The stigma about mental health problems keeps many young people from asking for help with their problems. Social stigma can cause isolation and discrimination for many young people and their families. The stigma ensures that many children's mental health problems are untreated if medically diagnosed at all.

Punishment is often incorrectly used to try to solve these problems within the home, at school or in the juvenile justice system. Juveniles with mental health issues are disproportionately present in the juvenile justice system. Children with mental disorders also are often referred to special education in the public education system.

Current Trends

- Currently in the US, one in ten children suffer from a mental disorder severe enough to cause some level of impairment.¹⁰¹
- Up to 2.5% of children and 8.3% of adolescents in the U.S. suffer from depression.¹⁰²
- Depression in young people often co-occurs with other mental disorders, most commonly anxiety.¹⁰³
- Approximately 1% of children and adolescents meet the criteria for bipolar disorder.¹⁰⁴
- ADHD affects an estimated 4.1% of youths ages 9-17. About 2-3 times more boys than girls have ADHD.¹⁰⁵

- It is estimated that two-thirds of all children and adolescents with mental health problems are not getting the help they need.¹⁰⁶
- Homeless children aged 6 to 17 years old suffer from have high rates of mental health problems.¹⁰⁷

Recommendations

- Work to make accurate information about children’s mental health problems available to parents of school age children as well as to mental health service providers.
- Raise public awareness about children’s mental health issues in order to promote earlier recognition of possible mental health problems and reduce the stigma associated with mental health disorders.
- Implement training for school nurses and other school personnel in the recognition of mental health problems among their students.
- Implement school-based mental health clinics that provide services on-site, especially to low-income students who may not have access otherwise. Ensure that the service provided is culturally competent.
- Implement programs in schools that educate students about common mental health problems. The Natural Helpers program is a successful peer-to-peer counseling program implemented in schools across the nation.

Current Bill Draft Requests

- 175 Revises provisions governing the county match program for medical costs for institutionalized Medicaid recipients.
- 669 Transfers duties related to mental health from the Division of Child and Family Services of the Department of Human Resources to the Division of Mental Health and Developmental Services.
- 717 Revises provisions governing the procedures, polices and hearing requirements for the commitment of certain children for mental health treatment.
- 725 Make appropriation to support mental health services in Clark County.

SUBSTANCE ABUSE

Policy Statement

Reduce the rate of youth substance abuse by raising awareness regarding the dangers associated with the use of alcohol, tobacco products and illegal and legal drugs. Additionally, strengthen and strictly enforce laws designed to reduce access to these substances by minors.

Issue Background

Cigarettes & Tobacco

The majority of daily smokers (82%) began smoking before 18 years of age.¹⁰⁸ Each day, approximately 4,400 youths ages 12-17 try their first cigarette.¹⁰⁹ Tobacco and cigarette use by high school students has declined by approximately 18% during 2000-2002; however, a decrease among students in middle school was not statistically significant.¹¹⁰ In 2002, 28.4% of high school students and 13.3% of middle school students reported current use of tobacco products. This includes cigarettes, smokeless tobacco, cigars, pipes, kreteks (clove cigarettes) and bidis (flavored cigarettes).¹¹¹ There were no significant differences by ethnicity/race.¹¹² There is evidence that cigarette smokers are more likely to drink alcohol and use marijuana and cocaine than non-smokers.¹¹³

Alcohol Abuse

Teens use alcohol more frequently and heavily than all other illicit drugs combined.¹¹⁴ While motor vehicle accidents are the leading causes of death in youths, approximately one-third (1,200) of the youths had been drinking.¹¹⁵ Alcohol use is also linked with youthful deaths by drowning, suicide and homicide.¹¹⁶ Teens who use alcohol are more likely to become sexually active at earlier ages, to have sex more often, and to have unprotected sex than teens who do not drink.¹¹⁷ Additionally, young people who drink are more likely than others to be victims of violence crimes, including rape, aggravated assault and robbery.¹¹⁸

Drug Abuse

Overall, illicit drug use among teens is declining or stabilizing.¹¹⁹ However, there is one exception to the overall trend, MDMA or ecstasy.¹²⁰ There are many societal consequences stemming from teen drug use. In fact, 47% of admissions to publicly funded treatment facilities for marijuana abuse were under the age of 20.¹²¹ Teens also accounted for more than half the admissions for hallucinogens in 1999.¹²² The most significant issue with drug abuse is that it often leads to more risky behaviors including becoming sexually active and exposure to sexually transmitted diseases.¹²³

Current Trends¹²⁴

- 34.5% of middle school students and 57.3% of high school students have tried smoking a cigarette. 16.4% of middle school students and 18.8% of high school students tried before the age of 13.
- 10.4% of middle school students and 19.6% of high school students smoked more than once in the 30 days previous to the survey.

- During their life, 49.7% of middle school students and 75.6% of high school students had at least once drink of alcohol. 36% of middle school students and 31.9% of high school students had their first drink of alcohol before the age of 13.
- In a 30 day period, 13.5% middle school students and 27.8% high school students had 5 or more drinks of alcohol in a row on 1 or more days.
- Of those who drink, 65.3% of middle school students and 33.9% of high school students got their alcohol at home with or without their parents knowledge.
- 46.6% of high school students have used marijuana. Of those, 12.4% tried marijuana before the age of 13.
- 5.6% of middle school students and 10.9% of high school students have used some form of cocaine.
- 5.5% of middle school students and 12.5% of high school students have used methamphetamines (speed, crystal, crank, ice, etc.).

Recommendations

- Implement Gilbert Botvin’s Life School Training Course¹²⁵ in middle school and high school classrooms. The three-year course will help to:
 - Modify drug-related knowledge, attitudes and norms;
 - Teach skills for resisting social influences encouraging drug use; and
 - Foster the development of general personal and social skills.
- Involve parents and families in school-based programs for drug use prevention.
- Provide increased penalties for parents and other adults who provide alcohol/substances to youth.

Current Bill Draft Requests

| | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 120 | Revises provisions governing matters relating to tobacco. |
| 186 | Revises the provisions pertaining to evaluations of children who commit certain acts involving alcohol or controlled substances. |
| 339 | Enhances penalty under certain circumstances for driving under the influence of intoxicating liquor or controlled or prohibited substance. |
| 458 | Makes various changes to certain penalties for driving under the influence of drugs or alcohol. |
| 473 | Provides that once a person has been convicted of a felony for operating a vehicle or vessel while under the influence of alcohol or controlled substance, any subsequent violation is treated as a felony. |
| 569 | Increases the penalty for subsequent convictions of use of drug paraphernalia or possession with intent to use drug paraphernalia within three-year period. |
| 599 | Includes ingestion of illegal substances by a pregnant woman as child abuse and endangerment to which criminal penalty applies. |
| 784 | Establishes liability for adults who serve alcohol to minors in a residential setting. |
| 832 | Makes various changes to penalties for driving under the influence of alcohol or drugs. |

ACCESS TO HEALTH CARE

Policy Statement

Create policies to ensure that every child in our state, regardless of family income, has access to quality health care services.

Issue Background

Each year, thousands of children suffer needlessly due to lack of proper health care. Most of these children do not receive the necessary services due to lack of medical insurance. As a result, these children and families have had to resort to high cost emergency medical care, rather than lower-cost preventative treatment. The majority of uninsured children are from low-income families.

There are currently two government funded insurance programs for children in Nevada. The first is Medicaid which provides free medical coverage to low-income and poverty stricken children. Benefits of Medicaid include immunizations, well checks, hearing, dental and vision.

