“SAFETY AND SECURITY DON’T JUST HAPPEN, THEY ARE THE RESULT OF COLLECTIVE CONSENSUS AND PUBLIC INVESTMENT. WE OWE OUR CHILDREN, THE MOST VULNERABLE CITIZENS IN OUR SOCIETY, A LIFE FREE OF VIOLENCE AND FEAR.”

- Nelson Mandela
During the past biennium, intensive work was done in terms of implementing major initiatives that have resulted in positive outcomes for the families and children we serve in Nevada. The Division of Child and Family Services (DCFS) acting independently or in collaboration with our county partners and other stakeholders achieved many successes through teamwork and creative case planning.

Among the achievements we can be most proud of are:

**Information Management Services (IMS)**
IMS supports two major automated systems, UNITY and myAvatar. In 2011, IMS submitted a Technology Investment Request (TIR) to the legislature asking for funding to convert UNITY to a web-based architecture. During the 2013 – 2014 biennium, IMS completed the project. The conversion has streamlined UNITY enabling staff to minimize their time spent on the computer while capitalizing on the usefulness of the system.

**Child Welfare**
During the 2013-2014 biennium, DCFS implemented the Specialized Foster Care pilot program in the rural regions and urban counties. The program was designed to provide the most effective and appropriate services for children in foster care with severe emotional and behavioral problems in order to keep them in their own communities. Children in specialized foster care can spend their entire childhoods in costly institutions and may be transferred from one foster home to the next causing unimaginable trauma. The child welfare agencies were committed to reforming their efforts...
to assist in stabilizing the lives of our children either through efforts to support reunification or providing foster parents with the support and training to keep children in their placement. To that end, each of the three child welfare agencies in the state, DCFS, Clark County Department of Family Services (CCDFS) and Washoe County Department of Social Services (WCDSS) shared common elements related to the project including a high degree of agency oversight of each case, implementation of evidence based practices and an evaluation component. The program initially started with 30 children and today provides services to 220 statewide.

Children's Mental Health
One of our most exciting and innovative projects implemented during the past biennium is the Mobile Crisis Response Team. Mobile Crisis Response Services provide immediate care and treatment from specialized teams which include qualified mental health professionals and psychiatric case managers to any child or adolescent requiring support and intervention with a psychiatric emergency.

Recognizing the need in our state to reduce unnecessary psychiatric hospitalization and placement disruptions of children and youth, DCFS asked for and received approval from the Interim Finance Committee to fund a “mini” Mobile Crisis program in southern Nevada. At the June 2014 Interim Finance Committee DCFS received Healthy Nevada Funds to expand Mobile Crisis for youth program at Southern Nevada Child and Adolescent Services (SNCAS), and begin a Mobile Crisis for the Youth Program at Northern Nevada Child and Adolescent Services (NNCAS). SNCAS received 19 positions and NNCAS received eight positions.

Juvenile Justice
The John H. Chafee Foster Care Independence Program (Chaffee) offers assistance to current and former foster care youth to achieve self-sufficiency. The Chaffee funding for the Adoption and Foster Care Analysis and Reporting System (AFCARS) parole youth has provided resources to support successful community transitions by providing youth much needed items such as shoes, bus passes and gas cards.

I would be remiss if I did not applaud staff at NYTC for their commitment to the youth they serve. As many of you know, in the past biennium we embarked on a long road towards achieving consensus related to the most appropriate placement options for youth in our juvenile justice population by participating in discussions with the Commission on Statewide Juvenile Justice Reform. During the deliberations this past October, the Nevada Supreme Court Regional Facility Planning Commission, a Subcommittee of the Commission, summarized the outcome of the scenarios we all considered by stating that, “NYTC is effectively meeting the behavioral and treatment needs of the population that has been committed to DCFS custody. Administration, staff, student, and community culture instilled in this program is effective and organized. Attempts to duplicate this culture would be extremely difficult if these services were moved to another location.”

To that end, I anticipate continuing services at NYTC in the capacity of the juvenile/commitment treatment facility for the Northern Nevada Region. And, I am excited to announce that this year we will celebrate the 100th year anniversary of NYTC. It is hard to imagine the sheer number of youth NYTC has touched over ten decades of time. NYTC has impacted careers, influenced thinking and achieved educational successes. We have great reasons to celebrate this milestone and I hope you can join me in embracing our history and our future at NYTC.

Now, we are poised to take more great steps forward. As we prepare for the 2015 legislative session I am confident that our team will have success. We have solid leadership, good communication between disciplines, productive collaboration and staff who understand each other, work well together and are passionate about the children and families we serve. Moreover, we are adaptable, constantly confronting obstacles and crisis or rushing to meet deadlines. Odds are more issues will arise in the upcoming biennium but our common vision is clear: children and families are Nevada’s future and I as well as my leadership team and our staff are ready for the journey.
The State of Nevada’s Division of Child and Family Services (DCFS) provides a wide range of services for the children, youth and families in Nevada. Program areas include Child Welfare, Juvenile Justice, Mental/Behavioral Health Services, Administration and Support Services, and includes direct services as well as oversight for programs administered at the county and local level.

<table>
<thead>
<tr>
<th>CHILD WELFARE SERVICES</th>
<th>JUVENILE JUSTICE SERVICES</th>
<th>MENTAL AND BEHAVIORAL HEALTH SERVICES</th>
<th>ADMINISTRATIVE AND SUPPORT SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protective Services</td>
<td>Youth Alternative Placement</td>
<td>Inpatient Treatment Services</td>
<td>Grant Management and Fiscal Administration</td>
</tr>
<tr>
<td>Foster Care</td>
<td>Juvenile Correctional Care</td>
<td>Residential Care Including Family Learning Homes</td>
<td>Federal Reporting on Child Welfare and Services</td>
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<tr>
<td>Licensing of Foster Homes</td>
<td>Academic/Vocational Training</td>
<td>Acute Residential Treatment Center</td>
<td>Personnel and Payroll</td>
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<tr>
<td>Child Abuse and Neglect Registry</td>
<td>Counseling</td>
<td>Adolescent Residential Treatment Center</td>
<td>Fiscal Services</td>
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<tr>
<td>Interstate Compact for the Placement of Children</td>
<td>Youth Parole Supervision and Services</td>
<td>Early Childhood Services</td>
<td>Contracts Administration</td>
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<tr>
<td>Indian Child Welfare Act (ICWA) Administration</td>
<td>Interstate Compact for Juveniles (ICJ)</td>
<td>Outpatient Treatment Services</td>
<td>Eligibility Determination for Federal Programs to Youth</td>
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<tr>
<td>Services to Foster Youth Transitioning to Adulthood</td>
<td>Grant Administration</td>
<td>Intensive Care Coordination Services</td>
<td>Domestic Violence Victims Assistance</td>
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<tr>
<td>Adoption</td>
<td>Juvenile Justice Delinquency Prevention Act Compliance</td>
<td>Mental Health Consortium</td>
<td>Systems Advocate Unit</td>
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<tr>
<td>Review of Child Fatalities</td>
<td></td>
<td></td>
<td>Compliance and Oversight for Various Programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Training</td>
<td>Information Management Systems</td>
</tr>
</tbody>
</table>

2013-2014 BIENNIAL REPORT
DCFS’ mission, together in genuine partnership with families, communities and county governmental agencies, provides support and services to assist Nevada’s children and families in reaching their full human potential.

