

Admissions and Placement Policy

DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE POLICY	
SUBJECT:	AB 472 Child Commitment, Admissions and Placement
POLICY NUMBER:	
EFFECTIVE DATE:	DRAFT #9-07.06.18
APPROVED BY:	John Muñoz, Deputy Administrator – Juvenile Justice Services
DATE:	
SUPERSEDES:	None
APPROVED BY:	Division of Child and Family Services
DATE:	
REFERENCES:	NRS 62B.625 ; NRS 62E.110 ; NRS 62E.525 ; NRS 63.140 ; NRS 63.400
ATTACHMENTS:	Imbedded links: Admissions Assessment Report ; Admissions Assessment Report Score Sheet

I. POLICY

The Division of Child and Family Services (DCFS) is responsible for providing youth correctional services which includes placing youth in the appropriate facility to meet their identified risks and needs while protecting the community.

II. PURPOSE

The purpose of this policy is to provide statewide uniform processes that determine the admissions procedures and appropriate placement for youths committed to DCFS. This policy is consistent with the relevant guidelines of the agency and the legal requirements of the State of Nevada for the care and protection of youth under its control.

III. DEFINITIONS

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

- A. [Admissions Assessment Report](#): An assessment that is used by the Youth Parole Bureau to help determine which state correctional facility is appropriate for the youth that has been committed by a juvenile court. The Admissions Assessment Report shall be used in conjunction with other documents and assessments to determine the most appropriate placement for an individual youth.
- B. [Admissions Assessment Report Score Sheet](#) -The scoring sheet that includes the results of the Admissions Assessment Report.

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- C. Admissions Team: A team composed of a Parole Unit Manager, the Superintendents of the three state facilities, the Assistant Superintendents, and the Youth Parole Clinical Program Manager who meet weekly to review each committed youth and determine the appropriate placement for each youth based on established procedures and guidelines.
- D. Commitment to the State: A child who fits all the criteria described in this policy and the juvenile court has ordered to the care and custody of the Division of Child and Family Services for correctional care.
- E. Community: A town, city or place where services can be obtained not restricted by County boundaries.
- F. Massachusetts Youth Screening Instrument version 2 (MAYSI-2): A mental health screening tool to assess immediate needs of youth in a secure setting.
- G. State Facility: A facility operated by the state for the detention, treatment, and rehabilitation of youth: Summit View Youth Center, the Nevada Youth Training Center, and Caliente Youth Center.
- H. YLS/CMI: Youth Level of Service/Case Management Inventory (YLS/CMI) is a tool designed to provide an initial estimate of the youth's risks and needs to identify the appropriate level of supervision and response and is to be completed bi-annually to reassess risk. Needs, and supervision level. However, a major event may warrant a reassessment at any time while the youth is in a facility or under supervision of parole.

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IV. PRACTICE GUIDELINES

A. Commitment to the State

1. The Juvenile Court must make two specific findings to commit a youth to the Division of Child and Family Services for correctional care. Both findings must be present in the committing order.
 - a. Appropriate alternatives that could satisfactorily meet the needs of the youth do not exist in the community OR were previously used to attempt to meet such needs and proved unsuccessful, and
 - b. The child poses a public safety risk based on the child's risk of reoffending, as determined by the YLS/CMI and the MAYSI-2
2. Once both specific findings are determined, the juvenile court notifies the Youth Parole Bureau and provides the court order and all relevant documents to the Bureau.
3. The Youth Parole Bureau shall review the documents received for accuracy. If the court order or any relevant documents are incomplete, the case shall be sent back to the juvenile court.
4. Once the court order and all relevant documents are complete, the Youth Parole Bureau shall begin the admissions process.

B. Admissions Process

1. Each youth committed to DCFS is assigned a Youth Parole Counselor and a Mental Health Counselor, within 5 (five) days from receiving the court ordered commitment and all relevant documentation.
2. Youth Parole Counselors shall meet with newly committed youth in detention within 30 days of case assignment and prior to the youth's transport to a state facility.
3. Mental Health Counselors shall complete, on each youth assigned, an Admissions Assessment, no more than two weeks after the date of assignment. The Admissions Assessment is used solely to help determine the most appropriate correctional placement for the youth. The results of the Admissions Assessment shall be documented on the Admissions Assessment Report Score Sheet which provides a numeric value that identifies the most appropriate placement for the youth.
4. The Admissions Unit Manager shall meet and review all relevant documents for the newly committed youth. Those documents include:
 - a. Admissions Assessment Report
 - b. Admission Assessment Report Score Sheet
 - c. Most recent YLS/CMI
 - d. Court Order and any additional court documents
 - e. Any other validated mental health screening or detailed mental health assessment for the youth, including any completed MAYSI -2 screenings

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5. Other factors that may be considered by the Admissions Unit Manager when making the placement recommendation include:
 - a. Programming options at each facility that align with a youth's risks or needs;
 - b. Placement of co-defendants, known associates, family members, or victims;
 - c. Medical needs of the youth;
 - d. Facility capacity;
 - e. Previous family engagement and family's ability to engage with a particular facility;
 - f. Recommendations of the Parole Counselor or Mental Health Counselor;
 - g. Success or struggle at previous correctional placement;
 - h. Age;
 - i. Special recommendations or considerations requested by the committing District Court Judge;
 - j. Any other such factors as deemed necessary with a justification from the Admissions Unit Manager.
6. The Admissions Unit Manager shall make an initial determination of the best placement for the youth. An email shall be sent to the identified Superintendent and Assistant Superintendent who shall review the information on the youth. If the youth is accepted by the recommended facility, that facility shall add that youth to the Admissions Summary Report. If the Superintendent does not agree with the initial determination, the Superintendent shall request an Admissions Call per the Admissions SOP. During that call, the youth shall be staffed, and a correctional placement shall be identified.
7. Once the Admissions Team determines placement, the appropriate authority shall be notified, and the transportation process shall begin.
8. The Youth Parole Counselor is responsible for adding the placement into Caseload Pro in the Placement Screen.
9. The Youth Parole Counselor must maintain contact per the Supervision Policy with the youth while they are in placement. All contacts are to be documented in Caseload Pro as an Activity.
10. The Youth Parole Counselor shall end the placement on the Placement Screen upon discharge from the facility and add a new status of "on parole" in Caseload Pro.

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ADMISSIONS ASSESSMENT REPORT SCORE SHEET

This form is to be completed by the Admissions Unit Manager.

NAME: _____

DATE: _____

I. MOST SERIOUS COMMITTING OFFENSE:

TOTAL: _____

- | | |
|-------------|---|
| A. Highest | 7 |
| B. High | 5 |
| C. Moderate | 3 |
| D. Low | 1 |
| E. None | 0 |

II. MOST SERIOUS PAST OFFENSE:

TOTAL: _____

- | | |
|-------------|---|
| A. Highest | 7 |
| B. High | 5 |
| C. Moderate | 3 |
| D. Low | 1 |
| E. None | 0 |

III. CURRENT WEAPONS INVOLVEMENT:

TOTAL: _____

- | | |
|-------------|---|
| A. Highest | 7 |
| B. High | 5 |
| C. Moderate | 3 |
| D. Low | 1 |
| E. None | 0 |

IV. PRIOR WEAPONS INVOLVEMENT:

TOTAL: _____

- | | |
|-------------|---|
| A. Highest | 7 |
| B. High | 5 |
| C. Moderate | 3 |
| D. Low | 1 |
| E. None | 0 |

V. PRIOR ASSAULTIVE BEHAVIOR*:

TOTAL: _____

- | | |
|-------------|---|
| A. Highest | 7 |
| B. High | 5 |
| C. Moderate | 3 |
| D. Low | 1 |
| E. None | 0 |

VI. CURRENT MISCONDUCT WHILE DETAINED*:

TOTAL: _____

- | | |
|-------------|---|
| A. Highest | 7 |
| B. High | 5 |
| C. Moderate | 3 |

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D. Low	1	
E. None	0	
VII. <u>PEER RELATIONSHIPS:</u>		TOTAL: _____

A. Highest	7
B. High	5
C. Moderate	3
D. Low	1
E. None	0

VIII. <u>PRIOR ESCAPES/RUNAWAYS*:</u>		TOTAL: _____
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A. Highest	7
B. High	5
C. Moderate	3
D. Low	1
E. None	0

IX. <u>SELF-HARM / SUICIDAL BEHAVIOR:</u>		TOTAL: _____
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A. Highest	7
B. High	5
C. Moderate	3
D. Low	1
E. None	0

X. <u>RISK FOR VIOLANCE:</u>		TOTAL: _____
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A. Highest	7
B. High	5
C. Moderate	3
D. Low	1
E. None	0

ASSESSMENT TOTAL: _____

GUIDELINE FOR PLACEMENT DECISION

Score	Placement Options
0-19	CYC
20-30	CYC or NYTC
31-39	NYTC
40-50	NYTC or SVYC
51-70	SVYC

If a youth scores highest in an area with an "", youth may be considered for SVYC regardless of total score.

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BRIAN SANDOVAL

Governor

ROSS ARMSTRONG
Administrator

RICHARD WHITLEY
Director

JOHN MUÑOZ
Deputy Administrator

STATE OF NEVADA



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
JUVENILE JUSTICE SERVICES**

Admissions Assessment Report		
Name:	Gender:	Date of Birth:
Current Age:	Place of Birth:	Ethnicity:
Youth Email:		
Committing Court:	Date of Commitment:	Assigned YPC:
Native American Yes <input type="checkbox"/> No <input type="checkbox"/>	Height:	Primary Language:
Enrolled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Weight:	Youth: Parents:
Tribe:		
Co-Custody: Yes <input type="checkbox"/> No <input type="checkbox"/>		Case Number:
If yes, who is the worker?		
Evaluator, Interview Date:		

Family Information	
Biological Mother:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Custodian	
<input type="checkbox"/> Yes <input type="checkbox"/> No In the Home	
Address:	
Telephone:	Email:
Employment:	
Ethnicity:	
Biological Father:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Custodian	
<input type="checkbox"/> Yes <input type="checkbox"/> No In the Home	
Address:	
Telephone:	Email:
Employment:	
Ethnicity:	

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Step-Parent(s):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Custodian
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the Home
Address:	
Telephone:	Email:
Employment:	
Ethnicity:	

Other (please specify, i.e., Grandmother, etc.):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Custodian
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the Home
Address:	
Telephone:	Email:
Employment:	
Ethnicity:	
Siblings (Name, Age, Location):	

Committing Offense(s): Court Order(s):

Index of Assessment Sections:

- I** Risk Categories
- II** Criminal/Legal History
- III** Attitude/Behavior
- IV** Peers/Relationships
- V** Family/Home
- VI** Substance Abuse
- VII** Mental Health
- VIII** Health/Medical
- IX** Education
- X** Skills/Interests/Recreation

I. Risk Categories

1. Most Serious Committing Offenses: Choose an item.

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This section refers to adjudicated offenses only. Do not count those offenses that were amended, denied or dismissed. Refer to the Category of Offenses attachment.

- Highest:** Any crime identified as a Category A or B Felony Offense.
High: Any crime identified as a Category C or D Felony Offense.
Moderate: Any crime identified as a Category E Felony or Gross Misdemeanor Offense.
Low: Any crime identified as a Misdemeanor or other Offense.

Describe Committing Offense (*Describe the circumstance as surrounding the committing offense including other charges that may have been dismissed or denied*):

2. Most Serious Past Offenses:

Choose an item.

This section refers to all prior adjudicated charges. Do not count those offenses that were amended, denied or dismissed. Refer to the Category of Offenses attachment.

- Highest:** Any crime identified as a Category A or B Felony Offense.
High: Any crime identified as a Category C or D Felony Offense.
Moderate: Any crime identified as a Category E Felony or Gross Misdemeanor Offense.
Low: Any crime identified as a Misdemeanor or other Offense.
None: No prior offenses.

Describe Significant Past Offenses:

3. Current Weapons Involvement:

Choose an item.

This section refers to the committing offense. Do not count those offenses that were amended, denied or dismissed.

- Highest:** Charge of Possession/Use of a Firearm(s)
High: Charge of Possession/Use of Deadly Weapon(s)
Moderate: Charge of Possession/Use of Other Weapon(s)
None: No Weapons Involvement

Describe Weapons Charges (*Describe the circumstances surrounding the weapons charges*):

4. Prior Weapons Involvement:

Choose an item.

This section refers to prior adjudicated charges. Do not count those offenses that were amended, denied or dismissed.

- Highest:** Charge of Possession/Use of a Firearm(s)
High: Charge of Possession/Use of Deadly Weapon(s)
Moderate: Charge of Possession/Use of Other Weapon(s)
None: No Weapons Involvement

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Describe Weapons Charges (Describe the circumstances surrounding the weapons charges):

5. Prior Assaultive Behavior within the Past 12 months: Choose an item.

Include charges that were adjudicated. Do not count those offenses that were amended, denied or dismissed unless information is supported by a reliable source, such as parents, school, court report, or previous probation officer.

- Highest:** Battery with serious bodily harm; Sexual Assault; Assault or Battery with a Weapon; Assault or Battery on an authority figure.
- High:** Battery that occurred in Detention; 2 or more Battery charges in the community, or fighting in a staff secure program that leads to failing that program.
- Moderate:** Assault or Battery charge in the community; write ups in a staff secure program like Spring Mountain or China Spring for fighting or for making threats towards peers or staff.
- Low:** Fights resulting in injury to others or suspension from school.
- None:** No prior assaultive behavior noted.

Describe Prior Assaultive Behavior:

6. Current Misconduct Reports While Detained: Choose an item.

Include information obtained from the Detention Staff and/or current court report.

- Highest:** Assault or Battery on authority figure in detention.
- High:** Assault or Battery on a peer where formal charges were filed; 2 or more incidents where the youth had to be placed in physical restraints or physically held by detention or program staff members, or placed on closed status more than three times due to not following the rules of the detention center.
- Moderate:** Assault or Battery on another youth with no formal charges filed (formal consequence within the detention setting) or an incident where the youth had to be in physical restraints or physically held by detention or program staff members on only one occasion for not following the rules of the detention center.
- Low:** One incident when the youth lost level or was written up in the detention log or the behavior was reported to superiors for violating detention rules.
- None:** No current aggressive behavior noted or reported and youth had not earned a consequence for breaking detention rules.

Explain Misconduct in Detention:

7. Peer Relationships: Choose an item.

Include information gathered from court report, parents, youth, school or previous probation officer.

- Highest:** Youth is in a gang or youth primarily associates with adults.
- High:** The majority of youth's friends are on probation or parole.
- Moderate:** Friends are negative influence and/or companions involved in delinquent behavior.
- Low:** Friends are a mix of positive and negative influences.
- None:** No friends on probation or parole and has primarily non-delinquent friends.

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Describe Peer Relationships:

8. *Prior Escapes or Runaways:*

Choose an item.

Score based on behavior within the last 12 months. Information may be collected from the youth, parents, foster parents, court reports or the previous probation officer.

- Highest:** Escape or Attempted Escape from a secure facility (including staff-secure). Youth must have escaped from the actual premises or attempted to escape.
- High:** Panning an Escape from a secure or staff-secure facility. Runaway or escape while on furlough from a staff-secure facility such as Spring Mountain Youth Camp, China Spring, Aurora Pines, or an RTC program like Willow Springs or Spring Mountain, or from a non-secure program where the youth was in a Court-ordered placement.
- Moderate:** Runaway from a non-secure facility such as a drug treatment program or group or foster home; Runaway from parents' home three or more times and where the youth ran away from home for more than 24 hours during one of the runs; runaway from parents' home and gone for more than 7 days.
- Low:** Runaway from parents' home less than 3 times
- None:** No runaway behavior noted.

Describe Escape or Runaway Behavior:

9. *Self-harm/Suicidal Behavior:*

Choose an item.

Information may be collected from reliable sources such as parents, youth, teachers, staff, previous or current court reports or the previous probation officer.

- Highest:** Youth has made a suicide attempt within the past year, is having current suicidal ideations or has a history of delusions or hallucinations within the past year.
- High:** Youth has had suicidal ideations within the past year but is not currently experiencing ideations, youth did attempt suicide over 1 year ago, or youth is currently presenting with self-mutilating behavior.
- Moderate:** Youth participated in self-mutilating behavior over 1 year ago.
- Low:** Youth has been prescribed medication or has been taken off medication within the past month.
- None:** Youth does not present with any self-harmful or suicidal behavior.

Describe Self-Harm or Suicidal Behavior:

10. *Risk for Violence:*

Choose an item.

Based on the interview, file documents, school, parent or police reports.

- Highest** History of violent acts (i.e., violence sufficiently severe to cause injury or committed with a weapon) prior to age eleven and has a history of serious aggression. In addition there is a history of substance abuse, associations with a delinquent peer group or has lived in a family that holds significant antisocial views (i.e., history of imprisonment, multiple arrests, or history of physical

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- aggression by the parent's), currently holds antisocial thought patterns and has a history of school or family problems.
- High:** History of violent acts (i.e., violence sufficiently severe to cause injury or committed with a weapon) between the ages of eleven and fourteen, recent history of substance abuse, as well as a history of serious violent actions since turning fourteen. In addition, associated with an antisocial peer group or there is a family history that indicates members held antisocial views, and the youth currently holds antisocial views, and was a history of school or family problems.
- Moderate:** History of violent acts (i.e., violence sufficiently severe to cause injury or committed with a weapon) since turning fourteen, current substance abuse history, antisocial peer group association, history of family or school problems.
- Low:** No history of violence, but associated with a negative peer group and abuses substances.
- None:** No history of violence has positive peer influence, and little or no abuse of substances.

Additional Comments on Risk Categories:

II. Criminal/Legal History

1. First Referral to Probation:

Age:
Type of offense:

First Adjudicated Offense:

Age:
Type of offense:

2. Probation Services

(Include Placements, Programs):

Additional Comments:

III. Attitude/Behavior

1. Aggression/Violence

- Yes No Entertains thoughts of violence
- Yes No Has access to firearms
- Yes No Reckless use of weapons
- Yes No Destruction of property
- Yes No Cruelty to animals
- Yes No Fire setting
- How old were you when you stopped wetting the bed?

If yes to any, Describe:

2. Anger

Minor's self-evaluation:

What does youth do when angry?

What's the most violent thing you've ever done?

Have you ever been bothered by something you have done?

