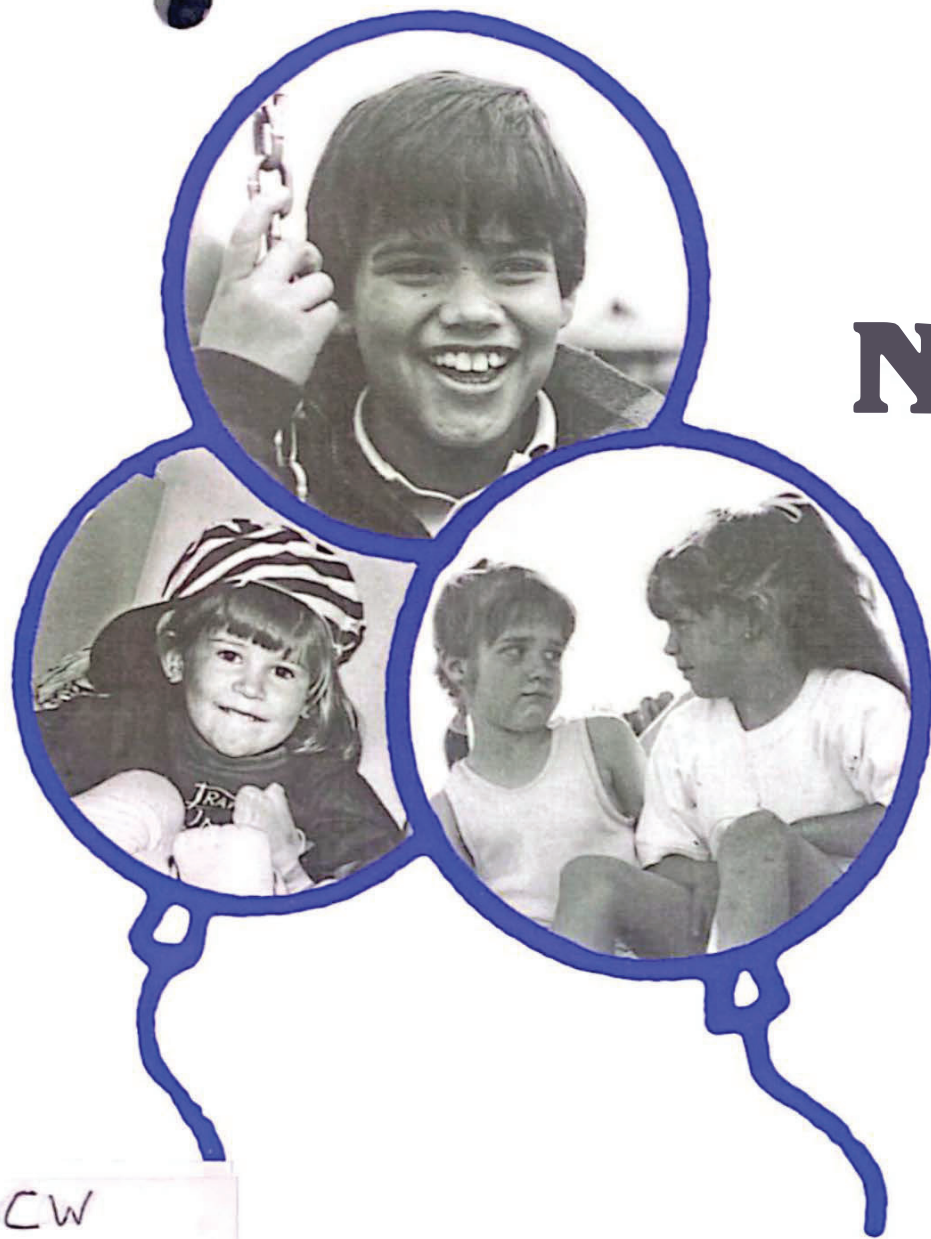




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Nevada's Children:

***Our Most
Precious Resource?***



Nevada's Children: *Our Most Precious Resource?*

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In Cooperation With:

Truckee Meadows Human Services Association
GFWC - Nevada Child Abuse Coalition
Nevada Permanency Planning Task Force
The CASA Foundation
Nevada Mining Association
Western States Youth Services Network
Fitzgerald's Casino/Hotel Group
Model Dairy
Nevada Department of Human Resources

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JANUARY, 1989

FOREWORD

Nevada's children need our help. As one of the most rapidly growing states in the nation, services for children and families have not kept pace with the pressures on our families. The service delivery system is inadequate to meet the needs of vulnerable children, because they lack a constituency to place children's issues before the public.

The Children's Cabinet Inc. was established in December of 1985, to create a lasting community-wide cooperative effort between the private sector and governmental agencies and to address the needs of children and families. The philosophy of the Children's Cabinet Board of Trustees stresses:

- Each child's right to a healthy, safe existence and the opportunity to become responsible, productive adult citizens.
- The preservation and strengthening of families.
- The importance of PREVENTION efforts as a method of strengthening families before a crisis occurs.
- The streamlining and coordination of existing services to facilitate and improve access to these services by families in need.
- The development of needed additional resources for children and families.