We recognize that Nevada’s families are our future and families thrive when they:

- Live in safe, permanent settings;
- Experience a sense of sustainable emotional and physical well being; and
- Receive support to consistently make positive choices for family and common good.
SFY 2016 BUDGET

- ADMINISTRATIVE AND OTHER SERVICES $29,184,132
- CHILD PROTECTIVE/WELFARE SERVICES $148,767,828
- CHILDREN’S MENTAL/BEHAVIORAL HEALTH SERVICES $37,532,377
- JUVENILE JUSTICE SERVICES $38,056,493

TOTAL $253,540,830

SFY 2017 BUDGET

- ADMINISTRATIVE AND OTHER SERVICES $29,526,571
- CHILD PROTECTIVE/WELFARE SERVICES $157,253,721
- CHILDREN’S MENTAL/BEHAVIORAL HEALTH SERVICES $38,519,004
- JUVENILE JUSTICE SERVICES $38,176,429

TOTAL $263,475,725
The Division of Child and Family Services’ (DCFS) Systems Advocate Unit was created to investigate and attempt to resolve concerns about the protection of children who are receiving services from DCFS and support progress towards better outcomes.

The Systems Advocate Unit serves a vital public purpose by responding to requests for information on issues including, but not limited to, Child Protective Services (CPS) investigations, service array, reunification and permanency, Interstate Compact on the Placement of Children (ICPC) issues, provider concerns, foster care licensing and adoption. The Systems Advocate Unit also informs families of their rights, resolves complaints involving anything that effects the safety and well-being of children in Nevada, provides information on services to families regarding children and youth in Nevada, and educates to inform families, staff and other stakeholders on a variety of issues.

Furthermore, the Systems Advocate performs the duties of the agency Hearing Officer and has the responsibility to make available a fair hearing process to:

- Social service licensing applicants/recipients/group/family foster homes and child placing agencies who disagree with the agency’s decision to not reissue or to revoke a license;
- Adoptive parents who feel their adopted child/children should have met the special needs criteria of the Title IV-E Adoption Subsidy funding program;
- An individual who feels a finding of substantiated child neglect and/or abuse is not consistent with the requirements of the law.

The Systems Advocate is also the key point of contact between DCFS, the Department of Health and Human Services and the Nevada State Legislature.

INQUIRIES BY SUBJECT MATTER SFY 2014

- ABUSE/NEGLIGENCE 14%
- FOSTER CARE/ADOPTION 20%
- RECORDS REQUESTS 4%
- OTHER AGENCY ASSISTANCE 14%
- MENTAL & BEHAVIORAL HEALTH SERVICES 7%
- EMPLOYMENT/LEGISLATIVE/MEDIA 6%
- JUVENILE JUSTICE SERVICES 13%
- COMPLAINTS AGAINST AGENCY/WORKERS 12%
- MISCELLANEOUS 10%

Source: Data Reported by Systems Advocate SFY 2014
Information Management Services (IMS) supports the safety, permanency and well-being of children, families and communities by providing accurate and accessible information to the agency and its partners, and by servicing the technical needs of the agency.

IMS Systems: UNITY and myAvatar
IMS supports two major automated systems, UNITY and myAvatar. UNITY (Unified Nevada Information Technology for Youth) is the Statewide Automated Child Welfare Information System (SACWIS) for Nevada. It is used to record foster care, adoption, child protective services, licensing, and other child welfare activities. UNITY serves DCFS and its partner agencies, Clark County Department of Family Services (CCDFS) and Washoe County Department of Social Services (WCDSS), in their efforts to protect and serve the children of Nevada. UNITY was originally implemented to satisfy Federal reporting requirements. While it has successfully satisfied those requirements, IMS continues to look for ways to improve UNITY in support of its users.

IMS recently completed a project to convert UNITY into a web-based system. The incentive for this conversion came from a 2009 evaluation conducted by Integrating Factors Incorporated (IFI). IFI reviewed various business processes and examined how staff used UNITY to accomplish those processes. In particular, IFI looked for ways to make UNITY more streamlined so that staff could minimize their time spent on the computer while still maximizing the usefulness of the system.

One of IFI’s key recommendations was to:

“Design and implement a new presentation layer for UNITY using Web Portals that are better tailored to suit the needs of the specific functional roles performed by UNITY users.”

Acting on IFI’s recommendation, DCFS submitted a Technology Investment Request to the Legislature, asking for funding to convert UNITY from its current Graphical User Interface (GUI) architecture to a web-based architecture. The Legislature approved the request contingent on DCFS obtaining approval for matching funds from the Federal Children’s Bureau. DCFS obtained the necessary approval through its Annual Operation Advanced Planning Document Update (APDU) submitted for Fiscal Year 2012. In March of 2012, DCFS awarded a contract to QA Technologies, Inc. (QAT) for 2.5 million dollars to perform the software conversion. QAT completed its work in August of 2013. For the next year IMS staff continued to modify the new version of UNITY to comply with regulatory and other requirement changes that were mandated during the project and to improve the overall performance of the system. During the summer of 2014, IMS began rolling the new system out to UNITY users.

This technical conversion is only the first step to improving UNITY. Currently IMS is revising various functional areas of UNITY to make them better fit the business needs of the agency. Two projects are currently underway:

- Intake—IMS is revising all of the functionality that supports staff who receive the initial reports of possible neglect or child abuse.
- Recruitment—IMS is creating new functionality that will support staff who reach out to the public to recruit foster parents.

These are the first of many such projects.

myAvatar is a case management and billing tool used statewide by 390 clinicians and billing staff to record and manage children’s mental health information. IMS recently concluded a project to upgrade from Avatar (myAvatar’s predecessor) to myAvatar. myAvatar incorporates several changes related to Federal requirements associated with the implementation of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the tenth revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Child Welfare includes direct child protective services, foster care, adoption and independent living services, foster care licensing in fifteen rural Nevada counties and statewide oversight for child welfare including Clark County Department of Family Services (CCDFS) and Washoe County Department of Social Services (WCDSS); oversight of the Interstate Compact for the Placement of Children, and the review of child deaths in Nevada.