In 1998, Nevada created Nevada Check-Up, a children's health program that provides coverage to children 0 through 18 for families with income at or below 200 percent of the Federal poverty level. There is a quarterly premium on a sliding fee scale dependant upon the number of children. To qualify a child must not be eligible for Medicaid, be a US citizen or legal resident, not have health insurance within the last six month, be under the age of 18 and the family must be within the income guidelines. Some of the services provided by Nevada Check- Up include: inpatient/ outpatient hospitalization, x-ray, mental health, chiropractor, well baby/well child, dental vision, immunizations ambulance, prescription drugs and laboratory services.

Current Trends

- In 2000, it was estimated that 13.6% of children in Nevada lived in poverty.¹²⁶
- The U.S. poverty rate for children in 2002 was 16.7%.¹²⁷
- Approximately 78,624 children were eligible for Medicaid in 2002.¹²⁸
- 25,442 children are currently enrolled in Nevada Check-Up.¹²⁹
- Clinic on Wheels, a free mobile medical and dental clinic in Clark County, served over 8,000 uninsured and underinsured children last fiscal year.¹³⁰

Recommendations

- Decrease the 6 month waiting time for children to become eligible for Nevada Check-Up.
- Increase the outreach efforts to decrease the number of children in poverty and low-income children without insurance.
- Support and fund community based outreach services which provide medical services to at-risk youth.
- Encourage the federal government to examine the feasibility of implementing a universal health care program

Current Bill Draft Requests

- 30 Creates a program to provide for children's health care costs with prepaid premiums.
- 76 Provides for the creation of a program to provide health care insurance for small business employees.
- 174 Revises provisions regarding the administration of the Medicaid program.
- 198 Enacts the Nevada Health Access Act.
- 794 Revises provisions relating to the prescription drug benefit under the Medicaid program.
- 802 Directs the Legislative Commission to conduct an interim study concerning long-term health care provided in this state.

CHILDREN'S ORAL HEALTH

Policy Statement

Improve children's oral health by providing access to dental care and promoting the importance of good dental hygiene and regular check-ups.

Issue Background ¹³¹

Oral health is more than healthy teeth. Oral health includes preventative care, correcting birth defects, and correcting damage due to injury. Cleft lip/palate is one of the most common birth defects affecting 1 out of 600 Caucasian children and 1 out of 1,850 African Americans. The single most common chronic childhood disease is dental caries (tooth decay). Dental caries is 5 times more common than asthma and 7 times more common than hay fever. Dental caries is preventable with good dental hygiene and professional dental care.

Many young children are not receiving appropriate dental health care. When lifetime prevalence of dental visits is examined, it is not until the age 7 that 90 percent of children have ever visited the dentist. ¹³² For African American children, it is not until the age of 10; for uninsured children, age 11; and for Hispanic children, not until the age 16 that 90 percent have ever had a dental visit. ¹³³ Pain and suffering from untreated dental diseases can lead to problems in eating, speaking and attending to learning at school.

Current Trends ¹³⁴

- There are striking disparities in dental disease by income. Poor children suffer twice as much dental caries as their more affluent peers, and their disease is more likely to be untreated.
- Medical insurance is a strong predictor of access to dental care. Children from families without dental insurance are 3 times more likely to have dental needs than children with either public or private insurance. For each child without medical insurance, there are at least 2.6 children with dental insurance.
- Fewer than one in five Medicaid-covered children received a single dental visit in a recent year-long study.
- More than 51 million school hours are lost each year to dental-related illness. Poor children suffer nearly 12 times more restricted-activity days than children from higher income families.

Recommendations

- Develop and implement public awareness campaigns regarding the importance of good oral health.
- Re-evaluate the current Medicaid/CHIP fee schedules and increase the reimbursement rates to providers if necessary to ensure provider participation.
- Train social workers and welfare workers on the importance of dental health and the benefits available to Medicaid recipients.

- Develop programs with the Dental School at UNLV to provide low or no cost dental services for those lacking insurance.
- Expand outreach efforts by supporting programs such as Miles for Smiles and Clinic on Wheels which provide dental care to at-risk youth.

Current Bill Draft Requests

None

HIV/AIDS

Policy Statement

Reduce the number of young people that become infected with HIV/AIDS and the number of babies born to HIV/AIDS positive mothers through increased educational awareness.

Issue Background

HIV/AIDS is a disease that has ravaged people, states, nations and continents. It is estimated that nationally between 850,000-950,000 Americans are living with HIV/AIDS.¹³⁵ It is further estimated that 180,000 to 280,000 Americans living with HIV/AIDS (one in four) do not know they are infected.¹³⁶ The prevalence of HIV/AIDS nationally has an impact on children and adolescents in America. In 2000, there were 1,688 young people (ages 13 to 24) who were diagnosed with HIV/AIDS, bringing the total of this reporting age to 31,296.¹³⁷ This statistic does not include children born with or who were infected with HIV/AIDS from their parents.

Females make up 45% of all AIDS cases in the 13 to 24 age group.¹³⁸ If this age group is reduced to include only 13 to 19 year olds, the rate of female infections increase to 61%. The majority of infections in females are through heterosexual sex.¹³⁹

Current Trends¹⁴⁰

- During 2000, 9 cases of HIV/AIDS were diagnosed in youths 0-19 in Nevada.¹⁴¹
- From 1991 to 1999, 332 children were born to HIV positive parents in Nevada.
- Nine of the 332 children have developed AIDS as of October 2000.
- Nine of the 332 children have died as of October 2000.
- Of the 332, children 21 were confirmed HIV positive as of October 2000. All contracted the virus from their mothers.
- The cost of six of the 21 HIV positive children total \$329,222 in Medicaid claims.
- In 2003, 61.9% Nevada middle school and 88% high school students stated they were taught about AIDS or HIV Infection.¹⁴²
- In 2003, of the 46.4% of high school students who admitted having sexual intercourse, 35.8% did not use condoms.¹⁴³

Recommendations

- Develop and implement school-based HIV/AIDS intervention programs for middle school and high school students that emphasize abstinence and safe sex techniques, as well as, drug-free living.
- Develop and implement an HIV/AIDS prevention campaign directed toward women to prevent the birth of HIV/AIDS babies.

Current Bill Draft Requests

None

SAFETY AND SECURITY

Child Abuse and Neglect
Kids in Cars
Family Violence
Missing and Exploited Children
Homeless Youth
School Safety and School Violence
Driving

CHILD ABUSE AND NEGLECT

Policy Statement

Reduce the number of children who are abused and neglected by providing preventative services to at-risk families. Additionally, ensure that children in the child welfare system are afforded appropriate services and expedient permanency, whether through unification or adoption.

Issue Background¹⁴⁴

Child abuse and neglect is a pervasive problem which endangers the safety, security and mental well being of our most vulnerable population. Every year millions of children are officially reported as abused and neglected and referred for investigation. Of these, many sustain serious injuries, receive permanent disabilities, and/or die as a result. The primary perpetrators are parents. As a result, many children are removed from their homes and placed in group facilities or foster care, sometimes temporarily and, for some, permanently. Due primarily to a lack of proper resources, children are often moved multiple times while in foster care and sibling groups are often separated.

In June 2004, the final Child and Family Services Review report came in with a failing grade for Nevada and how it deals with abused and neglected children. There were seven child and family outcomes measurements. The report found that Nevada was not in substantial conformity with any of the outcomes. Specifically, the report noted that: case plans were not routinely developed with the child's parents; there was no comprehensive quality assurance system; there was a lack of services to help children remain safely in their homes; a gap in the service array existed for bilingual services; and a lack of standards applied to the primary shelter facility in Clark County.