Additional Comments:

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3. Sexual Behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No Exchanged Sex for Money If yes, Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Act as a Procurer/Madam If yes, Describe: Additional Comments:
4. Truthfulness	<input type="checkbox"/> Yes <input type="checkbox"/> No Do you view yourself as a good liar? If yes, what happens when you get caught in a lie? Additional Comments:

Additional Comments on Attitude/Behavior:

IV. Peers/Relationships

1. Who has been a positive influence for you? What do you think they like most about you?	Who: Like:
2. Do you have a girlfriend, boyfriend? Children?	<input type="checkbox"/> Yes <input type="checkbox"/> No Significant other(s): <input type="checkbox"/> Yes <input type="checkbox"/> No Children, Ages: Additional Comments:
3. Sexual Orientation	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender <input type="checkbox"/> Uncertain Additional Comments:
4. Youth's identification (label) of type of group most association with	<input type="checkbox"/> Yes <input type="checkbox"/> No Gang (<i>name</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No Tagging Crew: <input type="checkbox"/> Yes <input type="checkbox"/> No Jumped in? When/By Whom: <input type="checkbox"/> Yes <input type="checkbox"/> No Moniker: <input type="checkbox"/> Yes <input type="checkbox"/> No Tattoos: <input type="checkbox"/> Yes <input type="checkbox"/> No Adults: <input type="checkbox"/> Yes <input type="checkbox"/> No Other (name or identifier-Smokers, Dopers, Jocks, Skaters, etc.):

Additional Comments on Peers/Relationships:

V. Family/Home

1. Youth's regular living situation:	<input type="checkbox"/> Living with family
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	<input type="checkbox"/> Living in Foster/group home <input type="checkbox"/> Independent Living <input type="checkbox"/> Other- Describe Length of time living in current foster home, relative, etc.:																																																							
2. Youth's perception of family support:	Who, How:																																																							
3. Youth has a good relationship with: <i>(check all that apply)</i>	<input type="checkbox"/> Father/male caretaker <input type="checkbox"/> Mother/female caretaker <input type="checkbox"/> Sibling <input type="checkbox"/> Extended family <input type="checkbox"/> No one																																																							
4. What kind of things does your family fight about:	Describe:																																																							
5. Quality of parental relationship: <i>(Per youth)</i>	<input type="checkbox"/> Consistent love, caring, and support <input type="checkbox"/> Inconsistent love, caring and support <input type="checkbox"/> Indifferent, uncaring, uninterested, unwilling to help <input type="checkbox"/> Hostile toward youth, berated and belittled Additional Comments:																																																							
6. Problems of family members: <i>(Per youth)</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">Mother</th> <th style="width: 10%;">Father</th> <th style="width: 10%;">Sib</th> <th style="width: 10%;">Other</th> </tr> </thead> <tbody> <tr><td>No problems</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Alcohol/Drugs</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Deceased</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Employment</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Financial</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Jail/Imprisonment</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Mental Health</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Physical Health</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Recovery</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="5">Additional Comments:</td></tr> </tbody> </table>		Mother	Father	Sib	Other	No problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol/Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jail/Imprisonment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional Comments:				
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Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																				
Additional Comments:																																																								
7. CPS History:	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: Additional Comments:																																																							
8. Runaways or times kicked out of home	Number of runaways: Longest time gone: Times kicked out:																																																							
9. Parental supervision: <i>(Parenting role includes rule enforcement, supervision, behavioral consequences and appropriate methods of discipline)</i>	Youth's Narrative:																																																							
10. Religion:	Do you or your family have a religious preference? Additional Comments:																																																							

Additional Comments on Family/Home:

VI. Substance Abuse

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1. Has anyone ever expressed a concern about youth's drug/alcohol use?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who:
2. Has youth ever used drugs or alcohol before or during school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has youth ever:	<input type="checkbox"/> Yes <input type="checkbox"/> No Sold Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No Exchanged drugs for physical protection <input type="checkbox"/> Yes <input type="checkbox"/> No Exchanged in sexual behaviors for drugs Additional Comments:
4. Does youth think that drugs/alcohol create a problem for him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
5. List three negative effects of alcohol/drug usage (according to youth):	1.
	2.
	3.
6. Has the youth ever experienced the following?	<input type="checkbox"/> Yes <input type="checkbox"/> No Black out
	<input type="checkbox"/> Yes <input type="checkbox"/> No Passing out
	<input type="checkbox"/> Yes <input type="checkbox"/> No Vomiting
	<input type="checkbox"/> Yes <input type="checkbox"/> No Hangover
7. Has the youth had any prior services for drugs or alcohol? <i>(See Mental Health section for diagnosis, residential and/or outpatient services)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe (<i>when, where, detail</i>):
8. Substance(s) Used	1st Used Describe Use:
1. Choose an item.	
2. Choose an item.	
3. Choose an item.	
4. Choose an item.	
5. Choose an item.	
6. Choose an item.	
7. Choose an item.	
8. Choose an item.	
9. Choose an item.	
10. Choose an item.	
11. Choose an item.	
12. Choose an item.	

Additional Comments on Substance Abuse:

VII. Mental Health	
1. Present or Prior Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	<input type="checkbox"/> Yes <input type="checkbox"/> No Inpatient <input type="checkbox"/> Yes <input type="checkbox"/> No Outpatient <input type="checkbox"/> Yes <input type="checkbox"/> No Diagnosis (<i>Dr. & date</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No Helpful? If yes, Describe (<i>focus of treatment, most current, specifics</i>): Additional Comments:
2. Suicidal Ideation	<input type="checkbox"/> Yes <input type="checkbox"/> No Current suicidal ideation Additional Comments:
3. History of Suicide	<input type="checkbox"/> Yes <input type="checkbox"/> No Currently on suicide watch? <input type="checkbox"/> Yes <input type="checkbox"/> No Been on suicide watch in the past: If yes, when and where: <input type="checkbox"/> Yes <input type="checkbox"/> No History of Suicide Threats <input type="checkbox"/> Yes <input type="checkbox"/> No History of Suicide Attempts <input type="checkbox"/> Yes <input type="checkbox"/> No Recent History of Suicide Attempts (past 12 months): <input type="checkbox"/> Yes <input type="checkbox"/> No Single attempt: If no, number of attempts: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical care received <input type="checkbox"/> Yes <input type="checkbox"/> No Have you recently lost someone close to you from suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a member of your family ever attempted suicide or committed suicide? Additional Comments:
4. Self-Harm	<input type="checkbox"/> Yes <input type="checkbox"/> No Current (<i>provide as much detail as possible, method, plan</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No History of Attempts (<i>provide as much detail as possible</i>): Additional Comments:
5. Homicidal Ideation	<input type="checkbox"/> Yes <input type="checkbox"/> No Current violent or homicidal ideation <input type="checkbox"/> Yes <input type="checkbox"/> No Has physically attacked someone: <input type="checkbox"/> Yes <input type="checkbox"/> No Serious Injury <input type="checkbox"/> Yes <input type="checkbox"/> No Has threatened to harm someone <input type="checkbox"/> Yes <input type="checkbox"/> No Has been stalking or harassing someone Additional Comments:
6. Concentration/Attention	<input type="checkbox"/> No issue <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty staying on task <input type="checkbox"/> Easily distracted <input type="checkbox"/> Has youth ever been evaluated? Additional Comments:
7. Mental Status: Check any areas of concern and provide additional information	
<input type="checkbox"/> Appearance - <input type="checkbox"/> Behavior - <input type="checkbox"/> Thought Content - <input type="checkbox"/> Memory - <input type="checkbox"/> Perception -	<input type="checkbox"/> Affect - <input type="checkbox"/> Moods - <input type="checkbox"/> Sleep disturbance - <input type="checkbox"/> Appetite/eating disturbance - <input type="checkbox"/> Weight change -

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<input type="checkbox"/> Intellectual functioning - <input type="checkbox"/> Hopelessness/helplessness - <input type="checkbox"/> Panic attacks - <input type="checkbox"/> Agitation -	<input type="checkbox"/> Energy Insight <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
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Additional Comments on Mental Health Information:

VIII. Health/Medical	
1. Current health concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:
2. Prior surgeries/hospitalizations	<input type="checkbox"/> Yes <input type="checkbox"/> No Surgeries If yes, Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Hospitalizations If yes, Describe:
3. History of trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No Head Trauma <input type="checkbox"/> Yes <input type="checkbox"/> No Sexual Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No Physical Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No Victim of Violence What's the most violent thing you've ever seen and/or experienced? If yes, Describe:
4. History of seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:
5. Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:
6. Medications (Psychiatric/Medical)	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: <input type="checkbox"/> Yes <input type="checkbox"/> No Prior Medication(s) Name: Additional Comments:
7. Dental problems Hearing Problems Eye Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Glasses Additional Comments:
8. Medical Insurance Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No Medicaid (Describe): <input type="checkbox"/> Yes <input type="checkbox"/> No Private Plan (Describe): <input type="checkbox"/> Yes <input type="checkbox"/> No Other (Describe): <input type="checkbox"/> Yes <input type="checkbox"/> No Guardian Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No Guardian returned call at time of assessment

Additional Comments on Health/Medical:

Admissions and Placement Policy

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IX. Education

1. Current School Information	<input type="checkbox"/> Graduated, Date: <input type="checkbox"/> GED Obtained, Date: <input type="checkbox"/> Dropped Out, Date: <input type="checkbox"/> Yes <input type="checkbox"/> No Regularly attending school Last enrolled at: Current Grade Level: Credits/Grades: Additional Comments:
2. Special Education	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Learning <input type="checkbox"/> Behavior <input type="checkbox"/> Other: <input type="checkbox"/> Yes <input type="checkbox"/> No IEP Additional Comments:
3. Value of education?	<input type="checkbox"/> Yes getting an education is important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Does not think it is important <u>Educational Goals:</u> <input type="checkbox"/> GED <input type="checkbox"/> Military <input type="checkbox"/> Diploma/Graduation <input type="checkbox"/> Job/Corp <input type="checkbox"/> Trade School <input type="checkbox"/> Other <input type="checkbox"/> College <input type="checkbox"/> Doesn't Know Additional Comments:
4. What subjects/classes do you like?	Subject/Class:
5. Youth's conduct in school: <i>(check all that apply)</i>	<input type="checkbox"/> No problems <input type="checkbox"/> Fighting, threatening students/staff <input type="checkbox"/> Overly disruptive behavior <input type="checkbox"/> Drugs/alcohol use (at school) <input type="checkbox"/> Crimes – theft, vandalism, graffiti <input type="checkbox"/> Lying, cheating, dishonesty <input type="checkbox"/> Insubordination <input type="checkbox"/> Truant Additional Comments:
6. History of suspensions and expulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No Suspensions <input type="checkbox"/> Yes <input type="checkbox"/> No Expulsions Additional Comments:
7. Youth involved in school activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:
8. Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No Current employment, Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Prior employment, Describe: Employment goals: Additional Comments:

Additional Comments on Education:
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N. Skills/Interests/Recreation

1. Skill/Interest/Recreation	What do you like to do for fun? Any family recreation, activities?
2. Youth:	<input type="checkbox"/> Prefers spending free time with others <input type="checkbox"/> Prefers spending free time alone <input type="checkbox"/> More likely to observe than participate <input type="checkbox"/> More likely to participate than observe

Additional Comments:

Evaluator's Signature: _____ Date: _____

Length of Stay and Release Policy

	DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE POLICY
SUBJECT:	Length of Stay and Release Policy
POLICY NUMBER:	
EFFECTIVE DATE:	Draft #7- 7.6.18
APPROVED BY:	John Muñoz, Deputy Administrator -- Juvenile Justice Services
DATE:	
SUPERSEDES:	None
APPROVED BY:	Administrator - Division of Child and Family Services
DATE:	
REFERENCES:	NRS 62B.625 ; NRS 62B.340 ; NRS 62E.525 ;
ATTACHMENTS:	Imbedded links: Case Plan; Conditions of Parole (COP); Length of Stay Guideline Matrix; Reentry Plan

I. POLICY

The Division and Child and Family Services (DCFS) shall project the length of stay of each youth placed for correctional services and prepare them for a successful release and smooth transition back into their community through a comprehensive re-entry process.

II. PURPOSE

The purpose of this policy is to establish uniform standards to project length of stay and reentry planning. These conditions are consistent with the relevant guidelines of the agency and the legal requirements of, for the care and protection of youth under its control.

III. DEFINITIONS

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

- A. Aftercare: Comprehensive care of a youth following release from a facility including but not limited to conditions of parole, physical placement, education, mental health, physical health and employment.
- B. Caseload Pro: Is a secured web-based criminal justice software program that aids in the organization of data and case management based on client and Division needs.

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- C. **Case Management**: The coordination of services on behalf of committed youth, to assess, plan, implement, coordinate, monitor and evaluate the options and services required by each youth to meet their needs.
- D. **Case Plan**: A comprehensive and individualized plan for each youth that is developed by the state facilities in consultation with youth parole staff (if applicable), the youth, the youth's family/guardian, and all other individuals deemed appropriate and integral to the youth's life. This plan identifies the goals and objectives for each youth based on their identified needs.
- E. **Child and Family Team (CFT)**: A family-driven, youth-centered, collaborative service team, focused on the strengths and needs of the youth and family. The team consists of the youth (as appropriate), parents/guardian, service professionals, designated facility staff and the youth's assigned Youth Parole Counselor. The team may also consist of other family members, care providers, or individuals identified as being integral to the youth's environment.
- F. **Commitment to the State**: A child who fits all the criteria described in this policy and the juvenile court has ordered to the care and custody of the Division of Child and Family Services for correctional care.
- G. **Community**: A town, city or place where services can be obtained not restricted by County boundaries.
- H. **Conditions of Parole (COP)**: Written rules that explain to youth, who are under parole supervision, their responsibilities while they are on Parole status.
- I. **DCFS**: Division of Child and Family Services
- J. **Facility**: A facility operated by the state for the detention, treatment, and rehabilitation of youth: Summit View Youth Center, the Nevada Youth Training Center, and Caliente Youth Center.
- K. **Length of Stay**: The time a youth is scheduled to be housed at a state facility.
- L. **Length of Stay Guideline Matrix**: A tool to determine initial length of stay estimates, and ongoing length of stay modifications.
- M. **Mental Health Professional**: An individual who is licensed or otherwise authorized by the state to deliver mental health services.
- N. **Performance Based Standards (PbS)**: A program for juvenile justice agencies, facilities, and residential care providers to identify, monitor, and improve conditions and rehabilitations services provided to youths using national standards and outcome measures.
- O. **Reentry Plan**: A component of the Case Plan that identifies the requirements for the youth after release from a state facility.
- P. **Release**: The termination of a facility's physical custody and supervision responsibilities of a youth committed to the Division of Child and Family Services (DCFS) pursuant to [NRS 63.700 - NRS 63.740](#).
 - 1. Physical custody and supervision responsibilities end when:

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- a. The youth exits a facility operated vehicle at a pre-determined location, or
 - b. The moment the youth leaves facility property, if not transported in a facility owned vehicle.
- Y. Release Date: Projected date of release that is projected through the length of stay determination process and reviewed as required. This date is inputted into Caseload Pro.
- Z. YLS/CMI: Youth Level of Service/Case Management Inventory (YLS/CMI) is a tool designed to provide an initial estimate of the youth's risks and needs to identify the appropriate level of supervision and response and is to be completed bi-annually to reassess risk, needs, and supervision level. However, a major event may warrant a reassessment at any time while the youth is in a facility or under parole supervision.

IV. PRACTICE GUIDELINES

A. Length of Stay Determination Process

1. Facility staff is responsible for projecting the length of stay and release date of youth committed to DCFS.
2. Facility staff may utilize the following to project length of stay:
 - a. Best practice guidelines;
 - b. Admissions Assessment Report;
 - c. Admissions Assessment Report Score Sheet
 - d. YLS/CMI Score;
 - e. [Length of Stay Guideline Matrix](#) and release criteria based on the youth's risk of reoffending; and
 - f. The seriousness of the act for which the youth was adjudicated delinquent.
3. The Superintendent is responsible for making the final determination on the projected release date and for inputting that date into Caseload Pro. The Superintendent may designate a staff person to input the determined release date into Caseload Pro.

B. Ongoing review of length of stay:

1. Facility staff shall review the youth's projected length of stay/release date against their progress towards their treatment program and their identified goals no less than once every three months.
2. Facility staff may utilize the following to review projected length of stay/release date in addition to their progress towards their treatment program and their identified goals:
 - a. Best practice guidelines;
 - b. [Length of Stay Guideline Matrix](#) and release criteria based on the youth's risk of reoffending;
 - c. Most current YLS/CMI;
 - d. The seriousness of the act for which the youth was adjudicated delinquent; and
3. Facility staff may make recommendations to the Superintendent for an adjustment or modification to the projected length of stay/release date.

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4. The Superintendent is responsible for making the final determination on any adjustments or modifications of the projected release date and for inputting that date into Caseload Pro. The superintendent may designate a staff person to input the adjusted or modified release date into Caseload Pro.

C. Reentry Process:

1. The reentry process shall begin at the time of commitment to DCFS. The assigned Youth Parole Counselor will explain the commitment and reentry process to both the youth and their parent/or guardian. This process shall also be available in writing.
2. Facility staff shall have access to all the information available for a youth to project length of stay as well as to provide the most appropriate programs and services for the youth.
3. Youth shall identify individualized goal/s which may be listed on the YLS/CMI or any assessment provided to the youth.
4. A CFT meeting for reentry planning must be held at least 30 days before a youth's scheduled release from a state facility.
5. The meeting shall be attended by:
 - a. The youth;
 - b. A parent/guardian;
 - c. The Youth Parole Counselor;
 - d. The Superintendent or designee of the facility;
 - e. A Mental Health Counselor; and
 - f. Appropriate community providers such as a representative from a non-family placement.
6. The CFT will complete the reentry plan, which shall be a component of the case plan. The reentry plan shall include:
 - a. A detailed description of the youth's progress towards their treatment program and individualized goals. Specifically, the plan will address progress in the following areas: education, counseling, and treatment;
 - b. A plan for the continued education, counseling, and treatment of the youth upon their release;
 - c. A plan to address any needs that may arise as part of the transition process;
 - d. Identification of the level of supervision and the requirements for supervision;
 - e. A plan for engagement of the youth's family or guardian and outside activities;
 - f. A list of referrals necessary upon release; and
 - g. The community placement of the youth.
7. The Youth Parole Counselor shall ensure all elements of the reentry plan are in place prior to the youth's release from the facility including, but not limited to:
 - a. Securing an appropriate placement for the youth,
 - b. Scheduling of medical and/or mental health appointments,

Length of Stay and Release Policy

- c. Securing health insurance for youth who are being paroled to a community placement,
 - d. Ensuring the youth is enrolled in an education program or training, and
 - e. Assisting the youth in identifying possible avenues of employment.
8. The CFT shall identify potential victim issues when attempting to locate the appropriate community placement and completing the reentry plan. Victims issues may include the alleged victims of the youth or the victimization of the youth.
 9. The Youth Parole Counselor shall ensure that the family, legal guardian, or other community placement participates in the youth's aftercare program by including them in the reentry planning process.
 10. The Youth Parole Counselor shall ensure that the family, legal guardian, or other community placement is aware of the assessed risks and needs of the youth upon reentry.
 11. The Youth Parole Counselor shall ensure compliance with court orders related to scheduling pre or post release hearings, prior to the youth's release from the facility.

D. Release procedures:

1. The youth's projected release date, and any changes to the release date thereof, shall be entered into Caseload Pro by designated facility staff. The projected release date shall drive the reentry planning process, which shall begin at least 30 days prior to the release date.
2. The reentry plan shall be written with language that the youth and their parent/guardian/family or legal guardian can clearly understand and is culturally appropriate.
3. The Superintendent of the facility and the Chief of the Youth Parole Bureau shall set the date of the child's release on parole not later than 30 days after the superintendent has given the Chief a notice of intent to parole the child (NRS 63.720.2).
4. The facility shall establish a procedure for the return or transfer of the youth's personal property as part of their transition process.
5. The facility shall ensure secure transportation of the youth from the facility to a Youth Parole Bureau Office or other location as requested by the Chief of Parole.
6. All youth shall be released in appropriate clothing. Drug, alcohol, or gang related clothing is prohibited. Clothing shall be appropriate for the weather at the time of release.
7. In the event a youth is being released to an out of state placement, facility and parole staff shall follow the requirements of the Interstate Compact on Juveniles (ICJ).
8. The Youth Parole Counselor shall meet with the youth and their parent/guardian/family or legal guardian at the time of release.

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9. The facility shall ensure the Performance Based Standards (PbS) Youth Exit Survey is completed by the youth prior to release.
10. Youth Parole shall ensure the PbS Family Survey is completed and returned to the facility within two weeks of release.
11. Facility staff and Youth Parole shall comply with DCFS-JJS 400.021 Medication Administration and Management when releasing a youth on medications.
12. If the release process is hindered or terminated, the superintendent or designee shall document the reason for the delay of release or termination of release in Caseload Pro.
13. The Superintendent or designee shall document the actual release date, time, and reason in Caseload Pro.

V. DATA REQUIREMENTS

- A. Facility staff must gather and provide the actual length of stay, in days, of all youth released on parole.
- B. Facility staff must gather and provide the actual length of time, in days, from the initial reentry planning meeting as compared with the documented release date.
- C. Facility staff must gather and provide information on who is in attendance, in person or by phone or video, at the initial reentry planning meeting.
- D. Youth Parole staff must gather and provide actual length of stay, in days of all youth successfully terminated off parole.
- E. Facility staff must gather and provide information on the percentage of youth with family participation at first the CFT.
- F. Facility staff must gather and provide information on the percentage of youth whose case plan includes family participation.
- G. Facility staff must gather and provide information on the percentage of family surveys completed.
- H. Facility staff must gather and provide information on the assessed risk level of all youth who enter the facility.
- I. Facility staff must gather and provide information on the assessed MAYSI-2 score of all youth who enter the facility.
- J. Facility staff must gather and provide information on the type and number of disciplinary action(s) taken in the facility.