This publication seeks to raise public awareness about Nevada's children and to promote a more comprehensive and coordinated approach to meeting the needs of the families in our state. We must utilize existing resources for the most effective results, while providing more alternatives to keep children safely in their own homes.

We must invest in Nevada's families to protect the potential of our children; a resource we can't afford to waste. Prevention must be stressed to strengthen families through programs which focus on education and early intervention to prevent child abuse, malnutrition, delinquency, teenage pregnancy, high school dropouts, drug and alcohol abuse, and general family dysfunction.

We can choose to continue to build detention centers, jails, and prisons, or we can choose to commit resources to prevention, early intervention, and treatment programs to strengthen families and protect our most precious resource, our children.



Executive Director



Chairman, Board of Trustees





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DEVELOPING HEALTHY FAMILIES

What makes the ideal childhood? Experts have a number of theories relating to the development of children, but they all agree that there is a process of development that must evolve for a healthy child to become a healthy adult.



Photo by: Sheila Leslie

"Children have never been very good at listening to their elders but they have never failed to imitate them."

— JAMES BALDWIN



Photo by: United Way of Northern Nevada and the Sierra

*The childhood shows the man
As morning shows the day.*

—JOHN MILTON

What are the needs of a healthy child? A White House Conference on Children and Youth determined the needs and rights of children were as follows:

1. To be wanted;
 2. To be born healthy;
 3. To live in a healthy environment;
 4. To have their basic needs and rights met;
 5. To have continuous loving care;
 6. To acquire the intellectual and emotional skills necessary to achieve individual aspirations and cope effectively in our society;
 7. To receive care and treatment through facilities which are appropriate to their needs; and
 8. To keep children as close as possible within their normal setting.
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How are these goals achieved?

- Q Good prenatal care allows for proper care and nutrition during pregnancy as well as early detection of any impending problems.
 - Q Wellness programs provide preventive services, health promotion and early intervention for detection and treatment of health problems before they become acute conditions.
 - Q Infant and toddler programs help develop *bonding* and acceptance in parent-child relationships as well as providing supportive services for parents.
 - Q Good parenting skills can provide the basis of a good family — The old adage that “you are what you learn” is true. Children learn parenting from their parents.
 - Q Food, clothing, shelter, love, supervision to prevent illness or accident, family love and support help to create an environment in which children can develop esteem for themselves and others.
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Photo by: United Way of America

“When does the baby’s mental welfare begin? Before birth. And not, of course, because of the effect of maternal impressions upon the unborn child; but, rather because the mother, even during her pregnancy, is developing attitudes, expectancies, and decisions which will inevitably influence the course of the baby’s mental growth, particularly in the four fundamental months which follow birth.”

—ARNOLD GESELL and FRANCES L. ILG

FAMILY QUALITIES				
LEVELS OF FAMILY HEALTH	POWER STRUCTURE	AUTONOMY (CONTROL)	AFFECT (FEELINGS)	PERCEPTION OF REALITY
Healthy	Flexibility Husband/wife share responsibility	1. Strong sense of self 2. Respect for uniqueness of others 3. Ability to listen to others & hear & respond	Warm Expressive Empathy Deals with conflict directly	Good sense of reality Humor Tenderness Warmth Hopefulness
Midrange	Rigid Authoritarian (feelings are threatening)	Rigid control of behavior of members "Shoulds" Impermeable to others' feelings, thoughts	Sadness Depression Criticism Bickering	Distortion of reality; not as distorted as severely disturbed
Severely Disturbed	Extremely chaotic Parent/Child coalitions No one in control at times	Loss of individual identity	Negative Pervasive Cynicism Open hostility Deprecating attitudes	Greatly distorted reality regarding family and its individual members

"Children's talent to endure stems from their ignorance of alternatives"
—MAYA ANGELOU

What happens when the process of development is broken or deviated from?

The family can become dysfunctional. This dysfunction can range from rigid authoritarian to severely disturbed or chaotic family structures.