In response to the CFSR, Nevada submitted a 5-year Comprehensive Child and Family Services Plan and a Program Improvement Plan. Part of the CCFSP and PIP is the bifurcation of child and family services in Clark and Washoe counties. During this process, Clark and Washoe counties took over all child and family services. Nevada DCFS still serves the rural areas of the states.

CFSR did note some promising practices in Nevada including the Wraparound Process in Washoe County and the Neighborhood Care Center service model in Clark County. Other noted strengths included efforts in sibling placement and reunification, good systemic information system and training of new employees and foster parents.

Current Trends¹⁴⁵

- Nationally, approximately 896,000 children were victims of abuse and neglect in 2002.¹⁴⁶
- In Nevada, there were 13,195 reports of child abuse and neglect in 2002. Of those reports, 2,875 were substantiated.
- In Nevada, child and family services handled 6,428 substantiated cases of child abuse and neglect in 2002.
- In FY 2003 Nevada DCFS had 2,413 child-welfare cases in custody.
- In FY 2003, Nevada finalized 276 adoptions.

Recommendations

- Provide adequate services to children and families to prevent removal or enhance reunification.
- Provide funding to hire more social workers in order to reduce case loads and improve services.
- Ensure that provisions included in the Comprehensive Child and Family Services Plan and the Program Improvement Plan are carried out successfully by providing adequate funding and resources.

Current Bill Draft Requests

- 170 Revises provisions governing the statewide central registry for the collection of information concerning the abuse or neglect of a child.
- 372 Revise provisions to ensure compliance with the Federal Child Abuse Prevention and Treatment Act (CAPTA) and NRS 432 and 432B.
- 457 Makes changes concerning contracts for post-adoption contact.
- 599 Includes ingestion of illegal substances by a pregnant woman as child abuse and endangerment to which criminal penalty applies.
- 666 Requires development of plan for funding of certain child welfare services and extends sunset provision for the Committee on Children, Youth and Families.
- 667 Makes various changes concerning foster children transitioning out of foster care.
- 668 Requires State Plan for Medicaid to include eligibility of certain former foster youth for Medicaid.
- 670 Makes various changes concerning placement of siblings in foster care.
- 671 Requires courts to "fast track" cases involving termination of parental rights.
- 672 Establishes rights for children in foster care.
- 673 Authorizes disclosure of identifying information about reports and investigations related to abused or neglected children for an audit or research in certain circumstances.
- 674 Requires Division of Child and Family Services of the Department of Human Resources to attempt to notify an adopted child of updated medical information submitted to the State Register for Adoptions.
- 709 Allows certain adoptees to access files and records of proceedings concerning the adoption and eliminates the State Register of Adoptions.
- 883 Urges district courts to ensure that the courts gather sufficient information during adoption proceedings to facilitate the future exchange of medical information as it becomes available.
- 930 Revises the definition of "corporal punishment" for purposes of regulating certain activities related to children.

KIDS IN CARS

Policy Statement

Develop and implement strategies to reduce the number of children exposed to injury and/or death as a result of being left unattended in a motor vehicle.

Issue Background

Every year in the U.S., children die as a result of being left unattended in motor vehicles. Although more than a third of these fatalities were the direct result of the child being left in a car in hot weather, many people underestimate how quickly a child can die or suffer permanent disability. A recent study from San Francisco State University found that when temperatures exceed 88°, the inside of a vehicle can become lethal in 10 minutes or less.¹⁴⁷ In addition to weather related injury or death, children unattended in vehicles also face hazards associated with vehicle theft, power accessories, putting the car in motion and entrapment.

Current Trends

- In 2003, there was an estimate of 563 kids-in-cars incidents involving 696 children. 130 of those incidents were fatal.¹⁴⁸
- Since 1990, 18 children have died in cars in Nevada.¹⁴⁹
- In 2003, Clark County firefighters responded to approximately 600 calls about children locked in cars.¹⁵⁰
- According to the National SAFE Kids campaign, 10% of parents report that it's acceptable for young children to be left in a car unattended.¹⁵¹

Recommendations

- Pass legislation which imposes a penalty for leaving a child under the age of 8 unattended in a motor vehicle. Model legislation can be found at the Kid in Cars organization website at <http://www.kidsincars.org/statelawsandinformation.html>.
- Promote statewide educational campaigns which highlight the dangers of leaving children unattended in motor vehicles.

Current Bill Draft Requests

- 14 Provides penalty for person who leaves child unsupervised in motor vehicle under certain circumstances.

FAMILY VIOLENCE

Policy Statement

Reduce the number of domestic violence incidents in Nevada in an effort to prevent injury and death, as well as psychological damage to children and their family members.

Issue Background

Domestic violence is a key societal issue that has long-term affects on the children that witness violence in their homes. National studies suggest that between 3.3 and 10 million children witness domestic violence annually.¹⁵² Children witnessing domestic violence are likely to exhibit behavioral and physical health problems including depression, anxiety and violence towards peers.¹⁵³ Children from violent homes are also more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution and commit sexual assault crimes.¹⁵⁴

Domestic violence may be the single major precursor to child abuse and neglect fatalities in this country.¹⁵⁵ Children are often intentionally injured by batterers in an effort to intimidate and control their adult partners.¹⁵⁶ Assaults on children can include physical, emotional, and sexual abuse.¹⁵⁷ Younger children can be injured while the mother is holding the child.¹⁵⁸ Older children are often injured when an adolescent attempts to intervene in violent episodes.¹⁵⁹

Current Trends

- In Nevada, 21 homicides were attributed to domestic conflicts or lover's triangles in 2002.¹⁶⁰
- In Nevada, 7 homicide victims were in a dating relationship with the perpetrator in 2002.
- In 2001, 22,881 domestic violence incidents were reported to police in Nevada.¹⁶¹
- 19.2% of juvenile homicide victims were killed by a member of their family.¹⁶²
- 6.1% of juvenile homicide offenders killed a member of their family.¹⁶³

Recommendations

- Develop and implement interdisciplinary teams of CPS workers and domestic violence advocates to provide home visits to families in which domestic violence and child abuse is present. (This would be a re-development of the DV/CPS project formerly funded by the Agassi Foundation.)
- Mandate domestic violence training for all judges and hearing masters in criminal and family courts.
- Provide money for child welfare agencies to partner with domestic violence organizations to train their staff on an on-going basis.
- Provide funding for the development and implementation of counseling and advocacy programs for child witnesses of domestic violence.
- Mandate that all law enforcement officers receive training in interviewing children as primary and secondary victims of domestic violence.

Current Bill Draft Requests

- 104 Prohibit civil compromise of certain domestic violence charges.
- 185 Revises the provisions pertaining to the counseling required for a person convicted of a battery which constitutes domestic violence.
- 577 Revises provision governing the Confidential Address Program.
- 846 Prohibits civil compromise of a crime involving domestic violence.
- 968 Revises provisions relating to domestic violence.
- 1012 Establishes statutorily the Nevada Council for Prevention of Domestic Violence.

MISSING AND EXPLOITED CHILDREN

Policy Statement

Reduce the number of children who become victims of kidnappings and abductions, as well as resulting abuse, sexual assault and fatality, by implementing strategies to assist families and police in keeping children safe.