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- K. Facility staff must gather and provide information on the type(s) of educational/vocational training provided in the facility.
- L. Facility staff must gather and provide information on the services by type provided at the facility.

VI. PROCEDURES

- A. Each facility shall develop Standard Operating Procedures consistent with this policy.
- B. The Youth Parole Bureau shall develop Standard Operating Procedures consistent with this policy.
- C. The facilities [Length of Stay Guideline Matrix](#) and release criteria based on the youth's risk of reoffending shall be submitted to the Deputy Administrator any time it is reviewed, adjusted, or modified pursuant to this policy.

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Date Completed _____

Next Case Plan Re-Entry Plan Due Date: _____

Choose an item.

Choose an item **Case Plan/Re-Entry Plan**

Demographics	
Youth's Name:	Arrival Date:
Date of Birth:	Release Date:
Parent/ Guardian:	Choose an item.
Case Manager:	Youth Parole Counselor: Choose an item.

YLS Assessment

Prior and current offenses Choose an item.	Family Choose an item.	Education Choose an item.	Peers Choose an item.	Substance Abuse Choose an item.	Leisure/Recreation Choose an item.	Personality Behavior Choose an item.	Attitudes Orientation Choose an item.
--	----------------------------------	-------------------------------------	---------------------------------	---	--	--	---

Overview of Status
<p>Programs:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Aggression Replacement Training (ART) <input type="checkbox"/> Forward Thinking <input type="checkbox"/> WGMH <input type="checkbox"/> IP <input type="checkbox"/> HDF <input type="checkbox"/> RC <input type="checkbox"/> F <input type="checkbox"/> SUB <input type="checkbox"/> VA <input type="checkbox"/> RP <input type="checkbox"/> RB </div> <div style="width: 50%;"> <input type="checkbox"/> Social Skills <input type="checkbox"/> Coping Skills <input type="checkbox"/> Shame Group <input type="checkbox"/> Life Skills <input type="checkbox"/> Living Free <input type="checkbox"/> Auto Tech <input type="checkbox"/> Trauma Stress and Resilience <input type="checkbox"/> Serve Safe </div> </div> <input type="checkbox"/> Job Readiness <input type="checkbox"/> Performance Behavioral Interventions & Support (PBIS) <input type="checkbox"/> Check in Check Out (CICO) <input type="checkbox"/> Large Muscle <input type="checkbox"/> Re- Entry <input type="checkbox"/> Substance Abuse Phase I <input type="checkbox"/> <u>YourSpace</u> <input type="checkbox"/> Domestic Violence (DV) <input type="checkbox"/> DBT <input type="checkbox"/> Anger Management
<p>Summary of Progress in Program: (Peer associations negative peers, lack of prosocial peers, violent, aggressive or assaultive behavior)</p>

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Mental Health Summary
Diagnosis: Diagnosed By: Date Diagnosed:
Mental Health Program Completed: Mental Health Goals Addressed:
Substance Abuse Programs Completed: Substance Abuse Goals Addressed:
Special Court Orders: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes List:
Summary of Mental Health Progress: (Moral reasoning antisocial thinking, attitudes, values and beliefs)
Recommendations for Re- Entry/ Referrals for follow up care

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Physical /Developmental Health

Evaluations Performed:

Summary of Services Provided

Medical:

Psychiatric:

Dental:

Current / Past Medications:

Name:	Dosage:	Time Given:	Use:	Date:	Date Discontinued

Recommendations for Re- Entry

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Education/ Vocation Summary

Graduated

YES NO

Graduated before entering Facility

Obtained diploma while at Facility

Type of diploma:

High School Diploma

Adjusted Diploma (Designated by IEP)

Adult Diploma /HISET

Credits earned while at Facility _____

Total credits earned to date: _____

Total credits remaining: _____

Zoned School at Release:

Name:

Address:

Education Programs Completed:

Vocation Programs Completed:

Summary of Progress in Education:

Academic (poor study skills, poor school performance and behavior, attendance problems)

Recommendations for Re- Entry

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Case Management

Documentation Obtained:

Yes No

Description of documentation:

Summary of family engagement:

(Parent participation in CFT's, number of phone calls, number of visits and orientation, poor parent / child relationship)

Summary of progress in Case Management:

Recommendations for Re-entry:

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Case Management Continued

Exit Assessment

- Good parental supervision
- Strong family ties
- Having a good relationship with a positive adult role model (teacher, mentor, coach)
- Strong community ties
- Engagement in school and activities
- Realistic career goals
- Employment skills
- Living skills

Case Management Plan

Goal#1	Means of Achievement
Goal#2	Means of Achievement
Goal#3	Means of Achievement
Goal #4	Means of Achievement

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Fiscal

Property at Facility

YES NO

Description of Property:

DRAFT

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Parole
PO:
Reporting agency:
First day to report
Community Service Hours <input type="checkbox"/> YES <input type="checkbox"/> NO
Restitution Owed <input type="checkbox"/> YES <input type="checkbox"/> NO
Number of hours to complete _____
Dollar amount owed _____

Placement/Housing:
Natural Supports:
Community Supports:
Additional Information:

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X

Parent/ Guardian

Date:

X

Parole

Date:

X

Mental Health

Date:

X

Facility Case Manager

Date:

X

Superintendent

Date:

X

Medical Staff

Date:

X

Education

Date:

Length of Stay and Release Policy

**IN THE EIGHTH JUDICIAL DISTRICT COURT OF THE
STATE OF NEVADA IN AND FOR
THE COUNTY OF CLARK
JUVENILE DIVISION**

I. In The Matter Of:

JOHN DOE

A Minor, 16 years of age.

Date of Birth:

Date Committed:

Date Paroled:

)
)
)
)
)
)
)
)
)
)
)

Case No: J-12-123456-D7

Dept: A

CONDITIONS OF PAROLE

THE ABOVE LISTED SUBJECT MINOR IS A WARD OF THE STATE OF NEVADA, DIVISION OF CHILD AND FAMILY SERVICES UNDER THE JURISDICTION OF THE NEVADA YOUTH PAROLE BUREAU.

CONDITIONS:

1. I WILL OBEY ALL OF THE LAWS OF THE UNITED STATES, STATE OF NEVADA AND ALL CITY AND COUNTY ORDINANCES.
2. I will cooperate with my Parole Counselor and follow her instructions.
3. I will meet with or report to my Parole Counselor at the Youth Parole Office, 6171 W Charleston Blvd., Bldg. 15, Las Vegas, NV 89146, telephone number (702) 486-9709, as follows:
 - A) I will contact my Parole Counselor, by telephone, once per week or as directed
 - B) I will report to the parole office at the times and dates as directed by my Parole Counselor.
4. I will reside with my mother, Ms. Mona Lisa, at 123 Yellowbrick Road, Las Vegas, Nevada 89101, telephone number (702) 555-1212 and will obey the rules and expectations of the home. If my Parole Counselor places me in any other community placement, I will likewise follow the rules of such placement. I understand that failure to maintain my placement constitutes a violation of my Parole.

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5. I will not leave Clark County, Nevada without written permission of my Parole Counselor.
6. I will comply with any special court orders and maintain a parole program of:
 - (A) Thirty (30) days house arrest;
 - (B) Full-time school attendance without behavioral or disciplinary problems, or working towards GED;
 - (C) Or full time employment or showing effort to gain employment;
 - (D) Attendance and cooperation with all counseling as directed by my Parole Counselor; and
 - (E) Payment of Court-Ordered Restitution (If so-Ordered) in a timely manner; and
 - (F) Driver's License is suspended/prohibited and cannot apply for another one for the duration of this term of parole, and
 - (G) Complete 200 hours community service, and
 - (H) I will follow and comply with all psychiatric/medical care as prescribed by my attending physician.
7. I will not own or operate a motor vehicle without the permission of my Parole Counselor. Proper licensing and insurance will be required in all cases. Permission is revocable.
8. I will not own, attempt to own, possess, attempt to possess or handle any firearm, dangerous or deadly weapon, or any explosive or incendiary device. These prohibited items include but are not limited to the following:

Firearm: any device designed to be used as a weapon from which a projectile may be expelled through a barrel by the force of any explosion or other form of combustion; any device used to mark the clothing of a person with paint or any other substance; and any device from which a metallic projectile, including any ball bearing or pellet may be expelled by means of spring, gas, air or other force.

Explosive or Incendiary Device: any explosive or incendiary material or substance that has been constructed, altered, packaged or arranged in such a manner that it's intended use would cause destruction or injury to life or property.

Dangerous or Deadly Weapon: any dirk, dagger, switchblade knife, nunchaku, trefoil, blackjack, billy club, metal knuckles or any other item designated as dangerous or deadly by my Parole Counselor.
9. I will not use or possess any alcohol or controlled substances, narcotic, dangerous or hallucinogenic drugs, as defined by law. This restriction also extends to the use or possession of any drug, chemical, poison or organic solvent, or any compound or combination of any drug, chemical, poison or organic solvent, in any manner contrary to the directions for use, cautions or warnings appearing on the label thereof, in order to create or induce a condition of intoxication, euphoria, hallucination or elation, or to

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- change, distort or disturb his or her eyesight, thinking processes, balance or coordination or to affect his or her central nervous system (including but not limited to salvia or any synthetic cannabinoid (i.e. "Spice", etc). I will submit to urinalysis or Breathalyzer testing upon demand of my Parole Counselor or their authorized representative.
10. I will submit to a search of my person, property, motor vehicle, and/or residence, at any time of the day or night, without a warrant, by any Youth Parole Counselor or authorized Peace Officer. This includes, but is not limited to, cameras, cell phones, pagers, computers, laptops, tablets, PDAs, and any other electronic media or data information storage devices within my care, custody or control.
 11. As deemed appropriate by the Chief of the Nevada Youth Parole Bureau, be placed on a system of active electronic monitoring that is capable of identifying his/her location and producing, upon request, reports or records of my presence near or within a crime scene or prohibited area or my departure from a specific geographic location. Any person placed on electronic monitoring shall:
 - A. Follow the instructions provided by the Parole Bureau to maintain the electronic device in working order;
 - B. Report any incidental damage or defacement of the electronic monitoring device to the Parole Bureau within 2 hours after the occurrence; and
 - C. Any person who intentionally removes or disables or attempts to remove or disable an electronic monitoring device is guilty of a Gross Misdemeanor. This may result in your arrest, revocation of your parole and restitution for damages or loss of equipment.
 12. I will not associate with gang members, nor wear any article of clothing, jewelry, or cosmetics associated with gang membership, as defined by my Parole Counselor. I will not associate with persons deemed undesirable by my Parole Counselor, nor will I associate with other parolees or probationers in the community.
 13. I understand that should I leave placement without permission of my Parole Counselor, all personal effects left behind, if not claimed by family, can be disposed of after thirty (30) days.
 14. I understand that I am to report all contacts that I have with any law enforcement officer to my Parole Counselor within forty-eight (48) hours.
- II. I have read the foregoing conditions and accept them. I recognize that failure to comply with them may be used against me in any legal proceeding to modify my parole program or return me to a correctional facility.

Length of Stay and Release Policy

Doe, John

Parolee

Date

I have read the foregoing conditions and will do my best to help JOHN DOE obey them. I will supervise him/her and report promptly any violation of these conditions to his/her Parole Counselor.

PARENT/GUARDIAN/INSTITUTION

Date:

Pursuant to NRS, Ch.63.701 (3), JOHN DOE was furnished a copy of these Conditions of Parole and was instructed regarding these conditions.

Submitted By: _____

NAME OF YPC
Youth Parole Counselor II

Date

Office Duty Day/Time: Tuesdays, 1:30 – 5:00 PM

Approved this _____ day of _____, 2018.

Approved By: _____

JAMES KINGERA-CHIEF
Nevada Youth Parole Bureau
By: Name of UM- Unit Manager

Length of Stay and Release Policy

DCFS CORRECTIONAL FACILITY LENGTH OF STAY GUIDELINE

Name: _____ Date of Entry: _____ NYTC/ SVYC / CYC #: _____

III. DELINQUENCY HISTORY

- Item 1: Prior Commitments to a Correctional Facility-
 NONE..... =3
 ONE..... =2
 2 Or More.....=0
 (Two or more subsequent commitments proceed to Category D) ITEM 1 Score _____
- Item 2: Total Felony Dispositions _____
 0-1.....=3
 2-3.....=2
 4-5.....=1
 More Than 5.....=0 ITEM 2 Score _____
 • Any life endangering or substantial bodily harm results in zero score.
- Item 3: Total Misdemeanor Dispositions _____
 0-4.....=2
 5-9.....=1
 More Than Nine..... =0 ITEM 3 Score _____
- Item 4: YLS/CMI Total Risk/Needs Level
 Low..... =3
 Moderate>..... =2
 High..... =1
 Highest..... =0 ITEM 4 Score _____
- Item 5: Parole/Commitment Status
 Not on Parole..... =2
 On Parole.....=0 ITEM 5 Score _____

TOTAL SCORE: _____

IV. CATEGORIES

A (13-10)	B (9-8)	C (7-5)	D (4-0)
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V. GUIDELINE MATRIX

	OFFENSE CATEGORY	A	B	C
D				
1.	Property and Public Order Offenses EXT All misdemeanors against property and public order (i.e., Taking vehicle without consent of owner, petty larceny, possession of burglary tools, disorderly conduct, battery, possession of drug paraphernalia, Probation/Parole Violations, etc.) ALL FELONIES IN THIS CATEGORY BEGIN IN COLUMN D	STD	STD	STD
2.	Persons/Controlled Substances Offenses EXT Felonies against person-no injury (i.e., aggravated burglary, robbery, Coercion, intimidation, assault (felony), possession of controlled substance).	STD	STD	EXT
3.	Persons/Controlled Substance Trafficking Offenses EXT Serious Felonies and Felonies Against Persons with Serious Injury/Weapons (i.e. Trafficking Controlled Substance, Possession with Intent to Sell, Battery with Substantial Harm, Assault/Battery with a Deadly Weapon, Kidnapping, Sexual Assault, Robbery with a Weapon).	EXT	EXT	EXT
4.	Homicide/Felony Sex offenses Homicide (all degrees) and felony Sex Offenses will be considered on an			

Length of Stay and Release Policy

Individual basis.

DEPARTURE FROM THE GUIDELINE MAY BE MADE WHEN SUBSTANTIAL AND COMPELLING CIRCUMSTANCES EXIST.

LENGTH OF STAY GUIDELINE IS ___ Standard OR ___ Extended.

SIGNATURE OF PERSON COMPLETING GUIDELINE

DATE

DRAFT

Length of Stay and Release Policy

BRIAN SARDOVAL
Governor

STATE OF NEVADA

ROSS ARMSTRONG
Administrator

RICHARD WHITLEY
Director



JOHN BUÑOZ
Deputy Administrator

JAMES J. KINGERA
Chief of Parole

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
JUVENILE JUSTICE SERVICES**

Admissions Assessment Report		
Name:	Gender:	Date of Birth:
Current Age:	Place of Birth:	Ethnicity:
Youth Email:		
Committing Court:	Date of Commitment:	Assigned YPC:
Native American Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolled: Yes <input type="checkbox"/> No <input type="checkbox"/> Tribe:	Height: Weight:	Primary Language: Youth: Parents:
Co-Custody: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who is the worker?	Case Number:	
Evaluator, Interview Date:		

Family Information
Biological Mother:
<input type="checkbox"/> Yes <input type="checkbox"/> No Custodian
<input type="checkbox"/> Yes <input type="checkbox"/> No In the Home
Address:
Telephone: _____ Email: _____
Employment:
Ethnicity:
Biological Father:
<input type="checkbox"/> Yes <input type="checkbox"/> No Custodian
<input type="checkbox"/> Yes <input type="checkbox"/> No In the Home
Address:
Telephone: _____ Email: _____
Employment:
Ethnicity:
Step-Parent(s):
<input type="checkbox"/> Yes <input type="checkbox"/> No Custodian
<input type="checkbox"/> Yes <input type="checkbox"/> No In the Home
Address:
Telephone: _____ Email: _____
Employment:
Ethnicity:

Length of Stay and Release Policy

Other (please specify, i.e., Grandmother, etc.):	
<input type="checkbox"/> Yes	<input type="checkbox"/> No Custodian
<input type="checkbox"/> Yes	<input type="checkbox"/> No In the Home
Address:	
Telephone:	Email:
Employment:	
Ethnicity:	
Siblings (Name, Age, Location):	

<p>Committing Offense(s):</p> <p>Court Order(s):</p>	
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Index of Assessment Sections:

- I** Risk Categories
- II** Criminal/Legal History
- III** Attitude/Behavior
- IV** Peers/Relationships
- V** Family/Home
- VI** Substance Abuse
- VII** Mental Health
- VIII** Health/Medical
- IX** Education
- X** Skills/Interests/Recreation

I. Risk Categories

1. Most Serious Committing Offenses: Choose an item.

This section refers to adjudicated offenses only. Do not count those offenses that were amended, denied or dismissed. Refer to the Category of Offenses attachment.

- Highest:** Any crime identified as a Category A or B Felony Offense.
- High:** Any crime identified as a Category C or D Felony Offense.
- Moderate:** Any crime identified as a Category E Felony or Gross Misdemeanor Offense.
- Low:** Any crime identified as a Misdemeanor or other Offense.

Length of Stay and Release Policy

Describe Committing Offense (Describe the circumstance as surrounding the committing offense including other charges that may have been dismissed or denied):

2. Most Serious Past Offenses:

Choose an item.

This section refers to all prior adjudicated charges. Do not count those offenses that were amended, denied or dismissed. Refer to the Category of Offenses attachment.

- Highest:** Any crime identified as a Category A or B Felony Offense.
High: Any crime identified as a Category C or D Felony Offense.
Moderate: Any crime identified as a Category E Felony or Gross Misdemeanor Offense.
Low: Any crime identified as a Misdemeanor or other Offense.
None: No prior offenses.

Describe Significant Past Offenses:

3. Current Weapons Involvement:

Choose an item.

This section refers to the committing offense. Do not count those offenses that were amended, denied or dismissed.

- Highest:** Charge of Possession/Use of a Firearm(s)
High: Charge of Possession/Use of Deadly Weapon(s)
Moderate: Charge of Possession/Use of Other Weapon(s)
None: No Weapons Involvement

Describe Weapons Charges (Describe the circumstances surrounding the weapons charges):

4. Prior Weapons Involvement:

Choose an item.

This section refers to prior adjudicated charges. Do not count those offenses that were amended, denied or dismissed.

- Highest:** Charge of Possession/Use of a Firearm(s)
High: Charge of Possession/Use of Deadly Weapon(s)
Moderate: Charge of Possession/Use of Other Weapon(s)
None: No Weapons Involvement

Describe Weapons Charges (Describe the circumstances surrounding the weapons charges):

5. Prior Assaultive Behavior within the Past 12 months:

Choose an item.

Length of Stay and Release Policy

Include charges that were adjudicated. Do not count those offenses that were amended, denied or dismissed unless information is supported by a reliable source, such as parents, school, court report, or previous probation officer.

- Highest:** Battery with serious bodily harm; Sexual Assault; Assault or Battery with a Weapon; Assault or Battery on an authority figure.
- High:** Battery that occurred in Detention; 2 or more Battery charges in the community, or fighting in a staff secure program that leads to failing that program.
- Moderate:** Assault or Battery charge in the community; write ups in a staff secure program like Spring Mountain or China Spring for fighting or for making threats towards peers or staff.
- Low:** Fights resulting in injury to others or suspension from school.
- None:** No prior assaultive behavior noted.