Nevada's families

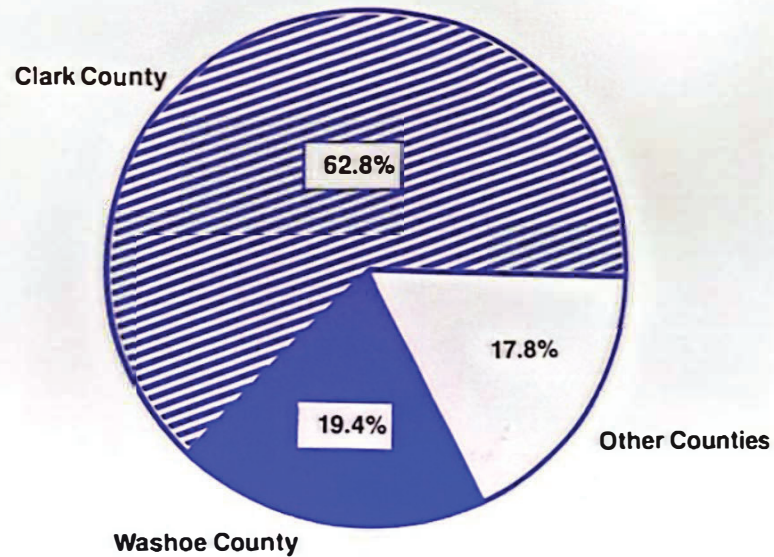
- Q Since 1970 Nevada's population has increased by 95% — Mobility is the norm and an extended family is the exception.
 - Q Between 1985 and 1988, Nevada had the highest population growth rate in the nation.
 - Q For every 1,000 persons in Nevada, there are 13.2 divorces.
 - Q Nevada has the highest incidence of single parent households of any state in the nation.
 - Q Only one in four households in Nevada can be considered "traditional," i.e., a married couple with children.
 - Q In 1986, Nevada had the highest rate of women in the workforce, 65.1%. The national average per state was 55.3%.
 - Q By 1995, 3/4 of all school-age children and 2/3 of all pre-school children in the United States will have mothers in the workforce.
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Photo by: United Way of Northern Nevada and the Sierra

WHO ARE NEVADA'S CHILDREN AND HOW ARE THEY SURVIVING?

Nevada's Population, Age 18 and Less
1988, By Percentage



Graphic Design By Michael D. Downey, Ph.D.

“Who am I?” Nevada’s children make up one quarter of the state’s population.

25% are minorities

10% live in poverty

C Child Care

A statewide telephone survey in 1988 indicated that child care in Nevada ranges from \$47.50 to \$75 weekly for a pre-school age child, and \$55 to \$85 for infant/toddler care.

Nevada has just 6 non-profit child care centers offering a sliding fee to parents with limited incomes. These centers, along with the Head Start programs, are operating at capacity with long waiting lists.

The high cost of day care leads many parents to the use of unlicensed care, a lower quality of care or no supervision at all. In 1986, 41.6% of the child abuse/neglect reports in Nevada were due to "lack of supervision" which includes young children left home alone, latch-key children and children locked out of the home.

Federal child care funds through Title XX provide short-term child care for children in protective custody, and children from low-income families. That funding has been drastically reduced from \$518,840 in 1982 to \$248,818 in 1985 to \$226,013 in 1988.



Photo by: United Way of America



Photo by: Susan Fry

Truancy and Drop-Outs

Truancy in Nevada's schools has reached epidemic proportions, with literally hundreds of thousands of classes missed each semester in the urban counties. Truancy is a major contributing factor to the drop-out rate, the number of daytime burglary and shoplifting offenses, as well as poor grades, behavior problems, and lost potential for youth not in school.

Statistics for 1986 released by the Education Department indicate the overall drop-out rate for Nevada to be 34.8%, the tenth highest rate in the nation. According to Education Secretary William Bennett, in 1986 Nevada ranked 42nd among the states in education, a drop from its 1985 ranking of 34th.

Homeless Youth

The Stewart B. McKinney Homeless Assistance Act of 1987 requires all homeless children and youth, ages 7-17, to be enrolled in school.

An assessment of school-age youth residing in emergency shelters, motels, streets and other outdoor locations, or staying temporarily with other families during September of 1988 documented 1,539 youth as homeless — nearly 1% of the State's school-age population.

Sixty percent of the homeless youth lived in Clark County, 22% in Washoe County, and 17% resided in the balance of the State.



Photo by: United Way of America

"I just don't care any more. ...I've moved so many times and changed school so many times that I'll never catch up, I'll never pass."