Issue Background

There are many ways in which a child can become missing—non-family abductions, family abductions, runaway/throwaway episodes, missing involuntary (lost or injured events), and missing with benign circumstances, for example—going to a friend’s house without telling parent instead of going home after school.¹⁶⁴ It is a common misconception that the majority of missing children are victims of family kidnapping. Nearly one-half of all missing children are due to runaway/throw-away episodes.¹⁶⁵ Nearly one-fourth (28%) became missing as a result of benign circumstances.¹⁶⁶ Lost and injured children accounted for 15% of missing children. Abductions accounted for 11% of all missing children.¹⁶⁷ Abductions or kidnapping makes up less than 2% of all violence crimes against juveniles reported to the police.¹⁶⁸ There are three distinct types of kidnapping: family kidnapping, kidnapping by acquaintance and stranger kidnapping.¹⁶⁹ Family kidnapping, which makes up 49% of all types of kidnapping, is committed primarily by parents and occurs more frequently to children under 6.¹⁷⁰ Acquaintance kidnapping involves a comparatively high percentage of juvenile perpetrators, has the largest percentage of female and teenage victims, and is more often associated with other crimes.¹⁷¹ Stranger kidnapping victimizes more females than males. It victimizes both teens and school-aged children and is associated with sexual assaults and robbery.¹⁷²

Although stranger kidnappings are mostly associated with sexual assaults, strangers are not the primary sexual assault perpetrators. Nationally, family members account for 27% of the offenders in sexual crimes against children.¹⁷³ Acquaintances account for 60% of the offenders.¹⁷⁴ Disturbingly, 40% of offenders abusing children under age 6 were juveniles.¹⁷⁵

Current Trends

- In Nevada, well over 6,000 children are reported missing each year. Approximately 400 children are missing as a result of a family or parental abduction.¹⁷⁶
- Nationally, approximately 115,000 children are the victims of an attempted abduction annually.¹⁷⁷
- According to Highlights of the Youth Internet Safety Survey conducted by the U.S. Department of Justice “one in five children (10 to 17 years old) receives unwanted sexual solicitations online.”
- In 2003 Nevada implemented the Amber Alert system to inform the public regarding missing and abducted children.
- Since the inception of the Amber Alert system in Nevada, there have been 13 activations for 20 missing children. 18 of those children were recovered.¹⁷⁸
- There are 4,842 registered active sex offenders in Nevada.¹⁷⁹

Recommendations

- Design and implement statewide safety education programs for children.
- Develop parental education programs.
- Design a program to ensure that there is a current (regularly updated) photo and physical description of the child in file with a central agency (law enforcement or school).
- Implement strategies to ensure that children are protected against sexual predators by keeping community members informed.

Bill Draft Requests

- 109 Defines sexual predator to include out-of-state offenders.
- 286 SCR: Urges retail establishments to adopt “Code Adam” to respond to a report of a missing child in the establishment.
- 443 Makes appropriation to fund quarterly publication of the Missing and Exploited Children's Association.
- 572 Revises provisions concerning criminal procedure regarding sexually motivated crimes.
- 678 Revises provisions of Megan’s Law governing community notification of sex offenders.
- 706 Strengthens provisions governing registration and community notification of certain convicted sex offenders.
- 710 Requires specified information on certain convicted sex offenders be included in community notification and made available on an internet website.
- 712 Ensures Nevada law on registration and community notification of convicted sex offenders provides maximum protection to the residents of Nevada.
- 923 Enacts provisions relating to DNA database for all felons.

HOMELESS YOUTH

Policy Statement

Reduce the number of youth ages 12-21 who are homeless without their families by concretely describing the existing population in Nevada and working to provide adequate services to the population.

Issue Background

“Homeless youth are individuals under the age of eighteen who lack parental, foster, or institutional care. These young people are sometimes referred to as "unaccompanied" youth.”¹⁸⁰ Every year, thousands of youth are homeless – national estimates are approximately 300,000 unaccompanied youth, with approximately 2.8 million experiencing a runaway experience.¹⁸¹ An exact number of homeless youth in Nevada is unknown. Provider estimates for the number of homeless teens in Clark County range from 500 to 3,000 youth living on the streets, in washes or in the desert. The actual number may be closer to 500 to 1,000 unaccompanied youth.

Unaccompanied youth are often on their own because they have run away from family problems, such as parental substance abuse, parental neglect, family violence, or physical or sexual abuse. Alternately, they may have been thrown away (kicked out) by their parents or guardians, often for their sexual orientation, substance abuse problem, or an unexpected pregnancy. On some occasions, there have been family financial difficulties due to lack of affordable housing, limited employment opportunities, insufficient wages, no medical insurance, or inadequate welfare benefits and the teens have been left to fend for themselves or have become separated from their families.¹⁸²

The consequences of homelessness for youth are immense. Often homeless youth engage in prostitution (“survival sex”) in exchange for food, clothing or shelter. With this activity, homeless youth are at a high risk for contracting HIV or other sexually-transmitted diseases. Girls are more likely to become pregnant. Pregnant girls without stable homes are at greater risk for low birth-weight babies and have high infant mortality. Homeless youth are also at high risk of physical or sexual assault, homicide or other violence. Often homeless youth become involved in the illegal drug trade, either as a user or a dealer. Many suffer from pervasive substance abuse problems, especially alcohol abuse.

Mental illness, such as severe anxiety and depression, are common problems for homeless youth. These disorders may lead to suicide ideation, conduct disorder and post-traumatic stress syndrome. To compound this problem, homeless youth have very little to no access to proper mental health services. Additionally, they lack access to primary health care and preventive services. They suffer from lack of dental care, vision care, and pre-natal care for pregnant girls as well. Often poor nutrition due to their diet is an issue. Many may suffer from malnutrition. Homeless youth also have high risks for allergies, ear-nose-throat problems, dermatological problems, gastrointestinal problems, infectious diseases, trauma and psychosocial problems.

Once a youth is on the streets, it is hard to assimilate back into society. Homeless youth have difficulty attending school due to legal guardianship requirements, residency requirements and lack of transportation. They also have little access to job training programs and assistance.

Current Trends ¹⁸³

- Youth ages 15-17 made up two thirds of the youth with runaway/thrown-away episodes. 28% of youth were between the ages of 12-14 and 4% were aged 7-11.
- 57% of runaway/thrown-away youth were white.
- 39% of episodes occurred in summer with the other 61% equally divided between winter, spring and fall.
- Most runaway episodes (58%) lasted more the 24 hours but less than one week.
- Only 21% of runaway/thrown-away youth were reported missing to authorities.
- Approximately 71% of youth with runaway/thrown-away episodes could have been endangered during their episode.
- 18% of youth were in the company of someone known to be abusing drugs, and 17% were using hard drugs themselves during the episode.

Recommendations

- Create long-term transitional housing programs for homeless teens with an on-site health clinic and child care.
- Provide assistance for homeless teens in job placement, job skills training, GED tutoring and help with obtaining work permits, sheriff's cards or health cards.
- Implement a school built specifically to educate the population of homeless children modeled after the T.J. Pappas School in Phoenix, AZ – <http://tjpappasschool.org>
- Develop a law-enforcement response to homeless youth that includes a strong social services and mental health component, rather than simply returning the child to the home without a proper assessment of the problems in the home.
- Fund long-term, comprehensive research and data collection on homeless youth in Nevada.

Current Bill Drafts Requests

810 ACR: Creates interim study on consolidating services for homeless persons.

SCHOOL SAFETY & SCHOOL VIOLENCE

Policy Statement

Reduce the number of violent incidences on school grounds by developing strategies to raise awareness of school violence and providing services to at-risk students.

Issue Background

Often, people think of school shootings when the topic of school violence and safety are discussed, but these are not typical of youth violence. “Most adolescent homicides are committed in inner cities and outside of school.”¹⁸⁴ However, this does not negate the fear and reality of violence and safety in schools.

