





## Data Book

as of March 31, 2015



Division of Child and Family Services
Department of Health and Human Services
State of Nevada

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## Introduction

The purpose of the Data Book is to provide key data measures that reflect the operations of the Division of Child and Family Services (DCFS) within the Nevada Department of Health and Human Services.

Efforts are made to ensure that the data is accurate and relevant, but errors may still exist. Questions regarding the data contained herein or suggestions for additional data to be included may be directed to coordinator John Aragon at jsaragon@dcfs.nv.gov.

More detailed descriptions of the DCFS performance and programs are posted on the Division's website at <a href="http://www.dcfs.state.nv.us">http://www.dcfs.state.nv.us</a>.

Amber Howell, Administrator

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## **DCFS Overview**

The State of Nevada's Division of Child and Family Services (DCFS) provides a wide range of services for the children, youth, and families in Nevada. Program Areas include Child Welfare, Juvenile Justice, Children's Mental/Behavioral Health Services, Administration and Support Services, and direct services as well as oversight for programs administered at the county and local levels.

Child Welfare Services	Juvenile Justice Services	Mental and Behavioral Health Services	Administrative and Support Services		
Child Protective Services	Youth Alternative Placement	Inpatient Treatment Services	Grant Management and Fiscal Administration		
Intensive Family Services	Juvenile Correctional Care	Residential Care Including Family Learning Homes	Federal Reporting on Child Welfare and Services		
Foster Care Licensing	Academic/Vocational Training	Acute Residential Treatment Center	Personnel and Payroll		
Foster Care Placements	Youth Parole – Supervision and Services	Adolescent Residential Treatment Center	Fiscal Services		
Child Abuse and Neglect Registry	Interstate Compact for Juveniles (ICJ)	Early Childhood Services	Contracts Administration		
Interstate Compact for the Placement of Children	Grant Administration	Outpatient Treatment Services	Eligibility Determination for Federa Programs to Youth		
Indian Child Welfare Act (ICWA) Administration	Juvenile Justice Delinquency Prevention Act Compliance	Intensive Care Coordination Services	Domestic Violence Victims Assistance		
Services to Foster Youth Transitioning to Adulthood		Consortium	Systems Advocate Office		
Adoption Placement		Training	Compliance and Oversight for Various Programs		
			Information Management Systems		

### **Child Welfare**

Child Welfare includes direct child protective services, foster care, adoption and independent living services, foster care licensing in fifteen rural Nevada counties, statewide oversight for child welfare (including the two urban county child welfare agencies), and oversight of the Interstate Compact for the Placement of Children.

Nevada uses a state-supervised and county-administered structure for the management of child welfare services. DCFS, under the umbrella of the Nevada Department of Health and Human Services (DHHS), provides oversight to child welfare and direct child welfare services. The organizational structure of DCFS and program delivery of child welfare services are influenced by the state size and concentration of county population. In counties with a population of 100,000 or more, the county provides all child welfare services.

Clark County Department of Family Services (CCDFS) and Washoe County Department of Social Services (WCDSS) provide child welfare services directly to all children and families located in those counties. DCFS provides child welfare services to the remaining 15 counties in the state through its Rural Region offices as well as oversight of services in Clark and Washoe counties.

#### Child Protective Services

Child Protective Services (CPS) is the first step to ensure the safety and permanency of children, age birth to eighteen, who have been reported as being abused or neglected. The primary focus of CPS is to ensure that children are protected from harm or risk of harm and to make it safe for the child to live with the parent or caretaker. It is the responsibility of the CPS worker to assess safety, protective capacity, family functioning, and identify strengths and risks in the home.

CPS agencies respond to reports of abuse or neglect of children under the age of eighteen. Abuse or neglect complaints are defined in statute and include mental injury, physical injury, sexual abuse and exploitation, negligent treatment or maltreatment, and excessive corporal punishment.

#### **Child Protective Services - Top Maltreatment Allegations**

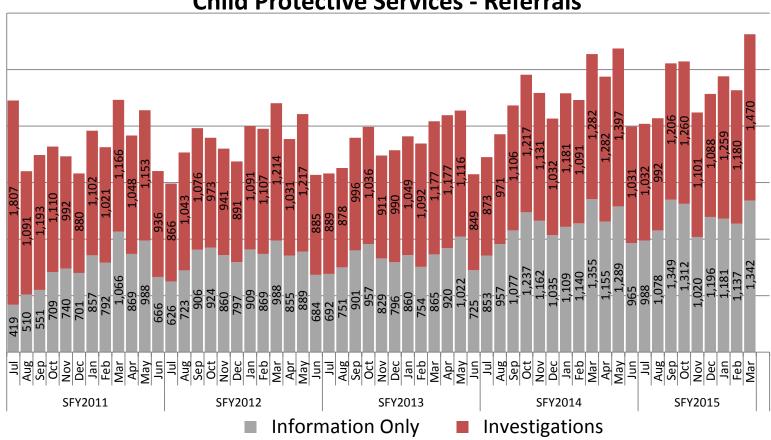
Clark County	Washoe County	Rural Counties				
Negligent Treatment Physical Injury Abuse	Negligent Treatment Physical Injury Neglect	Negligent Treatment Physical Injury Neglect				
Physical Injury Neglect	Physical Injury Abuse	Physical Injury Abuse				

Intake is the first stage of the child protective services (CPS) process and is one of the most important decision-making points in the child protection system. It is the point at which reports of suspected child abuse and neglect are received. Information gathered by caseworkers is used to make decisions regarding safety and the type of CPS response required. The first part of the CPS process is a referral from an outside source and the Child Welfare Agency's response.

#### **New Referrals**

State			Clark			Washoe							Rural		
Fiscal Year	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
July	793	955	997	1,083	1,444	222	373	400	432	418	411	225	232	279	248
Aug	911	1,055	986	1,286	1,399	479	477	429	472	498	279	289	292	263	255
Sept	1072	1,193	1,180	1,533	1,813	494	552	529	519	567	311	337	297	267	298
Oct	1,156	1,202	1,265	1,788	1,927	479	509	561	469	461	276	292	290	320	314
Nov	1,142	1,140	1,110	1,630	1,580	421	468	437	499	387	278	289	298	291	265
Dec	1,011	1,005	1,113	1,500	1,547	414	468	490	409	442	255	303	288	258	392
Jan	1,286	1,298	1,248	1,662	1,757	454	526	506	437	445	327	315	314	311	397
Feb	1,209	1,283	1,235	1,562	1,680	403	485	467	464	468	304	319	285	340	319
Mar	1,500	1,476	1,333	1,979	2,088	513	538	558	481	488	342	343	306	327	375
Apr	1,276	1,198	1,435	1,770		430	510	509	480		326	295	296	320	
May	1,366	1,380	1,381	1,872		535	510	516	553		338	328	363	297	
Jun	1,051	1,019	1,010	1,393		168	394	399	453		89	227	214	210	
TOTAL	13,773	14,204	14,293	19,058	15,235	5,012	5,810	5,801	5,668	4,174	3,536	3,562	3,475	3,483	2,863
% change		+ 3.1%	+ 0.6%	+ 33.3%			+ 15.9%	- 0.2%	- 2.3%			+ 0.7%	- 2.4%	+ 0.2%	





A referral that does not rise to a level of an allegation is considered Information Only. Referrals that constitute an allegation are investigated.

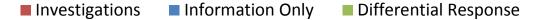
Referrals can be one of the following: (1) Information Only, where there is insufficient information about the family or maltreatment of the child, or there are no allegations of child abuse/neglect; (2) Differential Response, when a report is made and there are no allegations of maltreatment, and/or the allegations do not rise to the level of an investigation, but the family could benefit from community service; or (3) a Report if the agency determines that the information constitutes an allegation according to policy; it is assigned for investigation, and a determination of *Substantiated* or *Unsubstantiated* is made.

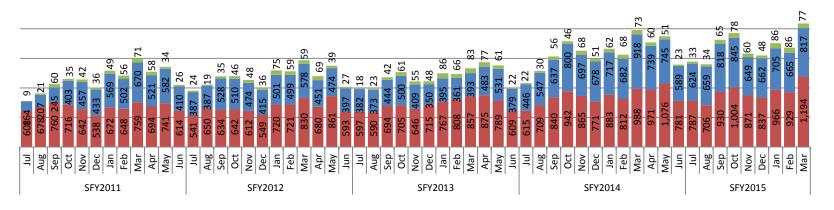
Child Protective Services - Referrals and Investigations

I	SFY2011		SFY2	2012	SFY2	2013	SFY2	2014	SFY2015*	
	#	%	#	%	#	%	#	%	#	%
Clark County										
Total New Referrals	14,237	100%	14,170	100%	14,294	100%	19,058	100%	15,235	100%
Information Only	5,163	36%	5,601	40%	5,000	35%	8,195	43%	6,444	42%
Differential Respo	497	3%	536	4%	642	4%	610	3%	567	4%
Investigations	8,577	60%	8,033	57%	8,652	61%	10,253	54%	8,224	54%
Unsubstantiate	5,352	70%	5,299	67%	5,869	70%	7,578	75%	4,703	77%
Substantiated**	2,306	30%	2,592	33%	2,556	30%	2,522	25%	1,388	23%
₩ashoe County										
Total New Referrals	5,661	100%	5,842	100%	5,804	100%	5,668	100%	4,174	100%
Information Only	2,582	46%	3,080	53%	3,349	58%	3,198	56%	2,487	60%
Differential Respo	299	5%	278	5%	267	5%	278	5%	169	4%
Investigations	2,780	49%	2,484	43%	2,188	38%	2,192	39%	1,518	36%
Unsubstantiate	1,771	76%	1,797	75%	1,315	68%	1,524	69%	549	60%
Substantiated**	561	24%	592	25%	607	32%	681	31%	910	40%
Rural Counties										
Total New Referrals	3,638	100%	3,605	100%	3,484	100%	3,584	100%	2,863	100%
Information Only	1,123	31%	1,349	37%	1,723	49%	1,941	54%	1,672	58%
Differential Respo	373	10%	438	12%	441	13%	494	14%	345	12%
Investigations	2,142	59%	1,818	50%	1,320	38%	1,149	32%	846	30%
Unsubstantiate	1,503	78%	1,245	77%	872	81%	887	83%	317	80%
Substantiated"	417	22%	376	23%	208	19%	178	17%	80	20%
STATEWIDE										
Total New Referrals	23,536	100%	23,617	100%	23,582	100%	28,310	100%	22,272	100%
Information Only	8,868	38%	10.030	42%	10.072	43%	13,334	47%	10,603	48%
Differential Respo		5%	1,252	5%	1,350	6%	1,382	5%	1,081	5%
Investigations	13,499	57%	12,335	52%	12,160	52%	13,594	48%	10,588	48%
		2.70	_,						,	
Unsubstantiate	8,626	72%	8,341	70%	8,056	70%	9,989	75%	5,569	75%
Substantiated**	3,284	28%	3,560	30%	3,371	30%	3,381	25%	1,829	25%
'		'				'		'		

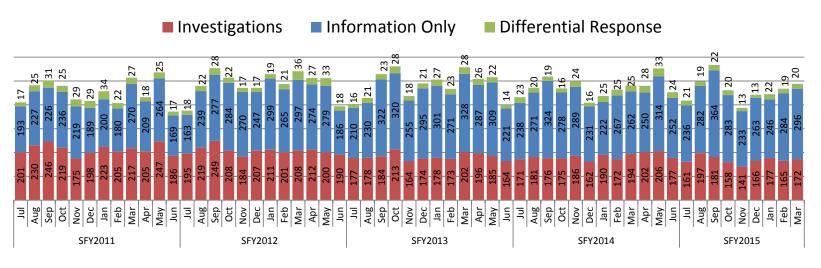
<sup>\*</sup>SFY2015 through March 31, 2015 - \*\*Substantiated and Unsubstantiated may not equal Investigations due to pending investigation determination

## **Clark County Screened In/Out**

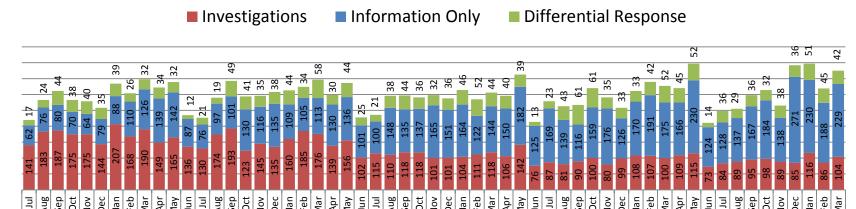




### Washoe Screened In/Out



## **Rural Screened In/Out**



SFY2013

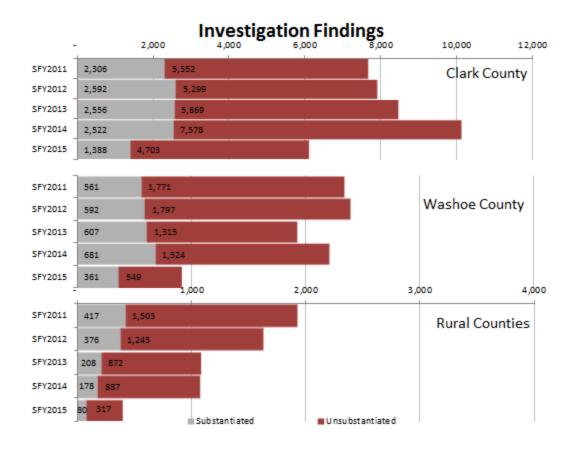
SFY2014

SFY2015

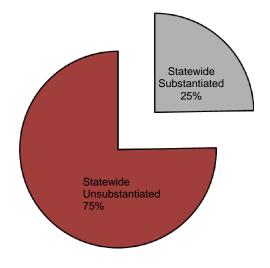
SFY2011

SFY2012

Upon completion of the investigation of a report of abuse or neglect, a determination of the case findings are made based on whether there is reasonable cause to believe that a child is abused or neglected or threatened with abuse or neglect. The findings are classified as *Substantiated*, meaning that a report made pursuant to NRS 432B.220 was investigated and that credible evidence of the abuse or neglect exists. *Unsubstantiated* means that a report made pursuant to NRS 432B.220 was investigated and that no credible evidence of the abuse or neglect exists.