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

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

“Children are not a distraction from more important work. They are the most important work.”

- John Trainer, M.D.
Child Protective Services (CPS) is the first step to ensure the safety and permanency of children age birth to eighteen who are reported as being abused or neglected. The primary focus of CPS is to ensure that children are protected from harm or risk of harm and to make it safe for the child to live with the parent or caretaker. It is the responsibility of the CPS worker to assess family functioning and identify strengths and risks in the home, and to develop strategies with those families to keep their children safe.

Source: DCFS Data Book June 2014
CPS Investigations
The process of a CPS Investigation:

- Begins upon receiving a referral.
- CPS worker gathers as much information as possible about each family member, the nature, extent, severity, and alleged child maltreatment.
- The CPS worker collects and analyzes the information and determines if it meets the criteria outlined in the statewide allegation system and the requirements for response to the report.
- Determination of the case findings are made based on whether there is reasonable cause to believe that a child is abused or neglected or threatened with abuse and/or neglect.
- The findings are classified as “Substantiated” meaning that a report made pursuant to NRS 432B.220 was investigated and that credible evidence of the abuse or neglect exists. “Unsubstantiated” means that a report made pursuant to NRS 432B.220 was investigated and that no credible evidence of the abuse or neglect exists.
- If children are unable to be safely maintained in their homes, CPS will petition the court and recommend strategies to keep children safe at home or to be removed and placed in out of home care.

CHILD PROTECTIVE SERVICE INVESTIGATIONS STATEWIDE

<table>
<thead>
<tr>
<th></th>
<th>SFY 2013</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Substantiated</td>
<td>Unsubstantiated</td>
</tr>
<tr>
<td></td>
<td>31%</td>
<td>69%</td>
</tr>
<tr>
<td></td>
<td>26%</td>
<td>74%</td>
</tr>
</tbody>
</table>

Source: DCFS Data Book June 2014
The Indian Child Welfare Act (ICWA) is the Federal law, 25 U.S.C § 1902, passed in 1978, that sets federal requirements that apply to state child custody proceedings involving an Indian child who is a member of or eligible for membership in a federally recognized tribe. Under federal law, individual tribes have the right to determine eligibility, membership, or both.

ICWA applies when an Indian child as defined by the Federal law is taken into involuntary state custody, and sets out federal requirements regarding removal and placement of Indian children in foster or adoptive homes and allows the child’s tribe to intervene in the case.

The State of Nevada has 25 federally recognized tribes, bands, and colonies. The Family Programs Office (FPO) within DCFS employs an Indian Child Welfare Specialist. The Specialist provides technical assistance to State/Tribal/County social workers, coordinates training on ICWA, fosters State/Tribal relationships, facilitates the Indian Child Welfare Committee, and disseminates current information regarding regulations, and federal laws that may impact American Indian/Native Alaskan children and families in Nevada. The specialist participates in case reviews, assisting state and tribal partners in the identification of appropriate actions as they regard ICWA and serves as a key participant in the meetings between tribal and state leadership.

Highlights: ICWA in Nevada

Collaboration and Consultation
Opportunities for collaboration are comprised of bi-monthly meetings with the Statewide Children’s Justice Act Task Force Indian Child Welfare Committee; quarterly meetings with the Department of Health and Human Services Tribal Liaison Committee, and various training opportunities, conventions, summits and conferences in which these groups sponsor and/or participate. DCFS initiated the formal consultation process with Nevada Tribes and had the first meeting at the 49th ITCN Annual Convention in December, 2014. DCFS through a partnership with the Nevada Indian Commission provides the list serve NVIC-WA@listserv.state.nv.us to allow information sharing and collaboration between the State/County child welfare agencies, Tribes and other child welfare partners.

Training
Social workers gain competencies to employ the mandates of ICWA in the Nevada Academy Training and ICWA training is offered to further enhance skills. The training is now offered online as well. In addition to these ongoing trainings, needs for training are identified by tribal social services and child welfare agency staff, the DCFS ICWA Program Specialist then coordinates the means to meet those training needs. DCFS partners with the Inter-Tribal Council of Nevada (ITCN) to provide a child welfare track during their annual convention and State/County/Tribal workers and other child welfare partners are encouraged to attend.

Memoranda of Understanding (MOU)
With the assistance of the Attorney General’s Office, the State developed an MOU template to enable the cross jurisdictional placement of Native Indian/Native Alaskan children through state recognition of licensed foster homes on tribal land. MOUs continue to be discussed with tribes, bands and colonies in Nevada with one tribe having an MOU in place and the other three are in varying stages of negotiation.
When the safety and protection of a child cannot be met in the parent’s or caregiver’s home, substitute care in the form of relative (kinship) care, foster care, residential therapeutic care, or other planned permanent living arrangements may become necessary. When it becomes necessary, child welfare agencies place children with available resource families. Resource families are families who exist to meet the needs of Nevada’s waiting children, and may be relatives, fictive family, foster parents, therapeutic foster care parents and adoptive parents. With a resource family, a child may begin with an emergency shelter-care placement, emerge into foster care, with a final outcome of an adoption—and never leave the original resource family home. A resource family is a family who is committed to a child regardless of the child’s needs and level of care.

Additional resources are provided to foster home parents to be able to better manage the higher needs of children placed in their homes, to include:

- On call 24/7 crisis support through Intensive Family Services (IFS)
- Collaborative partnerships between DCFS and foster parents
- On-going training: training on child specific issues and ongoing skill development
- Weekly in-home observation, visits, assessment and feedback
- Coaching to ensure utilization of training techniques and principles
- Emotional support, networking and problem solving
- Proactive behavioral planning and goal setting

**Highlights: Foster Care Initiatives**

I. Quality Parenting Initiative

The Quality Parenting Initiative (QPI) was originally piloted in Florida in 2008, and Florida has experienced improved results in the quality of foster parents, better retention of foster parents, enhanced recruitment of new foster parents (foster homes) and improved out-
comes for foster children. The Quality Parenting Initiative (QPI) was first brought to Nevada through CCDFS and WCDSS introducing it in late 2012. In early 2013, DCFS contracted with the University of South Florida to develop a Nevada QPI/Just in Time training website for Nevada foster parents, based upon Florida’s QPI website. DCFS began full implementation of QPI in the DCFS Rural Region in late 2013. The ultimate goal for QPI is to better serve children in the foster care system by improving the quality of foster parents/caregivers. Areas being addressed by implementation of QPI include:

- Advanced, online trainings for foster parents
- Improved communications between child welfare staff and foster parents
- Inclusion of foster parents on agency committees to address and improve foster parent issues
- Enhancing foster child “normalcy” through “prudent parent” decision making
- Clarification of foster parent and caseworker duties
- Support groups for foster parents
- Mentors for new foster parents

### CHILD REMOVALS BY MALTREATMENT TYPE

<table>
<thead>
<tr>
<th></th>
<th>SFY 2013 Rural Nevada</th>
<th>SFY 2013 Washoe County</th>
<th>SFY 2013 Clark County</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEGLIGENT TREATMENT</td>
<td>386 62.46%</td>
<td>1132 57.84%</td>
<td>3703 48.91%</td>
</tr>
<tr>
<td>PHYSICAL INJURY ABUSE</td>
<td>61 9.87%</td>
<td>222 11.34%</td>
<td>1880 24.83%</td>
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<tr>
<td>PHYSICAL INJURY NEGLECT</td>
<td>140 22.65%</td>
<td>549 28.05%</td>
<td>1199 15.84%</td>
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<tr>
<td>SEXUAL ABUSE</td>
<td>11 1.78%</td>
<td>23 1.18%</td>
<td>295 3.90%</td>
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<tr>
<td>SUBSTANCE EXPOSED INFANT</td>
<td>11 1.78%</td>
<td>14 0.72%</td>
<td>286 3.78%</td>
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<tr>
<td>SEXUAL ABUSE NEGLECT</td>
<td>0 0.00%</td>
<td>7 0.36%</td>
<td>162 2.14%</td>
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<tr>
<td>MENTAL INJURY NEGLECT</td>
<td>6 0.97%</td>
<td>4 0.20%</td>
<td>29 0.38%</td>
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<tr>
<td>MENTAL INJURY ABUSE</td>
<td>3 0.49%</td>
<td>6 0.31%</td>
<td>17 0.22%</td>
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<tr>
<td>TOTAL</td>
<td>618 100.00%</td>
<td>1,957 100.00%</td>
<td>7,571 100.00%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
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<th>SFY 2014 Rural Nevada</th>
<th>SFY 2014 Washoe County</th>
<th>SFY 2014 Clark County</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEGLIGENT TREATMENT</td>
<td>324 64.03%</td>
<td>1200 61.19%</td>
<td>3139 45.96%</td>
</tr>
<tr>
<td>PHYSICAL INJURY ABUSE</td>
<td>57 11.26%</td>
<td>183 9.33%</td>
<td>1770 25.91%</td>
</tr>
<tr>
<td>PHYSICAL INJURY NEGLECT</td>
<td>103 20.35%</td>
<td>497 25.34%</td>
<td>1302 19.06%</td>
</tr>
<tr>
<td>SEXUAL ABUSE</td>
<td>6 1.19%</td>
<td>19 0.97%</td>
<td>257 3.76%</td>
</tr>
<tr>
<td>SUBSTANCE EXPOSED INFANT</td>
<td>8 1.58%</td>
<td>26 1.33%</td>
<td>217 3.18%</td>
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<tr>
<td>SEXUAL ABUSE NEGLECT</td>
<td>0 0.00%</td>
<td>8 0.41%</td>
<td>108 1.58%</td>
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<tr>
<td>MENTAL INJURY NEGLECT</td>
<td>2 0.40%</td>
<td>16 0.82%</td>
<td>20 0.29%</td>
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<tr>
<td>MENTAL INJURY ABUSE</td>
<td>6 1.19%</td>
<td>12 0.61%</td>
<td>18 0.26%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>506 100.00%</td>
<td>1,961 100.00%</td>
<td>6,831 100.00%</td>
</tr>
</tbody>
</table>

Source: DCFS Data Book June 2014

II. Pilot Program

In late 2012/early 2013, CCDFS, WCDSS, and DCFS initiated “Pilot” programs within their own jurisdiction to better address many of the higher needs, e.g. behavioral and emotional needs associated with numerous children within Nevada’s foster care system. The goals of the Pilot were to:

- Provide efficient services
- Provide appropriate clinical supportive services to children placed in foster care
- Enable foster parents with training, education and support to accept difficult cases
- Increase efficacy of treatment to decrease symptoms and negative behaviors
- Decrease placement disruptions
- Increase permanency placements/reunification
- Maintain fiscal responsibility
The purpose of licensing for foster homes is to ensure that foster homes meet the minimum standards set by Nevada law through the Nevada Revised Statutes (NRS) Chapter 424—Foster Homes for Children and the Nevada Administrative Code (NAC) Chapter 424—Foster Homes for Children. Foster parents are required to be licensed through the appropriate Licensing Authority (depending on location) to provide care for foster children and must meet basic standards of safety set by law and regulation. These standards reduce predictable risks to the health, safety and well-being of children in out-of-home care. The goal of foster care is to provide a safe, stable, nurturing home environment until the child is able to return home or until a permanent home is found for the child. Foster care licensing standards include requirements for:

- Foster parent training
- Criminal history and child abuse/neglect background checks
- Physical requirements of home and property
- Responsibilities and duties of foster parents

Source: DCFS Data Book June 2014
The goal of Nevada’s adoption program is to provide safe and permanent homes for children in a timely manner. Children placed for adoption may be placed either through the public child welfare agency or a private adoption agency. Children in the child welfare system become available for adoption once there is a court ordered termination of parental rights due to a birthparent’s inability to provide care to their children. Relatives, foster parents or prospective adoptive parents may adopt these children.

Nevada adoption services provide pre-placement counseling to birth parents, preparation for children being placed in adoptive homes, case management, legal service to free children for adoption, recruitment, training, home study preparation for pre-adoptive families, adoption subsidy, Medicaid, and, post legal adoption support. The State ensures the safe and timely placement of children across state lines per the Interstate Compact for Placement of Children (ICPC). Also, the State is responsible for licensing and administrative oversight of private non-profit child placing agencies in the state. DCFS currently licenses nine private adoption agencies, two of which have full Hague accreditation.

From the moment a child enters foster care until permanency is achieved time is of the essence for that child. The time to adopt is important in ensuring the well-being of the child. For more information on adoptions, link to http://dcfs.nv.gov/Programs/CWS/Adoption/.