In the early school years, “mild aggression and violence are related to peer rejection and competition for status and attention.”¹⁸⁵ More serious behavior problems are generally associated with smaller number of youths.¹⁸⁶ Other factors that contribute to youth violence include: home factors like ineffective parenting, harsh or inconsistent punishment, inadequate supervision and exposure to violence at home.¹⁸⁷ Peer relationships and other social relationships are also critical in the development of this type of behavior. Children who exhibit antisocial behavior at younger ages are more likely to continue with these behaviors, especially if the peer group reinforces it. Further, an antisocial peer group in adolescence can develop new antisocial behaviors in youth who exhibited no such behavior as children.¹⁸⁸ Mental health issues like early conduct disorders, attention problems, depression, anxiety and lower mental and verbal aptitude are also contributors.¹⁸⁹ At early ages, “boys are more likely than girls to exhibit aggressive behavior as well as non-aggressive antisocial behavior”.¹⁹⁰ According to the National Institutes for Mental Health, boys tend to exhibit physically aggressive behaviors while aggression by girls is more of a socially damaging nature.

Current Trends

- In 2003-2004, there were 7,983 violent incidences against students by students in Nevada schools.¹⁹¹
- In 2003-2004, there were 174 violent incidences against school staff by students.¹⁹²
- In 2003-2004, there were 975 incidents of weapons possession in Nevada schools.¹⁹³
- 22.8% of Nevada high school students and 31% of middle school students feel alienated at school.¹⁹⁴
- 23.2% of Nevada high school students and 26.9% of middle school students feel unsafe at school.¹⁹⁵
- 8.7% of Nevada high school students and 10.9% of middle school students did not go to school on 1 or more days in a 30 day period because they felt unsafe.¹⁹⁶
- 6% of Nevada high school students and 7.8% of middle school students have been threatened with or injured by a weapon on school property.¹⁹⁷
- 19.6% of Nevada high school students and 26.8% of middle school students were offended, threatened, frightened or attacked 1 or more times in a 30 day period because of their racial or ethnic background.¹⁹⁸
- 12.4% of Nevada high school students and 13.9% of middle school students were offended, threatened, frightened or attacked one or more times in a 30 day period because of their gender.¹⁹⁹

Current Policies

- NRS 388.135 prohibits intimidation and harassment in schools.
- NRS 392.463 requires each school district to adopt a plan to ensure that public schools are safe and free of controlled substances in compliance with 20 U.S.C. § 7101 et seq.
- NRS 392-4635 allows school boards to establish policies to prohibit gang activity on school property.
- NRS 392-4644 requires principals to develop a plan to provide for progressive discipline of pupils that must be developed with teachers, support personnel and parents of the pupils.
- NRS 392.600 et seq. establishes detailed protocols for handling crisis in schools, this includes school violence, natural disasters and terrorist activities.
- Currently in progress, a taskforce from the Attorney General's office and the Nevada Department of Education is working on definitions and protocols to develop a model policy regarding school violence and the underlying bullying and harassment that are precursors to violence.

Recommendations

- Develop a climate of tolerance and respect in school.
- Implement a partnership process similar to that found in the Safe Schools/Healthy Students Initiative. Foster community-school collaboration, as well as collaboration between the education, justice, social service and health systems.
- Model programs include: anger management skills, decision-making and problem solving skills, peer interaction and mediation, parental support, mentoring and self-esteem building.
- Complete the model policy regarding preventing school violence and mandate that all school district develop and implement policies and procedures based upon the model.

Current Bill Draft Requests

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|-----|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 68 | Create a voluntary reporting system for reporting bullying behavior in schools to allow the Attorney General to gather data and protect children. |
| 202 | Requires school districts to establish program in self-defense to be offered to junior high and high school pupils. |
| 93 | Urge all public schools to teach classes in gun safety. |
| 561 | Revises provisions governing provision of safe and respectful learning environment in public schools. |
| 617 | Revises educational opportunities for pupils who are expelled for certain disciplinary problems. |
| 632 | Revises authority of police employed by schools. |
| 937 | Expands alternative settings and programs for disruptive students. |

DRIVING

Policy Statement

Reduce the risk of injury or death among teen drivers by developing policies that promote safer driving habits.

Issue Background

In the US, motor vehicle crashes are the leading cause of death for young people age 15 to 20.²⁰⁰ In 2003, 7,884 young drivers were involved in fatal crashes at an average rate of 63.37 per 100,000 licensed young drivers.²⁰¹ Approximately one-fourth had been drinking.²⁰² In Nevada, 65 young drivers were involved in fatal crashes, at a rate of 83.04.²⁰³

Teen drivers with passengers had three times the fatality rate than those without passengers.²⁰⁴ In fact, 61% of teen deaths involving motor vehicles occur when another teenager is driving.²⁰⁵ Almost half (43%) the fatal crashes involving teenagers occur at night between the hours of 9pm and 6am.

Current Trends²⁰⁶

- In Nevada, 12.1% of middle school students and 12.3% of high school students state they rarely or never wear a seat belt when riding in a car driven by someone else.
- Nevada students stated that 19.1% of middle school students and 26.6% of high school students rode in a car or other vehicle driven by someone who had been drinking alcohol.
- 6.1% of middle school students and 11.1% of high school students in Nevada admit to drinking and driving.
- In Nevada, there were 46 teens killed in motor vehicle accidents in 2002.²⁰⁷

Current Nevada Laws

- Nevada is one of the 32 states in the U.S. that allows a parent to request that the license granted to a minor be canceled. The law is written as an insurance liability issue, but may be applicable with regard to teenage driving accidents. (NRS 483.310)
- Nevada also regulates the transportation of passengers under the age 18 with exceptions for immediate family. Teens under the age of 16 may not transport passengers under age 18 for 90 days after receiving a license. Teens between 16 and 17 may not transport passengers under age 18 for 60 days after receiving a license. Teens between 17 and 18 may not transport passengers under age 18 for 30 days after receiving a license. (NRS 483.253)

Graduated Driver's Licensing (GDL)

- Graduated Licensing is the gradual introduction of teens to driving through a three-step, minimum of 18-month process that ensures they gain driving experience under controlled circumstances.²⁰⁸

- Restrictions in each stage address alcohol use (zero tolerance), restrictions on nighttime driving, use of seat belts, number of passengers in the car, completion of driver education courses, no accidents or traffic convictions for specified amounts of time, etc.²⁰⁹
- By 2001, 31 states and the District of Columbia had adopted a form of GDL.
- GDL is a promising practice – it works to expand the learning process; reduce risk exposure; improve driving proficiency; and enhance motivation for safe driving.²¹⁰

Recommendations

- Implement Graduated Driver’s Licensing.
- Require that students show valid license and proof of insurance to obtain a school parking permit.
- Offer drivers education in schools that includes behind-the-wheel training.
- Continue and enhance responsible driving education campaigns.