— 11 year-old homeless girl

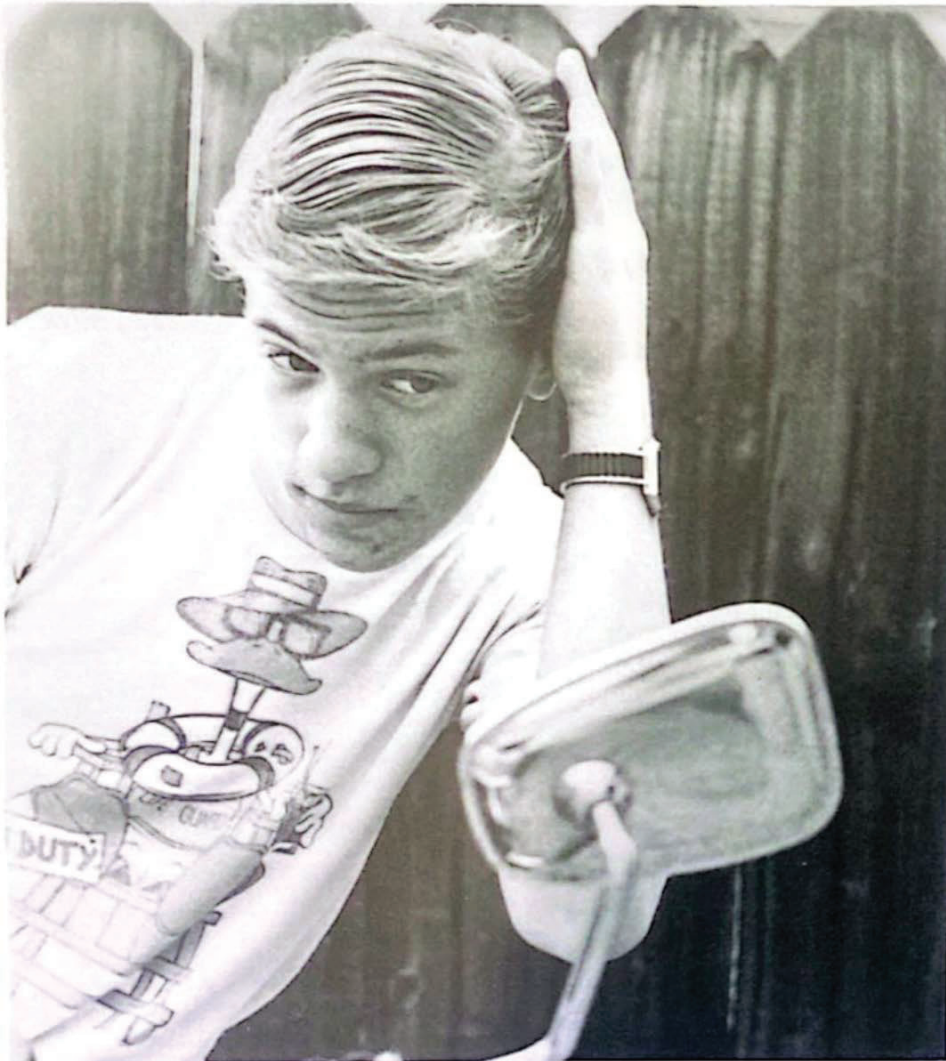


Photo by: Michelle Farren

Youth Suicide

In 1987, 43 Nevada youths under the age of 25 took their own lives. Experts say many youth suicides are improperly categorized as "accidents," and the actual number may be three times the reported rate.

In a 1986 survey of 1,500 urban high school youth conducted by the Reno-based Suicide Prevention and Crisis Call Center, 36% of the males and 51% of the females stated they had thought about suicide. Six percent of the males and 19% of the females reported they had attempted suicide at least once. Thirty-six percent of the males and 53% of the females knew someone who had committed suicide.

A 1987 survey of rural Nevada youth showed the percentages of students who had thought about suicide or attempted it to be even higher. Crisis call staff attribute this to greater isolation and feelings of hopelessness experienced by rural youth.

T^{een} Pregnancy

Q Nevada ranks number 1 in the nation with a teen pregnancy rate for girls 15 to 19 of 144 per 1,000 girls. The national average is 111.

Nationally:

The most frequently reported reason for school dropouts among teenage girls is pregnancy;

Teenage fathers are 40% less likely to graduate from high school than other teenage boys;

Unwanted teenage pregnancies place a greater burden on the State for services such as aid to dependent children, delivery costs, prenatal care, and other social services;

Three out of four children born to unmarried women are poor;

Two-thirds of the single mothers 14 to 25 years of age live below the poverty level;

The infant death rate is 200% higher among infants born to teenaged mothers; and

Teenaged parents tend to be locked into low-paying jobs.

Q In 1986, Nevada ranked number two in the nation in the abortion rate for teens aged 15 to 19, with a rate of 67.1 per 1,000 girls compared to the national average of 41.8.



my lifetime
listens to yours.