## Statewide Child SFY 2015 Findings

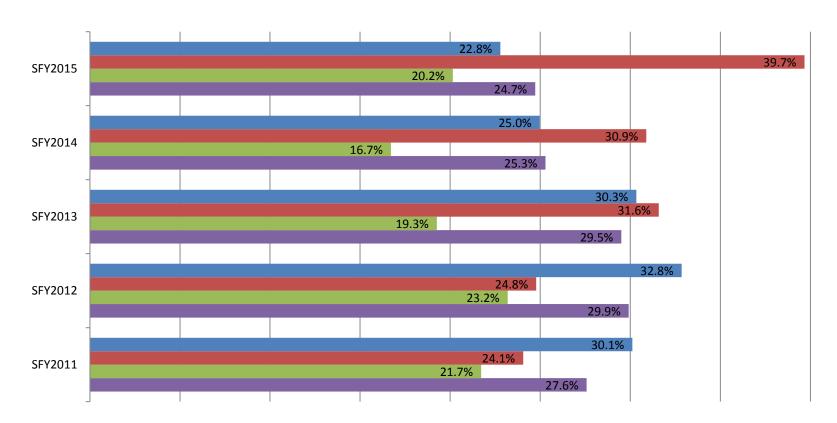


SFY 2015 is July 1, 2014, through March 31, 2015

SFY2015 is July 1, 2014, through March 31, 2015

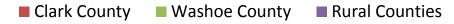
## **Percentage of Investigations Substantiated**

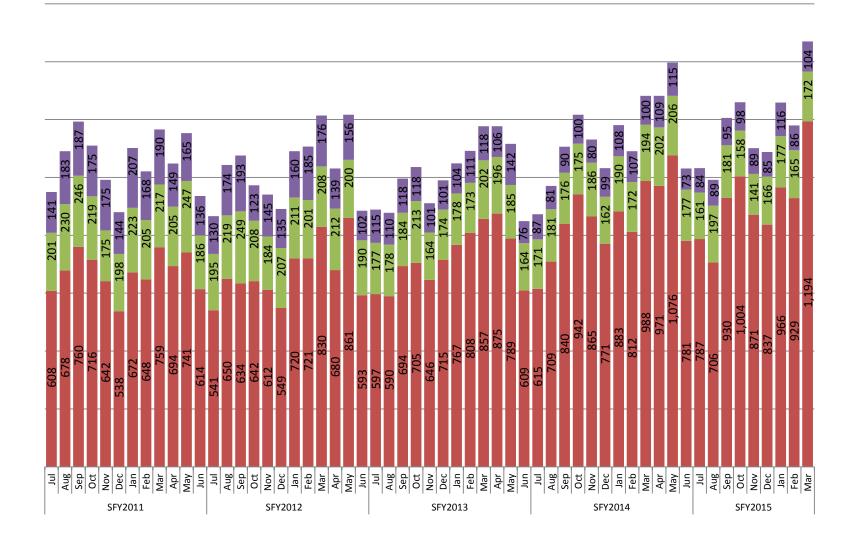




SFY 2015 is July 1, 2014, through March 31, 2015

## **CPS Investigations**



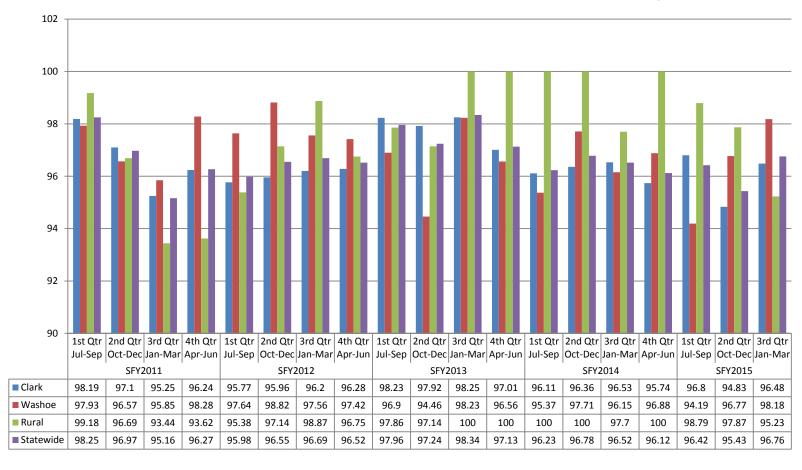


New Rural Ir	nvestigati	ons by E	District O	ffice							
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		\$ 35° &	٥/ .	. /	aller &	ampy p	A. S.	Ø,	TO .	100%	QUIT !
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SFY2012				ĺ		ſ	ſ				ĺ
Jul	23	20	15	18	13	10	-	5	6	110	1
Aug	56	22	18	22	9	12	-	10	1	150	1
Sep	31	39	16	30	11	14	-	9	8	158	1
Oct	16	32	17	21	5	13	-	6	4	114	1
Nov	40	28	9	14	10	14	-	9	5	129	1
Dec	35	26	13	19	14	12	-	9	2	130	1
Jan	42	39	10	14	10	16	6	11	6	154	1
Feb	47	37	12	20	12	19	3	11	5	166	1
Mar	40	35	7	25	11	14	5	10	3	150	1
Apr	35	30	9	17	9	20	-	16	5	141	1
May	32	28	8	16	20	14	1	13	3	135	1
	23	16	7	19	5	10	2	8	1	91	1
Jun	23	10	- '	19	3	10		0	- 1	31	1
SFY2013	20	20		40	0	40	2		2	108	1
Jul	20	29 22	6	18	9	16 21	2	6 7	2	106	1
Aug	26		3	10 15	9	9	4		4		
Sep	25	33	4		14		1	5	6	112	-
Oct	20	29	-	20	15	10	1	15	4	114	ļ
Nov	26	18	3	12	13	11	3	6	7	99	-
Dec	28	21	1	15	15	5	3	6	-	94	
Jan	31	21	5	9	7	12	4	17	-	106	
Feb	42	17	7	9	8	3	4	9	1	100	ļ
Mar	36	18	8	9	14	7	2	21	-	115	
Apr	37	16	6	7	16	9	-	10	-	101	
May	41	25	7	20	18	13	-	13	2	139	
Jun	24	12	4	8	7	7	-	6	4	72	]
SFY2014											]
Jul	18	20	7	13	9	4	-	5	8	84	
Aug	19	8	10	10	4	9	-	4	8	72	
Sep	29	13	8	17	6	4	-	7	5	89	]
Oct	26	18	13	13	9	3	-	9	7	98	]
Nov	26	13	7	5	4	8	-	8	3	74	1
Dec	41	15	5	7	1	13	-	10	8	100	1
Jan	36	19	5	9	10	5	-	12	7	103	1
Feb	26	22	11	19	8	7	-	3	6	102	1
Mar	16	23	11	13	9	11	-	7	5	95	1
Apr	24	36	5	6	10	14	-	7	4	106	1
May	33	26	9	10	14	13	-	6	4	115	1
Jun	25	15	3	7	4	6	-	4	3	67	1
SFY2015									,		1
Jul	31	14	9	6	6	4	_	3	3	76	1
Aug	25	25	2	6	2	12	-	9	6	87	1
	15	23	8	8	6	16	-	3	7	86	1
Sep	17	24	12	8	11	11	-	3	3	89	1
Oct	23	21	8	9	6	9	-	5	4	85	1
Nov	32	18	6	9	7	6	-	5	1	84	1
Dec	42	21	6	7	19	11	-	6		115	1
Jan									3		1
Feb	18	23	9	9	7	7	-	3	3	79	1
Mar	35	22	7	7	9	9	-	9	2	100	l

### Budget Performance Measure: Percent of children without recurrent abuse or neglect

This measure assesses the effectiveness of child protective services in reducing the risk of harm for children who have been maltreated. For children with a substantiated report of abuse and/or neglect, it shows what percentage did not have a substantiated report in the six months prior to the substantiated report.

### **Percent of Children Without Recurrent Abuse or Neglect**



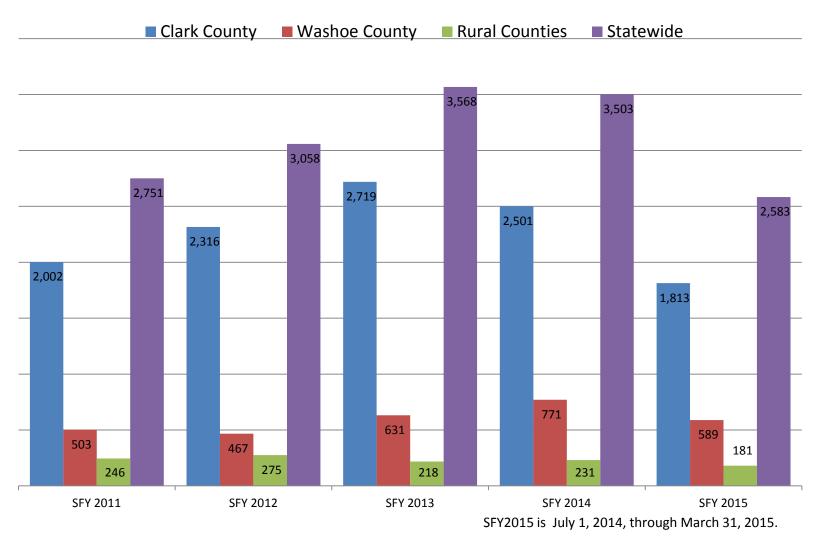
#### Removals

Some investigations result in a finding that the child cannot safely remain in the home and must be removed. The removal of a child from his or her natural environment is a last resort, as part of the overall continuum of services provided by DCFS and the counties providing child welfare services.

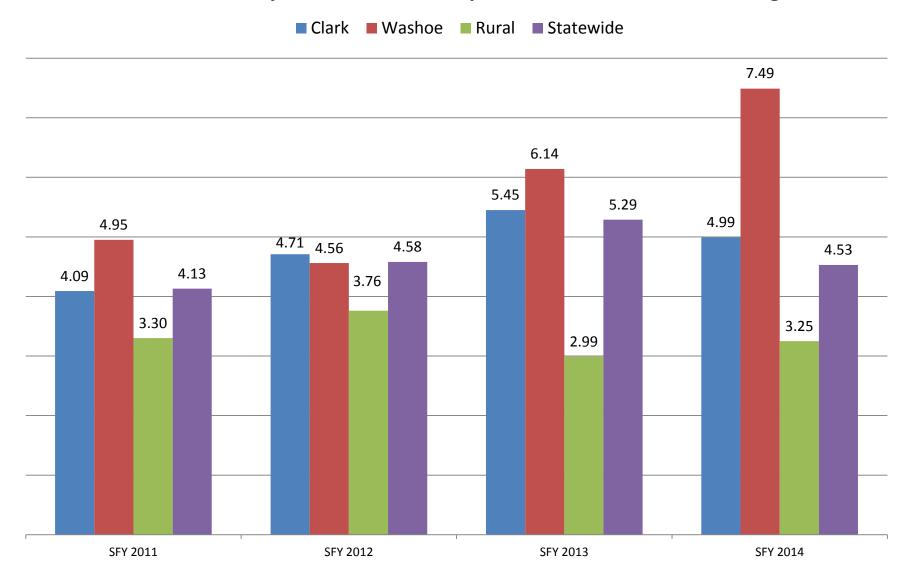
#### Children Removed from Home

Clark Washoe							Rural				TOTAL									
State Fiscal Year	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
Jul	159	176	185	206	200	25	39	39	80	79	10	12	24	10	26	194	227	248	296	305
Aug	180	212	240	213	211	54	40	35	78	91	41	27	20	12	21	275	279	295	303	323
Sep	206	174	216	215	207	49	38	59	45	61	15	24	16	8	13	270	236	291	268	281
Oct	151	203	213	212	226	31	55	67	57	48	28	19	17	32	11	210	277	297	301	285
Nov	152	152	193	239	183	40	30	42	57	67	20	23	21	19	18	212	205	256	315	268
Dec	182	161	270	145	147	45	43	67	55	47	15	14	15	14	10	242	218	352	214	204
Jan	141	182	229	175	197	40	36	43	50	70	20	34	15	17	16	201	252	287	242	283
Feb	140	221	252	177	196	43	40	47	63	66	23	14	12	24	33	206	275	311	264	295
Mar	153	240	266	190	246	47	20	59	67	60	29	22	16	25	33	229	282	341	282	339
Apr	159	151	231	272	0	36	64	58	85	0	10	34	24	23	0	205	249	313	380	0
May	203	268	266	244	0	55	21	59	61	0	20	33	16	17	0	278	322	341	322	0
Jun	176	176	158	213	0	38	41	56	73	0	15	19	22	30	0	229	236	236	316	0
TOTAL	2,002	2,316	2,719	2,501	1,813	503	467	631	771	589	246	275	218	231	181	2,751	3,058	3,568	3,503	2,583
% change		+ 16%	+ 17%	+ 8%			- 7%	+ 35%	+ 22%			+ 12%	- 21%	+ 6%			+ 11%	+ 17%	+ 15%	

### **Number of Children Removed from Home**



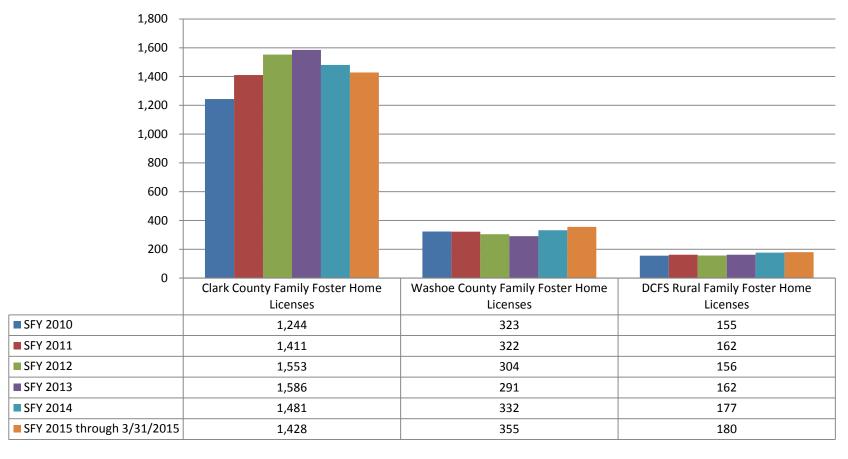
## Removal Rate per 1,000 of the Population Under 18 Years of Age



#### Foster Care Licensing

When children must be removed from their homes, the child welfare agency must utilize traditional foster care. Resource home development is designed to recruit, train, license, and retain the most appropriate families available who can meet the needs of the child.