Current Bill Draft Requests

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|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9 | Revises provisions governing drivers’ licenses. |
| 180 | Eliminates requirement that driver and passenger of motorcycles being driven on highway wear protective gear. |
| 205 | Revises provisions governing manslaughter charges resulting from traffic accidents. |
| 288 | Makes various changes to provisions governing the use of self propelled scooters. |
| 339 | Enhances penalty under certain circumstances for driving under the influence of intoxicating liquor or controlled or prohibited substance. |
| 458 | Makes various changes to certain penalties for driving under the influence of drugs or alcohol. |
| 473 | Provides that once person has been convicted of felony for operating vehicle or vessel while under influence of alcohol or controlled substance, any subsequent violation is treated as a felony. |
| 474 | Requires incorporation of driver’s education in high school curriculum. |
| 832 | Makes various changes to penalties for driving under the influence of alcohol or drugs. |
| 900 | Revises provisions relating to use of safety belts. |

JUVENILE JUSTICE

Juvenile Delinquency and Violence
Mental Health of Juvenile Offenders
Certification of Juvenile Offenders
Girls in the Juvenile Justice System

JUVENILE DELINQUENCY AND VIOLENCE

Policy Statement

Reduce the rate of juvenile delinquency and violence, as well as juvenile incarcerations, by developing research based prevention programs targeted toward at-risk youth.

Issue Background²¹¹

The juvenile court system was created in the early 20th century with the philosophy that children are different than adults and that children are deserving of the opportunity of rehabilitation. In the past 20 years, there has been a national decline in youth crime rates. Despite this decline, there is an increase in public perception that juvenile crime is worse. Due to the public perception of juvenile crime, the juvenile justice system is moving toward a more punitive than rehabilitative system through legislation and policy.

There are several indicators for juvenile delinquency and violence including childhood aggression, child abuse and neglect, mental health issues and substance abuse.²¹² Of these indicators mental health issues and substance abuse are two of the primary indicators for involvement in persistent and serious delinquency.²¹³

There are several identified issues in the juvenile systems, which include the problems of juveniles in adult prisons, juvenile detention as a solution to mental illness, and the increasing number of girls in the juvenile justice system. These problems are addressed in subsequent policy briefs in this section.

Current Statistics²¹⁴

In Nevada in 2003:

- The juvenile population equaled 319,253 juveniles.
- The total number of referrals to the juvenile justice system was 26,257.
- 3,553 juvenile offenders were referred for delinquency against the person.
- 7,251 juvenile offenders were referred for delinquency against property.
- 2,114 juvenile offenders were referred for drug use.
- Rural counties accounted for 11.7% of all referrals.
- Clark County referred 15,679 juveniles from a population of 226,283. This number equals 6.9% of the population.
- Washoe County referred 6,467 juveniles from a population of 50,211. This number equals 12.8% of the population.
- Nevada ranks 36th in the nation for the total number of individuals in the juvenile justice system.²¹⁵

Recommendations

- Establish a committee to review the current rehabilitative programs in the juvenile detention facilities and develop minimum criteria for programs in juvenile facilities.
- Establish a screening protocol for all juveniles entering detention for mental health and substance abuse problems.

Current Bill Draft Requests

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|-----|----------------------------------------------------------------------------------------------------------------------------------|
| 66 | Revises provisions governing the manner of sentencing juveniles who commit serious crimes. |
| 81 | Adopts Interstate Compact for Juveniles. |
| 186 | Revises the provisions pertaining to evaluations of children who commit certain acts involving alcohol or controlled substances. |
| 193 | Provides for independent audits for institutions that house juveniles. |
| 186 | Revises the provisions pertaining to evaluations of children who commit certain acts involving alcohol or controlled substances. |
| 833 | Revises provisions governing the dispositions of cases by juvenile court. |

MENTAL HEALTH OF JUVENILE OFFENDERS

Policy Statement

Ensure that all juvenile offenders have a mental health screening and further ensure that those juveniles who are identified with mental health problems receive a more in-depth assessment and proper treatment.

Issue Background ²¹⁶

The prevalence of mental health problems in the juvenile offender population is substantially higher than that of the general population.²¹⁷ Studies estimate that one in five juvenile offenders has serious mental health problems, which is nearly twice the rate of occurrence of mental illness in children and adults in the general population.²¹⁸

Substance abuse has a definite relationship to delinquency, conduct disorders, and violence. Juvenile offenders with substance abuse problems often have co-occurring mental disorders²¹⁹ – as many as 75-80% of adolescents who receive inpatient substance abuse treatment have co-occurring mental health problems.²²⁰ Drug users are at a high risk for recidivism and bail violations.²²¹ There is a clearly established relationship between early physical or sexual abuse and later drug use and delinquency. Many juvenile drug users, about 55% of them, have seen a mental health professional before their entrance into the juvenile justice system, and approximately 16% have experimented with suicide.

Research estimates that suicide rates in juvenile detention centers are four times higher than the overall youth suicide rate.²²² There are some serious risk factors for youth suicide, such as the co-occurrence of a mental health disorder and a substance abuse problem, impulsive aggression problems, parental depression and substance abuse, family discord and abuse, poor family support, and other life stressors such as interpersonal conflict and loss and disciplinary problems.²²³ Adolescents who have been diagnosed with a major depressive disorder are 27 times more likely to engage in suicidal behavior.²²⁴ Suicide rates are twice as high for those with a mood disorder than for those without one.²²⁵

The prevalence of youth victims of sexual assault, physical assault and physically abusive punishment is much higher in the juvenile detention centers. Older kids (16-17 years old) have a higher incidence of post-traumatic stress disorder (PTSD), substance abuse (especially hard drugs) and delinquency as a result of their victimization. Minority youth often are more likely to suffer from PTSD and substance abuse. Plus, for those youth who have been sexually assaulted, the rates of PTSD are four to five times higher than those who suffered no sexual assault.

One particular emphasis that must be made is that juvenile offenders often suffer from a multitude of problems culminating in their entrance into the juvenile justice system. They exhibit multiple symptoms and often have multiple diagnoses. Further, juvenile offenders often exhibit deficits in social skills compared to children in the community as a whole. They often act out more than community kids, and almost 20% of them have severe learning disorders. There is a demonstrated link between conduct disorders and mood disorders as well. Youth with behavior problems also tend to exhibit co-existing or consequent emotional problems.

Delinquent behavior may overshadow the emotional problems and therefore the emotional disorder may be unrecognized and underreported.²²⁶

Current Trends

- 1 in 5 juvenile offenders has serious mental health problems, which is nearly twice the rate of occurrence in children and youth in the general population.
- Tentative estimates of specific disorders prevalent among incarcerated juvenile offenders are as follows: “50 to 90% with conduct disorder, up to 46% with attention deficit disorder, 6-41% with anxiety disorders, 25-50% with substance abuse or dependence, 32-78% with affective disorders, and 1-6% with psychotic disorders.”²²⁷
- Adolescent female offenders exhibit higher rates of mental health problems than adolescent male offenders.²²⁸
- Rates of recidivism are much lower for juveniles who receive mental health treatment while in detention. “Highly successful mental health treatment programs for court-involved youth have been shown to reduce recidivism rates by as much as 80%.”²²⁹
- In Nevada juvenile detention facilities, 95% of male youth and 91% of female youth showed indications of a mental health disorder.²³⁰
- In Nevada, almost 50% of males and over 50% of females were identified as needing immediate mental health services.²³¹

Recommendations

- The legislature should establish a statewide committee to address the mental health needs of incarcerated juveniles. The committee should determine what mental health services are needed to address the problems of incarcerated juveniles.
- The state should develop a comprehensive and consistent policy about the provision of mental health services in juvenile detention facilities. The policy should establish the process of providing mental health care, including standardized screenings and assessments, procedures for the management of mental health crises.
- The state should require mental health screening for all juveniles entering a juvenile detention facility. Further assessments should be provided as deemed necessary by the screening.