-Muriel Rukeyser

Drawing by: Jean Doss

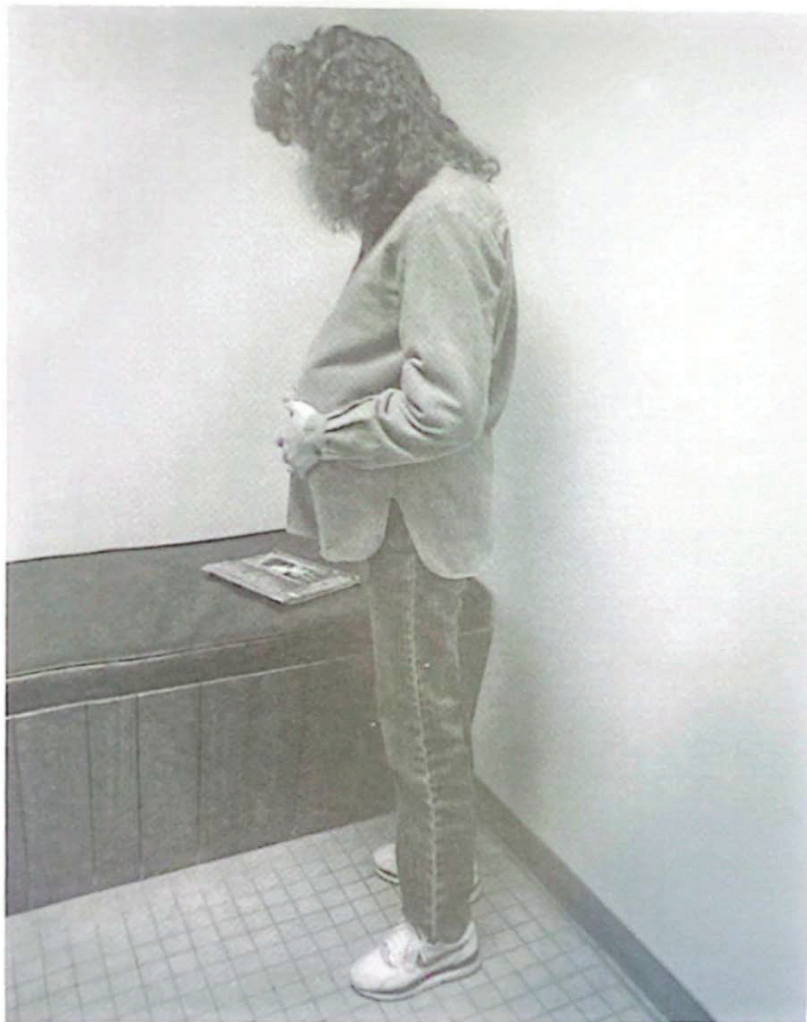


Photo by: Susan Fry

Teen Pregnancy *continued*

Q In 1987

35% of unmarried mothers in Nevada were teens;

11.5% of total births in Nevada were to mothers under the age of 19;

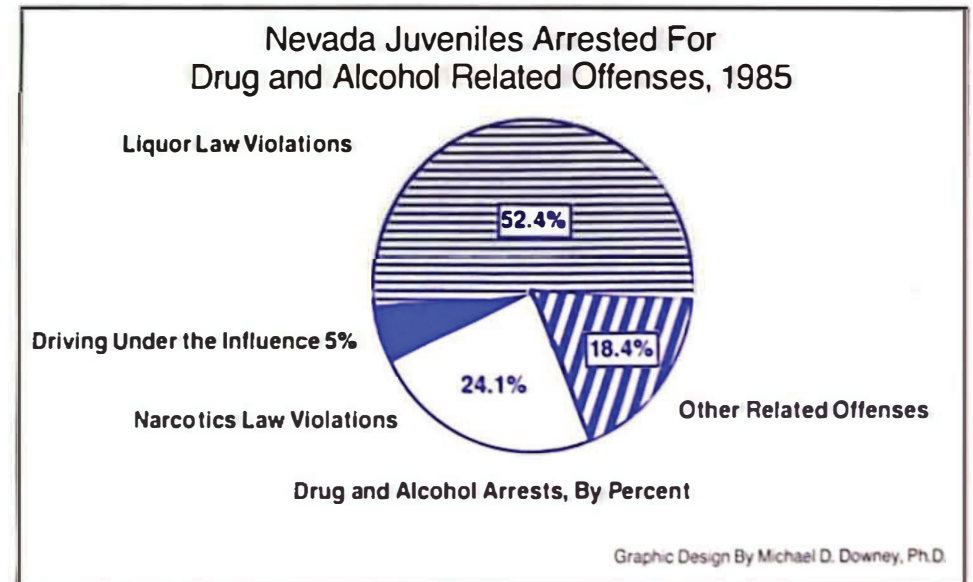
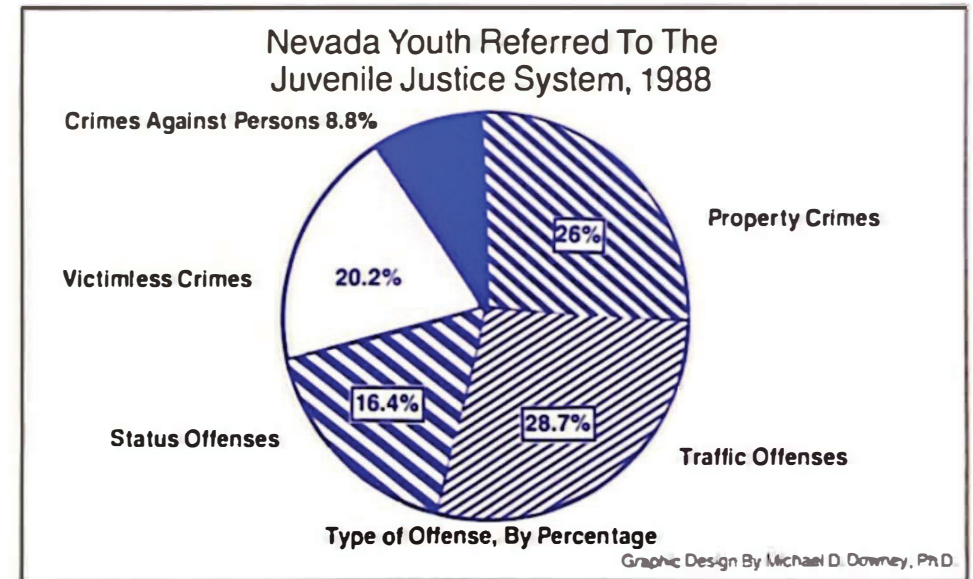
15% of low birth weight babies born in Nevada in 1987 were born to mothers under the age of 19;

For every 1,000 infants born to teenage mothers in Nevada, 116 died before their first birthday.