Describe Prior Assaultive Behavior:

6. *Current Misconduct Reports While Detained:*

Choose an item.

Include information obtained from the Detention Staff and/or current court report.

- Highest:** Assault or Battery on authority figure in detention.
- High:** Assault or Battery on a peer where formal charges were filed; 2 or more incidents where the youth had to be placed in physical restraints or physically held by detention or program staff members, or placed on closed status more than three times due to not following the rules of the detention center.
- Moderate:** Assault or Battery on another youth with no formal charges filed (formal consequence within the detention setting) or an incident where the youth had to be in physical restraints or physically held by detention or program staff members on only one occasion for not following the rules of the detention center.
- Low:** One incident when the youth lost level or was written up in the detention log or the behavior was reported to superiors for violating detention rules.
- None:** No current aggressive behavior noted or reported and youth had not earned a consequence for breaking detention rules.

Explain Misconduct in Detention:

7. *Peer Relationships:*

Choose an item.

Include information gathered from court report, parents, youth, school or previous probation officer.

- Highest:** Youth is in a gang or youth primarily associates with adults.
- High:** The majority of youth's friends are on probation or parole.
- Moderate:** Friends are negative influence and/or companions involved in delinquent behavior.
- Low:** Friends are a mix of positive and negative influences.
- None:** No friends on probation or parole and has primarily non-delinquent friends.

Describe Peer Relationships:

8. *Prior Escapes or Runaways:*

Choose an item.

Length of Stay and Release Policy

Score based on behavior within the last 12 months. Information may be collected from the youth, parents, foster parents, court reports or the previous probation officer.

- Highest:** Escape or Attempted Escape from a secure facility (including staff-secure). Youth must have escaped from the actual premises or attempted to escape.
- High:** Panning an Escape from a secure or staff-secure facility. Runaway or escape while on furlough from a staff-secure facility such as Spring Mountain Youth Camp, China Spring, Aurora Pines, or an RTC program like Willow Springs or Spring Mountain, or from a non-secure program where the youth was in a Court-ordered placement.
- Moderate:** Runaway from a non-secure facility such as a drug treatment program or group or foster home; Runaway from parents' home three or more times and where the youth ran away from home for more than 24 hours during one of the runs; runaway from parents' home and gone for more than 7 days.
- Low:** Runaway from parents' home less than 3 times
- None:** No runaway behavior noted.

Describe Escape or Runaway Behavior:

9. Self-harm/Suicidal Behavior:

Choose an item.

Information may be collected from reliable sources such as parents, youth, teachers, staff, previous or current court reports or the previous probation officer.

- Highest:** Youth has made a suicide attempt within the past year, is having current suicidal ideations or has a history of delusions or hallucinations within the past year.
- High:** Youth has had suicidal ideations within the past year but is not currently experiencing ideations, youth did attempt suicide over 1 year ago, or youth is currently presenting with self-mutilating behavior.
- Moderate:** Youth participated in self-mutilating behavior over 1 year ago.
- Low:** Youth has been prescribed medication or has been taken off medication within the past month.
- None:** Youth does not present with any self-harmful or suicidal behavior.

Describe Self-Harm or Suicidal Behavior:

10. Risk for Violence:

Choose an item.

Based on the interview, file documents, school, parent or police reports.

- Highest** History of violent acts (i.e., violence sufficiently severe to cause injury or committed with a weapon) prior to age eleven and has a history of serious aggression. In addition there is a history of substance abuse, associations with a delinquent peer group or has lived in a family that holds significant antisocial views (i.e., history of imprisonment, multiple arrests, or history of physical aggression by the parent's), currently holds antisocial thought patterns and has a history of school or family problems.
- High:** History of violent acts (i.e., violence sufficiently severe to cause injury or committed with a weapon) between the ages of eleven and fourteen, recent history of substance abuse, as well as a history of serious violent actions since turning fourteen. In addition, associated with

Length of Stay and Release Policy

an antisocial peer group or there is a family history that indicates members held antisocial views, and the youth currently holds antisocial views, and was a history of school or family problems.

- Moderate:** History of violent acts (i.e., violence sufficiently severe to cause injury or committed with a weapon) since turning fourteen, current substance abuse history, antisocial peer group association, history of family or school problems.
- Low:** No history of violence, but associated with a negative peer group and abuses substances.
- None:** No history of violence has positive peer influence, and little or no abuse of substances.

Additional Comments on Risk Categories:

II. Criminal/Legal History

1. First Referral to Probation:	Age: Type of offense:
First Adjudicated Offense:	Age: Type of offense:
2. Probation Services	(Include Placements, Programs):

Additional Comments:

III. Attitude/Behavior

1. Aggression/Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No Entertains thoughts of violence <input type="checkbox"/> Yes <input type="checkbox"/> No Has access to firearms <input type="checkbox"/> Yes <input type="checkbox"/> No Reckless use of weapons <input type="checkbox"/> Yes <input type="checkbox"/> No Destruction of property <input type="checkbox"/> Yes <input type="checkbox"/> No Cruelty to animals <input type="checkbox"/> Yes <input type="checkbox"/> No Fire setting How old were you when you stopped wetting the bed? If yes to any, Describe:
2. Anger	Minor's self-evaluation: What does youth do when angry? What's the most violent thing you've ever done? Have you ever been bothered by something you have done? Additional Comments:
3. Sexual Behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No Exchanged Sex for Money If yes, Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Act as a Procurer/Madam If yes, Describe:

Length of Stay and Release Policy

	Additional Comments:
4. Truthfulness	<input type="checkbox"/> Yes <input type="checkbox"/> No Do you view yourself as a good liar? If yes, what happens when you get caught in a lie? Additional Comments:

Additional Comments on Attitude/Behavior:
--

IV. Peers/Relationships

1. Who has been a positive influence for you? What do you think they like most about you?	Who: Like:
2. Do you have a girlfriend, boyfriend? Children?	<input type="checkbox"/> Yes <input type="checkbox"/> No Significant other(s): <input type="checkbox"/> Yes <input type="checkbox"/> No Children, Ages: Additional Comments:
3. Sexual Orientation	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender <input type="checkbox"/> Uncertain Additional Comments:
4. Youth's identification (label) of type of group most association with	<input type="checkbox"/> Yes <input type="checkbox"/> No Gang (<i>name</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No Tagging Crew: <input type="checkbox"/> Yes <input type="checkbox"/> No Jumped in? When/By Whom: <input type="checkbox"/> Yes <input type="checkbox"/> No Moniker: <input type="checkbox"/> Yes <input type="checkbox"/> No Tattoos: <input type="checkbox"/> Yes <input type="checkbox"/> No Adults: <input type="checkbox"/> Yes <input type="checkbox"/> No Other (name or identifier-Smokers, Dopers, Jocks, Skaters, etc.):

Additional Comments on Peers/Relationships:
--

V. Family/Home

1. Youth's regular living situation:	<input type="checkbox"/> Living with family <input type="checkbox"/> Living in Foster/group home <input type="checkbox"/> Independent Living <input type="checkbox"/> Other- Describe
---	--

Length of Stay and Release Policy

	Length of time living in current foster home, relative, etc.:																																																							
2. Youth's perception of family support:	Who, How:																																																							
3. Youth has a good relationship with: <i>(check all that apply)</i>	<input type="checkbox"/> Father/male caretaker <input type="checkbox"/> Mother/female caretaker <input type="checkbox"/> Sibling <input type="checkbox"/> Extended family <input type="checkbox"/> No one																																																							
4. What kind of things does your family fight about:	Describe:																																																							
5. Quality of parental relationship: <i>(Per youth)</i>	<input type="checkbox"/> Consistent love, caring, and support <input type="checkbox"/> Inconsistent love, caring and support <input type="checkbox"/> Indifferent, uncaring, uninterested, unwilling to help <input type="checkbox"/> Hostile toward youth, berated and belittled Additional Comments:																																																							
6. Problems of family members: <i>(Per youth)</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">Mother</th> <th style="width: 10%;">Father</th> <th style="width: 10%;">Sib</th> <th style="width: 10%;">Other</th> </tr> </thead> <tbody> <tr><td>No problems</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Alcohol/Drugs</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Deceased</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Employment</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Financial</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Jail/Imprisonment</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Mental Health</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Physical Health</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Recovery</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="5">Additional Comments:</td></tr> </tbody> </table>		Mother	Father	Sib	Other	No problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol/Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jail/Imprisonment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional Comments:				
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Additional Comments:																																																								
7. CPS History:	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: Additional Comments:																																																							
8. Runaways or times kicked out of home	Number of runaways: Longest time gone: Times kicked out:																																																							
9. Parental supervision: <i>(Parenting role includes rule enforcement, supervision, behavioral consequences and appropriate methods of discipline)</i>	Youth's Narrative:																																																							
10. Religion:	Do you or your family have a religious preference? Additional Comments:																																																							

Additional Comments on Family/Home:

VI. Substance Abuse

Length of Stay and Release Policy

1. Has anyone ever expressed a concern about youth's drug/alcohol use?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who:
2. Has youth ever used drugs or alcohol before or during school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has youth ever:	<input type="checkbox"/> Yes <input type="checkbox"/> No Sold Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No Exchanged drugs for physical protection <input type="checkbox"/> Yes <input type="checkbox"/> No Exchanged in sexual behaviors for drugs Additional Comments:
4. Does youth think that drugs/alcohol create a problem for him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
5. List three negative effects of alcohol/drug usage (according to youth):	1.
	2.
	3.
6. Has the youth ever experienced the following?	<input type="checkbox"/> Yes <input type="checkbox"/> No Black out
	<input type="checkbox"/> Yes <input type="checkbox"/> No Passing out
	<input type="checkbox"/> Yes <input type="checkbox"/> No Vomiting
	<input type="checkbox"/> Yes <input type="checkbox"/> No Hangover
7. Has the youth had any prior services for drugs or alcohol? (See Mental Health section for diagnosis, residential and/or outpatient services)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe (when, where, detail):
8. Substance(s) Used	1st Used
1. Choose an item.	
2. Choose an item.	
3. Choose an item.	
4. Choose an item.	
5. Choose an item.	
6. Choose an item.	
7. Choose an item.	
8. Choose an item.	
9. Choose an item.	
10. Choose an item.	
11. Choose an item.	
12. Choose an item.	

Additional Comments on Substance Abuse:

VII. Mental Health

Length of Stay and Release Policy

1. Present or Prior Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Inpatient <input type="checkbox"/> Yes <input type="checkbox"/> No Outpatient <input type="checkbox"/> Yes <input type="checkbox"/> No Diagnosis (<i>Dr. & date</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No Helpful? If yes, Describe (<i>focus of treatment, most current, specifics</i>): Additional Comments:
2. Suicidal Ideation	<input type="checkbox"/> Yes <input type="checkbox"/> No Current suicidal ideation Additional Comments:
3. History of Suicide	<input type="checkbox"/> Yes <input type="checkbox"/> No Currently on suicide watch? <input type="checkbox"/> Yes <input type="checkbox"/> No Been on suicide watch in the past: If yes, when and where: <input type="checkbox"/> Yes <input type="checkbox"/> No History of Suicide Threats <input type="checkbox"/> Yes <input type="checkbox"/> No History of Suicide Attempts <input type="checkbox"/> Yes <input type="checkbox"/> No Recent History of Suicide Attempts (past 12 months): <input type="checkbox"/> Yes <input type="checkbox"/> No Single attempt: If no, number of attempts: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical care received <input type="checkbox"/> Yes <input type="checkbox"/> No Have you recently lost someone close to you from suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a member of your family ever attempted suicide or committed suicide? Additional Comments:
4. Self-Harm	<input type="checkbox"/> Yes <input type="checkbox"/> No Current (<i>provide as much detail as possible, method, plan</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No History of Attempts (<i>provide as much detail as possible</i>): Additional Comments:
5. Homicidal Ideation	<input type="checkbox"/> Yes <input type="checkbox"/> No Current violent or homicidal ideation <input type="checkbox"/> Yes <input type="checkbox"/> No Has physically attacked someone: <input type="checkbox"/> Yes <input type="checkbox"/> No Serious Injury <input type="checkbox"/> Yes <input type="checkbox"/> No Has threatened to harm someone <input type="checkbox"/> Yes <input type="checkbox"/> No Has been stalking or harassing someone Additional Comments:
6. Concentration/Attention	<input type="checkbox"/> No issue <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty staying on task <input type="checkbox"/> Easily distracted <input type="checkbox"/> Has youth ever been evaluated? Additional Comments:
7. Mental Status: Check any areas of concern and provide additional information	
<input type="checkbox"/> Appearance - <input type="checkbox"/> Behavior -	<input type="checkbox"/> Affect - <input type="checkbox"/> Mood -

Length of Stay and Release Policy

<input type="checkbox"/> Thought Content - <input type="checkbox"/> Memorye <input type="checkbox"/> Perception - <input type="checkbox"/> Intellectual functioning - <input type="checkbox"/> Hopelessness/helplessness - <input type="checkbox"/> Panic attacks - <input type="checkbox"/> Agitation -	<input type="checkbox"/> Sleep disturbance - <input type="checkbox"/> Appetite/eating disturbance - <input type="checkbox"/> Weight change - <input type="checkbox"/> Energye Insight <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
--	--

Additional Comments on Mental Health Information:

VIII. Health/Medical	
1. Current health concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:
2. Prior surgeries/hospitalizations	<input type="checkbox"/> Yes <input type="checkbox"/> No Surgeries If yes, Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Hospitalizations If yes, Describe:
3. History of trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No Head Trauma <input type="checkbox"/> Yes <input type="checkbox"/> No Sexual Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No Physical Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No Victim of Violence What's the most violent thing you've ever seen and/or experienced? If yes, Describe:
4. History of seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:
5. Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:
6. Medications (Psychiatric/Medical)	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: <input type="checkbox"/> Yes <input type="checkbox"/> No Prior Medication(s) Name: Additional Comments:
7. Dental problems Hearing Problems Eye Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Glasses Additional Comments:
8. Medical Insurance Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No Medicaid (Describe): <input type="checkbox"/> Yes <input type="checkbox"/> No Private Plan (Describe): <input type="checkbox"/> Yes <input type="checkbox"/> No Other (Describe): <input type="checkbox"/> Yes <input type="checkbox"/> No Guardian Contacted

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	<input type="checkbox"/> Yes <input type="checkbox"/> No Guardian returned call at time of assessment
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Additional Comments on Health/Medical:

IX. Education

1. Current School Information	<input type="checkbox"/> Graduated, Date: <input type="checkbox"/> GED Obtained, Date: <input type="checkbox"/> Dropped Out, Date: <input type="checkbox"/> Yes <input type="checkbox"/> No Regularly attending school Last enrolled at: Current Grade Level: Credits/Grades: Additional Comments:
2. Special Education	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Learning <input type="checkbox"/> Behavior <input type="checkbox"/> Other: <input type="checkbox"/> Yes <input type="checkbox"/> No IEP Additional Comments:
3. Value of education?	<input type="checkbox"/> Yes getting an education is important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Does not think it is important <u>Educational Goals:</u> <input type="checkbox"/> GED <input type="checkbox"/> Military <input type="checkbox"/> Diploma/Graduation <input type="checkbox"/> Job Corp <input type="checkbox"/> Trade School <input type="checkbox"/> Other <input type="checkbox"/> College <input type="checkbox"/> Doesn't Know Additional Comments:
4. What subjects/classes do you like?	Subject/Class:
5. Youth's conduct in school: <i>(check all that apply)</i>	<input type="checkbox"/> No problems <input type="checkbox"/> Fighting, threatening students/staff <input type="checkbox"/> Overly disruptive behavior <input type="checkbox"/> Drugs/alcohol use (at school) <input type="checkbox"/> Crimes – theft, vandalism, graffiti <input type="checkbox"/> Lying, cheating, dishonesty <input type="checkbox"/> Insubordination <input type="checkbox"/> Truant Additional Comments:
6. History of suspensions and expulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No Suspensions <input type="checkbox"/> Yes <input type="checkbox"/> No Expulsions Additional Comments:
7. Youth involved in school activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:
8. Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No Current employment, Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Prior employment, Describe:

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	Employment goals: Additional Comments:
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Additional Comments on Education:

X. Skills/Interests/Recreation

1. Skill/Interest/Recreation	What do you like to do for fun? Any family recreation, activities?
2. Youth:	<input type="checkbox"/> Prefers spending free time with others <input type="checkbox"/> Prefers spending free time alone <input type="checkbox"/> More likely to observe than participate <input type="checkbox"/> More likely to participate than observe

Additional Comments:

Evaluator's Signature: _____ Date: _____

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54DIVISION OF CHILD AND FAMILY SERVICES YOUTH PAROLE BUREAU	
SUBJECT:	SUPERVISION POLICY
POLICY NUMBER:	300.01
NUMBER OF PAGES:	16
EFFECTIVE DATE:	DRAFT #9- 7.6.18
APPROVED BY: DATE:	John Muñoz, Deputy Administrator – Juvenile Justice
APPROVED BY: DATE:	Administrator – Division of Child and Family Services
SUPERCEDES:	
REFERENCES:	NRS 62B.340 ; NRS 62B.390 ; NRS 62B.625 ; NRS 62E.525 ; NRS 62E.710 ; NRS 62F ; NRS 63.780
ATTACHMENTS:	Admissions Assessment Report ; Case Plan ; NRS 62B.390 ; Graduated Response Matrix ; The Reentry Plan ; Conditions of Parole (COP) ; The Incentives Matrix ;

I. POLICY

The Division of Child and Family Services (DCFS) is responsible for youth correctional and youth parole services which includes appropriate facility placement, supervision, and access to services with the goal of reducing the probability of their continued delinquent behavior and protecting the community.

II. PURPOSE

The purpose of this policy is to ensure statewide uniform policy for the placement and supervision of youth while they are in DCFS custody. This policy is consistent with the relevant guidelines of the agency and the legal requirements of the State of Nevada for the care and protection of youth under its control.

III. DEFINITIONS

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

- A. **Admissions Assessment Report**: An assessment that is used by the Youth Parole Bureau to help determine which state correctional facility is appropriate for the youth that has been committed by a juvenile court. The Admissions Assessment Report shall be used in conjunction with other documents and assessments to determine the most appropriate placement for an individual youth.
- B. **Admissions Team**: The team uses the completed Admissions Assessment Report and the Youth Level of Service/Case Management Inventory (YLS/CMI) to identify the appropriate placement and to arrange the date, time, and transportation to that identified facility.
- C. **Amended Conditions of Parole**: A version of the original conditions of parole amended to reflect specific changes in parole conditions.

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- D. **Caseload Pro**: Is a secured web-based criminal justice software program that aids in the organization of data and case management based on client and Division needs.
- E. **Case Management**: The coordination of services on behalf of committed youth to assess, plan, implement, coordinate, monitor and evaluate the options and services required by each youth to meet their needs.
- F. **Case Plan**: A comprehensive and individualized plan for each youth that is developed by the state facilities in consultation with youth parole staff (if applicable), the youth, the youth's family/guardian, and all other individuals deemed appropriate and integral to the youth's life. This plan identifies the goals and objectives for each youth based on their identified needs.
- G. **Case Review Team (CRT)**: A weekly multidisciplinary team meeting attended by youth parole management, state facility and youth parole mental health staff and Youth Parole Counselors to secure clinical and fiscal approval for appropriate services for the youth. The CRT also reviews recommendations for revocations and provides final recommendations.
- H. **Certification**: As defined in [NRS 62B.390](#), the juvenile court may transfer a youth for criminal proceedings as an adult to any court that would have jurisdiction to try the offense if committed by an adult.
- I. **Child and Family Team Meeting (CFT)**: A family-driven, youth-centered, collaborative service team, focused on the strengths and needs of the youth and family. The team consists of the youth (as appropriate), parents/guardian, service professionals, and the youth's assigned Youth Parole Counselor. The team may also consist of other family members, care providers, or individuals identified as being integral to the youth's environment.
- J. **Community Service**: A sanction that requires an adjudicated youth to perform unpaid work for the community as part of their conditions of parole.
- K. **DCFS**: Division of Child and Family Services
- L. **Diverted Youth**: A youth who has been committed to the custody of the Division of Child and Family Services for suitable placement as pursuant to NRS 62E.520.
- M. **Furlough**: Temporary release of a youth from a correctional facility for a period of time not to exceed ninety (90) days for the purpose of treatment. While a youth is on furlough they are under the supervision of the Chief of the Youth Parole Bureau.
- N. **Graduated Response Matrix**: A graduated series of sanctions including treatment and services to hold juveniles accountable for their actions, to protect the communities from the effects of juvenile delinquency, and to prevent the youth's subsequent involvement in the juvenile justice system.
- O. **Incentive**: A reward provided to a youth contingent upon meeting a goal identified in their case plan.
- P. **Interstate Compact for Juveniles (ICJ)**: The agreement pertaining to the legally authorized transfer of supervision and care, as well as the return of youth from one state to another.
- Q. **Juvenile Sexual Offender (JSO)**: Youth adjudicated for a sexual offense.