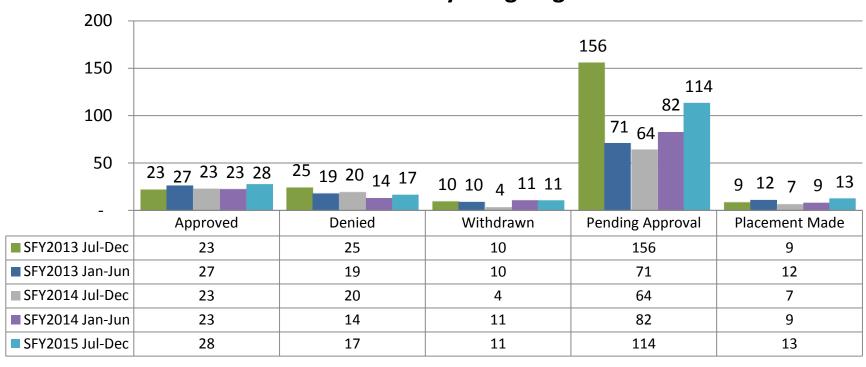
## **Foster Care Licensing Trends Monthly Average**



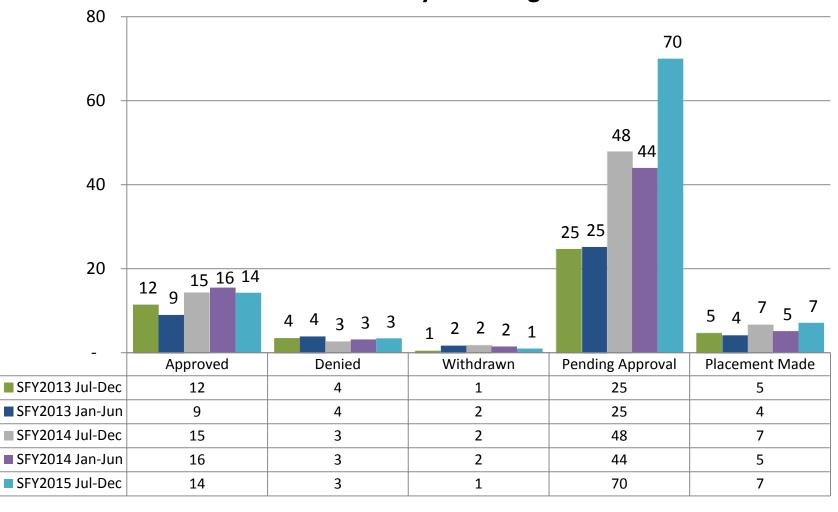
### Interstate Compact for the Placement of Children (ICPC)

The Interstate Compact for the Placement of Children (ICPC) is a contract among states to work together to ensure that children, who are placed across state lines for foster care or adoption, receive adequate protection and support services. To this end, a child's safety, permanency, and well-being are assured through the process of a home study, licensing, if requested, and ongoing supervision of the placement. ICPC establishes uniform procedures for placement and establishes responsibility for agencies and individuals involved in placing children depending on their role as either the sending or receiving state.

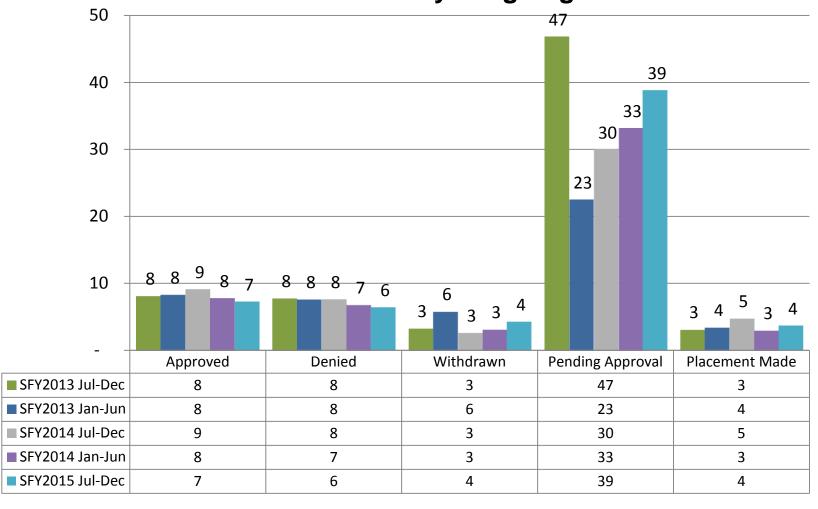
# ICPC Home Studies Monthly Average Clark County Outgoing



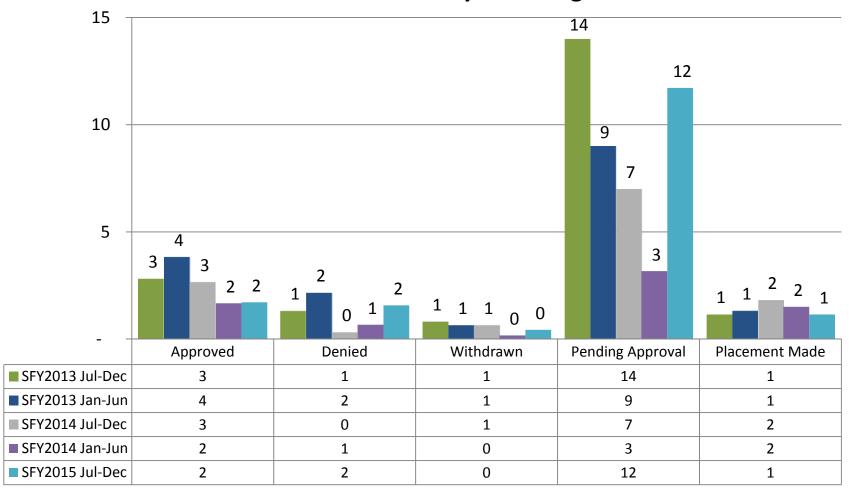
# ICPC Home Studies Monthly Average Clark County Incoming



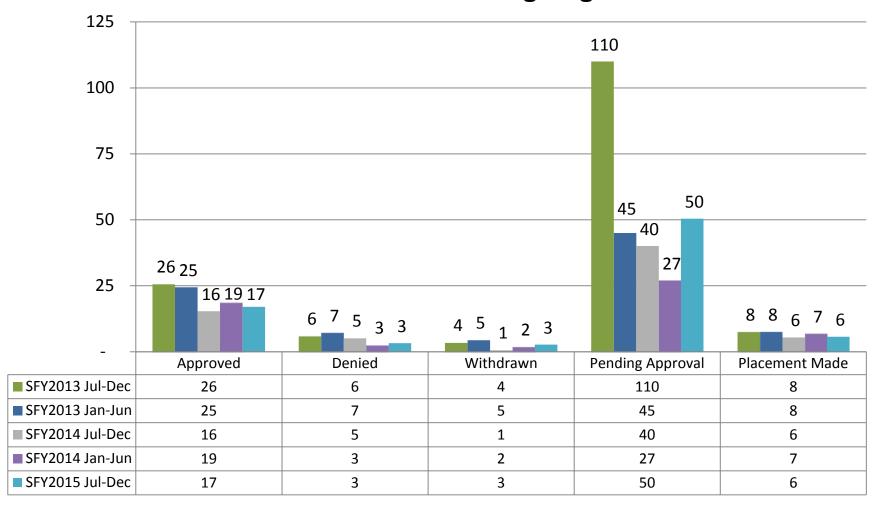
# ICPC Home Studies Monthly Average Washoe County Outgoing



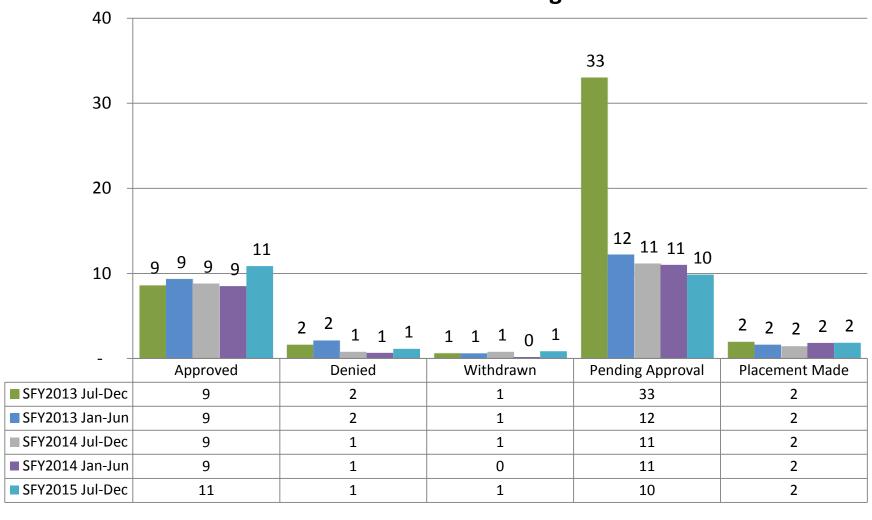
# ICPC Home Studies Monthly Average Washoe County Incoming



## ICPC Home Studies Monthly Average Rural Counties Outgoing



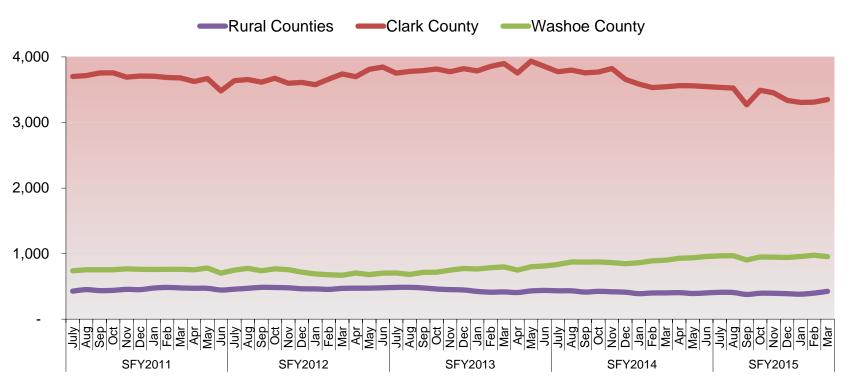
# ICPC Home Studies Monthly Average Rural Counties Incoming



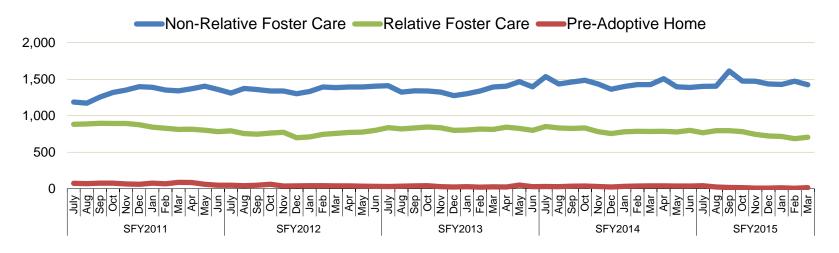
#### Foster Care Placement and Payments

When the safety and protection of a child cannot be met in the parent's or caregiver's home, substitute care in the form of relative care, foster care, residential therapeutic care, or other planned permanent living arrangements may become necessary. When it becomes necessary, child welfare agencies place children with available resource families. Resource families meet the needs of Nevada's waiting children and may be relatives, fictive (not related) family, foster parents, therapeutic foster care parents, and adoptive parents. With a resource family, a child may begin with an emergency shelter-care placement, emerge into foster care, with a final outcome of an adoption – and never leave the original resource family's home. A resource family is committed to a child, regardless of the child's needs and level of care.

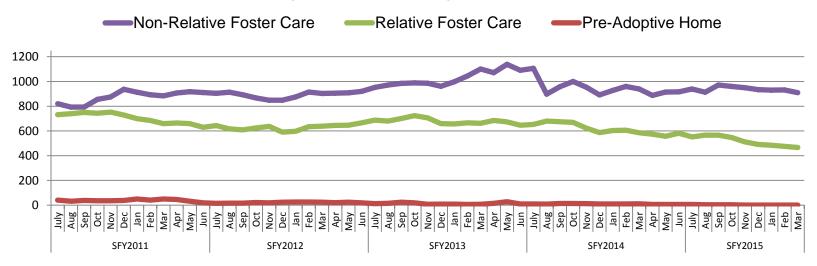
### **Children in Out-of-Home Placements**



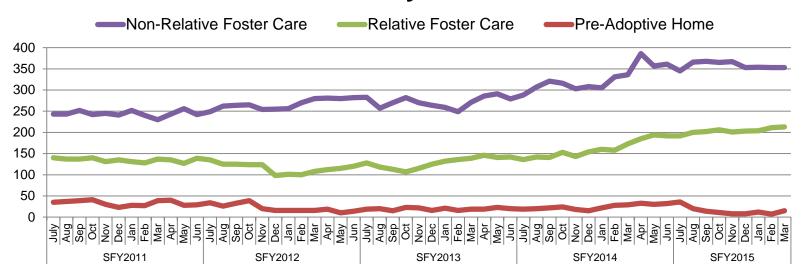
## **Statewide Paid Family Care Placements**



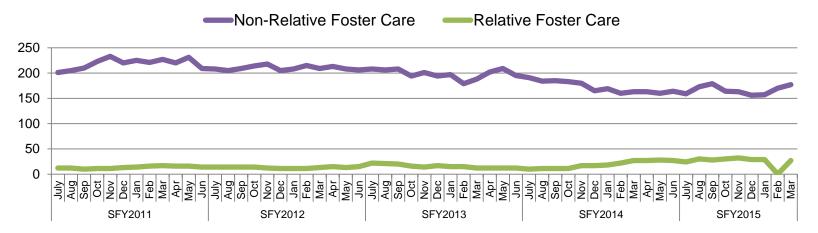
## **Clark County Paid Family Care Placements**



## **Washoe Paid Family Care Placements**



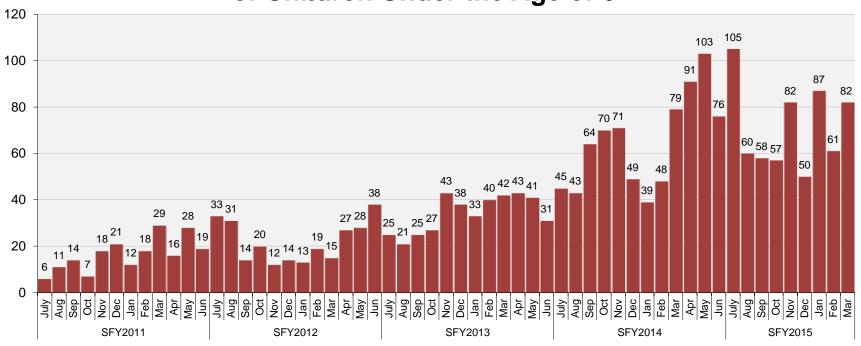
## **Rural Paid Family Care Placements**



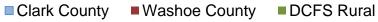
#### Congregate Care

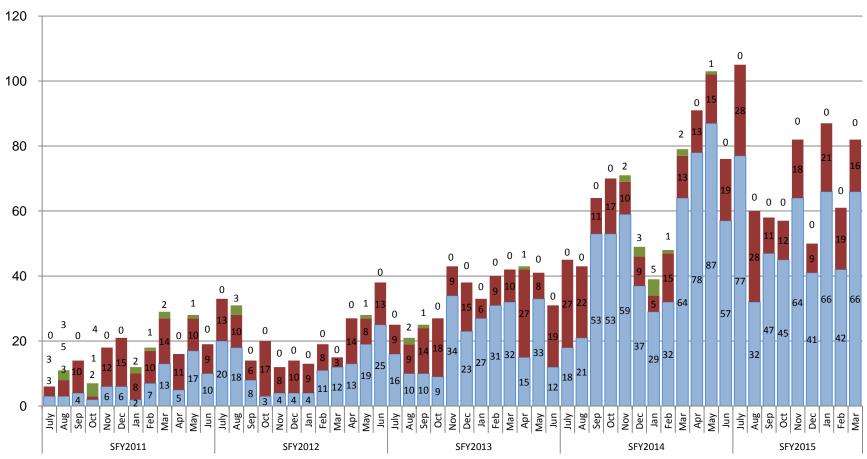
A Congregate Shelter Care is a licensed child care facility that provides emergency placement for abused, neglected, or abandoned children.