Juvenile Justice

- In 1988 there were 30,997 Nevada youths referred to the juvenile justice system.
- In 1985, 2,366 juveniles were arrested for drug and alcohol related offenses in Nevada.

1,240 were arrested for liquor law violations;
 119 were arrested for driving under the influence;
 571 were arrested for narcotics law violations;
 436 were arrested for other related offenses.



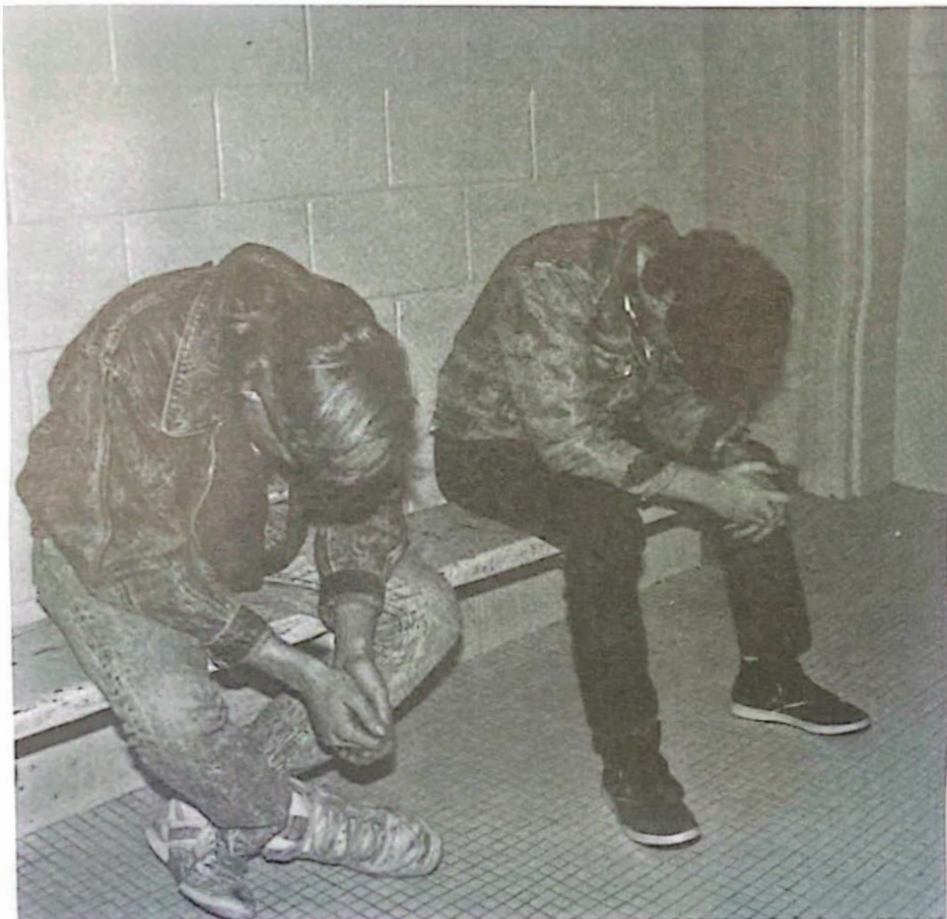


Photo by: Carol Galantuomini

Juvenile Justice *continued*

- Q In 1986, Nevadans spent \$14,429,000 to house an average of 454 children and youth in two state (Caliente and Elko) and six local facilities (Carson City, Elko, Ely, Las Vegas, Reno, and Winnemucca) at an average cost of \$31,800 per resident per year.
- Q It costs approximately \$4,500 per youth to provide community-based intensive juvenile probation supervision for one year.
- Q The average cost of a home-based intensive family services program such as "Homebuilders" designed to prevent out-of-home placement is \$2,600 per family.

Child Abuse and Neglect

- Q In 1967, there were 22 reports of child abuse and neglect in Nevada.
 - Q In 1987, there were a total of 7,533 reports. More than one half of these reports were substantiated. This means that 1 report was filed for every 40 children in the state, or approximately 1 report was filed for every 17 households with children.
 - Q In 1987, Nevada's population of children ages 0-19 years increased 2.5% while substantiated abuse and neglect reports increased 3%. During the same time period, foster care placements increased 17%.
 - Q In Nevada, in a one-year period from December 1987 through November 1988, 651 children — 16% of the substantiated reports during that period — were removed from their homes. The national average is estimated to be between 6 and 12%.
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Photo by: Joanne O'Brien



Photo by: Michelle Farren

Substitute Care

Q Eighteen percent of Nevada's children in substitute care are in care for five years or more, compared with other Western states:

Arizona	13%
California	13%
Colorado	10%
New Mexico	4%
Oregon	4%
Texas	9%
Utah	3%
Washington	3%
National Average	15%
Nevada	18%

Q In 1985, 14% of the children leaving substitute care were discharged to another agency. This was the highest percentage of the 31 states that reported this information. The next highest states reporting were Washington State (9%), Kansas (7%) and Kentucky (7%). The national average is estimated to be 2%.