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- R. Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2): A mental health screening tool to assess immediate needs of youth in a secure setting.
- S. Request to Unit Manager for Parole Revocation: The form completed by the Youth Parole Counselor that outlines the reasons why revocation of parole is being requested.
- T. Restitution: Court ordered compensation for loss, damage or injury.
- U. Revocation of Parole: As defined in [NRS 63.780](#), the Chief of Youth Parole may recommend to the juvenile court that a youth's parole be revoked and that the youth be committed to a state facility.
- V. Sanction: A consequence provided to a youth contingent upon failure to meet a goal, or by violating any guidelines set by a youth's case plan or conditions of parole. Sanctions may include additional or re-instated restrictions, or additional support or treatment based on the violation and the youth's risks and needs.
- W. Special Conditions of Furlough: Standard conditions of parole up to ninety (90) days for youth on furlough.
- X. Special Conditions of Parole: Written rules that explain to youth the special and specific requirements that are in addition to the standard requirements of parole. Special Conditions of Parole are specific to Juvenile Sexual Offenders (aka JSO COP).
- Y. Standard Conditions of Parole (COP): Written rules that explain to youth, under parole supervision, their responsibilities while they are on parole status.
- Z. State Facilities: A facility operated by the state for the detention, treatment, and rehabilitation of youth Summit View Youth Center, the Nevada Youth Training Center, and Caliente Youth Center.
- AA. Termination Matrix: The scoresheet that determines if a youth's termination from parole is Successful or Unsuccessful.
- BB. YLS/CMI: Youth Level of Service/Case Management Inventory (YLS/CMI) is a tool designed to provide an initial estimate of the youth's risks and needs to identify the appropriate level of supervision and response and is to be completed bi-annually to reassess risk. Needs, and supervision level. However, a major event may warrant a reassessment at any time while the youth is in a facility or under supervision of parole.

I. PRACTICE GUIDELINES AND PROCEDURES

- A. Discrimination: All Youth Parole Bureau staff, interns or volunteers shall ensure that all youth under the jurisdiction of the Bureau are free from any form of discrimination based on race, religion, national origin, gender, gender identity, sexual orientation, disability or political views. All youth shall have equal access to agency programs and activities.
- B. Confidentiality: All staff, interns and volunteers are required to abide by Youth Parole policies and procedures and as defined in NRS 62H.025, all information that they are privileged to during their service with the Youth Parole Bureau. This includes but is not limited to verbal, written or electronic dissemination of any information.

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C. Assignment of Cases, Audits, and Accurate Reporting

1. Each youth committed to DCFS is assigned a Youth Parole Counselor and a Mental Health Counselor, within five (5) days from receiving the court ordered commitment and all relevant documentation.
2. Unit Managers shall audit a representative sample of Youth Parole Counselors for adherence to state statutes, policy, and procedure monthly.
3. Youth Parole Counselors are responsible for updating their caseloads, obtaining reviews and approvals, as required, and all court related documents.

D. Parole Status: Youth shall be considered on Parole status when they are:

1. Released from a state correctional facility;
2. Placed in an alternative diversion program; or Committed to DCFS by a court but diverted and placed into an alternative program due to age or other factors such as the need for therapeutic placement and issued a parole certificate by the superintendent of a state facility. (NRS 62E.520)
3. Transferred to Nevada through the Interstate Compact for Juveniles.

E. Grievances: Youth and parents or guardians shall be advised of their ability to file a written grievance with the Youth Parole Counselor's Unit Manager within five (5) business days of the youth being placed on Parole.

F. Case Plan

1. DCFS Facility Mental Health Counselors shall develop a preliminary case plan for each youth to include measurable goals and objectives, accountability, and treatment needs.
2. The preliminary case plan shall be finalized within 30 days of the youth's arrival at the DCFS Facility.
2. DCFS Facility staff, Youth Parole Counselors, the youth, and parents/guardians shall jointly develop the case plan.
3. The Division must use the following to develop the case plan:
 - a. The results of the YLS/CMI, the MAYSI-2, and any additional assessments conducted;
 - b. Trauma, if any, experienced by the youth;
 - c. The education level of the youth;
 - d. The seriousness of the offense committed by the youth;
 - e. The youth's progress in meeting treatment goals; and
 - f. Any relevant information provided by the family of the youth.

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4. The Case Plan must:
 - a. Address the risks and needs identified in the YLS/CMI and the MAYSI -2 including offense history, family circumstances, education, employment, substance abuse/mental health issues, and behaviors;
 - b. Specify the level of supervision and intensity of services that the youth requires;
 - c. Provide referrals to treatment providers that may address the youth's risks and needs;
 - d. Be developed in consultation with the youth, the youth's family or guardian, as appropriate;
 - e. Specify the responsibilities of each person or agency involved with the youth.
 - f. Include a reentry plan, if applicable; and
 - g. Be reviewed by the Youth Parole Counselor every three months, or more often if needed.

5. The Reentry Plan section of the youth's Case Plan must include, without limitation:
 - a. A detailed description of the education, counseling, and treatment provided to the youth, while in a facility;
 - b. A proposed plan for the continued education, counseling, and treatment of the youth upon their release
 - c. A proposed plan for the provision of supervision and services necessary for the transition of the youth, including necessary referrals, and
 - d. A proposed plan for any engagement of the youth's family, guardian, peer group, and other activities.

6. The case plan shall be signed by the case manager, the youth, and the parent guardian and a copy must be given to the youth and the parent/guardian.

7. The youth's progress towards their case plan goals shall be reviewed with them at a minimum of once every thirty (30) days during and in person visit.

8. The youth's case plan shall be revised when a significant change in the youth's treatment occurs or when a new YLS is completed.

9. The youth and the youth's parents/guardians shall be notified in advance of any significant change(s) in the case plan.

10. All case plans must be appropriately documented in CaseLoad Pro.

G. Conditions of Parole (COP)

1. Youth Parole Counselor is responsible for preparing and completing a written COP (Standard, Amended, or Special) for each youth they are assigned to supervise.
2. The COP shall be reviewed with the youth and the family while the youth is at the facility, during the last CFT, or sooner, so that the youth is aware of the expectations before leaving the facility.

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3. Youth Parole Counselor is responsible for reviewing and signing the COP with the youth and their family at the time of release from the facility to include placement in the community, education and/or employment requirements, and the services needed;
4. Youth Parole Counselor is responsible for filing COP in court based on the procedures and rules of each judicial district and region.
5. Youth Parole Counselors have the authority to add special COPs above those already in place on a case by case basis if such conditions will enhance community protection and facilitate the youth's adjustment or success.
6. Youth Parole Counselors may recommend removal or modification of special COP to the Unit Manager who has the authority to approve such requests.

H. Case Management

1. Initial Preparation

- a. Youth Parole Counselors shall review the case including the completed Assessment Report, the YLS/CMI, and the MAYSI-2.
- b. Youth Parole Counselors shall review the youth's commitment order and minutes of the court and be aware of any special conditions or orders of the court.
 - i. Youth Parole Counselors are responsible for enforcing and monitoring the orders of the court.
- c. Youth Parole Counselors shall meet with newly committed youth in detention, within 30 days after being assigned the case, prior to the youth's transport to a state facility. This visit shall be documented in a CaseLoad Pro Activities report.
- d. During the initial meeting, the Youth Parole Counselor shall:
 - i. Explain the role of the Youth Parole Counselor/Case Manager during the process of facility placement and parole supervision;
 - ii. Explain the COP;
 - iii. Explain the case planning process and the role of the youth and their family;
 - iv. Identify and/or review the goals of the youth which may or may not be addressed on the YLS/CMI;
 - v. Provide answers to questions the youth may have regarding the state facilities or parole; and
 - vi. Explain that they will contact the youth periodically while they are in a state facility, and that the youth may contact them via phone or in writing if necessary.

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- vii. Provide the youth with a business card containing contact numbers and a mailing address.
 - e. In the event the youth is transported to a facility prior to this initial visit; the Youth Parole Counselor/Case Manager must establish contact by any means available (in person, phone or video) within fourteen (14) calendar days of the youth's arrival at the facility. This contact must follow the same guidelines as an initial visit.
 - f. If a visit is not completed within 14 calendar days as specified, the Youth Parole Counselor must notify the Unit Manager of the reasons why and a plan to conduct this visit as soon as possible. This must be documented in Caseload Pro.
 - g. Youth Parole Counselors shall meet with the youth's family (if applicable) at their residence within thirty (30) calendar days of receiving the case assignment to evaluate the family and begin the reentry planning process. This initial home evaluation shall be documented in a CaseLoad Pro activities report.
 - h. During the meeting with the youth's family, the Youth Parole Counselor shall follow the same protocol as the initial visit with the youth.
- I. Reentry Planning
- 1. Reentry Planning begins the day the youth arrives at the state facility.
 - 2. The last CFT meeting should be to finalize the Reentry Plan and must be held at least 30 days of the youth's release from the state facility.
 - 3. The COPs shall be reviewed at the last CFT meeting, to ensure expectations are known by everyone prior to the youth's release.
 - 4. The meeting shall be attended by:
 - a. The youth;
 - b. A parent/guardian;
 - c. The Youth Parole Counselor;
 - d. The Superintendent or designee of the facility;
 - e. A Mental Health Counselor who is familiar with the case; and
 - f. Appropriate community providers such as a representative from a non-family placement.
 - g. Or any other person who the family deems as a positive support system (i.e. neighbor, clergy, ex probation officers, friend etc.)
 - 5. Youth Parole Counselors shall maintain contact with youth and facility staff while the youth is in the facility.
 - 6. Youth Parole Counselors review cases with their Unit Manager on an as needed basis when there is a need for specialized services or alternative placement.
 - 7. Youth Parole Counselors must seek fiscal approval for necessary services. If fiscal is unable to approve those services, alternatives shall be requested. Youth Parole staff must

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ensure all providers have a current contract and contract authority to provide the specified service.

8. Youth Parole Counselors are responsible for providing service/treatment providers with a service authorization prior to the initiation of services.
 9. Written documentation from service providers shall be entered in CaseLoad Pro by the Youth Parole Counselor, which includes the elements below:
 - a. Dates of service
 - b. Type of service provided
 - c. Cancellations/reschedules by youth
 - d. Written evaluations
 - e. Progress reports
 - f. Termination of service
 10. Youth Parole Counselors shall provide referrals for appropriate services such as vocational rehabilitation, family counseling, substance abuse counseling and mental health services as available and needed. Youth Parole Staff shall maintain a current list of providers and resources available in their community.
 11. Youth Parole Counselors shall monitor a youth's progress in their specialized programs and services until completion.
 12. Placement and services must be documented in Caseload Pro.
 13. Youth Parole Counselors are responsible for documenting all service coordinating activities in CaseLoad Pro including but not limited to: discussions with the provider of services; discussions with the youth and/or family about the quality of services provided; participation in CFT's and presentation of cases at CRT for the initiation or extension of services.
- J. Responsiveness/Emergency Procedures
1. Notification
 - a. When a Unit Manager (UM) is notified of any situation defined above, the UM will immediately notify the assigned YPC who will serve as the lead in coordinating and responding to emergency or after-hours situation.
 1. The UM will immediately notify the Chief of Parole first and then the other UM.
 2. If the assigned YPC does not respond to the initial notification in a reasonable amount of time, the UM will call another YPC to replace the assigned YPC.
 3. If the assigned YPC is unable to respond to the emergency, that YPC is still responsible for contacting other team members via text message or phone calls to identify who will respond to the emergency in his/her place.

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4. The management team will be notified once a team is in place and ready to respond.
 5. If a UM is notified but is not the supervising UM, the assigned UM will be notified who will then work with the assigned YPC.
 6. If the assigned UM is unavailable, another UM will assist and if no UM is available the Chief of Parole will assist the YPC in coordinating the needed action or response.
 7. The UM will advise the YPC if the situation requires the completion of an incident report, SIR (Serious Incident Report) or CIR (Critical Incident Report) per Division requirements which is located on the shared drive under *Incident Report forms*.
- b. When a Youth Parole Counselor (YPC) is notified directly of any after hours or emergency situations, they will immediately notify their assigned UM.
1. The assigned YPC, once notified, is responsible for assembling a team to respond to the emergency and will contact other staff via text message or a phone call.
 2. The number of team members required to respond will be determined by the nature of the situation and in consultation with the UM.
 - i. Consistent with Parole practice, YPC's will always work with a partner or more YPC's as needed or required to successfully complete the task.
 - ii. Consideration for the composition of the response team should take into account the nature of the situation along with team members knowledge or expertise.
 3. The YPC is responsible for developing a plan related to the situation and is responsible for communicating that to the team responding and to the management team.
 4. The YPC is responsible for deciding which team member will be responsible for communicating with the Parole management team throughout the time that the team is responding to the situation.
2. Documentation
- a. The assigned YPC will be responsible for documentation of the situation
 - b. Documentation will include but not be limited to:
 - i. UNITY screens, such as case notes, and if applicable placement location, health information, etc.
 - ii. Incident report, if applicable
 - iii. SIR, if applicable
 - iv. CIR, if applicable

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3. Communication

- a. The Chief of Parole is responsible for communicating with the Deputy Administrator
- b. The Chief of Parole will work with the Parole management team to facilitate a de-briefing in those situations when necessary.
- c. The Chief of Parole is responsible for the review of the entire emergency response to determine if it met with established policy, procedure and SOP's and in those instances when it did not, determine the most appropriate intervention.

K. Contacts

1. The Youth Parole Counselor shall contact the youth as required based on their level of supervision.
2. Youth Parole Counselors shall contact community agencies and education programs that are involved with youth under their supervision. The frequency and type of contact shall be made according to the supervision plan set forth for the youth.
3. All staff recommendations regarding COP that require the payments of fines and restitution shall be based upon the Order of the Court.
4. All Youth Parole Bureau staff shall maintain a cooperative working relationship with the public and private service agencies in the community.
5. Youth Parole Counselors may assist employable youth in obtaining suitable employment as well as an appropriate education program. Youth Parole Counselor shall provide support for vocational programs.
6. Youth Parole Counselors shall provide guidance to youth on leisure time programs and activities available in the community.

L. Determining Levels of Supervision

1. The level of supervision shall be determined by the YLS/CMI.
2. All youth shall be placed on Intensive Supervision for the first thirty (30) days of parole even if the YLS/CMI Tool suggests a lower level of supervision. This will allow the youth to acclimate to their community upon release from a facility. Supervision levels shall be adjusted accordingly after that thirty (30) day period.
3. A Youth Parole Counselor may conduct a new YLS/CMI to determine the level of supervision after the thirty (30) day period or utilize the most recently completed YLS/CMI. Actual determination of the level of supervision is an ongoing process throughout the period the youth is on parole.
4. Unit Managers shall review and approve the identified supervision level.
5. The supervision level must be identified and updated in Caseload Pro.

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M. Levels of Supervision

1. Youth on parole status with the Nevada Youth Parole Bureau shall be maintained on one of three levels of supervision. The levels of supervision are as follows (YLS/CMI states supervision levels):
 - a. Intensive (YLS/CMI High and Very High)
 - b. Moderate (YLS/CMI Moderate)
 - c. Minimum (YLS/CMI Low)
2. Intensive supervision requires:
 - a. Contact with the youth weekly by phone or office visit. There must be a minimum of two face to face contacts with youth each month with one being at their place of residence.
 - b. Contact with parents or placement weekly in person or by phone. There must be a minimum of one home visit each month.
 - c. The Youth Parole Counselor shall contact a school, vocational program, employer, or any treatment provider that the youth is involved with two (2) times per month. If the youth is employed, that contact shall consist of verification of work hours, nature of employment, and pay stubs, or progress reports if enrolled in school.
 - d. Youth Parole Counselors shall randomly drug test youth based on their risk factors which may be alcohol or an identified controlled substance one (1) time per month.
 - e. Youth Parole Counselor shall randomly inspect cell phones, computers, and any electronic device that may appear to have access to the internet.
 - f. Deviations of supervision requirements must be approved by a Unit Manager or Chief of Youth Parole.
 - g. All contacts are recorded in CaseLoad Pro in the Activities Report area within five days of the contact.
3. Moderate supervision requires:

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- a. Contact with the youth twice per month. They may be in person or by phone. There must be a minimum of one face to face contact in their place of residence each month.
 - b. Contact with parents or placements once per month in person or by phone
 - c. The Youth Parole Counselor shall contact a school, vocational program, employer, or any treatment provider that the youth is involved with two (2) times per month. If the youth is employed, that contact shall consist of verification of work hours, nature of employment, and pay stubs
 - d. Youth Parole Counselors shall randomly test youth based on their risk factors which may be alcohol or an identified controlled substance once every sixty (60 days)
 - e. Deviations of supervision requirements must be approved by a Unit Manager or Chief of Youth Parole
 - f. Contacts are recorded in CaseLoad Pro in the Activities Report area within five days of the contact
4. Minimum supervision requires:
- a. Contact must be made one time per month and must be in person.
 - b. Contacts with parents or placements are made once per month in person or by phone.
 - c. Youth are expected to provide pay stubs and work hours if employed, or progress reports if enrolled in school.
 - d. Deviations of supervision requirements must be approved by a Unit Manager or Chief of Youth Parole.
 - e. Contacts are recorded in CaseLoad Pro in the Activities Report area within five (5) days of the contact

N. Levels of Supervision – Juvenile Sexual Offenders

1. Juvenile sex offenders shall be supervised in one of the following categories (YLS/CMI states supervision levels):
 - a. Intensive (YLS/CMI High and Very High)
 - b. Moderate (YLS/CMI Moderate and Low)

O. Levels of Supervision – Out of State Placements Not Part of ICJ

1. Supervision for youth that are in out-of-state facility placements shall be as follows:
 - a. Contact must be made once per month.

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- b. Contact may be by phone or by video conference.
- c. Contacts with parents, counselors, or placements must be made once per month by phone or video conference.
- d. Youth Parole Counselor shall request monthly written progress reports from service providers.

P. Length of Parole Supervision

- 1. The length of time a youth is under supervision must consider the following:
 - a. Compliance with their COP;
 - b. Progress towards Case Plan and Reentry goals; and
 - c. Court ordered length of supervision.
- 2. Youth on parole status from another state through Interstate Compact are supervised under the same guidelines as a Nevada parolee unless otherwise requested by the sending jurisdiction. The length of time an Interstate Compact youth remains under supervision is determined by the sending state.
- 3. Juvenile sex offenders, per NRS 62F, are on parole status for a minimum of three years from the date of their most recent adjudication as a sex offender by a juvenile court. Juvenile sex offenders may be on supervision up to their twenty-first birthday. The length of time a juvenile sex offender is under supervision must consider the following:
 - a. Compliance with their COP; and
 - b. Progress towards Case Plan and Reentry goals.