Current Bill Draft Requests

- 175 Revises provisions governing the county match program for medical costs for institutionalized Medicaid recipients.
- 194 Provides for screening of juveniles for mental health problems and substance abuse.
- 669 Transfers duties related to mental health from the Division of Child and Family Services of the Department of Human Resources to the Division of Mental Health and Developmental Services.
- 725 Makes appropriation to support mental health services in Clark County.
- 812 Makes appropriation to establish Mental Health Court.

CERTIFICATION OF JUVENILE OFFENDERS

Policy Statement

Reduce the certification of juvenile offenders into criminal court and adult jails and develop policies and procedures that focus on rehabilitation of juvenile offenders in an appropriate environment.

Issue Background

During the 1990's, 49 states and Washington DC passed statutes that make it easier to certify juveniles for prosecution in adult criminal courts.²³² In most states the certification of juvenile offenders is automatic, depending on the seriousness of the offense and the age of the offender.²³³ According to national data, the majority of juveniles certified to criminal court were male youths 16 and older.²³⁴ 46 of the states have granted judicial discretion to transfer juvenile cases to adult criminal court and 29 states have statutory exclusion which bars some juvenile offenders from juvenile court for certain offenses.²³⁵ Statutory exclusion is the reason for the majority of certifications of juveniles.²³⁶ In today's juvenile justice climate, waiving a case has become the legal equivalent of admitting that rehabilitative efforts and the potential of the juvenile justice system are inadequate.²³⁷

Currently, the Supreme Court is evaluating the merits of applying the death penalty to juveniles.²³⁸ One of the primary arguments against the application of the death penalty to juveniles is the lack of brain development in adolescents. Research indicates that during adolescence, the area of the brain that handles organization, planning and strategizing is not fully developed and therefore should lessen their culpability.²³⁹

Consequences of Waiver

- Current waiver legislation does not take into account the consequences for juveniles of their incarceration in adult prisons, the quality and effectiveness of the programs available to them, and the resulting recidivism rates.²⁴⁰
- If a juvenile is convicted as an adult felon, he automatically loses certain civil rights and therefore a number of occupational or professional opportunities.²⁴¹
- Research demonstrates that children in adult institutions are five times as likely to be sexually assaulted, twice as likely to be beaten by staff, 50 percent more likely to be attacked with a weapon and eight times as likely to commit suicide as children confined in juvenile facilities.²⁴²
- Other consequences of the certification decision include the possibility of execution or life imprisonment, the potential for victimization when incarcerated in adult prisons, and the negative psychological effects of the publicity associated with trials in criminal court.²⁴³

Certification of Juveniles in Nevada²⁴⁴

- 6 Males and 0 females were judicially certified from juvenile court to adult court in 2004. This does not include the number of juveniles automatically waived to adult court by statute.²⁴⁵
- According to the Nevada Department of Corrections, there are 74 individuals under 18 incarcerated in adult prisons.²⁴⁶
- Currently, Nevada judges have the authority to certify juveniles as young as 14 to adult criminal court for any criminal offense.²⁴⁷
- There is no statutory minimum age barring certification for the offense of murder.²⁴⁸
- According to NRS 176.025, the death penalty will not apply to a juvenile under the age of 16, instead life in prison is the maximum penalty.

Recommendations

- Develop community-based rehabilitation programs for non-violent youth. Critical components of these programs should include:
 - Small size for individualized attention;
 - Intensive case management with small case loads for close supervision;
 - Emphasis on re-entry and re-integration into the home community;
 - Opportunities to make decisions and achieve success;
 - Clear and consistent consequences for misbehavior or violation of rules;
 - High quality educational and vocational programming and;
 - Both individual and family counseling geared toward the youth's needs
- Raise the age where juveniles can be transferred to the adult system to 16 for any criminal offense.
- Improve conditions of confinement for juveniles, paying particular attention to their different needs with regard to diet, exercise, discipline and mental health issues.
- Examine the utility of developing special units in adult prisons to house juveniles with specially trained staff and enhanced programming.

Current Bill Draft Requests

- 66 Revises provisions governing the manner of sentencing juveniles who commit serious crimes.
- 833 Revises provisions governing the disposition of cases by juvenile court.

GIRLS IN THE JUVENILE JUSTICE SYSTEM

Policy Statement

Reduce the number of female juvenile offenders through the development and creation of gender-specific preventative programs that target identified at-risk groups. Additionally, provide appropriate environments, protections and services to girls who are in the juvenile justice system.

Issue Background

Research has shown that girls are the fastest growing segment entering the juvenile justice system. In the past 20 years there has been an incredible rise in the number of girls in detention facilities, jails and prisons. According to the FBI, from 1989 to 1998 the number of girls in the juvenile justice system increased 50.3%, while boys only increased 16.5%.

Girls in the juvenile justice system generally have specific needs that are often not addressed by the programs in place for male offenders.²⁴⁹ Girls often exhibit higher rates of mental health problems than boys, with more diagnosed depression and a higher likelihood of suicide attempts. Low self-esteem, negative body image and substance abuse are often contributors. Substance abuse problems are often more acute in the female offender population, with some studies showing 60-87% of female offenders requiring substance abuse treatment. It has also been suggested that many of these female offenders turn to substances through self-medication as a coping mechanism for stress, mental health problems and exposure to trauma and abuse. Many of the adolescent female offenders demonstrate significantly more physical and sexual abuse than boys, with up to 70% of girls reporting such experiences.²⁵⁰

Along with development, sexual/physical abuse, dependency, and criminal behavior are also different among adolescent females. Female offenders experience more physical and sexual abuse than do their male counterparts. Dependency, both economic and social, is also more commonly seen in adolescent females than in males. Lack of problem solving skills, a reluctance to verbalize opinions and preference, and avoidance of challenges, success and autonomy can be manifestations of dependency. These issues can affect the proper cognitive and social development of these girls and lead to future contact with the criminal justice system.

Current Trends

- According to the Nevada Division of Child and Family Services, in 2003, 26,257 juveniles in Nevada were referred to juvenile justice, 8,701 of them were female.
- In 2003, there were 2097 girls detained in Nevada. 89 girls were committed to state custody.²⁵¹
- In 2003, there were 623 girls in probation services statewide.²⁵²
- In Nevada, almost 1/3 of the juveniles referred to the State Juvenile Justice programs are female.²⁵³
- Studies show 60% to 80% of adolescent female offenders need treatment for substance abuse, with 60% to 70% aged 15-20 testing positive for drugs at the time of arrest.²⁵⁴

- Adolescent girls in contact with the juvenile justice system report high levels of physical and sexual abuse as well as exposure to violence and trauma, resulting in almost 50% of female offenders meeting diagnostic criteria for Post-Traumatic Stress Disorder.²⁵⁵
- The high school dropout rate for Nevada is much higher than that of the national average (14% in Nevada, 9% in US), a fact that affects juvenile delinquency. Teen pregnancy may further affect the dropout rates for girls.
- The number of disconnected youth¹ in Nevada is higher than the US as a whole. In Nevada, 17% of young adults are disconnected while in the US only 15% are disconnected. Youth who are disconnected from society have higher rates of delinquency.
- Girls in homes in poverty as well as “broken homes” are at a greater risk for delinquency.

Recommendations

- Assess the processing methods and services currently provided to girls in Nevada’s Juvenile Justice System. Focus on data and data collection methods.
- Create specific programmatic responses to service delivery gaps – stress program coordination, gender-specific services, and prevention-intervention programs.
- Recognize that the risk factors for girls and those for boys are different, therefore prevention programs should be developed that are tailored to fit these specific needs.
- Second, programs designed to help girls need to focus on and address physical and sexual abuse. One of the strongest links to delinquency seems to be a history of sexual abuse.