Substitute Care *continued*

Over a period from 1980 to 1985, the total number of children in substitute care in Nevada *increased* by 64% (second only to New Mexico's 77%). The national average during this period *decreased* by 9%.

The percentage of children in Nevada placed in their own homes upon leaving substitute care declined from 53% in 1984 to 46% in 1985. Meanwhile, the national average increased to 66%.



Photo by: United Way of Northern Nevada and the Sierra



Photo by: Joanne O'Brien

F family Reunification

- Q Of 41 reporting states in 1985, Nevada had the third lowest rate for reunifying families whose children had been placed in long-term substitute care, with a rate of 46%. The average for the 41 states was 63%.
 - Q The Children's Defense Fund (CDF) reported in 1986 that nationally it costs approximately \$4,000 a year to maintain a child in a foster family home and \$16,000 or more to maintain a child in an institution. According to the CDF, it costs approximately \$2,300 to provide the special family preservation services necessary to keep a child at home. A state's cost for foster care can be significantly reduced by shifting dollars and efforts toward prevention, family preservation and reunification, and adoption.
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Out-of-State Placement

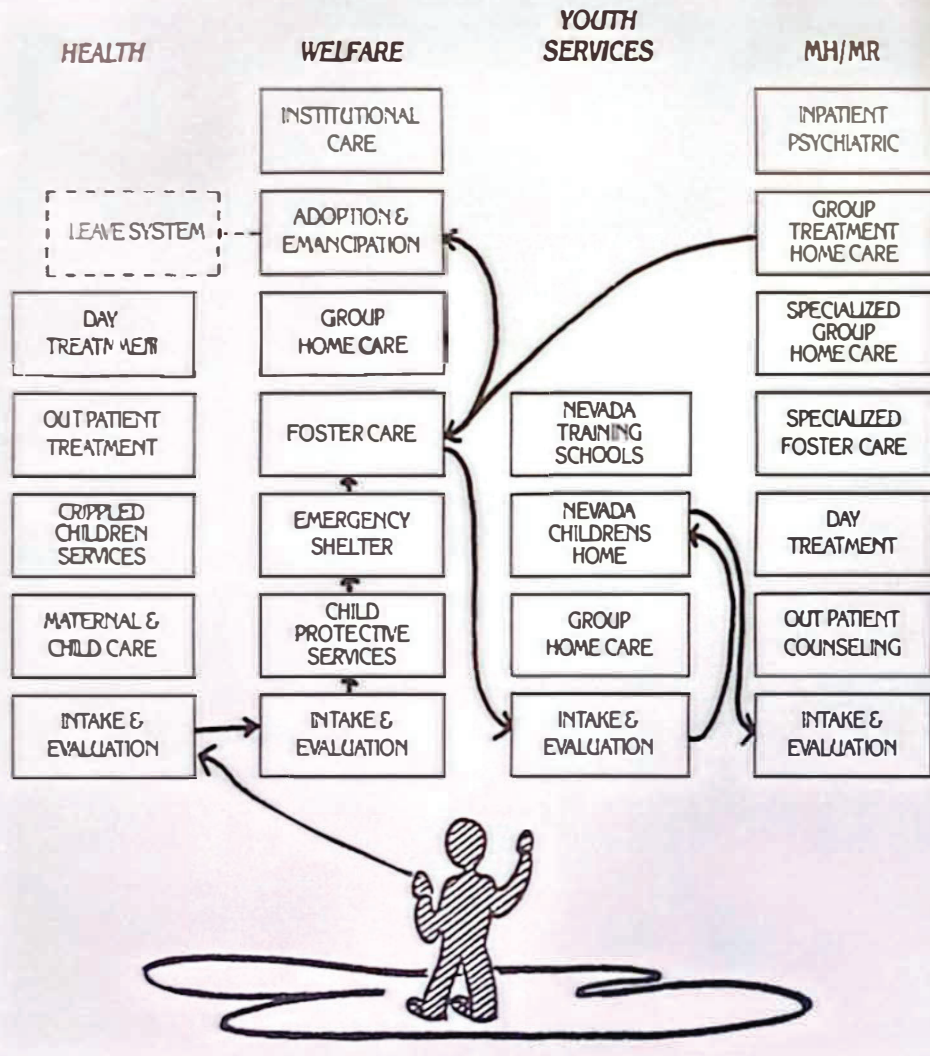
Q In the first quarter of 1988, the average placement rate for 26 states reporting out-of-state placement was 10 per 100,000 children. Nevada's rate was more than double that at 24 children per 100,000.