Q. Restitution and Community Service

- 1. Youth Parole Counselor is responsible for ensuring that youth under their supervision complete community service and pay restitution that has been ordered by a juvenile court.
- 2. Failure to complete court ordered community service or restitution, while on supervision, shall induce the use of the Graduated Response Matrix.
- 3. Youth shall be responsible for making payments for restitution through the court. Youth Parole Counselors are not to accept money from youth or parents; however, they may provide transportation to a youth or family to make a restitution payment.
- 4. Youth Parole Counselor shall maintain updated records of community service completed and restitution paid by the youth in CaseLoad Pro in the Activities Report section monthly.
- 5. When completing the termination report, Youth Parole Counselor shall include information on the fulfillment of the youth's obligation regarding community service and restitution.

R. Incentives

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1. An incentive program shall be used to encourage youths' compliance with court ordered community service, restitution, and the [COP](#).

2. [The Incentives Matrix](#) shall be used to reward the youth.

S. Violations of Parole

1. All arrests, petitions, and alleged violations of a [COP](#) must be investigated upon discovery.

2. The Youth Parole Counselor shall use the [Graduated Response Matrix](#) to determine the most appropriate response to a violation once confirmed by an investigation.

3. The [Graduated Response Matrix](#) shall take into consideration the following items:

- a. The risk of the youth to reoffend, as determined by the results of the YLS/CMI;
- b. The previous history of violations;
- c. The severity of the current violation;
- d. The goals and objectives identified on the Case Plan; and
- e. The previous responses to past violation, if any.

4. The Youth Parole Counselor shall make recommendation based on the use of the [Graduated Response Matrix](#) and provide supporting documentation to justify that response.

T. Revocation of Parole

1. The Chief of the Youth Parole Bureau may recommend a parole revocation to the juvenile court if the Chief or their designee has determined that:

- a. The youth poses a risk to public safety,
- b. [Graduated Response Matrix](#) recommends revocation; or
- c. There are not appropriate responses to consider for a violation.

2. Prior to the Chief of Parole's recommendation, the case must be staffed with the Case Review Team who shall review the documentation provided by Youth Parole Counselor.

3. The Youth Parole Counselor shall complete and submit to the CRT, [The Request to Unit Manager for Revocation](#), which includes their recommendation and the recommendation of the [Graduated Response Matrix](#).

4. The CRT shall determine if the Chief of Parole will request a parole revocation to the juvenile court.

5. A written summary of the CRT's recommendations shall be documented in Caseload Pro.

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6. The Youth Parole Counselor shall prepare all court related documentation as required.
7. The Chief of the Youth Parole Bureau may not recommend to the juvenile court that a child's parole be revoked and that the child be committed to a facility if the superintendent of the facility determines that:
 - a. There is not adequate room or resources in the facility to provide the necessary care;
 - b. There is not adequate money available for the support of the facility; or
 - c. The child is not suitable for admission to the facility.

U. Certification

1. If District Attorney files a motion to certify the youth to adult status, then the Youth Parole Counselor shall prepare or obtain the following documentation:
 - a. ~~Hair~~rest
 - b. Psychiatric Evaluation
 - c. Certification Report

V. Absent Without Leave (AWOL)

1. A youth shall be considered AWOL from parole if:
 - a. They fail to check in, as required, with their Youth Parole Counselor,
 - b. Their parent, guardian, or group home provider has reported them as missing or unaccounted for, or
 - c. The Youth Parole Counselor is unable to contact the youth over a period of 24 hours.
2. The Youth Parole Counselor shall, upon learning a youth is AWOL:
 - a. Notify a Unit Manager and the parent, guardian or custodian and any assigned service providers.
 - b. Ensure that the parent of placement provider filed a runaway report with the applicable law enforcement agency and that an event number is obtained.
 - c. AWOL statuses must be documented in CaseLoad Pro, on the Placement Screen. The current placement is ended, and a new placement, AWOL, shall begin.
 - d. Complete the petition paperwork to obtain an arrest warrant, as required.

Supervision Policy

3. Youth Parole Counselor shall make monthly attempts to locate youth on AWOL status until their apprehension or disposition of their case. Attempts to locate youth on AWOL status shall be documented in CaseLoad Pro Activities Report.

W. Termination from Parole

1. Youth may be recommended to the juvenile court for successful or unsuccessful termination by the Youth Parole Bureau when they have:
 - a. Completed or failed to complete the terms of their COP, Case Plan or Court Order;
 - b. Reached the statutory age (21) when the Juvenile Court and Youth Parole no longer have jurisdiction.
 - c. Been certified and sentenced as an adult; or
 - d. Has died.
2. The primary domains considered when a recommendation for termination from parole is made, shall include:
 - a. Home/Placement Behavior.
 - b. Education and/or Other Programming
 - c. Employment
 - d. Mental Health Specific Treatment
 - e. Treatment and or Counseling
 - f. Parental/Family/Community Support System
 - g. Parole Compliance
 - h. Legal Issues
 - i. Special Court Order Compliance
 - j. Gang Involvement/Activity
 - k. Peer Association
 - l. Substance Use/Abuse
 - m. Compliance with Case Plan
3. The Youth Parole Bureau shall utilize the Termination Matrix to determine if a termination is successful or unsuccessful.

Supervision Policy

4. Youth Parole Counselor shall prepare a written report containing a recommendation for termination and obtain necessary approvals, as required.
1. **Cases may also be terminated per court order.**

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Supervision Policy

Date Completed _____

Next Case Plan Re-Entry Plan Due Date: _____

Choose an item.

Choose an item **Case Plan/Re-Entry Plan**

Demographics	
Youth's Name:	Arrival Date:
Date of Birth:	Release Date:
Parent/ Guardian:	Choose an item.
Case Manager:	Youth Parole Counselor: Choose an item.

YLS Assessment

Prior and current offenses Choose an item.	Family Choose an item.	Education Choose an item.	Peers Choose an item.	Substance Abuse Choose an item.	Leisure/Recreation Choose an item.	Personality Behavior Choose an item.	Attitudes Orientation Choose an item.
--	----------------------------------	-------------------------------------	---------------------------------	---	--	--	---

Overview of Status
<p>Programs:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p><input type="checkbox"/> Aggression Replacement Training (ART)</p> <p><input type="checkbox"/> Forward Thinking <input type="checkbox"/> WGM <input type="checkbox"/> IP <input type="checkbox"/> HDF <input type="checkbox"/> RC <input type="checkbox"/> F <input type="checkbox"/> SUB <input type="checkbox"/> VA <input type="checkbox"/> RP <input type="checkbox"/> RB</p> <p><input type="checkbox"/> Job Readiness</p> <p><input type="checkbox"/> Performance Behavioral Interventions & Support (PBIS)</p> <p><input type="checkbox"/> Check in Check Out (CICO)</p> <p><input type="checkbox"/> Large Muscle</p> <p><input type="checkbox"/> Re- Entry</p> <p><input type="checkbox"/> Substance Abuse Phase I</p> <p><input type="checkbox"/> YourSpace</p> <p><input type="checkbox"/> Domestic Violence (DV)</p> <p><input type="checkbox"/> DBT</p> <p><input type="checkbox"/> Anger Management</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Social Skills</p> <p><input type="checkbox"/> Coping Skills</p> <p><input type="checkbox"/> Shame Group</p> <p><input type="checkbox"/> Life Skills</p> <p><input type="checkbox"/> Living Free</p> <p><input type="checkbox"/> Auto Tech</p> <p><input type="checkbox"/> Trauma Stress and Resilience</p> <p><input type="checkbox"/> Serve Safe</p> </div> </div> <p>Summary of Progress in Program: (Peer associations negative peers, lack of prosocial peers, violent, aggressive or assaultive behavior)</p>

Supervision Policy

Mental Health Summary	
Diagnosis: Diagnosed By: Date Diagnosed:	
Mental Health Program Completed: Mental Health Goals Addressed:	
Substance Abuse Programs Completed: Substance Abuse Goals Addressed:	
Special Court Orders: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes List:	
Summary of Mental Health Progress: (Moral reasoning antisocial thinking, attitudes, values and beliefs)	
Recommendations for Re- Entry/ Referrals for follow up care	

Supervision Policy

Physical /Developmental Health

Evaluations Performed:

Summary of Services Provided

Medical:

Psychiatric:

Dental:

Current / Past Medications:

Name:	Dosage:	Time Given:	Use:	Date:	Date Discontinued

Recommendations for Re- Entry

Supervision Policy

Education/ Vocation Summary

Graduated

YES NO

Graduated before entering Facility

Obtained diploma while at Facility

Type of diploma:

High School Diploma

Adjusted Diploma (Designated by IEP)

Adult Diploma /HISET

Credits earned while at Facility _____

Total credits earned to date: _____

Total credits remaining: _____

Zoned School at Release:

Name:

Address:

Education Programs Completed:

Vocation Programs Completed:

Summary of Progress in Education:

Academic (poor study skills, poor school performance and behavior, attendance problems)

Recommendations for Re- Entry

Supervision Policy

Case Management

Documentation Obtained:

Yes No

Description of documentation:

Summary of family engagement:

(Parent participation in CFT's, number of phone calls, number of visits and orientation, poor parent / child relationship)

Summary of progress in Case Management:

Recommendations for Re-entry:

Supervision Policy

Case Management Continued

Exit Assessment

- Good parental supervision
- Strong family ties
- Having a good relationship with a positive adult role model (teacher, mentor, coach)
- Strong community ties
- Engagement in school and activities
- Realistic career goals
- Employment skills
- Living skills

Case Management Plan

Goal #1	Means of Achievement
Goal#2	Means of Achievement
Goal#3	Means of Achievement
Goal #4	Means of Achievement

Supervision Policy

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Property at Facility
 YES NO

Description of Property:

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Supervision Policy

Parole
PO:
Reporting agency:
First day to report
Community Service Hours <input type="checkbox"/> YES <input type="checkbox"/> NO
Restitution Owed <input type="checkbox"/> YES <input type="checkbox"/> NO
Number of hours to complete _____
Dollar amount owed _____

Placement/Housing:
Natural Supports:
Community Supports:
Additional Information:

Supervision Policy

X

Parent/ Gaurdian

Date:

X

Parole

Date:

X

Mental Health

Date:

X

Facility Case Manager

Date:

X

Superintendent

Date:

X

Medical Staff

Date:

X

Education

Date:

Supervision Policy

Current Adjudicated Offense(s)	Adjudication History of 1 Prior Felony; or 2 Prior Gross Misdemeanors; or 3 Prior Misdemeanor	GRADUATED RESPONSE MATRIX		
		Intensive	Moderate	Minimum
CLASS I; Most Serious violent felony offenses (murder, rape, armed robbery, etc.)	Yes	5	5	5
	No	5	5/4	4
CLASS II: Other felony offenses against the person; felony weapon and felony drug distribution	Yes	5/4	4	4/3
	No	4	4/3	3
CLASS III: Felony Property, public order offenses and AWOL status	Yes	4/3	3	3/2
	No	3	3/2	2
Class IV: Misdemeanor offenses against a person or all other misdemeanors	Yes	3/2	2	2/1
	No	2	2/1	1
CLASS V: All status offenses; all violations; all citations	Yes	2/1	1	1/0
	No	1	0	0

Supervision Policy

Note: If the number is split (ex. 4/3) always select the lower level or response (e.g. 3)

Response Levels

Response Level 0	Response Level 1	Response Level 2	Response Level 3	Response Level 4	Response Level 5
Verbal Warning	Community services (5-10 hrs.)	Community Service (10- 20 hrs.)	Community Service (30-40 hrs.)	Community Service (40-50 hrs.)	Community Service (50-100 hrs.)
Written Assignment (250 words)	Written Assignment (350 words)	Written Assignment (450 words)	Global Positioning System (GPS) for 30 days	Global Positioning System (GPS) for 60 days	Global Positioning System (GPS) for 90 days
Increase UA testing	Increase UA testing	Increase UA testing	Increase UA testing	Increase UA testing	Extend parole
Daily tracking sheet (attendance)	Impose daily call in	Day reporting/ Office Visits	Increase Home Visits	Increase Home Visits	Increase Home Visits
Letter of apology	Educational classes	Impose/Modify Curfew	Deny Travel Permits for 60 days	Deny Travel Permits for 90 days	Deny Travel Permits for 120 days
		House Arrest (14 days)	Increase services (Referral to treatment providers for Counseling, BST, PSR, Mentoring, etc.)	Increase services (Referral to treatment providers for counseling, medication management, ect.)	Increase services (Referral to treatment providers for counseling, medication management, ect.)
			Re-assess for Revocation (Use PVR)	Re-assess for Revocation (Use PVR)	Re-assess for Revocation (Use PVR)

Supervision Policy

RESPONSE TO PAROLE VIOLATIONS AND REVOCATION

NAME	DOB	SUPERVISION LEVEL	DATE
Static Risk Factors		Pts.	Dynamic Risk Factors
1. Age at First Adjudication			7. Current Age
12 years or younger	2	13 or younger	2
13 to 15 years	1	14-16	1
16 years or older	0	17 or older	0
2. Prior Probation/Parole Revocations			8. Vocational Programing
No probation or parole revocations	0	Yes	-1
One or more	2	No	0
3. Education or Employment History			9. Current Level of Supervision from YSL
Satisfactory full-time school/employment >3mo.	0	Minimum	-1
Employed or Student less than full-time < 3mo	1	Moderate	1
Unsatisfactory student/ unemployed	2	Intensive	2
4. Current or Prior Adjudications (select all that apply)			Very intensive
Serious violent felony offence	2		3
5. History of Drug/ Alcohol Abuse			10. Violations or Parole (Documented)
Other felony offenses against a person/felony weapon/felony drug	2	No violations in past 6 months	-1
Sexually motivated offense as defined by NRS 179	2	One-Two violations in the past 6 months	0
Felony property and public order offenses	2	Three violations in the past 6 months	1
Misdemeanor offense against a person	1	Four or more violations in the past 6 months	2
All other misdemeanor, status offences, citations	1	11. Graduated Response Matrix Points (Latest Adjudicated Offence)	
None	0	0-1 point	0
Some use no severe disruption of functioning	1	2-3 points	1
Frequent abuse, serious disruption of functioning	2	4-5 points	2
6. Active Gang Member			12. Documented AWOL
No (none or suspect)	0	No	0
Yes (member)	2	Yes	2
Total Static Risk Score		Total Dynamic Risk Score	

Minimum Risk 0-5
 Moderate Risk 6-11
 High Risk (Intensive) 12+ or 5 points on Dynamic factors

Supervision Policy

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STATE OF NEVADA



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
JUVENILE JUSTICE SERVICES**

Admissions Assessment Report		
Name:	Gender:	Date of Birth:
Current Age:	Place of Birth:	Ethnicity:
Youth Email:		
Committing Court:	Date of Commitment:	Assigned YPC:
Native American Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolled: Yes <input type="checkbox"/> No <input type="checkbox"/> Tribe:	Height: Weight:	Primary Language: Youth: Parents:
Co-Custody: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who is the worker?		Case Number:
Evaluator, Interview Date:		

Family Information	
Biological Mother:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Custodian	
<input type="checkbox"/> Yes <input type="checkbox"/> No In the Home	
Address:	
Telephone:	Email:
Employment:	
Ethnicity:	
Biological Father:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Custodian	
<input type="checkbox"/> Yes <input type="checkbox"/> No In the Home	
Address:	
Telephone:	Email:
Employment:	
Ethnicity:	
Step-Parent(s):	
<input type="checkbox"/> Yes <input type="checkbox"/> No Custodian	
<input type="checkbox"/> Yes <input type="checkbox"/> No In the Home	

Supervision Policy

Address:	
Telephone:	Email:
Employment:	
Ethnicity:	

Other (please specify, i.e., Grandmother, etc.):
<input type="checkbox"/> Yes <input type="checkbox"/> No Custodian
<input type="checkbox"/> Yes <input type="checkbox"/> No In the Home
Address:
Telephone: Email:
Employment:
Ethnicity:
Siblings (Name, Age, Location):

<p>Committing Offense(s):</p> <p>Court Order(s):</p>

Index of Assessment Sections:

- I** Risk Categories
- II** Criminal/Legal History
- III** Attitude/Behavior
- IV** Peers/Relationships
- V** Family/Home
- VI** Substance Abuse
- VII** Mental Health
- VIII** Health/Medical
- IX** Education
- X** Skills/Interests/Recreation

I. Risk Categories

1. Most Serious Committing Offenses: Choose an item.

This section refers to adjudicated offenses only. Do not count those offenses that were amended, denied or dismissed. Refer to the Category of Offenses attachment.

Highest: Any crime identified as a Category A or B Felony Offense.

Supervision Policy

- High:** Any crime identified as a Category C or D Felony Offense.
Moderate: Any crime identified as a Category E Felony or Gross Misdemeanor Offense.
Low: Any crime identified as a Misdemeanor or other Offense.

Describe Committing Offense (Describe the circumstance as surrounding the committing offense including other charges that may have been dismissed or denied):

2. Most Serious Past Offenses:

Choose an item.

This section refers to all prior adjudicated charges. Do not count those offenses that were amended, denied or dismissed. Refer to the Category of Offenses attachment.

- Highest:** Any crime identified as a Category A or B Felony Offense.
High: Any crime identified as a Category C or D Felony Offense.
Moderate: Any crime identified as a Category E Felony or Gross Misdemeanor Offense.
Low: Any crime identified as a Misdemeanor or other Offense.
None: No prior offenses.

Describe Significant Past Offenses:

3. Current Weapons Involvement:

Choose an item.

This section refers to the committing offense. Do not count those offenses that were amended, denied or dismissed.

- Highest:** Charge of Possession/Use of a Firearm(s)
High: Charge of Possession/Use of Deadly Weapon(s)
Moderate: Charge of Possession/Use of Other Weapon(s)
None: No Weapons Involvement

Describe Weapons Charges (Describe the circumstances surrounding the weapons charges):

4. Prior Weapons Involvement:

Choose an item.

This section refers to prior adjudicated charges. Do not count those offenses that were amended, denied or dismissed.

- Highest:** Charge of Possession/Use of a Firearm(s)
High: Charge of Possession/Use of Deadly Weapon(s)
Moderate: Charge of Possession/Use of Other Weapon(s)
None: No Weapons Involvement

Describe Weapons Charges (Describe the circumstances surrounding the weapons charges):

Supervision Policy

5. *Prior Assaultive Behavior within the Past 12 months:* Choose an item.

Include charges that were adjudicated. Do not count those offenses that were amended, denied or dismissed unless information is supported by a reliable source, such as parents, school, court report, or previous probation officer.

- Highest:** Battery with serious bodily harm; Sexual Assault; Assault or Battery with a Weapon; Assault or Battery on an authority figure.
High: Battery that occurred in Detention; 2 or more Battery charges in the community, or fighting in a staff secure program that leads to failing that program.
Moderate: Assault or Battery charge in the community; write ups in a staff secure program like Spring Mountain or China Spring for fighting or for making threats towards peers or staff.
Low: Fights resulting in injury to others or suspension from school.
None: No prior assaultive behavior noted.

Describe Prior Assaultive Behavior:

6. *Current Misconduct Reports While Detained:* Choose an item.

Include information obtained from the Detention Staff and/or current court report.

- Highest:** Assault or Battery on authority figure in detention.
High: Assault or Battery on a peer where formal charges were filed; 2 or more incidents where the youth had to be placed in physical restraints or physically held by detention or program staff members, or placed on closed status more than three times due to not following the rules of the detention center.
Moderate: Assault or Battery on another youth with no formal charges filed (formal consequence within the detention setting) or an incident where the youth had to be in physical restraints or physically held by detention or program staff members on only one occasion for not following the rules of the detention center.
Low: One incident when the youth lost level or was written up in the detention log or the behavior was reported to superiors for violating detention rules.
None: No current aggressive behavior noted or reported and youth had not earned a consequence for breaking detention rules.

Explain Misconduct in Detention:

7. *Peer Relationships:* Choose an item.

Include information gathered from court report, parents, youth, school or previous probation officer.

- Highest:** Youth is in a gang or youth primarily associates with adults.
High: The majority of youth's friends are on probation or parole.
Moderate: Friends are negative influence and/or companions involved in delinquent behavior.
Low: Friends are a mix of positive and negative influences.
None: No friends on probation or parole and has primarily non-delinquent friends.