### Finalized Adoptions by Age Group

- **AGES 0-1**: 13%
- **AGES 2-4**: 17%
- **AGES 5-9**: 32%
- **AGES 10-14**: 34%
- **AGES 15 & UP**: 4%

Source: DCFS Data Book June 2014

### Statewide Adoptions

<table>
<thead>
<tr>
<th></th>
<th>SFY 2013</th>
<th>SFY 2014</th>
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<tr>
<td>CLARK COUNTY</td>
<td>600</td>
<td>496</td>
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<tr>
<td>WASHOE COUNTY</td>
<td>102</td>
<td>118</td>
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<td>RURAL COUNTIES</td>
<td>47</td>
<td>55</td>
</tr>
<tr>
<td>STATEWIDE</td>
<td>669</td>
<td></td>
</tr>
</tbody>
</table>

Source: DCFS Data Book June 2014
The Nevada Independent Living Program (IL) assists youth who are or were in foster care to become independent adults. The program gives an opportunity for youth to learn valuable skills necessary to make a successful transition from foster care to living on their own in the community. Youth age 15 or older may be eligible for a variety of programs through the Independent Living Program. The ultimate goal is for all youth to be prepared to live independently.

In Nevada youth are referred to the IL program at age 15 or older depending on when they entered foster care. Youth initially receive the Ansell Casey Life Skills Assessment (ACLSA) which assesses the behaviors and competencies they need to achieve their long term goals. It aims to set youth on their way toward developing healthy, productive lives.

Independent Living Services are funded through two federal grants: The John H. Chafee Foster Care Independence Program (CFCIP) or P.L. 106-169, and the Educational and Training Voucher Grants (ETV). Also, in Nevada funding is generated from revenue collected from fees on the recording of documents authorized by Assembly Bill 94 of the 2001 Legislative Session (NRS 423.017, Fund to Assist Former Foster Youth (FAFFY)).

Also, in response to Assembly Bill 350 from the 2011 Legislative Session, youth shall have the opportunity to remain under the jurisdiction of the court beyond age 18 and up to age 21. While under court jurisdiction, these former foster youth shall be eligible to receive financial support and Independent Living Services to assist them with their transition to self-sufficiency. Court jurisdiction is to be looked at as a support or safety net for youth as they make this transition. Good faith efforts must be made by the child welfare agency to engage the former foster youth and assist with the transition. Court jurisdiction is intended to provide former foster youth the opportunity to gain their education and/or vocational skills with minimal hardships that may exist when all supports are withdrawn.

### Youth Served with Chafee & Fafyy Funding

<table>
<thead>
<tr>
<th></th>
<th>SFY 2013</th>
<th>SFY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chafee</strong></td>
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<tr>
<td>Clark County</td>
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<tr>
<td>Washoe County</td>
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<td>151</td>
</tr>
<tr>
<td>Rural Counties</td>
<td>48</td>
<td>32</td>
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<tr>
<td><strong>Fafyy</strong></td>
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<td></td>
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<tr>
<td>Clark County</td>
<td>191</td>
<td>226</td>
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<tr>
<td>Washoe County</td>
<td>159</td>
<td>176</td>
</tr>
<tr>
<td>Rural Counties</td>
<td>40</td>
<td>31</td>
</tr>
</tbody>
</table>

Source: ODES
The best outcome for a child in the custody of a child welfare agency is to find a permanent, safe and nurturing home. That placement might be through reunification with family, placement with relatives or fictive kin, adoption, or living independently with the support and assistance of caring individuals.

The Interstate Compact on the Placement of Children (ICPC) is committed to successful outcomes for children placed across state lines by ensuring that the child is placed in a safe environment, that the placement is supervised, and that he or she receives the services needed. ICPC is statutory law in all 52 member jurisdictions and a binding contract between member jurisdictions. ICPC establishes uniform legal and administrative procedures governing the interstate placement of children.

ICPC establishes procedures for the placement of children and clarifies responsibility for agencies and individuals involved in placing children. ICPC also requires that children placed out of their home state receive the same protections and services that would be provided if they remained in their home state. The structure of child welfare agencies varies across states; therefore, participation in ICPC provides uniform guidelines and procedures to ensure that the placements of these children take place in ways that promote the best interests of the child. To participate in ICPC, a state must enact into law the provisions of ICPC which also defines how agencies should work together for placing in the following situations:

- Placement preliminary to an adoption;
- Placements into foster care, including foster homes, group homes, residential treatment facilities and institutions;
- Placements with parents and relatives when a parent or relative is not making the placement; and
- Placements of adjudicated delinquents in institutions in other states.

ICPC establishes criteria to ensure that each child requiring placement has the opportunity to be placed in a suitable environment with persons having appropriate qualifications or in institutions having appropriate facilities to provide care; that the authorities in a state where a child is to be placed have the opportunity to assess the proposed placement, thereby promoting compliance with requirements for the protection of the child; that the authorities of the state from which the placement is made may obtain sufficient information to evaluate the proposed placement before it is made; and, that the sending agency or individual guarantees the child legal and financial protection.
HIGHLIGHTS: ICPC IN NEVADA

Collaboration
The Nevada ICPC Unit continues to meet with other child welfare agencies and partners on a monthly basis with the purpose of promoting collaboration, staffing complex cases, providing training on new regulations and/or processes and providing open dialogue on any matters of mutual interest regarding ICPC process and policy.

Training
Through collaborative efforts with other public and private agencies, DCFS continues to offer trainings, conferences and summits. Trainings and conferences provides stakeholders as well as Nevada ICPC a way to ensure communication, collaboration and education is maintained throughout the ICPC process.

Technology and Expedited Time Frames
Nevada continues to make use of their Statewide Automated Child Welfare Information System (SACWIS) to not only process ICPC cases (including new referrals, approvals and denials) but to provide tracking for a variety of reports for trends, recognition of training and staffing needs, compliance and other data collection purposes.

Placements
Nevada consistently receives more requests for outgoing referrals (a child being placed into another state from Nevada) than for incoming referrals (a child being placed into Nevada from another state). In 2014 Nevada received a monthly average of 61 incoming referrals which reflects an increase of 8% from 2013 monthly incoming referrals. For outgoing referrals, Nevada experienced an increase, going from an average of 97 per month in 2013 to an average of 98 per month in 2014. This difference represents an increase of 1% in outgoing referrals. Nevada sends and receives the most number of referrals from California, followed by Utah, Arizona and Texas.