Current Bill Draft Requests

281 Revises provisions governing the funding of China Springs Youth Camp and Aurora Pines Girls Facilities.

¹ “Disconnected youth” is defined as those people age 18 to 24 who are not working nor in school and have no degree beyond a high school diploma or GED

ENDNOTES

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- ¹ All information unless otherwise noted is from the Executive Budget in Brief 2003-05.
- ² Nevada Department of Education, 2004 Research Bulletin (accessed at www.doe.nv.gov/admin/deptsuper/fical/research.html on 1/26/05).
- ³ *Id.*
- ⁴ *Id.*
- ⁵ American Federation of Teachers, Average Teacher Salary in 2002-03.
- ⁶ Nevada Department of Education, 2004 Research Bulletin, (accessed at www.doe.nv.gov/admin/deptsuper/fical/research.html on 1/26/05)..
- ⁷ *Id.*
- ⁸ U.S. Department of Education, National Center for Education Statistics, Common Core of Data, “State Non-fiscal Survey of Public Elementary/Secondary Education,” 2001-02.
- ⁹ *Id.*
- ¹⁰ The Condition of Education 2004 in Brief, National Center for Educational Statistics, US. Department of Education, Institute of Educational Sciences, NCES 2004-076.
- ¹¹ <http://www.dol.gov/dol/topic/wages/educational.htm>
- ¹² Center for Business and Economic Research, *Nevada Kids Count Data Book 2004*, University of Nevada Las Vegas (2004).
- ¹³ National Center for Education Statistics, *Digest of Education Statistics Tables and Figures* <http://nces.ed.gov/programs/digest/d02/dt108.asp> (accessed 12/17/04).
- ¹⁴ National Education Association, <http://www.nea.org/specialed/>
- ¹⁵ Nevada Department of Education, 2004 Research Bulletin, (accessed at www.doe.nv.gov/admin/deptsuper/fical/research.html on 1/26/05)..
- ¹⁶ *Id.*
- ¹⁷ Schweinhart, Lawrence J., Benefits, Costs, and Explanation of the High Scope/Perry Preschool Program. Presented at the meeting of the Society for Research in Child Development, Tampa, FL (April 26, 2003).
- ¹⁸ Campbell, Ph.D, Frances and Craig Ramey, Ph.D, Principal Investigators. Carolina Abecedarian Study. Website: <http://www.fpg.unc.edu/%7Eabc/index.htm>.
- ¹⁹ Nevada Demographer Estimate 2003, Nevada Age, Sex, Race, Hispanic Origin.
- ²⁰ Nevada Department of Education Research Bulletin 2004, (accessed at www.doe.nv.gov/admin/deptsuper/fical/research.html on 1/26/05).
- ²¹ Nevada Headstart Collaboration Office.
- ²² 2003 Revised Statutes of Nevada, 20th Special Session, § 189.50 (250).
- ²³ Center for the Childcare Workforce, “Current Data on the Salaries and Benefits of the U.S. Early Childhood Education Workforce” 2004.
- ²⁴ *Id.*
- ²⁵ Secretary of State, State of Nevada. <http://sos.state.nv.us/nvelection/2004General/ElectionSummary.htm>, accessed 12/17/04.
- ²⁶ *Id.*
- ²⁷ 2003-05 Appropriation Report, Nevada Legislative Counsel Bureau, Fiscal Analysis Division.
- ²⁸ Education Week, www.edweek.com/context/states
- ²⁹ *Id.*
- ³⁰ Education Week, Quality Counts 2005 Report Card. www.eduweek.org/ew/articles/2005/01/06/17sos-nv.h24.html?print=1 (accessed 1/6/05).
- ³¹ *Id.*
- ³² *Id.*
- ³³ No Child Left Behind Act of 2001, Pub.L. 107-110, Jan. 8, 2002, 115 Stat. 1425, accessed at U.S. Department of Education, <http://www.ed.gov/nclb/overview/intro/edpicks.jhtml?src=ov> (accessed on January 7, 2005).
- ³⁴ GAO, Pubic Education Meeting the Needs of Students with Limited English Proficiency., GAO-01-226, February 2001.
- ³⁵ 2003-2004 State Accountability Comprehensive Report, Nevada Department of Education, www.doe.nv.gov
- ³⁶ *Id.*
- ³⁷ Healthy People Nevada 2010, <http://health2k.state.nv.us/nihds/publications/hp.htm> accessed on 1/26/05.
- ³⁸ Maynard & Garry, 1997. “ Adolescent Motherhood: Implications of the Juvenile Justice System” OJJDP Publication, US DOJ.
- ³⁹ *Id.*
- ⁴⁰ Healthy People Nevada 2010 p 15, <http://health2k.state.nv.us/nihds/publications/hp.htm> accessed on 1/26/05
- ⁴¹ Nevada State Health Division, Center for Health Data and Research, Bureau of Health Planning and Statistics, prenatal statistic database. (access at <http://health2k.state.nv.us/nihds/> on 1/25/05.)
- ⁴² “ Adolescent Motherhood: Implications of the Juvenile Justice System” OJJDP Publication, US DOJ
- ⁴³ CDC’s National Vital Statistics Reports, Vol. 52, No. 10, Published December 17, 2003 http://www.cdc.gov/nchs/data/nvsr/nvsr52/nvsr52_10_table10.pdf Accessed 12/21/04
- ⁴⁴ Nevada State Health Division’s Nevada Interactive Health Database System, Accessed 12/21/04 http://health2k.state.nv.us/nihds/measures/teen_preg/long_form.html

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- ⁴⁵ Nevada State Health Division's Nevada Interactive Health Database System, Accessed 12/21/04
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http://health2k.state.nv.us/nihds/measures/teen_preg/long_form.html
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- ⁵² *Id.*
- ⁵³ *Id.*
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Assembly Standing Committees

| | |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Commerce and Labor | Buckley, Ocegüera, Anderson, Arberry, Conklin, Giunchigliani, McClain, Parks, Perkins, Allen, Gansert, Hettrick, Seale, Sherer |
| Education | Parnell, Smith, Atkinson, Horne, McCleary, Manendo, Munford, Angle, Hardy, Holcomb, Mabey |
| Elections, Procedures, etc. | Koivisto, Mortenson, Conklin, Denis, Giunchigliani, McCleary, McClain, Munford, Angle, Gansert, Holcomb, Seale, Sibley |
| Government Affairs | Parks, Pierce, Atkinson, Claborn, Kirkpatrick, McCleary, Munford, Parnell, Christensen, Goicoechea, Grady, Hardy, Sibley |
| Growth and Infrastructure | Perkins, Guiunchigliani, Anderson, Kirkpatrick, Leslie, Mortenson, Parks, Pierce, Allen, Grady, Hettrick, Sibley, Weber |
| Health and Human Services | Leslie, McClain, Gerhardt, Horne, Koivisto, Parnell, Pierce, Angle, Hardy, Mabey, Weber |
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| Natural Resources, Agriculture | Claborn, Atkinson, Denis, Hogan, Kirkpatrick, Ohrenschall, Smith, Carpenter, Goicoechea, Grady, Marvel |
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| Judiciary | Amodei, Washington, McGinness, Nolan, Wiener, Care, Horsford |
| Natural Resources | Rhoads, McGinness, Amodei, Beers, Coffin, Schneider, Carlton |
| Taxation | McGinness, Tiffany, Townsend, Rhoads, Coffin, Care, Lee |
| Transportation/Homeland Security | Nolan, Heck, Washington, Amodei, Schneider, Carlton, Horsford |

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