# Statewide Admissions into Congregate Care of Children Under the Age of 6



# Admissions Into Congregate Care of Children Under the Age of 6

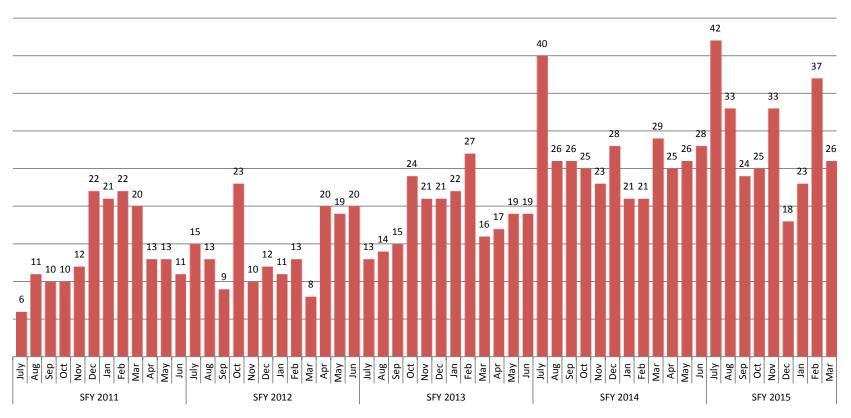




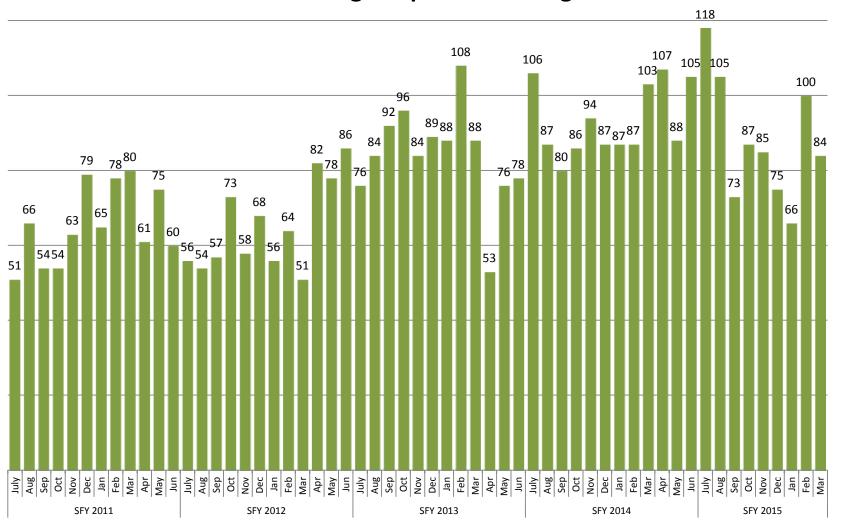
#### Kids Kottage

The Kids Kottages are protective shelters where police or social workers bring children after they have been removed from their families. They are temporary homes, operated 24 hours a day, under a contract with Washoe County Department of Social Services. Most children are at Kids Kottage because their families are suspected of severe abuse or neglect. However, some children are placed because no one else is available to care for them during parental incarceration or hospitalization.

### **Kids Kottage Population Under 6 Years of Age**



## **Kids Kottage Population All Ages**

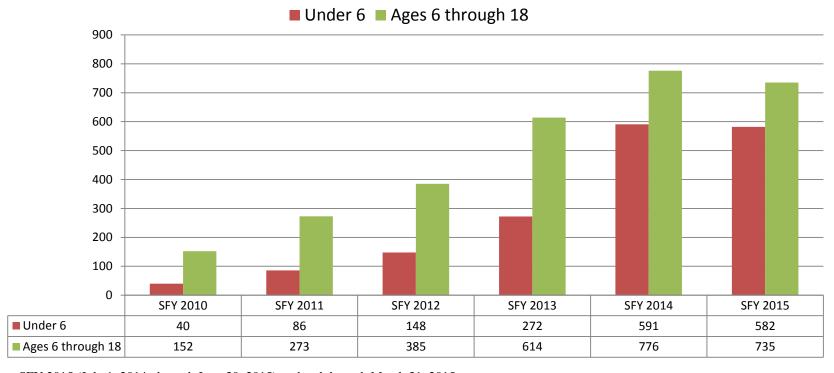


#### Child Haven

The Child Haven Shelter program was created as a Clark County placement option for abused, neglected, or abandoned children who require a protective environment. Child Haven Shelter is an alternative placement, providing resources and services for abused and neglected children and their families based on local needs. The Child Haven Shelter program provides emergency care for a smaller number of children when no other suitable placement option is available.

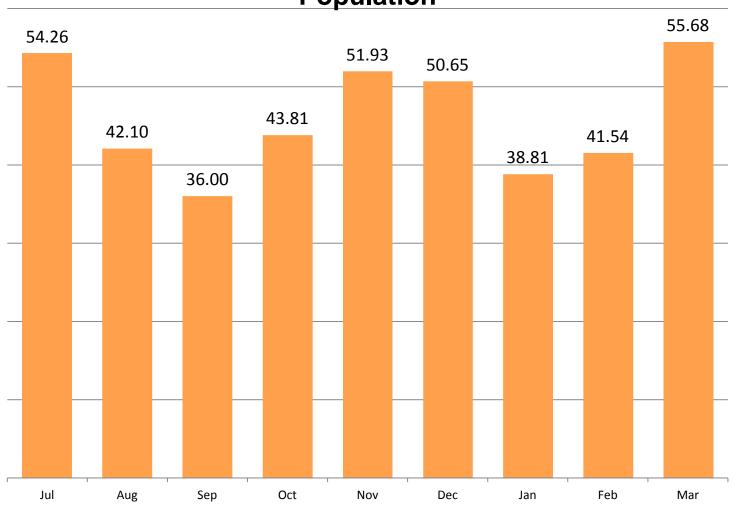
### **Child Haven Placements**

(Includes Duplicates)



SFY 2015 (July 1, 2014, through June 30, 2015) updated through March 31, 2015

# Child Haven SFY 2015 Average Daily Population

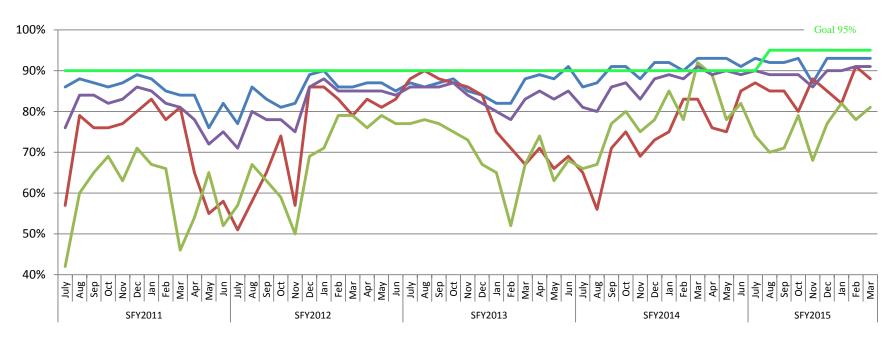


#### Caseworker Contact with Children

In accordance with the state plan requirements of Title IV-E of the Social Security Act, the child welfare agency must ensure that children, who are in foster care and under the responsibility of the agency, are visited on a monthly basis and that the caseworker visits are well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency, and well-being of the children.

### **Caseworker Contact Compliance Percentage**



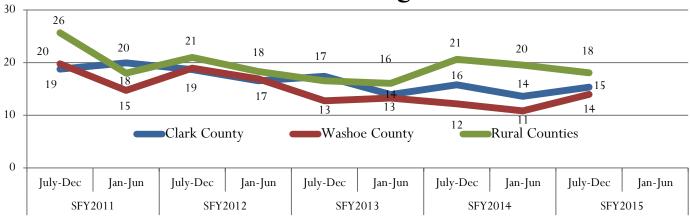


Effective July 1, 2014, the Monthly Caseworker Contact Compliance rate goal was raised from 90% to 95%.

### Length of Stay in Foster Care

Length of stay in foster care refers to the amount of time between entering and exiting foster care. Being removed from home and placed in foster care is a difficult and stressful experience for any child. The goal for every part of the child welfare system is for children to remain safely with their families or, if in out-of-home care, to return home as soon as safely possible.

## **Average Length of Stay in Months** for Children Exiting Foster Care



Average Length of Stay in Months for Children Exiting Foster Care												
	SFY	2011	SFY	2012	SFY	2013	SFY	2014	SFY2015			
	July-	Jan-	July-	Jan-	July-	Jan-	July-	Jan-	July-	Jan-		
	Dec	Jun	Dec	Jun	Dec	Jun	Dec	Jun	Dec	Jun		
Clark County	19	20	19	17	17	14	16	14	15			
Washoe County	20	15	19	17	13	13	12	11	14			
Rural Counties	26	18	21	18	17	16	21	20	18			
Statewide	20	19	19	17	17	14	16	14	15			

### Services to Foster Youth Transitioning to Adulthood

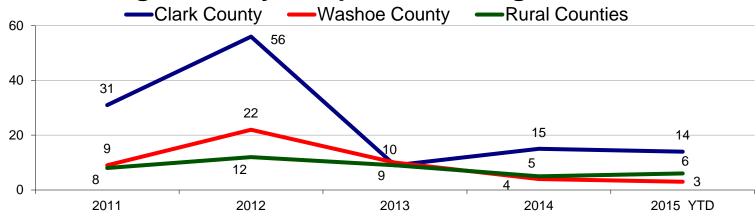
The goal of Nevada's Independent Living Program (IL) is to prepare young adults for the transition to adulthood and to provide opportunities to obtain the skills necessary for self-sufficiency. Independent Living, while commonly seen as a placement option, is not only a placement but also a set of services specifically designed around the needs of each youth in the program. DCFS is responsible for providing IL services in the 15 rural counties of the state and overseeing Clark and Washoe counties.

Youth in Placement, Age	15 and Up	Youth in Placement with Goal of Emancipation	
Family Care	151	Family Care	50
Pre-Adoptive Home	1	Pre-Adoptive Home	0
Residential Care	164	Residential Care	73
Shelter Care	31	Shelter Care	7
Unpaid Placements	155	Unpaid Placements	35
Independent Living	18	Independent Living	10
SFY 2015 through March 3	31, 2015	SFY 2015 through March 3	1, 2015

Independent Living		State	Fiscal	Year	
Average Monthly Placements	2011	2012	2013	2014	2015 YTD
Clark County	31	56	9	15	14
Washoe County	9	22	10	4	3
Rural Counties	8	12	9	5	6
Statewide	47	90	28	24	23

SFY 2015 (July 1, 2014, through June 30, 2015) updated through March 31, 2015

### **Average Monthly Independent Living Placements**

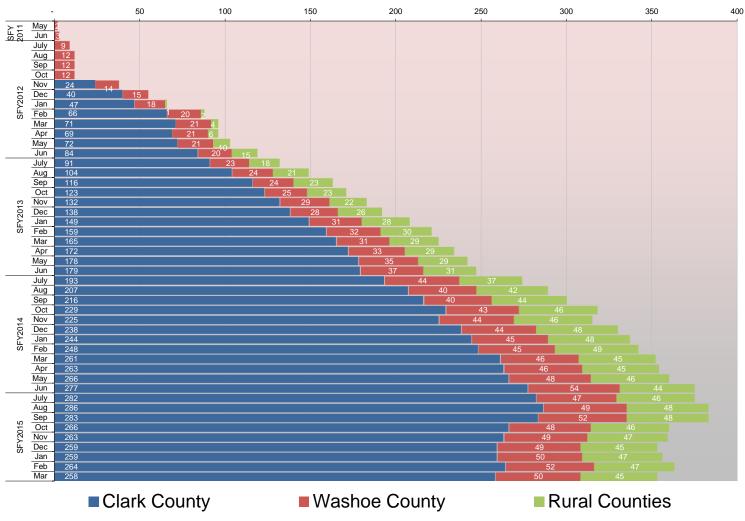


SFY 2015 (July 1, 2014, through June 30, 2015) updated through March 31, 2015

#### **Court-Jurisdiction Youth**

Assembly Bill 350 (AB 350), enacted in the 76th Session of the Nevada Legislature (2011) and signed into law by Governor Sandoval or May 18, 2011, provides that youth who "age out" of foster care (reach the age of majority while in foster care) continue in the jurisdiction of the court after the age of 18 under certain circumstances. The agency that provides child welfare services continues monetary payments to the youth while they remain in the jurisdiction of the court.