Describe Peer Relationships:

Supervision Policy

8. *Prior Escapes or Runaways:*

Choose an item.

Score based on behavior within the last 12 months. Information may be collected from the youth, parents, foster parents, court reports or the previous probation officer.

- Highest:** Escape or Attempted Escape from a secure facility (including staff-secure). Youth must have escaped from the actual premises or attempted to escape.
- High:** Panning an Escape from a secure or staff-secure facility. Runaway or escape while on furlough from a staff-secure facility such as Spring Mountain Youth Camp, China Spring, Aurora Pines, or an RTC program like Willow Springs or Spring Mountain, or from a non-secure program where the youth was in a Court-ordered placement.
- Moderate:** Runaway from a non-secure facility such as a drug treatment program or group or foster home; Runaway from parents' home three or more times and where the youth ran away from home for more than 24 hours during one of the runs; runaway from parents' home and gone for more than 7 days.
- Low:** Runaway from parents' home less than 3 times
- None:** No runaway behavior noted.

Describe Escape or Runaway Behavior:

9. *Self-harm/Suicidal Behavior:*

Choose an item.

Information may be collected from reliable sources such as parents, youth, teachers, staff, previous or current court reports or the previous probation officer.

- Highest:** Youth has made a suicide attempt within the past year, is having current suicidal ideations or has a history of delusions or hallucinations within the past year.
- High:** Youth has had suicidal ideations within the past year but is not currently experiencing ideations, youth did attempt suicide over 1 year ago, or youth is currently presenting with self-mutilating behavior.
- Moderate:** Youth participated in self-mutilating behavior over 1 year ago.
- Low:** Youth has been prescribed medication or has been taken off medication within the past month.
- None:** Youth does not present with any self-harmful or suicidal behavior.

Describe Self-Harm or Suicidal Behavior:

10. *Risk for Violence:*

Choose an item.

Based on the interview, file documents, school, parent or police reports.

- Highest** History of violent acts (i.e., violence sufficiently severe to cause injury or committed with a weapon) prior to age eleven and has a history of serious aggression. In addition there is a history of substance abuse, associations with a delinquent peer group or has lived in a family that holds significant antisocial views (i.e., history of imprisonment, multiple arrests, or history of physical aggression by the parent's), currently holds antisocial thought patterns and has a history of school or family problems.
- High:** History of violent acts (i.e., violence sufficiently severe to cause injury or committed with a weapon) between the ages of eleven and fourteen, recent history of substance abuse, as well as a history of serious violent actions since turning fourteen. In addition, associated with an

Supervision Policy

antisocial peer group or there is a family history that indicates members held antisocial views, and the youth currently holds antisocial views, and was a history of school or family problems.

Moderate: History of violent acts (i.e., violence sufficiently severe to cause injury or committed with a weapon) since turning fourteen, current substance abuse history, antisocial peer group association, history of family or school problems.

Low: No history of violence, but associated with a negative peer group and abuses substances.

None: No history of violence has positive peer influence, and little or no abuse of substances.

Additional Comments on Risk Categories:
--

II. Criminal/Legal History

1. First Referral to Probation:	Age:
First Adjudicated Offense:	Type of offense:
2. Probation Services	Age:
	Type of offense:
	(Include Placements, Programs):

Additional Comments:

III. Attitude/Behavior

1. Aggression/Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No Entertains thoughts of violence <input type="checkbox"/> Yes <input type="checkbox"/> No Has access to firearms <input type="checkbox"/> Yes <input type="checkbox"/> No Reckless use of weapons <input type="checkbox"/> Yes <input type="checkbox"/> No Destruction of property <input type="checkbox"/> Yes <input type="checkbox"/> No Cruelty to animals <input type="checkbox"/> Yes <input type="checkbox"/> No Fire setting How old were you when you stopped wetting the bed? If yes to any, Describe:
2. Anger	Minor's self-evaluation: What does youth do when angry? What's the most violent thing you've ever done? Have you ever been bothered by something you have done? Additional Comments:
3. Sexual Behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No Exchanged Sex for Money If yes, Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Act as a Procurer/Madam If yes, Describe:

Supervision Policy

4. Truthfulness	Additional Comments: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you view yourself as a good liar? If yes, what happens when you get caught in a lie? Additional Comments:
------------------------	---

Additional Comments on Attitude/Behavior:

IV. Peers/Relationships

1. Who has been a positive influence for you? What do you think they like most about you?	Who: Like:
2. Do you have a girlfriend, boyfriend? Children?	<input type="checkbox"/> Yes <input type="checkbox"/> No Significant other(s): <input type="checkbox"/> Yes <input type="checkbox"/> No Children, Ages: Additional Comments:
3. Sexual Orientation	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender <input type="checkbox"/> Uncertain Additional Comments:
4. Youth's identification (label) of type of group most association with	<input type="checkbox"/> Yes <input type="checkbox"/> No Gang (name): <input type="checkbox"/> Yes <input type="checkbox"/> No Tagging Crew: <input type="checkbox"/> Yes <input type="checkbox"/> No Jumped in? When/By Whom: <input type="checkbox"/> Yes <input type="checkbox"/> No Moniker: <input type="checkbox"/> Yes <input type="checkbox"/> No Tattoos: <input type="checkbox"/> Yes <input type="checkbox"/> No Adults: <input type="checkbox"/> Yes <input type="checkbox"/> No Other (name or identifier-Smokers, Dopers, Jocks, Skaters, etc.):

Additional Comments on Peers/Relationships:

V. Family/Home

1. Youth's regular living situation:	<input type="checkbox"/> Living with family <input type="checkbox"/> Living in Foster/group home <input type="checkbox"/> Independent Living <input type="checkbox"/> Other- Describe Length of time living in current foster home, relative, etc.:
2. Youth's perception of family support:	Who, & How:

Supervision Policy

3. Youth has a good relationship with: <i>(check all that apply)</i>	<input type="checkbox"/> Father/male caretaker <input type="checkbox"/> Mother/female caretaker <input type="checkbox"/> Sibling <input type="checkbox"/> Extended family <input type="checkbox"/> Noone																																																		
4. What kind of things does your family fight about:	Describe:																																																		
5. Quality of parental relationship: <i>(Per youth)</i>	<input type="checkbox"/> Consistent love, caring, and support <input type="checkbox"/> Inconsistent love, caring and support <input type="checkbox"/> Indifferent, uncaring, uninterested, unwilling to help <input type="checkbox"/> Hostile toward youth, berated and belittled Additional Comments:																																																		
6. Problems of family members: <i>(Per youth)</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Mother</th> <th style="width: 10%; text-align: center;">Father</th> <th style="width: 10%; text-align: center;">Sib</th> <th style="width: 10%; text-align: center;">Other</th> </tr> </thead> <tbody> <tr> <td>No problems</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Alcohol/Drugs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Deceased</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Employment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Financial</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Jail/Imprisonment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Mental Health</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Physical Health</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Recovery</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> Additional Comments:		Mother	Father	Sib	Other	No problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol/Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jail/Imprisonment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																															
7. CPS History:	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: Additional Comments:																																																		
8. Runaways or times kicked out of home	Number of runaways: Longest time gone: Times kicked out:																																																		
9. Parental supervision: <i>(Parenting role includes rule enforcement, supervision, behavioral consequences and appropriate methods of discipline)</i>	Youth's Narrative:																																																		
10. Religion:	Do you or your family have a religious preference? Additional Comments:																																																		

Additional Comments on Family/Home:
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VI. Substance Abuse	
1. Has anyone ever expressed a concern about youth's drug/alcohol use?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who:
2. Has youth ever used drugs or alcohol before or during school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supervision Policy

3. Has youth ever:	<input type="checkbox"/> Yes <input type="checkbox"/> No Sold Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No Exchanged drugs for physical protection <input type="checkbox"/> Yes <input type="checkbox"/> No Exchanged in sexual behaviors for drugs Additional Comments:
4. Does youth think that drugs/alcohol create a problem for him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
5. List three negative effects of alcohol/drug usage (according to youth):	1.
	2.
	3.
6. Has the youth ever experienced the following?	<input type="checkbox"/> Yes <input type="checkbox"/> No Black out
	<input type="checkbox"/> Yes <input type="checkbox"/> No Passing out
	<input type="checkbox"/> Yes <input type="checkbox"/> No Vomiting
	<input type="checkbox"/> Yes <input type="checkbox"/> No Hangover
7. Has the youth had any prior services for drugs or alcohol? <i>(See Mental Health section for diagnosis, residential and/or outpatient services)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe <i>(when, where, detail)</i> :
8. Substance(s) Used	1st Used Describe Use:
1. Choose an item.	
2. Choose an item.	
3. Choose an item.	
4. Choose an item.	
5. Choose an item.	
6. Choose an item.	
7. Choose an item.	
8. Choose an item.	
9. Choose an item.	
10. Choose an item.	
11. Choose an item.	
12. Choose an item.	

Additional Comments on Substance Abuse:
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VII. Mental Health

1. Present or Prior Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Inpatient <input type="checkbox"/> Yes <input type="checkbox"/> No Outpatient <input type="checkbox"/> Yes <input type="checkbox"/> No Diagnosis <i>(Dr. & date)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No Helpful? If yes, Describe <i>(focus of treatment, most current, specifics)</i> :
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Supervision Policy

	Additional Comments:
2. Suicidal Ideation	<input type="checkbox"/> Yes <input type="checkbox"/> No Current suicidal ideation Additional Comments:
3. History of Suicide	<input type="checkbox"/> Yes <input type="checkbox"/> No Currently on suicide watch? <input type="checkbox"/> Yes <input type="checkbox"/> No Been on suicide watch in the past: If yes, when and where: <input type="checkbox"/> Yes <input type="checkbox"/> No History of Suicide Threats <input type="checkbox"/> Yes <input type="checkbox"/> No History of Suicide Attempts <input type="checkbox"/> Yes <input type="checkbox"/> No Recent History of Suicide Attempts (past 12 months): <input type="checkbox"/> Yes <input type="checkbox"/> No Single attempt: If no, number of attempts: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical care received <input type="checkbox"/> Yes <input type="checkbox"/> No Have you recently lost someone close to you from suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a member of your family ever attempted suicide or committed suicide? Additional Comments:
4. Self-Harm	<input type="checkbox"/> Yes <input type="checkbox"/> No Current (<i>provide as much detail as possible, method, plan</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No History of Attempts (<i>provide as much detail as possible</i>): Additional Comments:
5. Homicidal Ideation	<input type="checkbox"/> Yes <input type="checkbox"/> No Current violent or homicidal ideation <input type="checkbox"/> Yes <input type="checkbox"/> No Has physically attacked someone: <input type="checkbox"/> Yes <input type="checkbox"/> No Serious Injury <input type="checkbox"/> Yes <input type="checkbox"/> No Has threatened to harm someone <input type="checkbox"/> Yes <input type="checkbox"/> No Has been stalking or harassing someone Additional Comments:
6. Concentration/Attention	<input type="checkbox"/> No issue <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Difficulty staying on task <input type="checkbox"/> Easily distracted <input type="checkbox"/> Has youth ever been evaluated? Additional Comments:
7. Mental Status: Check any areas of concern and provide additional information	
<input type="checkbox"/> Appearance - <input type="checkbox"/> Behavior - <input type="checkbox"/> Thought Content - <input type="checkbox"/> Memory - <input type="checkbox"/> Perception - <input type="checkbox"/> Intellectual functioning - <input type="checkbox"/> Hopelessness/helplessness - <input type="checkbox"/> Panic attacks - <input type="checkbox"/> Agitation -	<input type="checkbox"/> Affect - <input type="checkbox"/> Mood - <input type="checkbox"/> Sleep disturbance - <input type="checkbox"/> Appetite/eating disturbance - <input type="checkbox"/> Weight change - <input type="checkbox"/> Energy - Insight <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Additional Comments on Mental Health Information:

Supervision Policy

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VIII. Health/Medical

1. Current health concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:
2. Prior surgeries/hospitalizations	<input type="checkbox"/> Yes <input type="checkbox"/> No Surgeries If yes, Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Hospitalizations If yes, Describe:
3. History of trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No Head Trauma <input type="checkbox"/> Yes <input type="checkbox"/> No Sexual Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No Physical Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No Victim of Violence What's the most violent thing you've ever seen and/or experienced? If yes, Describe:
4. History of seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:
5. Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:
6. Medications (Psychiatric/Medical)	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: <input type="checkbox"/> Yes <input type="checkbox"/> No Prior Medication(s) Name: Additional Comments:
7. Dental problems Hearing Problems Eye Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Glasses Additional Comments:
8. Medical Insurance Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No Medicaid (Describe): <input type="checkbox"/> Yes <input type="checkbox"/> No Private Plan (Describe): <input type="checkbox"/> Yes <input type="checkbox"/> No Other (Describe): <input type="checkbox"/> Yes <input type="checkbox"/> No Guardian Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No Guardian returned call at time of assessment

Additional Comments on Health/Medical:

IX. Education

1. Current School Information	<input type="checkbox"/> Graduated, Date:	
	<input type="checkbox"/> GED Obtained, Date:	

Supervision Policy

	<input type="checkbox"/> Dropped Out, Date: <input type="checkbox"/> Yes <input type="checkbox"/> No Regularly attending school Last enrolled at: Current Grade Level: Credits/Grades: Additional Comments:
2. Special Education	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Learning <input type="checkbox"/> Behavior <input type="checkbox"/> Other: <input type="checkbox"/> Yes <input type="checkbox"/> No IEP Additional Comments:
3. Value of education?	<input type="checkbox"/> Yes getting an education is important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Does not think it is important <u>Educational Goals:</u> <input type="checkbox"/> GED <input type="checkbox"/> Military <input type="checkbox"/> Diploma/Graduation <input type="checkbox"/> JobCorp <input type="checkbox"/> Trade School <input type="checkbox"/> Other <input type="checkbox"/> College <input type="checkbox"/> Doesn't Know Additional Comments:
4. What subjects/classes do you like?	Subject/Class:
5. Youth's conduct in school: <i>(check all that apply)</i>	<input type="checkbox"/> No problems <input type="checkbox"/> Fighting, threatening students/staff <input type="checkbox"/> Overly disruptive behavior <input type="checkbox"/> Drugs/alcohol use (at school) <input type="checkbox"/> Crimes – theft, vandalism, graffiti <input type="checkbox"/> Lying, cheating, dishonesty <input type="checkbox"/> Insubordination <input type="checkbox"/> Truant Additional Comments:
6. History of suspensions and expulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No Suspensions <input type="checkbox"/> Yes <input type="checkbox"/> No Expulsions Additional Comments:
7. Youth involved in school activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:
8. Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No Current employment, Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Prior employment, Describe: Employment goals: Additional Comments:

Additional Comments on Education:
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X. Skills/Interests/Recreation	
1. Skill/Interest/Recreation	What do you like to do for fun? Any family recreation, activities?

Supervision Policy

2. Youth:

- Prefers spending free time with others
- Prefers spending free time alone
- More likely to observe than participate
- More likely to participate than observe

Additional Comments:

Evaluator's Signature: _____ Date: _____

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Supervision Policy

4. I will reside with my mother, Ms. Mona Lisa, at 123 Yellowbrick Road, Las Vegas, Nevada 89101, telephone number (702) 555-1212 and will obey the rules and expectations of the home. If my Parole Counselor places me in any other community placement, I will likewise follow the rules of such placement. I understand that failure to maintain my placement constitutes a violation of my Parole.
5. I will not leave Clark County, Nevada without written permission of my Parole Counselor.
6. I will comply with any special court orders and maintain a parole program of:
 - (A) Thirty (30) days house arrest;
 - (B) Full-time school attendance without behavioral or disciplinary problems, or working towards GED;
 - (C) Or full time employment or showing effort to gain employment;
 - (D) Attendance and cooperation with all counseling as directed by my Parole Counselor; and
 - (E) Payment of Court-Ordered Restitution (If so-Ordered) in a timely manner; and
 - (F) Driver's License is suspended/prohibited and cannot apply for another one for the duration of this term of parole, and
 - (G) Complete 200 hours community service, and
 - (H) I will follow and comply with all psychiatric/medical care as prescribed by my attending physician.
7. I will not own or operate a motor vehicle without the permission of my Parole Counselor. Proper licensing and insurance will be required in all cases. Permission is revocable.
8. I will not own, attempt to own, possess, attempt to possess or handle any firearm, dangerous or deadly weapon, or any explosive or incendiary device. These prohibited items include but are not limited to the following:

Firearm: any device designed to be used as a weapon from which a projectile may be expelled through a barrel by the force of any explosion or other form of combustion; any device used to mark the clothing of a person with paint or any other substance; and any

Supervision Policy

device from which a metallic projectile, including any ball bearing or pellet may be expelled by means of spring, gas, air or other force.

Explosive or Incendiary Device: any explosive or incendiary material or substance that has been constructed, altered, packaged or arranged in such a manner that it's intended use would cause destruction or injury to life or property.

Dangerous or Deadly Weapon: any dirk, dagger, switchblade knife, nunchaku, trefoil, blackjack, billy club, metal knuckles or any other item designated as dangerous or deadly by my Parole Counselor.

9. I will not use or possess any alcohol or controlled substances, narcotic, dangerous or hallucinogenic drugs, as defined by law. This restriction also extends to the use or possession of any drug, chemical, poison or organic solvent, or any compound or combination of any drug, chemical, poison or organic solvent, in any manner contrary to the directions for use, cautions or warnings appearing on the label thereof, in order to create or induce a condition of intoxication, euphoria, hallucination or elation, or to change, distort or disturb his or her eyesight, thinking processes, balance or coordination or to affect his or her central nervous system (including but not limited to salvia or any synthetic cannabanoid (i.e. "Spice", etc). I will submit to urinalysis or Breathalyzer testing upon demand of my Parole Counselor or their authorized representative.
10. I will submit to a search of my person, property, motor vehicle, and/or residence, at any time of the day or night, without a warrant, by any Youth Parole Counselor or authorized Peace Officer. This includes, but is not limited to, cameras, cell phones, pagers, computers, laptops, tablets, PDAs, and any other electronic media or data information storage devices within my care, custody or control.
11. As deemed appropriate by the Chief of the Nevada Youth Parole Bureau, be placed on a system of active electronic monitoring that is capable of identifying his/her location and producing, upon request, reports or records of my presence near or within a crime scene or prohibited area or my departure from a specific geographic location. Any person placed on electronic monitoring shall:
 - A. Follow the instructions provided by the Parole Bureau to maintain the electronic device in working order;

Supervision Policy

- B. Report any incidental damage or defacement of the electronic monitoring device to the Parole Bureau within 2 hours after the occurrence; and
- C. Any person who intentionally removes or disables or attempts to remove or disable an electronic monitoring device is guilty of a Gross Misdemeanor. This may result in your arrest, revocation of your parole and restitution for damages or loss of equipment.

12. I will not associate with gang members, nor wear any article of clothing, jewelry, or cosmetics associated with gang membership, as defined by my Parole Counselor. I will not associate with persons deemed undesirable by my Parole Counselor, nor will I associate with other parolees or probationers in the community.

13. I understand that should I leave placement without permission of my Parole Counselor, all personal effects left behind, if not claimed by family, can be disposed of after thirty (30) days.

14. I understand that I am to report all contacts that I have with any law enforcement officer to my Parole Counselor within forty-eight (48) hours.

I have read the foregoing conditions and accept them. I recognize that failure to comply with them may be used against me in any legal proceeding to modify my parole program or return me to a correctional facility.

Doe, John

Parolee

Date

I have read the foregoing conditions and will do my best to help JOHN DOE obey them. I will supervise him/her and report promptly any violation of these conditions to his/her Parole Counselor.

PARENT/GUARDIAN/INSTITUTION

Date:

Pursuant to NRS, Ch.63.701 (3), JOHN DOE was furnished a copy of these Conditions of Parole and was instructed regarding these conditions.