Q On any given day Nevada has between 25 and 35 children in out-of-state placement. In comparison, Utah (total population of approximately 2 million) has 1 child in out-of-state placement, Florida (population of approximately 12 million) has 0 children in out-of-state placement.



Photo by: Karen Roesler

PING PONGING THRU THE SYSTEM



Current Delivery System for Children's Services

- Q Nevada has four separate Divisions of the Department of Human Resources that provide services to children.
- Q All of these services have separate intake and evaluation processes.
- Q Each of the divisions has its own operating philosophy, treatment capability, intake criteria and funding sources.
- Q Each division maintains veto power regarding the acceptance of children for services.
- Q Delivery of these services is fragmented, with each agency focusing on the single problem that brought the child to their agency.
- Q Many of these services are duplicated as the child moves through the different agencies.

PREPARING TO MOVE INTO THE 21st CENTURY

What are Nevada's goals for the future?

We must find better methods of keeping children safe and families together through permanency planning, defined by the Nevada Permanency Planning Task Force as "the systemic process of carrying out, within a brief, time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships." (Maluccio and Fein, Child Welfare League of America)

Computerization of foster care placements is needed throughout Nevada to improve tracking of foster children and prevent "foster care drift," where children's lives are spent in the system, and they do not have the chance to develop a stable, permanent living situation.

More alternatives are needed to avoid long-term placements where children grow hopeless and frustrated by a system which does not meet their needs. Caseworkers must be assigned lower caseloads so they can provide children with sufficient attention and nurturing to overcome the obstacles which may prevent them from becoming stable, productive adults.



Photo by: Michelle Farren



Photo by: United Way of Northern Nevada and the Sierra

A restructuring of Nevada's service delivery system is needed to make it proactive and more responsive to the needs of our children and families.

It is essential that a balanced family-focused *continuum of services* be developed that will emphasize early intervention and family-based services. These services must focus on:

- 1) Strengthening the capacity of families to care for their children;
 - 2) Enabling families in crisis to achieve a level of functioning that will preserve the family unit and avert the need for out-of-home placements;
 - 3) Assuring a continuum of care in the least restrictive environment;
 - 4) Due process protection for those children who cannot remain at home so these children can either be reunified with their families, find permanent, stable homes or be emancipated; and
 - 5) Prevention programs targeting alcohol and drug abuse, teen pregnancy, teen suicide, drop-outs and other problematic behaviors to address problems before they reach a crisis level.
-

To meet these goals, the Children's Cabinet urges policy-makers and the public to consider the implementation of the following objectives:

1. To achieve a coordinated integration of children's services to eliminate fragmentation and duplication of services and establish accountability and responsibility to close the gaps currently existing between delivery systems.
2. To develop centralized intake centers throughout the state that are capable of diagnosing multi-needs children and referring to appropriate treatment.
3. To require a single case manager to follow a child and family through the service delivery system and use a more comprehensive approach to determine all available resources to address their needs.
4. To investigate the establishment of a state Child Advocate's office to protect children's rights and recommend systemic changes when needed.
5. To fund and provide ongoing in-service training to keep case managers abreast of ever-changing family problems and dynamics.
6. To develop community-based services to improve accessibility to these programs by Nevada's families, urban and rural.



Photo by: United Way of America

7. To develop local resources to enable Nevada's children to come home from inappropriate out-of-state placements.
8. To foster linkages between state and local jurisdictions and resources.



Photo by: Karen Roesler

The public and private sectors must take the initiative to prevent problems and improve services for Nevada's children and families. Our investment in prevention and early intervention programs will save money in the long run, and more importantly, it will save lives and prevent family disruption.

Our future and our children's future depend on the priorities we select today. It depends on our success in keeping children safe and families together. We can choose to continue to build more detention centers, jails, and prisons, or we can choose to commit our resources to prevention, early intervention, and treatment programs to strengthen families and protect our most precious resource, our children.

ACKNOWLEDGEMENTS:

We wish to extend our sincere appreciation to the many individuals and agencies who assisted in gathering information and preparing this material for publication.

Special thanks is given to **Roger McClellan** for his tireless efforts in preparing the initial drafts without ever letting his ego be damaged.

Preliminary research efforts were performed by **Mike Livermore**, a Volunteer in Service to America (VISTA). Editing assistance was provided by **Liz Breshears**, and production efforts were coordinated by VISTA Volunteer **Sue Fry**. United Way photographs were obtained through the assistance of **Rebecca Moore**.

Photographs were obtained through private individuals, organizations and a community-wide photo contest. No direct relationship is intended between photographs and the particular subject areas they illustrate.

Statistics and information were gathered from a variety of sources including local, state and federal government and private organizations.

Cover photographs by: Michelle Farren and Joanne O'Brien
Typesetting by: B & B Typesetting
Printing by: Minuteman Printing

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