### **Court-Jurisdiction Youth**



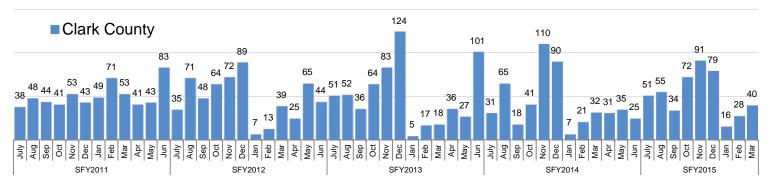
### Adoption Placement and Subsidies

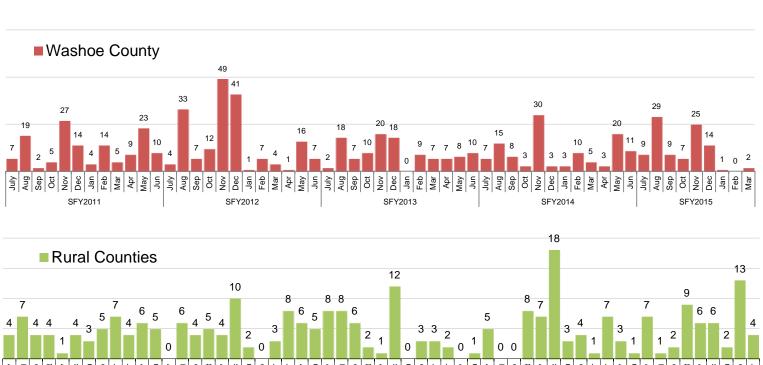
It is the policy of the agencies providing child welfare services to provide financial, medical, and social services assistance to adoptive parents, thereby encouraging and supporting the adoption of special-needs children from foster care. A statewide collaborative policy outlines the special-needs eligibility criteria, application process, types of assistance available, and the necessary elements of a subsidized adoption agreement.

#### **Finalized Adoptions by Month**

		Cla	ark Cou	nty			Was	shoe Co	unty			Rur	al Coun	ties			St	atewide	9	
State Fiscal Year	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
Jul	38	35	51	31	51	7	4	2	7	9	4	0	8	5	7	49	39	61	43	67
Aug	48	71	52	65	55	19	33	18	15	29	7	6	8	0	1	74	110	78	80	85
Sep	44	48	36	18	34	2	7	7	8	9	4	4	6	0	2	50	59	49	26	45
Oct	41	64	64	41	72	5	12	10	3	7	4	5	2	8	9	50	81	76	52	88
Nov	53	72	83	110	91	27	49	20	30	25	1	4	1	7	6	81	125	104	147	122
Dec	43	89	124	90	79	14	41	18	3	14	4	10	12	18	6	61	140	154	111	99
Jan	49	7	5	7	16	4	1	0	3	1	3	2	0	3	2	56	10	5	13	19
Feb	71	13	17	21	28	14	7	9	10	0	5	0	3	4	13	90	20	29	35	41
Mar	53	39	18	32	40	5	4	7	5	2	7	3	3	1	4	65	46	28	38	46
Apr	41	25	36	31	0	9	1	7	3	0	4	8	2	7	0	54	34	45	41	0
May	43	65	27	35	0	23	16	8	20	0	6	6	0	3	0	72	87	35	58	0
Jun	83	44	101	25	0	10	7	10	11	0	5	5	1	1	0	98	56	112	37	0
Total	607	572	614	506	466	139	182	116	118	96	54	53	46	57	50	800	807	776	681	612

### **Monthly Finalized Adoptions**





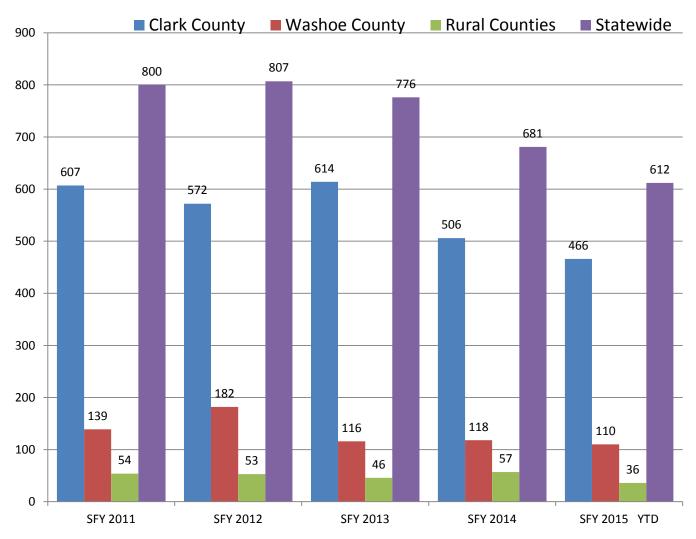
SFY2013

SFY2014

SFY2011

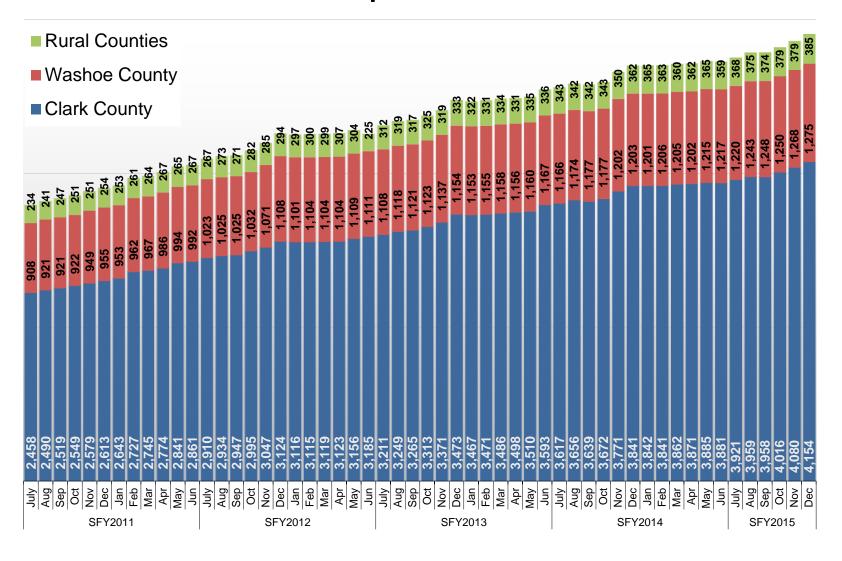
SFY2012

### **Yearly Finalized Adoptions**



SFY 2015 is July 1, 2014, through March 31, 2015

### **Active Adoption Subsidies**



#### Finalized Adoptions by Age at Adoption

State Fiscal Year																				
Age by Year	2011	2012	2013	2014	2015*	2011	2012	2013	2014	2015*	2011	2012	2013	2014	2015*	2011	2012	2013	2014	2015*
0	9	13	14	4	3	3	10	6	4	6	0	0	1	0	2	12	23	21	8	11
1	51	60	72	86	70	16	23	5	18	20	2	4	2	2	2	69	87	79	106	92
2	84	81	92	76	75	17	33	16	17	18	1	3	3	6	4	102	117	111	99	97
3	69	64	66	48	53	14	19	14	12	12	8	6	2	3	5	91	89	82	63	70
4	62	61	60	39	34	18	19	8	15	10	9	0	0	8	3	89	80	68	62	47
5	51	34	47	41	39	14	11	7	4	9	6	4	7	5	5	71	49	61	50	53
6	36	44	40	37	34	10	12	11	7	4	6	2	3	4	5	52	58	54	48	43
7	47	42	35	34	29	9	11	13	3	4	1	6	4	6	2	57	59	52	43	35
8	30	33	34	18	20	4	15	4	7	4	3	5	4	6	0	37	53	42	31	24
9	30	25	37	26	27	8	2	6	9	6	3	3	3	1	3	41	30	46	36	36
10	29	26	34	24	18	5	10	5	3	3	4	4	6	4	2	38	40	45	31	23
11	25	21	13	15	23	4	4	5	5	4	2	5	2	2	1	31	30	20	22	28
12	23	15	22	16	12	4	1	4	4	0	2	3	2	3	0	29	19	28	23	12
13	20	15	17	12	9	4	3	2	5	6	3	0	4	3	0	27	18	23	20	15
14	16	14	9	14	10	5	4	5	2	2	2	5	1	1	0	23	23	15	17	12
15	11	9	10	7	2	3	3	3	1	0	0	3	0		0	14	15	13	10	2
16	11	9	6	4	5	1	1	2	1	2	2	0	1	0	1	14	10	9	5	8
17	3	6	6	5	3		1	0	1	0	0	0	1	1	1	3	7	7	7	4
other	0		0			0	0	0		0	0	0	0			0	0	0	0	0
Total	607	572	614 March 21	506	466	139	182	116	118	110	54	53	46	57	36	800	807	776	681	612

\*SFY 2015 is July 1, 2014, through March 31, 2015

#### **Finalized Adoptions by Age Group**

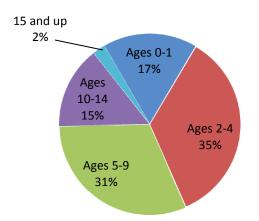
		Cla	ark Cou	nty			₩as	hoe Co	unty			Rui	al Coun	ties			5	itate <b>v</b> id	e	
State Fiscal Year	2011	2012	2013	2014	2015*	2011	2012	2013	2014	2015*	2011	2012	2013	2014	2015*	2011	2012	2013	2014	2015*
Age 0-1	10%	13%	14 %	18%	16%	14 %	18%	9%	19%	24%	4%	8%	7%	4%	11%	10%	14 %	13%	17%	17%
2-4	35%	36%	36%	32%	35%	35%	39%	33%	37%	36%	33%	17%	11%	30%	33%	35%	35%	34%	33%	35%
5-9	32%	31%	31%	31%	32%	32%	28%	35%	25%	25%	35%	38%	46%	39%	42%	32%	31%	33%	31%	31%
10-14	19%	16%	15%	16%	15%	16%	12%	18%	16%	14 %	24%	32%	33%	23%	8%	19%	16%	17%	17%	15%
15 and up	4%	4%	4%	3%	2%	3%	3%	4%	3%	2%	4%	6%	4%	5%	6%	4%	4%	4%	3%	2%

\*SFY 2015 is July 1, 2014, through March 31, 2015

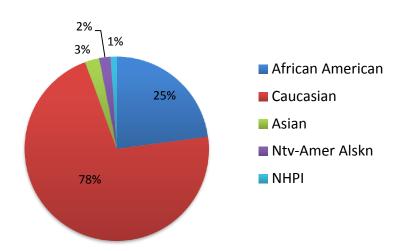
Total may not equal 100% due to rounding

## **SFY 2015 Finalized Adoptions**

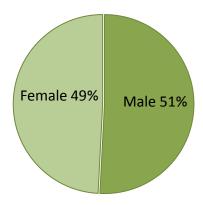
# by Age Group



### **SFY 2015 Adoptions by Race**



**SFY 2015 Statewide Finalized Adoption Percentage by Gender** 



SFY 2015 is July 1, 2014, through March 31, 2015

### **Budget Performance Measure:** Children adopted within 24 months

This measure shows the percentage of children who exit foster care for a finalized adoption within 24 months of entry into care. Private adoptions are not included in this measure.

		SFY:	2011			SFY:	2012			SFY	2013			SFY:	2014			SFY	2015	
	Clark	Washoe	Rural	Statewide																
July	8%	14%	0%	8%	29%	0%	0%	26%	26%	0%	17%	25%	26%	33%	17%	26%	35%	89%	29%	42%
Aug	10%	21%	0%	12%	13%	34%	0%	19%	26%	43%	100%	38%	25%	33%	0%	26%	24%	21%	0%	23%
Sep	2%	0%	0%	2%	15%	17%	0%	14%	24%	71%	33%	32%	28%	25%	0%	27%	44%	22%	0%	38%
Oct	17%	20%	0%	16%	18%	0%	0%	14%	21%	0%	0%	17%	49%	33%	25%	44%	32%	71%	0%	32%
Nov	27%	12%	33%	22%	29%	39%	0%	32%	38%	44%	0%	39%	23%	37%	29%	26%	53%	56%	33%	52%
Dec	17%	7%	0%	13%	23%	48%	10%	29%	33%	22%	8%	29%	45%	33%	17%	40%	24%	29%	17%	29%
Jan	14%	50%	0%	16%	29%	100%	50%	40%	0%	0%	0%	0%	0%	0%	67%	15%	19%	50%	100%	26%
Feb	16%	36%	0%	18%	38%	29%	0%	35%	24%	13%	0%	18%	29%	50%	0%	31%	29%	67%	0%	38%
Mar	11%	33%	14%	13%	19%	25%	33%	21%	50%	57%	0%	46%	16%	0%	0%	13%	28%	0%	0%	24%
Apr	28%	22%	0%	25%	21%	0%	22%	21%	34%	40%	50%	36%	32%	0%	57%	34%				
May	16%	22%	0%	17%	25%	60%	0%	30%	32%	25%	0%	30%	34%	30%	0%	31%				
Jun	26%	10%	20%	24%	9%	43%	20%	15%	33%	0%	0%	30%	24%	55%	100%	37%				

### **Juvenile Justice Services**

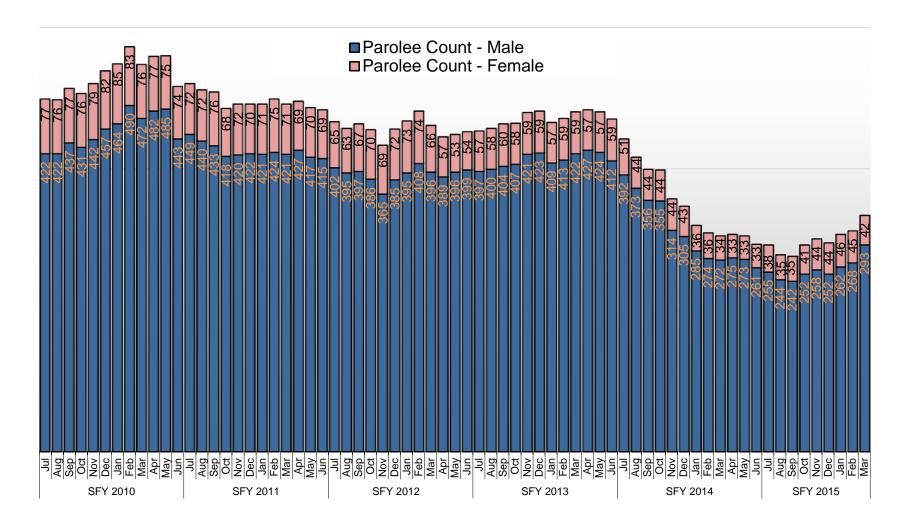
Juvenile Justice Services includes three residential training facilities, statewide supervision of youth on parole, statewide supervision for the Interstate Compact for the Placement of Juveniles, compliance oversight for the Juvenile Justice and Delinquency Prevention Act, and grant programs.