Submitted By: _____

Name of YPC
Youth Parole Counselor III

Date

Supervision Policy

Office Duty Day/Time: Tuesdays, 1:30 – 5:00 PM

Approved this _____ day of _____, 2018.

Approved By: _____
JAMES KINGERA—CHIEF
 Nevada Youth Parole Bureau
 By: Name of Manager- Unit Manager

	Minimum	Moderate	Intensive
General Guidelines	At Least 3 Incentives per Sanction Challenging goals, long durations of sustained compliance	At Least 3 Incentives per Sanction Challenging goals	At Least 3 Incentives per Sanction Short duration goals, incentivize each step of complex goals
Level 1: Compliance	Verbal praise to youth Verbal praise to parent Certificate of achievement Positive letter home from case manager Positive letter home from supervisor/director Publicly display work School supplies Hygiene supplies Raffle tickets Gift cards	Verbal praise to youth Verbal praise to parent Certificate of achievement Positive letter home from case manager Positive letter home from supervisor/director Publicly display work School supplies Hygiene supplies Raffle tickets Gift cards	Verbal praise to youth Verbal praise to parent Certificate of achievement Positive letter home from case manager Positive letter home from supervisor/director Publicly display work School supplies Hygiene supplies Raffle tickets Gift cards
Level 2: Continued Compliance and/or Behavior Change	Reduced frequency of drug testing Removal of electronic monitoring Allow overnight visit Allow previously restricted activity Petition for early closure of case Tickets to sporting events Gym membership Extend curfew	Extend curfew Allow special supervised outing Reduced frequency of meetings Replace meeting with a phone check-in Restoration of driving privileges Reduction in community service hours Tickets to sporting events Gym membership	Apply community service hours towards restitution Let youth pick the time and place for next PO meeting Allow input into type of community service In-court recognition Tickets to sporting events Gym membership Replace meeting with a phone check-in
Level 3: Extended Compliance, Behavior Change, and/or Milestone Met	Job shadowing opportunity Tour of local college/university Tour of local business of interest Recommendation letter for a job GED/College prep courses Parole Coupon (miss one meeting) Reduce days on Parole Arrange tattoo removal	Job shadowing opportunity Tour of local college/university Tour of local business of interest GED/College prep courses Parole Coupon (miss one meeting) Reduce days on Parole Community Service credit Arrange tattoo removal Reduce supervision level	GED/College prep courses Job-related courses/expenses (ServSafe, Health Card) Recognition event Curfew extension for verifiable approved event Allow participation in a previously restricted activity Allow attendance at a previously restricted event Expansion of community service options Arrange tattoo removal Reduce supervision level

Supervision Policy

REQUEST TO UNIT MANAGER FOR PAROLE REVOCATION

Felony

Misdemeanor

Technical

Court commits against Recommendation:

Name:
DOB:
Parole Counselor:
Ethnicity:

Date Booked:
Hearing Date:
Date Paroled:

Number of times in Institution:

Name of Institution:

PAROLE VIOLATIONS AND NEW CHARGES (BE SPECIFIC AS TO EXACT BEHAVIOR & DATES):

New Charge(s)	Youth Admits	Youth Denies	Parole Violation(s)	Youth Admits	Youth Denies

EFFORTS, RESULTS, SERVICES PROVIDED:

(How did the Parole Counselor work with youth, placements, referrals, consequences, etc.)

GRADUATED RESPONSE MATRIX RECOMMENDATION:

INSTITUTIONAL STAFFING SECTION:

Revocation Classification Score:

Supervision Policy

Recommended Institution:

Date Staffed with Institution:

Superintendent/Designee:

Approved

Denied

Youth Parole Bureau Representative:

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Supervision Policy

Termination Score

To be completed prior to writing a termination report to aid in determining if termination is successful or unsuccessful

Initial Classification or Most Recent Reclassification Score:

Parolee's Name:		Date of Birth:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Home/Placement Behavior (Check all that apply)		Score	Parole Compliance (Check all that apply)		Score
<input type="checkbox"/> No major problems known, compliant = (-3) <input type="checkbox"/> Repeated disregard for placement rules = +3 <input type="checkbox"/> Completed 30 day Home Restriction &/or House Arrest = (-2) <input type="checkbox"/> Maintain placement, average compliance = (-1) <input type="checkbox"/> Discharged from placement = +5			<input type="checkbox"/> Home Restriction reinstated or extended = +2 <input type="checkbox"/> Maintaining regular contact with PO = (-1) <input type="checkbox"/> Failing to maintain regular contact with PO = +5 <input type="checkbox"/> Possession of weapon (pocket knife, etc.) = +3 <input type="checkbox"/> Placed on electronic monitoring = +3 <input type="checkbox"/> JSO parole violations documented = +5		
Education &/or Other Programming (Check all that apply)		Score	Legal Issues (Check all that apply)		Score
<input type="checkbox"/> Completed program (GED, Diploma, etc) = (-5) <input type="checkbox"/> Involved in extracurricular activities = (-2) <input type="checkbox"/> Maintaining educational program = (-1) <input type="checkbox"/> No educational requirement = 0 <input type="checkbox"/> Failing educational program, not earning credit = +1 <input type="checkbox"/> Suspended/Expelled from educational program = +3			<input type="checkbox"/> None = (-2) <input type="checkbox"/> Status offense arrest/citation = +1 <input type="checkbox"/> Parole Violation arrest/citation = +2 <input type="checkbox"/> Misdemeanor arrest/citation = +3 <input type="checkbox"/> Gross Misdemeanor = +3 <input type="checkbox"/> Felony arrest = +8 <input type="checkbox"/> Multiple separate arrests = +10 <input type="checkbox"/> Weapon, dangerous/lethal weapon involved arrest = +15		
Employment (Check only one)		Score	Special Court Order Compliance (Check all that apply)		Score
<input type="checkbox"/> No employment requirement = 0 <input checked="" type="checkbox"/> Not employed = +2 <input type="checkbox"/> Documented proof of seeking employment = (-1) <input type="checkbox"/> Employed = (-2)			<input type="checkbox"/> Paid off restitution = (-3) <input type="checkbox"/> Regularly paying restitution = (-2) <input type="checkbox"/> Restitution account past due 60 days = +2 <input type="checkbox"/> Actively completing community service = (-1) <input type="checkbox"/> Completed community service = (-2) <input type="checkbox"/> Failure to attend community service = +3		
Mental Health Specific Treatment (Check all that apply)		Score	Gang Involvement/Activity (Check all that apply)		Score
<input type="checkbox"/> None of the above or Not Applicable = 0 <input type="checkbox"/> Treatment compliant = (-2) <input type="checkbox"/> Medication compliant = (-2) <input type="checkbox"/> Treatment resistant = +5 <input type="checkbox"/> Resistant to medication = +3			<input type="checkbox"/> Not a gang member/no involvement = 0 <input type="checkbox"/> Gang member, but not active = 0 <input type="checkbox"/> Verified gang exposure, including tagging = +3 <input type="checkbox"/> Gang related contact w/ law enforcement = +5		
Treatment &/or Counseling (Check only one box)		Score	Peer Association (Check only one)		Score
<input type="checkbox"/> Completed treatment/counseling = (-3) <input type="checkbox"/> Maintaining treatment/counseling = (-2) <input type="checkbox"/> Non-compliance with treatment/counseling = +2 <input type="checkbox"/> Failed treatment programming = +3 <input type="checkbox"/> No treatment required = 0			<input type="checkbox"/> Delinquent peers &/or drug abusing peers (primarily) = +2 <input type="checkbox"/> Mixture of delinquent & non-delinquent peers = +1 <input type="checkbox"/> Associates with non-delinquent peers only = 0		
Parental/Family/Community Support Systems (Check all that apply)		Score	Substance Use/Abuse (Check only one)		Score
<input type="checkbox"/> Guardian/family provide high level of supervision/structure = (-3) <input type="checkbox"/> Guardian/family actively involved with any treatment = (-2) <input type="checkbox"/> Limited parental involvement = 0 <input type="checkbox"/> Youth involved w/ community support program = (-1)			<input type="checkbox"/> None = (-1) <input type="checkbox"/> Positive drug/alcohol test = +1 <input type="checkbox"/> 2+ positive drug/alcohol tests = +3		
Column Total:			Column Total:		
Total from both Columns:					
Successful 0-30		Unsuccessful 31-60		Termination Score Total = <small>(Total of both columns combined with the Initial Classification Score or the most recent Reclassification Score)</small>	
Override Reason(s) Explained:					
Completed by:		YPC Signature:		Date:	

CONFIDENTIALITY and RELEASE OF JUVENILE JUSTICE INFORMATION

	DIVISION OF CHILD AND FAMILY SERVICES Juvenile Justice Services STATEWIDE POLICY
SUBJECT:	Confidentiality and Release of Juvenile Justice Information
POLICY NUMBER:	DCFS/JJS 300.11
EFFECTIVE DATE:	July 1, 2017
APPROVED BY:	John Muñoz, Deputy Administrator - Juvenile Justice Services
DATE:	<i>[Signature]</i> 1/4/18
SUPERSEDES:	None
APPROVED BY:	Kelly Woodridge, Administrator - Division of Child and Family Services
DATE:	<i>[Signature]</i> 1/16/2018
REFERENCES:	NRS 62H.025 NRS 432B Prison Rape Elimination Act (PREA) 42 CFR Part 2 45 CFR Part 160 Family Educational Rights and Privacy Act (FERPA) ACA 4-ICF-4C-31
ATTACHMENTS:	Attachment A: Authorization for Release of Confidential Information form

I. SUMMARY

It is the policy of the Division of Child and Family Services, Juvenile Justice Services (DCFS/JJS) that all juvenile justice information is confidential and may only be released in accordance with the provisions of NRS 62H.025 or as expressly authorized by other federal or state law.

D. DEFINITIONS

- A. **Juvenile Justice Agency:** Nevada Division of Child & Family Services, Juvenile Justice Services (DCFS/JJS) or a county director of juvenile services.
- B. **Director of Juvenile Services:** The county Chief Probation Officer, county director of juvenile services, or the county director of the department of juvenile justice services.
- C. **Juvenile Justice Information:** Any information which is directly related to a child in need of supervision, a delinquent child or any other child who is otherwise subject to the jurisdiction of the juvenile court.
- D. **Confidential/Privileged Information:** Juvenile justice information that is subject to specific limitations on its disclosure. Such information must be specifically labeled, handled, and stored in such a way as to guard against accidental or unauthorized disclosure.

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- E. Consent to release information:** A written authorization to release specific juvenile justice information to a specific individual or agency pursuant to applicable laws, regulations, and policy by an authorized individual.
- F. 42 CFR Part 2:** The part of the Code of Federal Regulations under the Public Health chapter that deals with the confidentiality of alcohol and drug abuse patient records. Specialists, organizations, or units of organizations who provide substance abuse diagnosis, treatment, or referrals for treatment are usually covered by these regulations.
- G. HIPAA:** Refers to the federal Health Insurance Portability and Accountability Act of 1996, together with regulations promulgated by the United States Department of Health and Human Services (HHS), available at 45 CFR Part 160. These regulations establish federal standards for the privacy and security of "protected health information" (PHI), including mental health information.
- H. FERPA:** Refers to the federal Family Educational Rights and Privacy Act that governs the access to and release of educational records by federally funded schools.
- I. ROI: Release of Information.** See Attachment A for the form to process ROI.
- J. PREA: Prison Rape Elimination Act.** A federal law passed in 2003 that supports the elimination, reduction, and prevention of sexual assault, sexual harassment and rape within correctional facilities. This law applies to all federal, state, county, local, and private facilities.

III. RELEASE OF JUVENILE JUSTICE INFORMATION

- A. For the purpose of ensuring the safety, permanent placement, rehabilitation, educational success and well-being of a child or the safety of the public, a juvenile justice agency may only release juvenile justice information to:**
 - 1. A director of juvenile services or his or her designee;
 - 2. The Chief of the Youth Parole Bureau or his or her designee;
 - 3. The Chief Parole and Probation Officer or his or her designee;
 - 4. The Director of the Department of Corrections or his or her designee;
 - 5. A district attorney or his or her designee;
 - 6. An attorney representing the child;
 - 7. The director, chief or sheriff of a state or local law enforcement agency or his or her designee;
 - 8. The director of a state or local agency which administers juvenile justice or his or her designee;
 - 9. A director of a state or local facility for the detention of children or regional facility for the treatment and rehabilitation of children or his or her designee;
 - 10. The director of an agency which provides child welfare services or his or her designee;
 - 11. The director of an agency which provides mental health services or his or her designee;
 - 12. A guardian ad litem or court appointed special advocate who represents the child;
 - 13. A parent or guardian of the child;
 - 14. The child to whom the juvenile justice information pertains if the child has reached the age of majority, or a person who presents a release that is signed by the child who has reached the age of majority and which specifies the juvenile justice information to be released and the purpose for the release;
 - 15. A law enforcement agency in the course of a criminal investigation, a delinquency proceeding conducted pursuant to the provisions of this title or a situation involving a child who is subject to the jurisdiction of the juvenile court and who poses a threat to himself or herself or to the safety or well-being of others;

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16. A school district, if the juvenile justice agency and the school district have entered into a written agreement to share juvenile justice information and data from an educational record of a child maintained by the school district for a purpose consistent with the purposes of 62H.025;
 17. A person or organization who has entered into a written agreement with the juvenile justice agency to provide assessments or juvenile justice services;
 18. A person engaged in bona fide research that may be used to improve juvenile justice services or secure additional funding for juvenile justice services if the juvenile justice information is provided in the aggregate and without any personal identifying information; or
 19. A person who is authorized by a court order to receive the juvenile justice information, if the juvenile justice agency was provided with notice and opportunity to be heard before the issuance of the order.
- B. A juvenile justice agency may deny a request for juvenile justice information if:**
1. The request does not, in accordance with the purposes of 62H.025, demonstrate good cause for the release of the information; or
 2. The release of the information would cause material harm to the child or would prejudice any court proceeding to which the child is subject;
 3. A denial pursuant to this subsection must be made in writing to the person requesting the information not later than 5 business days after receipt of the request.
- C. Any juvenile justice information provided pursuant to 62H.025 may not be used to deny a child access to any service for which the child would otherwise be eligible, including, without limitation:**
1. Educational services;
 2. Social services;
 3. Mental health services;
 4. Medical services; or
 5. Legal services.
- D. Except as otherwise provided, any person who is provided with juvenile justice information pursuant to this 62H.025 and this policy and who further disseminates the information or makes the information public is guilty of a gross misdemeanor. This does not apply to:**
1. A district attorney who uses the information solely for the purpose of initiating legal proceedings; or
 2. A person or organization described in III. A. who provides a report concerning juvenile justice information to a court or other party pursuant to 62H.025 or chapter 432B of NRS (Protection of Child from Abuse and Neglect).
- E. Release of juvenile justice information to an agency or individual not cited by NRS 62H.025 (see Section III, A) or this policy, or as required by other federal or state regulations, will require approval on a Release of Information (ROI) form (See Attachment A) from the youth (who is 18 years of age or older) or from the parent/guardian of the youth (under the age of 18) and compliance with all applicable provisions for the release of the juvenile justice information.**
- F. Any attendees at a Child & Family Treatment (CFT) meeting not listed as authorized to have access to juvenile justice information will require the completion of a ROI form (See Attachment A).**
- G. A ROI form is not required for any medical emergency that presents a clear or imminent danger to the youth or others.**

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- H. As required by PREA, "Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18."
- I. An ROI is not required when making a mandated report of Child Abuse and Neglect (NRS32B.220).
- J. Consistent with the requirements of 62H.025 and this policy, a ROI is not required for a qualified individual or organization that needs to have access to youth records for the purpose of program evaluation.
- K. Staff shall read and assist with the completion of the ROI (see Attachment A) with the youth or the legally responsible person as necessary.
- L. All DCFS/JJS team members who have access to juvenile justice information shall be trained on the requirements of 62H.025 and this policy.
- M. The Superintendent and Chief of the Youth Parole Bureau shall designate a team member as Coordinator of Juvenile Justice Information and Records for their respective units to ensure compliance with this policy.

IV. CONFIDENTIALITY AND RELEASE OF ALCOHOL AND DRUG ABUSE RECORDS, PROTECTED HEALTH INFORMATION AND EDUCATIONAL RECORDS.

- V. Federal law and regulations provide for specific confidentiality protections and procedures for the release of information pertaining to alcohol and drug abuse records (42 CFR Part 2), protected health information (HIPPA), and educational records (FERPA). Issues related to these program areas should be referred to the appropriate substance abuse, medical/mental health, or education staff/treatment provider to ensure compliance with these federal requirements. Additionally, any alcohol or drug abuse records released in accordance with this paragraph must have the following non-disclosure statement (see Attachment A): "I understand that my records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: (specification of the date, event, or condition upon which it expires)."

VI. CONFIDENTIALITY OF FAMILY INFORMATION

- A. Family information shall be treated as all other juvenile justice information and maintained as confidential and only released pursuant to the provisions of NRS62H.025 and this policy.

VI. PROCEDURE

- A. Each institution and the Youth Parole Bureau shall develop a Standard Operating Procedure (SOP) for this policy.

**Division of Child and Family Services – Juvenile Justice Services (DCFS/JJS)
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

Information Requested From: (PRINT NAME/ADDRESS)

Information Released To: (PRINT NAME/ADDRESS)

_____ (Initial) I approve of this information being faxed and or emailed to the party listed above.

YOUTH NAME: _____
(PRINT)

DATE OF BIRTH: _____

INFORMATION TO BE RELEASED: (Individual must initial each item of information to be released)

- | | | |
|---|--|---|
| <input type="checkbox"/> Consultation Reports | <input type="checkbox"/> Medical History / Physical Exam | <input type="checkbox"/> Treatment Plans |
| <input type="checkbox"/> Diagnosis (psychiatrist) | <input type="checkbox"/> HIV/AIDS Information | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Medication Records | <input type="checkbox"/> Psychological Assessment |
| <input type="checkbox"/> Drug and Alcohol Abuse Information | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Lab |
| <input type="checkbox"/> General Summary Letter Only | | |

_____ Other (Specify): _____

For the Purpose Of: _____

This authorization is effective immediately and is subject to revocation in writing at any time, except to the extent that action has already been taken in reliance thereon. I may revoke this release in writing at any time and without penalty or denial of services. This authorization expires _____. (No greater than 1 year from the date of signature below)

It is understood that the policy of DCFS/JJS is to release only that information about the youth on parole or a former parolee, which, in the judgment of the staff, is considered essential to the purpose for which this authorization is requested. This in no way binds DCFS/JJS to open its records for inspection, or to otherwise provide information which may violate the above policy. Nevada Statutes, and/or Administrative Regulations protect the DCFS/JJS records and any further disclosure is prohibited without the consent of the undersigned. It is further understood that the Chief of Parole or the Superintendents of any State operated youth correctional center may refuse to disclose portions of such records if he or she states in writing that such disclosure will be injurious to the welfare of the youth or former youth. I understand that my records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(Specification of the date, event, or condition upon which this consent expires)

1. I understand that this authorization is voluntary and that I may refuse to sign. My refusal to sign will not affect my parole status.
2. I understand that I may revoke this authorization at any time by notifying DCFS/JJS in writing, except to the extent that information has already been released based on this signed authorization.
3. I understand that information I authorize a person or entity to receive may be re-disclosed and no longer protected by federal privacy regulations.
4. I understand that I may inspect the information disclosed.
5. I release DCFS/JJS and any employee of DCFS/JJS from any liability arising from my request for the release of information to the person/agency designated above.

_____ Youth (Print Name)	_____ Youth Signature	_____ Date
<i>Not Applicable if Under 18 Years of Age</i>		

<input type="checkbox"/> Parent <input type="checkbox"/> Custodian <input type="checkbox"/> Guardian (Print Name)	_____ Parent / Custodian / Guardian Signature	_____ Date
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_____ Witness (Print Name)	_____ Witness Signature	_____ Date
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