### STATEWIDE REFERRALS

#### INCOMING

<table>
<thead>
<tr>
<th>Month</th>
<th>SFY 2013</th>
<th>SFY 2014</th>
</tr>
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<tbody>
<tr>
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<td>73</td>
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<tr>
<td>SEP</td>
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<tr>
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<tr>
<td>NOV</td>
<td>41</td>
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</tr>
<tr>
<td>DEC</td>
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<tr>
<td>JAN</td>
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<tr>
<td>FEB</td>
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<td>67</td>
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<tr>
<td>MAR</td>
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</tr>
<tr>
<td>APR</td>
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<td>61</td>
</tr>
<tr>
<td>MAY</td>
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<td>64</td>
</tr>
<tr>
<td>JUN</td>
<td>52</td>
<td>50</td>
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</table>

#### OUTGOING

<table>
<thead>
<tr>
<th>Month</th>
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<th>SFY 2014</th>
</tr>
</thead>
<tbody>
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<tr>
<td>AUG</td>
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<td>SEP</td>
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<td>69</td>
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<tr>
<td>OCT</td>
<td>113</td>
<td>71</td>
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<tr>
<td>NOV</td>
<td>58</td>
<td>81</td>
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<tr>
<td>DEC</td>
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<td>77</td>
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<td>JAN</td>
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<td>128</td>
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<tr>
<td>FEB</td>
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<td>74</td>
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<tr>
<td>MAR</td>
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<td>101</td>
</tr>
<tr>
<td>APR</td>
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<td>126</td>
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<tr>
<td>MAY</td>
<td>85</td>
<td>102</td>
</tr>
<tr>
<td>JUN</td>
<td>89</td>
<td>104</td>
</tr>
</tbody>
</table>

Source: ICPC International Data Report
SERVICE LOCATIONS

DIVISION OF CHILD AND FAMILY SERVICES

Division of Child and Family Services
Administrative Office
4126 Technology Way, 3rd Floor
Carson City, NV 89706
(775) 684-4400

Carson City District Office
2533 N. Carson St., Ste. 100
Carson City, NV 89706
(775) 684-1930

Elko District Office
1010 Ruby Vista Drive, Ste. 101
Elko, NV 89801
(775) 753-1300

Ely Field Office
740 Park Ave.
Ely, NV 89301
(775) 289-1640

Fallon District Office
1735 Kaiser St.
Fallon, NV 89406
(775) 423-8566

Fernley Field Office
55 North Center St., Ste. 3
Fernley, NV 89408
(775) 575-1844

Pahrump District Office
1780 E. Basin Ave., Ste. 2
Pahrump, NV 89060
(775) 727-8497

Winnemucca Field Office
475 West Haskell St., Box #7
Winnemucca, NV 89445
(775) 623-6555

WASHOE COUNTY

Washoe County Department of Social Services
350 South Center St.
Reno, NV 89502
(775) 785-8600

CLARK COUNTY

Clark County Department of Family Services
121 South Martin Luther King Blvd.
Las Vegas, NV 89106
(702) 399-0081
(702) 455-5444
DCFS Children’s Mental Health strives to improve the functioning and well-being of the children who have significant emotional and/or behavioral problems and their families by providing a comprehensive array of mental health services using a strengths-based approach that respects family decision-making and honors the family’s cultural values and practices. Children are referred to DCFS mental health services by parents and a variety of community partners such as developmental services, child care and Head Start programs, pediatricians, schools, child welfare, juvenile justice, private mental health providers, adult mental health providers and other concerned community stakeholders. Services are provided by highly qualified and well-trained mental health professionals and support staff. Individualized services, treatment and care coordination planning is developed and monitored by Child and Family Teams composed of the family, the child, support persons the family and child identifies and service providers across various agencies.

DCFS Children’s Mental Health Programs include:

- Intake, screening and assessment
- Family and individual therapies in home, clinical and community settings
- Residential Treatment Home Services
- Acute Inpatient Psychiatric Services
- Residential Treatment Center Services
- Psychiatric evaluation and medication management
- Psychological testing and evaluation
- Day treatment services
- Wraparound model of case management
- Targeted case management and care coordination
- Crisis evaluation, intervention and treatment

### MOST PREVALENT PRESENTING PROBLEMS

<table>
<thead>
<tr>
<th>Problem</th>
<th>SFY 2013</th>
<th>SFY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUICIDE ATTEMPT–THREAT</td>
<td>10.26%</td>
<td>11.90%</td>
</tr>
<tr>
<td>DEPRESSION</td>
<td>9.55%</td>
<td>4.20%</td>
</tr>
<tr>
<td>CHILD NEGLECT VICTIM</td>
<td>8.98%</td>
<td>16.10%</td>
</tr>
</tbody>
</table>

Source: myAvatar
• Child care, Head Start, pre-school and kindergarten mental health consultation, outreach, and training
• Crisis intervention and stabilization in the community including follow up to ensure a smooth transition to needed community supports and services
• 24 hour on call emergency clinical coverage

The DCFS Planning and Evaluation Unit (PEU) supports children’s mental health programming through systematic program improvement initiatives and comprehensive quality assurance activities. One of the ways DCFS measures improvements in child and family outcomes is by using three important tools; they are: the Child and Adolescent Functioning Assessment Scale (CAFAS), the Preschool and Early Childhood Functioning Assessment Scale (PECFAS) and Community Based Services Surveys.

• The CAFAS assesses impairment in day-to-day functioning related to emotional, behavioral, psychiatric, psychological, or substance abuse problems.
• The PECFAS is a measure of functional impairment related to behavioral, emotional, psychological, or psychiatric problems.
• Community Based Services Surveys are used to measure family and child satisfaction with DCFS services and providers.

Highlights of the Work
• Commencing in SFY14 DCFS, in partnership with the state and regional consortia, began work on a Children’s Mental Health Strategic Plan which focuses on infrastructure building for System of Care (SOC), including bringing Mobile Crisis Intervention (MCI) Services to the State of Nevada. MCI is considered a promising practice in the children’s mental health service array and has shown improved outcomes across the country in improving child safety, well-being, and permanency by reducing psychiatric hospitalizations for children. MCI services started as a “pilot” in Clark County in January 2014.
• The DCFS Planning and Evaluation Unit (PEU) along with children’s mental health staff continue to implement a family management program, specifically Family Check Up/Everyday Parenting. This program’s effectiveness is supported by science based practice which guides the family in improving their functioning and reducing conflict.
• DCFS continues to support the activities of the Commission on Behavioral Health and is currently consulting with the Commission on policy development issues and reducing the use of seclusion and restraint in children’s mental health programs.
• DCFS continues to support the work of the three regional Children’s Mental Health Consortia along with the Statewide Consortia. DCFS staff serve as members on each consortia and also provide support and consultation for the development and monitoring of the Consortia’s ten year plans.