Youth committed for correctional care are generally placed in one of the centers for an average of six to nine months. Upon successful completion of the program in the facility, the youth are released into the community with supervision and case management services provided by Youth Parole. Youth committed for mental health treatment are placed directly on parole and receive treatment and case management services based on their identified needs. Juvenile Justice Services' primary mission is to protect the community while providing a secure and caring environment for youth which encourages them to develop competencies, repay their victims, and reduce or eliminate recidivism.

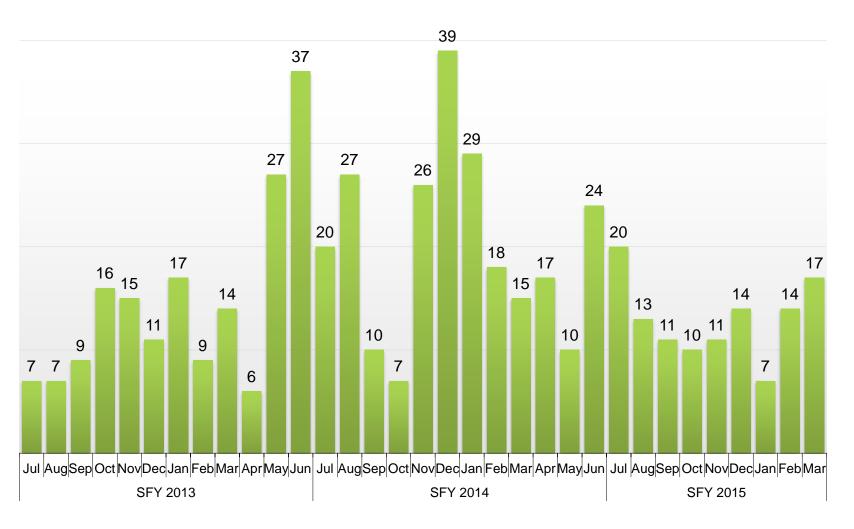
#### Youth Parole

The Youth Parole Bureau provides supervision and case management services for youth, ages 12 up to 21 years, who are committed to DCFS for correctional and/or mental health care; youth under the age of 12 years, who are committed to DCFS for correctional care but cannot by law be placed in a correctional program; and youth transferred to Nevada through the Interstate Compact on Juveniles. Services include the following: Academic Tutoring, Adoption Foster Care Analysis Reporting System (AFCARS) for Youth Parole, Day Treatment, Drug Court, Employment Development, Family Counseling, Gang Intervention, Gender-Specific Program, Group-Based Outpatient Treatment for Adolescent Substance Abuse, Hospitality International Training, Juvenile Sex Offenders, Location Monitoring, Mentoring, Parent Orientation Program, Psychiatric & Psychological Services, Sexually Exploited Youth, Skills Development, and Substance Abuse Counseling.

### **Youth Parole Month-End Population**



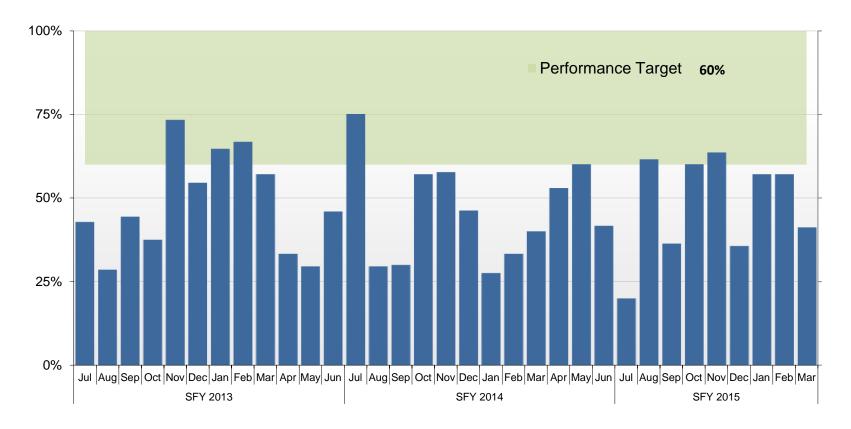
### **Youth Parole Case Closures**



#### Budget Performance Measure: Youth successfully completing parole program

Youth Parole sets out a detailed parole program for the youth to follow to achieve successful completion, which includes counseling, school or work, and activities. This measure shows the percentage of youth successfully completing the parole program. There are three types of termination from parole: positive, general, and negative. Only youth receiving a positive or general termination from parole are considered to have successfully completed the parole program.

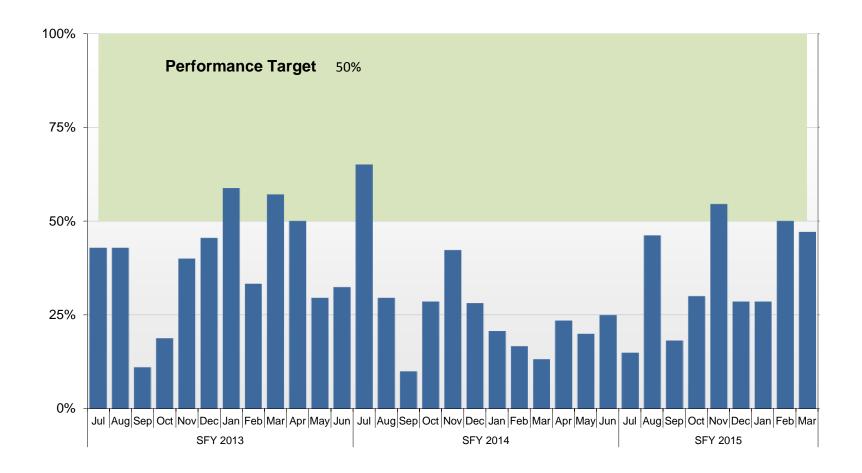
### Youth with Successful Completion of Parole Program



#### Budget Performance Measure: Youth in school, training, or work at release

One factor to provide positive outcomes for juveniles on youth parole is to steer them toward their educational goals. This measure shows the percentage of youth who are involved in either: (1) school, (2) alternative education, (3) vocational training, or (4) employment at time of release from a youth parole program.

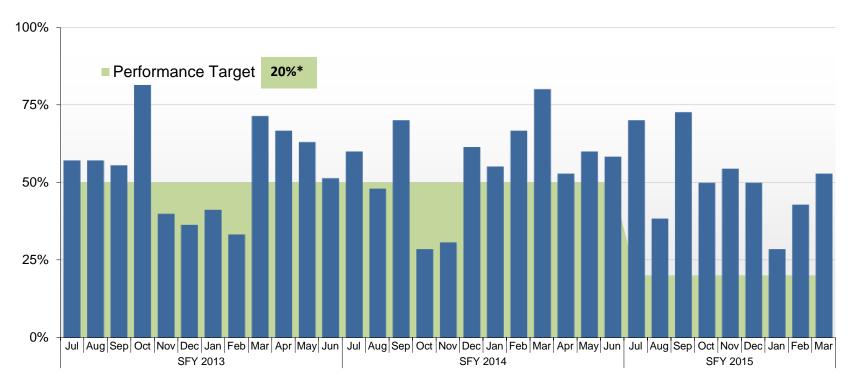
### Youth in School, Training, or Work at Parole Release



### Budget Performance Measure: Youth re-offending under youth parole supervision

A goal of youth parole is increasing law-abiding behavior and reducing incidence of offenses. This measure represents the percentage of youth under parole supervision adjudicated for technical violation of the terms of the parole release or for a new crime during their period of supervision.

### Youth Reoffending While Under Parole Supervision



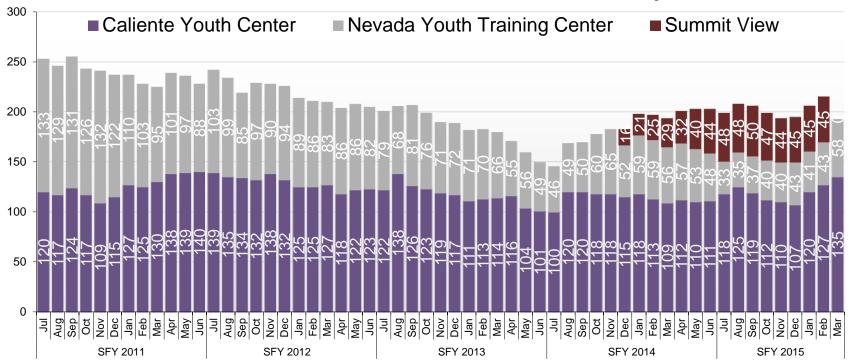
<sup>\*</sup>Effective July 1, 2014, the Performance Target was lowered from 50% to 20%.

#### Juvenile Correctional Care

The purpose of this activity is to ensure that children committed to the State of Nevada for correctional care receive effective services in a safe, secure, healthy, and therapeutic environment by trained, qualified staff.

Both centers provide educational and vocational programs, counseling in life skills and independent living skills, substance abuse and relapse prevention, anger management, grief counseling, and parenting classes. Additionally, specialized programming is offered based on individualized treatment needs and goals.

### **State Correctional Care End-of-Month Youth Population**

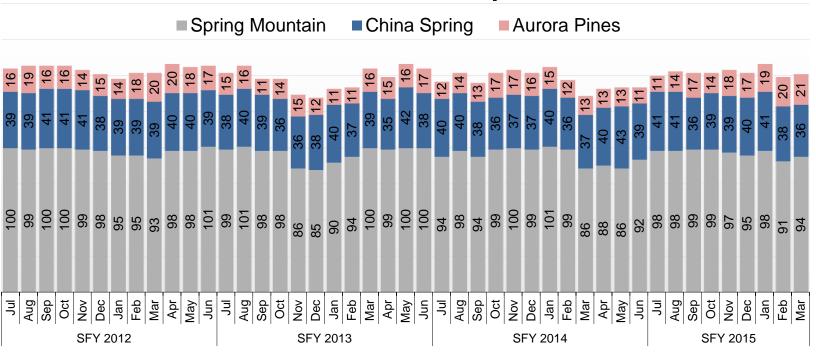


Services with Summit View began December (SFY 2014).

#### Youth Alternative Placement

Youth Alternative Community Placement provides local jurisdictions with the ability to implement community-based programming for youth at risk of being committed to state correctional care. Community-based programming has long proven more cost-effective and healthier for the youth. Families have more opportunities to participate in the treatment, and youth have more opportunity to integrate effectively back into their own communities. Examples of services include intensive supervision programs, mental health and substance abuse treatment, evening reporting centers, academic programming, and county youth camps. County youth camps consist of three facilities: (1) China Spring Youth Camp, (2) Aurora Pines Girls Facility, and (3) Spring Mountain Youth Camp.

### Youth Alternative Placements End-of-Month Youth Population



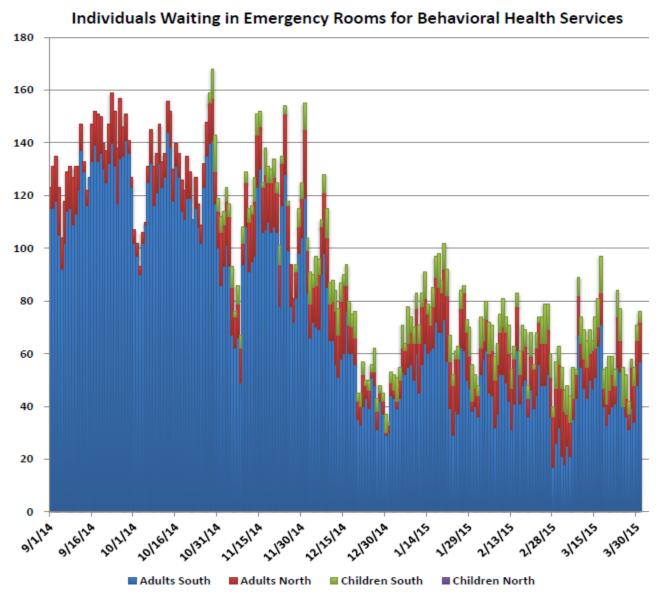
### Mental/Behavioral Health Services

Mental/Behavioral Health Services provides community-based and outpatient services to families in the state, many of whom would enter the child welfare or juvenile justice systems without appropriate treatment and intervention. DCFS' nationally recognized program, Wraparound in Nevada (WIN), provides children, with serious emotional disturbances, intensive targeted case management services. DCFS' mental health programming also includes early childhood services, residential care such as family learning homes, a residential treatment center for adolescents, and an acute residential treatment center.

#### **Outpatient Treatment Services**

The purpose of this activity is to provide comprehensive, individualized mental health care to emotionally disturbed children, ages 6 to 18, and their families, and young children, ages birth to six years of age with deficits, and their families and communities. The clientele in the 6–to–18 age group often have multiple and serious life challenges. The goal of these services, focused on the child's strengths and needs, is to reduce challenging behaviors; increase positive behaviors and emotions; treat and manage mental health symptoms; improve functioning at home, in school and in the community; strengthen parent-child relationships; and facilitate the child's resiliency and recovery.

The purpose of Early Childhood Mental Health Services (ECMHS) is to support the social and emotional development of young children with deficits by providing comprehensive mental health services to children ages birth to six years of age, their families, and the communities in which they live. ECMHS works with the whole family to support and train parents how to create relationships with their children that will, in turn, allow them to develop age-appropriate and healthy social and emotional skills.

