I. POLICY:

Juveniles are entitled to a safe placement and placement in the least restrictive environment based on the youth’s needs and setting. All transfers of juveniles from any facility or institution will consider the youth’s best interest, comply with Nevada Revised Statutes and requires Superintendent and Deputy Administrator review and approval. Any transfer to a public or private institution requires prior court approval.

II. DEFINITION:

As used in this document, the following definitions shall apply:

Emergency: A condition or circumstance that requires an immediate action to an accident or an urgent, pressing medical need.
Facility: A state facility for the detention of committed youth which is administered by the State of Nevada. This term includes, but is not limited to, the Nevada Youth Training Center, Summit View Youth Correctional Center and the Caliente Youth Center.


Non-Emergency: A medical or non-medical condition that is not life-threatening to the youth.

Private Institution: A private place for the care or confinement of a youth with special mental health needs or other disabilities.

Transfer: Movement of a youth from one placement to another.

III. PROCEDURES:

A. Modification of Placement Request:

The Superintendent will complete this request (see attachment A) and submit it to the Superintendents/Chief Committee. This request is discussed with the Juvenile Services Deputy Administrator, Superintendents of Youth Correctional Facilities, the Clinical Program Planner, the Chief of Parole, the State Monitor, and the Juvenile Justice Programs Chief. The Deputy Administrator must approve all transfers.

B. Transfers:

1. Between state facilities:

Pursuant to NRS 63.490 Transfer.

The superintendent of a facility may transfer a child from one facility to another facility if:

(a) The Deputy Administrator of the Division of Child and Family Services consents to the transfer; and

(b) The transfer is in the best interests of the child.

If a transfer is made, the general provisions regarding placements in a facility apply.

2. Between other institutions:

Pursuant to NRS 63.440 Placement of delinquent child by Division of Child and Family Services; requirements for changing placement of child.
Except as otherwise provided in chapter 62E of NRS, if the juvenile court commits a delinquent child to the custody of the Division of Child and Family Services, the Division may, within the limits of legislative appropriation:

(a) If the child is at least 8 years of age but less than 12 years of age, place the child in any public or private institution or agency which is located within or outside this state and which is authorized to care for children. The child must not be placed in a facility.

(b) If the child is at least 12 years of age but less than 18 years of age, place the child in a facility or in any public or private institution or agency which is located within or outside this state and which is authorized to care for children.

3. The Division of Child and Family Services may change the placement of the child from any public or private institution or agency that is authorized to care for the child pursuant to this section to another public or private institution or agency that is authorized to care for the child pursuant to this section.

4. Before the Division of Child and Family Services may change any placement authorized by this section, the Division shall:

(a) Notify the parent or guardian of the child; and

(b) Obtain the approval of the juvenile court

C. Medical and Mental Health Transfers:

1. When a youth is in need of hospitalization, a staff member accompanies him/her and stays with the youth at least during admission or as directed by the Superintendent. The staff member will provide caring support to the youth and will take a copy of the parent’s Medical Release form authorizing him/her to provide consent to medical treatment for the facility pursuant to its custodial authority.

2. Emergency transfers for either medical or mental health reasons shall be in accordance with the policies already set forth in this manual and in accordance with written agreements between the facility administrator and a nearby hospital for all medical services that cannot be provided within the facility.

3. The Superintendent or his/her designee must be notified regarding all emergency medical and mental health transfers. The Superintendent shall notify the Deputy Administrator for DCFS Juvenile Services, the Chief of Youth Parole, and the youth’s parents or guardians as soon as possible after the youth leaves the facility, but in no case should notification of this transfer occur later than the next business day. The Deputy Administrator for DCFS Juvenile Services is responsible for notifying the Administrator of the Division of Child and Family Services as required. The Superintendent shall notify the Administrator in the Deputy Administrator’s absence.
D. Transfers to Adult Correctional Agencies:

The transfer of youth to adult correctional facilities shall be in accordance with the Federal Juvenile Justice and Delinquency Prevention Act of 2002.

E. Notification of Transfers:

The Deputy Administrator of Juvenile Services, the Chief of Youth Parole Bureau, the Unit Manager for Youth Parole and the youth’s Parole Officer, youth’s parents or legal guardians and Admission Team Lead are to be notified of transfers. The Deputy Administrator and the Chief of Parole shall be notified of a transfer prior to the transportation of any youth to another care provider. Every attempt shall be made to contact the youth’s parents or guardians. If contact is not made, then the youth’s parents or guardians shall be notified as soon as possible, within 24 hours after a transfer occurs. The Unit Manager for Youth Parole and the youth’s Parole Officer, and the Admission Team Lead will be notified within 24 hours after a transfer occurs.

F. Records to Accompany Transfer:

1. All copies of records related to: case management, education, and behavior shall accompany the youth being transported and shall be surrendered to the receiving agency to assist in their assessment and case planning process. The manual records will be marked “confidential” and will be transferred simultaneously with the youth, or at the latest, within 72 hours of the transfer. When any sections of the youth’s computerized records are transferred, security procedures must ensure confidentiality.

2. Summaries or copies of the medical records will be forwarded to the receiving facility prior to or at arrival. The medical records will be transferred according to HIPAA rules to safeguard this information from unauthorized and improper disclosure. The receiving facility’s qualified health care personnel is required to immediately review the medical records and complete a health screening form on all intra-system transfers. This is necessary for the detection of youth who pose a health and/or safety threat to themselves or others and who may require immediate medical attention.

G. Transfer of Medications:

Custody of medication procedures as outlined in the Medication Management Policy will be adhered to when youth are transferred.

H. This policy will be reviewed annually and revised as needed.