### Number of Youth Served

<table>
<thead>
<tr>
<th></th>
<th>NNCAS</th>
<th>SNCAS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 2013 ADMISSIONS</td>
<td>478</td>
<td>1,152</td>
<td>1,630</td>
</tr>
<tr>
<td>SFY 2014 ADMISSIONS</td>
<td>553</td>
<td>1,350</td>
<td>1,903</td>
</tr>
<tr>
<td>SFY 2013 DISCHARGES</td>
<td>460</td>
<td>1,131</td>
<td>1,591</td>
</tr>
<tr>
<td>SFY 2014 DISCHARGES</td>
<td>575</td>
<td>1,425</td>
<td>2,000</td>
</tr>
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</table>

Source: myAvatar
Community Based Outpatient Services (CBOS) includes Early Childhood Mental Health (ECMH) services which serve children between birth and six years of age, Children’s Clinical Services (CCS) which serves children between six to 18 years, Mobile Crisis Services which serves children 0 to 18 years, and Wraparound in Nevada (WIN) which provides the wraparound model of case management for eligible children, 0 to 18 years of age, who have a higher intensity of needs or who may be at risk for out of home placement or placement disruption.

Community Based Outpatient Services Include:
- Intake, screening and assessment
- Treatment planning
- Individual, group, and family therapy
- Psychiatric evaluation and treatment
- Medication management
- Psychological testing and evaluation
- Psychiatric nursing services
- Day treatment services
- Wraparound model of case management
- Targeted case management
- Crisis evaluation, intervention and treatment
- Child care, Head Start, pre-school and kindergarten mental health consultation, outreach, and training
- Crisis intervention and stabilization in the community including follow up to ensure a smooth transition to needed community supports and services
- 24 hour on call emergency clinical coverage

### TOTAL CHILDREN SERVED BY PROGRAM

<table>
<thead>
<tr>
<th>Program</th>
<th>SFY 2013</th>
<th>SFY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATEWIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Childhood Mental Health (ECMH)</td>
<td>930</td>
<td>239</td>
</tr>
<tr>
<td>Children’s Clinical Services (CCS)</td>
<td>1,211</td>
<td>859</td>
</tr>
<tr>
<td>Wraparound in Nevada (WIN)</td>
<td>652</td>
<td>312</td>
</tr>
<tr>
<td><strong>NNCAS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Childhood Mental Health (ECMH)</td>
<td>858</td>
<td>236</td>
</tr>
<tr>
<td>Children’s Clinical Services (CCS)</td>
<td>1,267</td>
<td>408</td>
</tr>
<tr>
<td>Wraparound in Nevada (WIN)</td>
<td>654</td>
<td>312</td>
</tr>
<tr>
<td><strong>SNCAS</strong></td>
<td></td>
<td></td>
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<tr>
<td>Early Childhood Mental Health (ECMH)</td>
<td>622</td>
<td>622</td>
</tr>
<tr>
<td>Children’s Clinical Services (CCS)</td>
<td>859</td>
<td>811</td>
</tr>
<tr>
<td>Wraparound in Nevada (WIN)</td>
<td>357</td>
<td>340</td>
</tr>
</tbody>
</table>

Source: myAvatar

20 DIVISION OF CHILD AND FAMILY SERVICES
### AGE PERCENTAGE OF CHILDREN SERVED STATEWIDE

#### SFY2013
- 0-5: 1%
- 6-12: 44%
- 13+: 55%

#### SFY2014
- 0-5: 1%
- 6-12: 33%
- 13+: 66%

Source: myAvatar

### MOBILE CRISIS CALLS SFY 2014

*RENO MOBILE CRISIS DATA WAS NOT CAPTURED UNTIL OCTOBER 2014

*DID NOT MOBILIZE = TEAM REFERRED CLIENT TO CURRENT PROVIDER OR RECOMMENDED INVOLVEMENT OF LAW ENFORCEMENT. ALSO INCLUDES CASES WHERE YOUTH WAS REFERRED IMMEDIATELY TO AN EMERGENCY DEPARTMENT.

#### LAS VEGAS JAN 1 TO DEC 31 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>% of Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Calls</td>
<td>375</td>
<td>100.0%</td>
</tr>
<tr>
<td>Team Responded</td>
<td>241</td>
<td>64.3%</td>
</tr>
<tr>
<td>*Team Did Not Mobilize</td>
<td>73</td>
<td>19.5%</td>
</tr>
<tr>
<td>Information Only Calls</td>
<td>49</td>
<td>13.1%</td>
</tr>
<tr>
<td>Incomplete Response</td>
<td>12</td>
<td>3.2%</td>
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</table>

#### RENO OCT 1 TO DEC 31 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>% of Calls</th>
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</thead>
<tbody>
<tr>
<td>Total Calls</td>
<td>31</td>
<td>100.0%</td>
</tr>
<tr>
<td>Team Responded</td>
<td>17</td>
<td>54.8%</td>
</tr>
<tr>
<td>*Team Did Not Mobilize</td>
<td>8</td>
<td>25.8%</td>
</tr>
<tr>
<td>Information Only Calls</td>
<td>5</td>
<td>16.1%</td>
</tr>
<tr>
<td>Incomplete Response</td>
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<td>3.2%</td>
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</table>

#### OUTCOME OF CALLS

<table>
<thead>
<tr>
<th>Category</th>
<th>SFY2013</th>
<th>% of Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Diversion</td>
<td>219</td>
<td>90.9%</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>22</td>
<td>9.1%</td>
</tr>
<tr>
<td>Stabilization Recommended</td>
<td>171</td>
<td>71.0%</td>
</tr>
<tr>
<td>Hospital Diversion Rate</td>
<td>90.9%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>SFY2014</th>
<th>% of Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Diversion</td>
<td>14</td>
<td>82.4%</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>3</td>
<td>17.6%</td>
</tr>
<tr>
<td>Stabilization Recommended</td>
<td>10</td>
<td>58.8%</td>
</tr>
<tr>
<td>Hospital Diversion Rate</td>
<td></td>
<td>82.4%</td>
</tr>
</tbody>
</table>

Source: myAvatar

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2013-2014 BIENNIAL REPORT 21
The DCFS Planning and Evaluation Unit (PEU) works in partnership with internal and community mental health providers to develop, implement, and monitor ongoing evaluation and quality assurance activities for the children’s mental health service array.