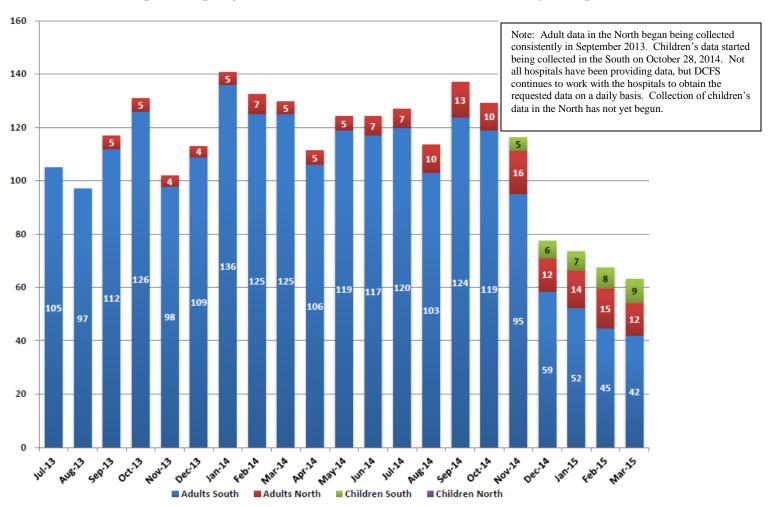


Note: Children's data started being collected in the South on October 28th. Collection of daily children's data in the North has not yet begun.

### Individuals Waiting in Emergency Rooms for Behavioral Health Services

	Adults South	Adults North	Children South	Children North	Total
3/1/2015	26	21	10		57
3/2/2015	32	24	7		63
3/3/2015	21	26	8		55
3/4/2015	18	20	8		46
3/5/2015	25	12	11		48
3/6/2015	21	13	10		44
3/7/2015	35	8	12		55
3/8/2015	43	9	2		54
3/9/2015	67	15	7		89
3/10/2015	55	9	10		74
3/11/2015	47	11	11		69
3/12/2015	43	12	10		65
3/13/2015	50	10	9		69
3/14/2015	47	14	4		65
3/15/2015	51	11	12		74
3/16/2015	63	7	11		81
3/17/2015	71	12	14		97
3/18/2015	40	7	7		54
3/19/2015	33	8	14		55
3/20/2015	37	9	13		59
3/21/2015	40	12	7		59
3/22/2015	41	7	6		54
3/23/2015	55	19	10		84
3/24/2015	53	12	12		77
3/25/2015	40	0	15		55
3/26/2015	36	7	9		52
3/27/2015	31	6	5		42
3/28/2015	39	16	3		58
3/29/2015	34	14	7		55
3/30/2015	48	17	6		71
3/31/2015	57	15	4		76

#### Individuals Waiting in Emergency Rooms for Behavioral Health Services - Monthly Average

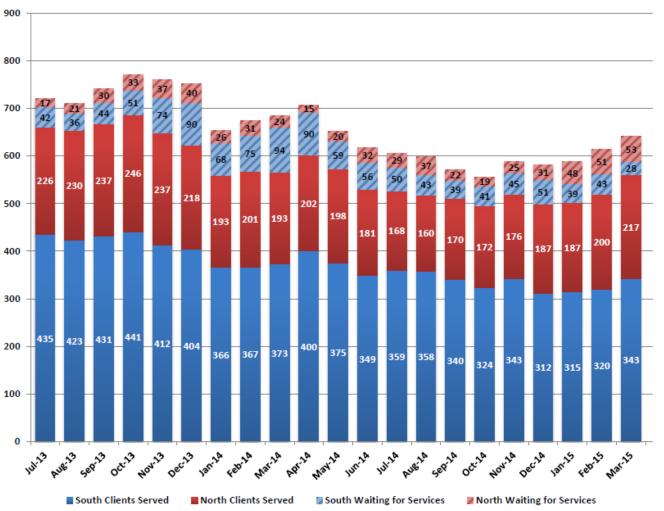


### Individuals Waiting in Emergency Rooms for Behavioral Health Services - Monthly Average

	Adults South	Adults North	Children South	Children North	Total
Jul-13	105				105
Aug-13	97				97
Sep-13	112	5			117
Oct-13	126	5			131
Nov-13	98	4			102
Dec-13	109	4			113
Jan-14	136	5			141
Feb-14	125	7			132
Mar-14	125	5			130
Apr-14	106	5			111
May-14	119	5			124
Jun-14	117	7			124
Jul-14	120	7			127
Aug-14	103	10			113
Sep-14	124	13			137
Oct-14	119	10			129
Nov-14	95	16	5		116
Dec-14	59	12	6		77
Jan-15	52	14	7		74
Feb-15	45	15	8		67
Mar-15	42	12	9		63

Note: Adult data in the North began being collected consistently in September 2013. Children's data started being collected in the South on October 28<sup>th</sup>. Not all hospitals have been providing data, but DCFS continues to work with the hospitals to obtain the requested data on a daily basis. Collection of daily children's data in the North has not yet begun.

#### Children's Clinical Services/Outpatient

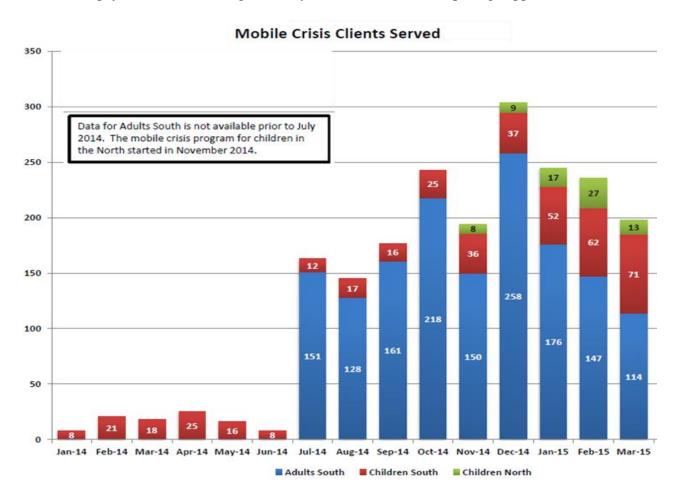


### Children's Clinical Services/Outpatient

	South Clients Served	South Waiting for Services	North Clients Served	North Waiting for Services	Total Served	Total Waiting for Services
Jul-13	435	42	226	17	661	59
Aug-13	423	36	230	21	653	57
Sep-13	431	44	237	30	668	74
Oct-13	441	51	246	33	687	84
Nov-13	412	74	237	37	649	111
Dec-13	404	90	218	40	622	130
Jan-14	366	68	193	26	559	94
Feb-14	367	75	201	31	568	106
Mar-14	373	94	193	24	566	118
Apr-14	400	90	202	15	602	105
May-14	375	59	198	20	573	79
Jun-14	349	56	181	32	530	88
Jul-14	359	50	168	29	527	79
Aug-14	358	43	160	37	518	80
Sep-14	340	39	170	22	510	61
Oct-14	324	41	172	19	496	60
Nov-14	343	45	176	25	519	70
Dec-14	312	51	187	31	499	82
Jan-15	315	39	187	48	502	87
Feb-15	320	43	200	51	520	94
Mar-15	343	28	217	53	560	81

#### Mobile Crisis Response Team

The Mobile Crisis Response Team is designed to reduce unnecessary psychiatric hospitalizations and placement disruptions of children and youth, and to reduce the need for youth to go to emergency rooms or detention centers to have their mental and behavioral health needs addressed. Mobile crisis response services provide immediate care and treatment from specialized teams, which include qualified mental health professionals and psychiatric case managers to any child or adolescent requiring support and intervention with a psychiatric emergency.



#### **Mobile Crisis**

		Total Clie	nts Served	
	Adults South	Children South	Children North	Total
Jan-14		8		8
Feb-14		21		21
Mar-14		18		18
Apr-14		25		25
May-14		16		16
Jun-14		8		8
Jul-14	151	12		163
Aug-14	128	17		145
Sep-14	161	16		177
Oct-14	218	25		243
Nov-14	150	36	8	194
Dec-14	258	37	9	304
Jan-15	176	52	17	245
Feb-15	147	62	27	236
Mar-15	114	71	13	198
Apr-15				
May-15				
Jun-15				

		Adults	South	
	Clients Served	Hospitalization	Hospital Diversion	Hospital Diversion Rate
Jan-14				
Feb-14				
Mar-14				
Apr-14				
May-14				
Jun-14				
Jul-14	151	50	101	67%
Aug-14	128	58	70	55%
Sep-14	161	79	82	51%
Oct-14	218	113	105	48%
Nov-14	150	85	65	43%
Dec-14	258	169	89	34%
Jan-15	176	116	61	35%
Feb-15	147	100	47	32%
Mar-15	114	73	41	36%
Apr-15				
May-15				
Jun-15				

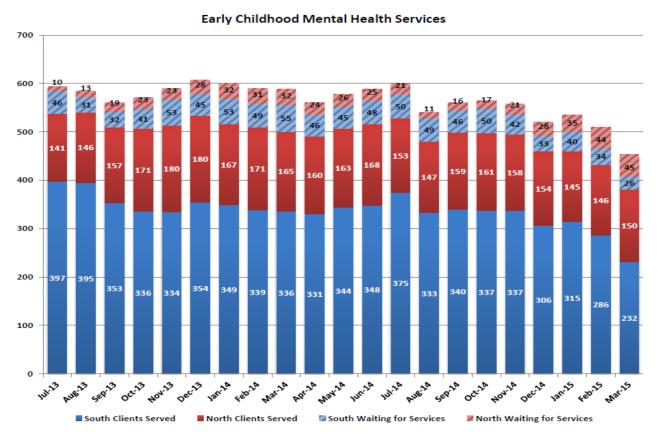
Note: Adult South data is not available prior to July 2014.

Note: Children's Mobile Crisis Response Teams began in January 2014 in the South and November 2014 in the North.

			Childre	n South					Childre	n North		
	Total Calls	Clients Served (Team Responded)	Hospitalization	Hospital Diversion	Stabilization Recommended	Hospital Diversion Rate	Total Calls	Clients Served (Team Responded)	Hospitalization	Hospital Diversion	Stabilization Recommended	Hospital Diversion Rate
Jan-14	19	8	0	8	7	100%						
Feb-14	32	21	4	17	11	81%						
Mar-14	41	18	1	17	12	94%						
Apr-14	37	25	2	23	16	92%						
May-14	22	16	2	14	9	88%						
Jun-14	12	8	1	7	5	88%						
Jul-14	15	12	3	9	9	75%						
Aug-14	20	17	1	16	9	94%						
Sep-14	32	16	0	16	9	100%						
Oct-14	37	25	0	25	23	100%						
Nov-14	50	36	3	33	28	92%	18	8	1	7	6	88%
Dec-14	57	37	4	33	27	89%	21	9	2	7	6	78%
Jan-15	60	52	5	47	43	90%	34	17	5	12	11	71%
Feb-15	71	62	12	50	42	81%	48	27	4	23	22	85%
Mar-15	95	71	12	59	51	83%	42	13	5	8	8	62%
Apr-15	·					·				·		·
May-15	·									·		
Jun-15												

#### **Inpatient Treatment Services**

The purpose of inpatient psychiatric services is to provide quality, individualized inpatient mental health treatment in a safe and culturally sensitive environment for children and adolescents with the most severe emotional disturbances. Primary activities include acute psychiatric care to youth at immediate risk of harm to themselves or others, including intense therapeutic services and short-term care until the immediate risk of harm is no longer present; and residential treatment care, including less-intense therapeutic services than acute care; longer-term care for chronic mental health conditions that require longer-term inpatient treatment in order for the youth to transition to community-based treatment; and specialized treatment for males adjudicated on sexual offenses.



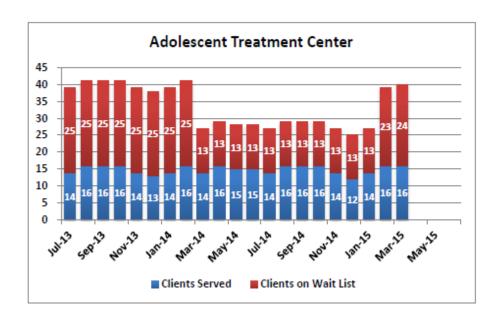
### **Early Childhood Mental Health Services**

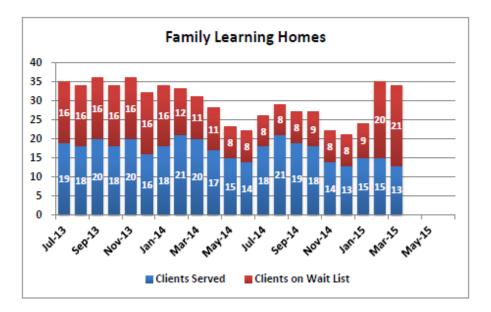
	South Clients Served	South Waiting for Services	North Clients Served	North Waiting for Services	Total Served	Total Waiting for Services
Jul-13	397	46	141	10	538	56
Aug-13	395	31	146	13	541	44
Sep-13	353	32	157	19	510	51
Oct-13	336	41	171	23	507	64
Nov-13	334	53	180	23	514	76
Dec-13	354	45	180	28	534	73
Jan-14	349	53	167	32	516	85
Feb-14	339	49	171	31	510	80
Mar-14	336	55	165	32	501	87
Apr-14	331	46	160	24	491	70
May-14	344	45	163	26	507	71
Jun-14	348	48	168	25	516	73
Jul-14	375	50	153	21	528	71
Aug-14	333	49	147	11	480	60
Sep-14	340	46	159	16	499	62
Oct-14	337	50	161	17	498	67
Nov-14	337	42	158	21	495	63
Dec-14	306	33	154	28	460	61
Jan-15	315	40	145	35	460	75
Feb-15	286	34	146	44	432	78
Mar-15	232	26	150	45	382	71

#### Residential Rehabilitation Services

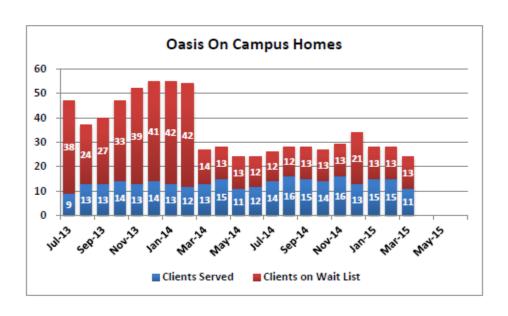
One of DCFS' goals is to ensure that children with the most severe emotional and behavioral problems live in a safe, healthy, and positive treatment environment focused on resiliency and recovery. Treatment homes provide a structured, supervised, and therapeutic living environment for children and adolescents who cannot live safely in a family home or foster home. These children were discharged or denied services from community private providers due to severe emotional and behavioral disturbances, developmental disabilities, specialized needs, and/or severe aggression toward themselves and others.

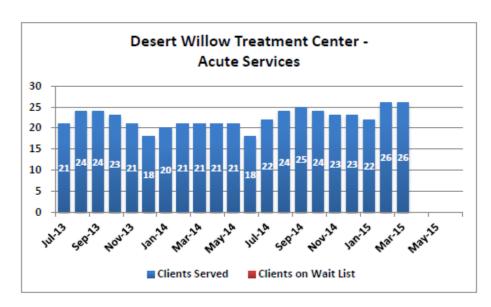
#### Children's Mental Health - North

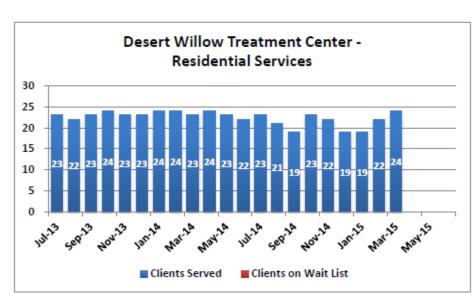




#### Children's Mental Health - South







Children's Mental Health - South

	Oasis	On Campus H	lomes		llow Treatme Acute Service			llow Treatme	
	Clients Served	Clients on Wait List	Average Length of Stay	Clients Served	Clients on Wait List	Average Length of Stay	Clients Served	Clients on Wait List	Average Length of Stay
Jul-13	9	38	160	21	0	76	23	0	94
Aug-13	13	24	109	24	0	63	22	0	55
Sep-13	13	27	139	24	0	61	23	0	66
Oct-13	14	33	160	23	0	60	24	0	82
Nov-13	13	39	175	21	0	71	23	0	66
Dec-13	14	41	179	18	0	98	23	0	87
Jan-14	13	42	135	20	0	59	24	0	82
Feb-14	12	42	165	21	0	60	24	0	103
Mar-14	13	14	162	21	0	70	23	0	99
Apr-14	15	13	169	21	0	70	24	0	91
May-14	11	13	156	21	0	81	23	0	81
Jun-14	12	12	161	18	0	82	22	0	68
Jul-14	14	12	160	22	0	76	23	0	81
Aug-14	16	12	118	24	0	85	21	0	103
Sep-14	15	13	83	25	0	66	19	0	91
Oct-14	14	13	79	24	0	86	23	0	75
Nov-14	16	13	97	23	0	94	22	0	70
Dec-14	13	21	99	23	0	98	19	0	87
Jan-15	15	13	111	22	0	95	19	0	99
Feb-15	15	13	97	26	0	93	22	0	96
Mar-15	11	13	114	26	0	112	24	0	103
Apr-15									

Note: A clean-up of the waitlist occurred in March 2014.

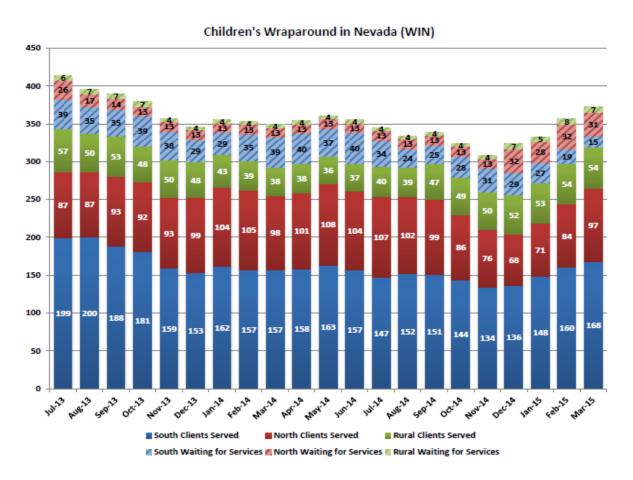
Children's Mental Health - North

	Adoleso	ent Treatmen	t Center	Fami	ly Learning H	omes
	Clients Served	Clients on Wait List	Average Length of Stay	Clients Served	Clients on Wait List	Average Length of Stay
Jul-13	14	25	67	19	16	85
Aug-13	16	25	62	18	16	68
Sep-13	16	25	88	20	16	88
Oct-13	16	25	86	18	16	97
Nov-13	14	25	91	20	16	99
Dec-13	13	25	98	16	16	86
Jan-14	14	25	82	18	16	68
Feb-14	16	25	98	21	12	82
Mar-14	14	13	100	20	11	107
Apr-14	16	13	83	17	11	123
May-14	15	13	97	15	8	130
Jun-14	15	13	91	14	8	106
Jul-14	14	13	88	18	8	61
Aug-14	16	13	74	21	8	61
Sep-14	16	13	104	19	8	76
Oct-14	16	13	102	18	9	105
Nov-14	14	13	122	14	8	122
Dec-14	12	13	95	13	8	104
Jan-15	14	13	84	15	9	96
Feb-15	16	23	62	15	20	104
Mar-15	16	24	71	13	21	82
Apr-15						

Note: A clean-up of the waitlist occurred in March 2014.

#### Intensive Care Coordination Services

DCFS' nationally recognized "Promising Practice" program, Wraparound in Nevada (WIN), provides intensive community-based services to Severely Emotionally Disturbed Children (SED), ages birth to 18 years, who are in the custody of the Child Welfare System. Through WIN, youth and families are provided the opportunity to become equal participants in their case planning and receive support necessary to gain family independence. Services include assessment, case planning, linkage to services, monitoring the success of services, crisis response, immediate and responsive plans, and service adjustments as client needs change. WIN ensures that all community members and professionals work together to streamline services, avoid duplication of services, and communicate clearly with families and children.



### Children's Wraparound in Nevada (WIN)

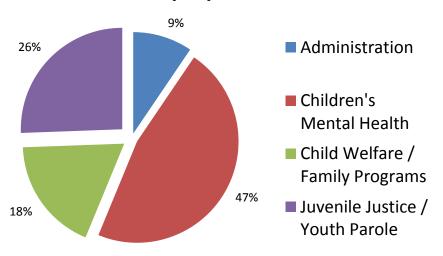
	South Clients Served	South Waiting for Services	North Clients Served	North Waiting for Services	Rural Clients Served	Rural Waiting for Services	Total Served	Total Waiting for Services
Jul-13	199	39	87	26	57	6	343	71
Aug-13	200	35	87	17	50	7	337	59
Sep-13	188	35	93	14	53	7	334	56
Oct-13	181	39	92	13	48	7	321	59
Nov-13	159	38	93	13	50	4	302	55
Dec-13	153	29	99	13	48	4	300	46
Jan-14	162	29	104	13	43	4	309	46
Feb-14	157	35	105	13	39	4	301	52
Mar-14	157	39	98	13	38	4	293	56
Apr-14	158	40	101	13	38	4	297	57
May-14	163	37	108	13	36	4	307	54
Jun-14	157	40	104	13	37	4	298	57
Jul-14	147	34	107	13	40	4	294	51
Aug-14	152	24	102	13	39	4	293	41
Sep-14	151	25	99	13	47	4	297	42
Oct-14	144	28	86	13	49	4	279	45
Nov-14	134	31	76	13	50	4	260	48
Dec-14	136	29	68	32	52	7	256	68
Jan-15	148	27	71	28	53	5	272	60
Feb-15	160	19	84	32	54	8	298	59
Mar-15	168	15	97	31	54	7	319	53

### Administrative and Support Services

#### Personnel and Payroll

Personnel provides service in all areas of DCFS employment, including, but not limited to: hiring, developing, and retaining qualified employees who model DCFS values and contribute to the attainment of DCFS goals; attaining positive, productive, ethical, and legal employee-employer relationships; ensuring legal compliance with Human Resource requirements; and protecting DCFS employees, property, and finances from avoidable loss. As an integral part of DCFS' strategic planning and policy development, the Personnel unit's responsibilities are grouped into three functional areas of counseling, service, and control.

# Authorizied Positions as of 4/22/2015



### Staff Positions as of 4/22/2015

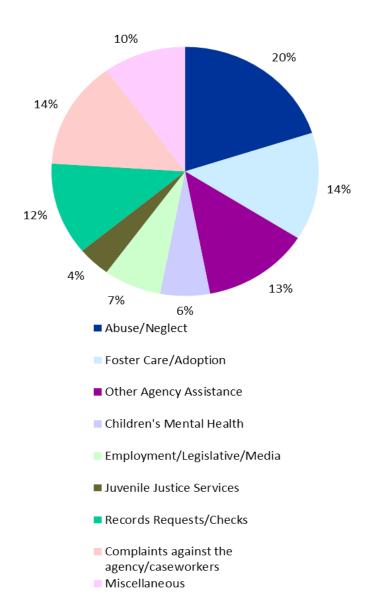
	Authorized	Filled	% Filled
Administration	86	81	94%
Children's Mental Health	424	384	91%
Child Welfare / Family Programs	165	133	81%
Juvenile Justice / Youth Parole	232	192	83%
Total	907	790	87%

### Inquiries by Subject Matter SFY 2014

#### Systems Advocate Unit

The Systems Advocate Unit was established by the Nevada State Legislature in 2003 to help the Department of Health and Human Services and DCFS resolve concerns and protect children who are receiving services from DCFS. The purpose of the Systems Advocate Unit is to respond to complaints from consumers, service providers, elected officials, stakeholders, and interested citizens to ensure that proper services are provided by DCFS.

Furthermore, the Systems Advocate performs the duties of the agency Hearing Officer and has the responsibility to make available a fair hearing process. The Systems Advocate is the key point of contact between DCFS, the Department of Health and Human Services, and the Nevada State Legislature as well as media.



# CFSR Results and Data Indicators

Outcomes	Items	2010 Baseline	Target	Status Quarter
Safety 1	1. Timelines of investigations	76.19	80.4	81.0(8)
Safety 2	3. Services to protected children in home	70.45	74.9	76.1(4)
	4. Risk of harm	48.39	52.5	54.8(4)
Permanency 1	7. Permanency goal for child	57.14	62	61.9(8)
	10. Other planned living arrangement	50	61.3	62.5(4)
Well-Being 1	17. Needs/services of child, parent and foster parents	41.94	46	46.8(4)
	18. Child/family involvement in case planning	44.07	48.2	54.2(4)
	19. Caseworker visits with child	56.45	60.5	71.0(7)
	20. Caseworker visits with parents	45.28	49.7	50.9(7)

National Standard Indicators	Standard	NSI at 2009 CFSR	Initial AAI	FFY Met
S1-Absence of maltreatment	94.6	93.6	94.2	95.1/2008
S2-Absence of child abuse and neglect in foster care	99.68	99.61	99.64	99.66% 2014
P1-Timeliness and permanency of reunification	122.6	153	N/A	153/2009
P2-Timeliness of Adoptions	106.4	82.8	83.1	84.7/2009
P3-Timeliness for children and youth in foster care for long periods of time	121.7	120.3	123.7	132.3/2008
P4- Placement stability	101.5	83.1	85.6	86.6/2009

MEASURES	National Standard		FY2010	FY2011	FY2012	FY2013
Safety Indicator 1: Absence of Maltreatment Recurrence	94.6%	Λ	94.5%	93.6%	95.1%	96.2
Safety Indicator 2: Absence of CA/N in foster Care PIP Target is 99.64	99.68%	Λ.	99.40%	99.59%	99.35%	99.53 99.66
Permanency Composite 1: Timeliness and Permanency of Reunification	122.6	Λ.	134.4	134.3	126.9	131.4
Component A: Timeliness of Reunification						
C1.1 Reunification in less than 12 months for children exiting foster care	75.2%	<b>1</b>	69.3%	72.2%	66.4%	71.3%
C1.2 Median stay in foster care to reunification (months)	5.4	<b>V</b>	6.4	5.9	7.2	6.7
C1.3 Entry cohort of children who reunify in < 12 months	48.4%	<b>1</b>	43.5 %	34.1%	38.6%	36.3%
Component B: Permanency of Reunification						
C1.4 Children who exit and re-enter foster care in less than 12 months	9.9%	Ψ.	6.8%	7.3%	8.3%	7.8%
Permanency Composite 2: Timeliness of Adoptions	106.4	<b>1</b>	108.9	114.5	134.8	145.1
Component A: timeliness of Adoptions of Children Discharged From Foster Care						
C2.1 Adoption in less than 24 months for children exiting to adoption	36.6%	<b>1</b>	14.6%	18.1%	25.0%	27.8%
C2.2 Median length of stay to adoption (months)	27.3	Ψ.	36.3	35.4	30.7	29.0
Component B: Adoption for Children Meeting ASFA Time-In-Care Requirements						
C2.3 Children in foster care for 17 or more months (on day 1 of FY) who were adopted by the end of the FY	22.7%	^	29.5%	37.8%	37.0%	36.7%
$\textbf{C2.4} \ Children in foster care for 17 or more months (on \ day 1 \ of \ FY) who \ achieved \ legal \ freedom \ within 6 \\ months \ of \ start \ of \ FY$	10.9%	<b>↑</b>	21.8%	16.0%	18.9%	19.3%
Component C: Adoption of Children Who are Legally Free for Adoption						
C2.5 Legally free children adopted in less than 12 months	53.7%	<b>1</b>	42.6%	45.3%	62.6%	65.7%

MEASURES	National Standard		FY2010	FY2011	FY2012	FY2013
Permanency Composite 3: Achieving Permanency for Children in Foster Care For Long Period of	121.7	<b>1</b>	141.6	144.9	139.7	141.2
Time						
Component A: Achieving permanency for Children in Care for Extended Periods of Time						
C3.1 Children (age 17 during the FY) in foster care 24+ months discharged to permanent home	29.1%	<b>1</b>	39.9%	47.1%	45.4%	43.1%
before the end of FY and age 18						
C3.2 Children (age 17 during the FY) with TPR discharged from foster care to a permanent home	98.0%	<b>1</b>	95.8%	97.2%	95.8%	95.4%
prior to age 18						
Component B: Children Emancipated Who Were in foster Care for Extended Periods of Time						
C3.3 Children emancipated/age 18 who were in foster care for 3 years or longer	37.5%	$\mathbf{V}$	37.2%	43.4%	41.9%	38.7%
Permanency Composite 4: Placement Stability (no components)	101.5	<b>1</b>	93.3	91.4	90.5	91.1
C4.1 Two or fewer placement settings for children in foster care less than 12 months	86.0%	<b>1</b>	82.8%	80.0%	81.5%	81.3%
C4.2 Two or fewer placement setting for children in foster care for 12 to 24 months	65.4%	<b>1</b>	62.0%	61.7%	58.0%	61.0%
C4.3 Two or fewer placement settings for children in foster care for 24+ months	41.8%	<b>1</b>	31.4%	32.0%	30.6%	29.5%