PEU services and activities include:

- Authoring the annual Descriptive Summary of Children’s Mental Health Services
- Monitoring and quality assurance activities which address data integrity in all clinical records
- Monitoring and quality assurance activities which support best practice and ensure compliance standards
- Development and implementation of an annual Performance and Quality Improvement Plan with internal and community children’s mental health providers
- Data reporting and administrative support to the Nevada Commission on Behavioral Health and the Nevada Children’s Behavioral Health Consortium
- Conducting Community Based Services Surveys

### Community Based Services Survey

<table>
<thead>
<tr>
<th>Services</th>
<th>Youth % Positive Response</th>
<th>Parent % Positive Response</th>
<th>National Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services are seen as accessible and convenient regarding location and scheduling</td>
<td>88</td>
<td>92.89</td>
<td>85.7%</td>
</tr>
<tr>
<td>Services are seen as satisfactory and helpful</td>
<td>81</td>
<td>93.84</td>
<td>86.1%</td>
</tr>
<tr>
<td>Clients get along better with family and friends and are functioning better in their daily life</td>
<td>78</td>
<td>76.92</td>
<td>66.3%</td>
</tr>
<tr>
<td>Clients feel they have a role in directing the course of their treatment</td>
<td>77</td>
<td>95.56</td>
<td>87.6%</td>
</tr>
<tr>
<td>Staff are respectful of client religion, culture and ethnicity.</td>
<td>94</td>
<td>99.39</td>
<td>92.8%</td>
</tr>
</tbody>
</table>

DCFS offers several residential program services. In Southern Nevada, the Division offers inpatient psychiatric hospital and residential treatment services at Desert Willow Treatment Center (DWTC), which is a fully licensed and accredited facility. Treatment Home Services are also offered at the Division’s On-Campus Treatment Homes (OCTH), which is also a licensed facility.

In Northern Nevada, DCFS offers treatment home services at the Adolescent Treatment Center (ATC) and at the Family Learning Homes (FLH), both of which are licensed.

Residential program services are available to eligible children and youth up to the age of 18 years.

Residential program services include:
- Psychiatric nursing services
- Psychiatric evaluation and treatment
- Psychological assessment and testing
- Individual, group, and family therapy
- Medication management
- Intake, screening and assessment
- Targeted case management and care coordination
- Crisis evaluation, intervention and treatment
- Treatment planning, including discharge and after care planning
- Nutrition services
- Crisis intervention and stabilization in the community including follow up to ensure a smooth transition to needed community supports and services
- 24 hour on call emergency clinical coverage
- On-site and off-site educational services
- Wraparound model of case management
- Child care, Head Start, pre-school and kindergarten mental health consultation, outreach, and training

### GENDER OF CHILDREN SERVED

<table>
<thead>
<tr>
<th></th>
<th>SFY 2013</th>
<th>SFY 2014</th>
<th>STATEWIDE</th>
<th>SFY 2013</th>
<th>SFY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>DWTC-ACUTE</td>
<td>82</td>
<td>72</td>
<td>48</td>
<td>157</td>
<td></td>
</tr>
<tr>
<td>DWTC-RTC</td>
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<td>62</td>
<td>62</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>ATC</td>
<td>31</td>
<td>25</td>
<td>29</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>FLH</td>
<td>33</td>
<td>34</td>
<td>24</td>
<td>22</td>
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</tr>
<tr>
<td>OCTH</td>
<td>9</td>
<td>17</td>
<td>9</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

Source: myAvatar
SERVICE LOCATIONS

**NORTHERN NEVADA**

Northern Nevada Child and Adolescent Services (NNCAS)
NNCAS Main Campus
2655 Enterprise Rd.
Reno, NV 89512
(775) 688-1600

Adolescent Treatment Center
480 Galetti Way, Bldg. 8N
Reno, NV 89431
(775) 688-1633

**SOUTHERN NEVADA**

Southern Nevada Child and Adolescent Services (SNCAS)
6171 West Charleston Blvd., Bldg. 8
Las Vegas, NV 89146
(702) 486-6120

West Neighborhood
Family Service Center
6171 West Charleston Blvd.,
Bldgs 7,8,10 & 15
Las Vegas, NV 89146
(702) 486-0000

East Neighborhood
Family Service Center
4180 South Pecos Rd.
Las Vegas, NV 89121
(702) 486-7500

North Neighborhood
Family Service Center
4538 West Craig Rd. Ste. 290
Las Vegas, NV 89032
(702) 486-5610

South Neighborhood
Family Service Center
522 East Lake Mead Pkwy, Ste. 5
Las Vegas, NV 89015
(702) 455-7900

Desert Willow
Treatment Center
6171 West Charleston Blvd., Bldg. 17
Las Vegas, NV 89146
(702) 486-8900
Juvenile Justice Services serves youth ages 12-21 that have been committed to DCFS for either delinquent behavior or to access services for mental health treatment. Recognized as serving the State’s “deep end” juvenile delinquent population, Juvenile Justice Services consists of five programs: three youth centers, Caliente Youth Center (CYC) in Caliente, Nevada Youth Training Center (NYTC) in Elko, and the Red Rock Academy at Summit View Youth Correctional Center in Las Vegas, which is operated by a private vendor, Rite of Passage; the Youth Parole Bureau, which includes the Interstate Compact Office; and the Juvenile Justice Programs Office. Youth Parole has offices in Las Vegas, Reno, Elko, and Fallon and the Juvenile Justice Programs Office is located in Winnemucca.

Vision:

- Provide a comprehensive array of services to delinquent youth and their families which address their identified needs while maintaining community protection by holding youth accountable for their actions through community based, correctional and aftercare interventions.

- Provide services and support to assist Nevada’s youth and families in reaching their full potential through a consistent, statewide continuum of care. Build strong communities through the strengthening of families, promoting family engagement at every level of service and intervention.

- Promote positive value change for youths committed to the State of Nevada for correctional care due to delinquent offenses through a balanced, team centered approach to service delivery.

Generally, youth who are committed for correctional care are placed in one of the facilities for an average of six to nine months. Upon successful completion of the programming, the youth are returned to their communities with supervision and case management services provided by the Youth Parole Bureau. Youth diverted from correctional programming for mental health treatment are placed directly on parole and receive treatment and case management services based on their identified needs.
Juvenile Justice Initiatives and Programs Include:

**Suicide Prevention:**
State operated youth correctional facilities implemented the Shield of Care Suicide Prevention program in 2014. Developed by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and partners, Shield of Care is an eight-hour, evidence-informed curriculum that teaches juvenile justice staff strategies to prevent suicide in their correctional facility environment.

**Room Confinement Reform:**
Senate Bill 107 passed during the 2013 Legislative Session requires that a child who is detained in a local or regional facility or state youth correctional center may be subjected to corrective room restriction only if all other less-restrictive options have been exhausted and only for the purpose of: Modifying the negative behavior of the child, holding the child accountable for a violation of a rule of the facility, and ensuring the safety of the child, staff or others or ensuring the security of the facility.

**Forward Thinking:**
Forward Thinking Interactive Journaling Series is a cognitive behavioral curriculum that uses evidence based strategies to assist youth involved in the juvenile justice system in making positive changes to their thoughts, feelings and behaviors.

**Performance based Standards (PbS):**
Performance-based Standards (PbS) is a data-driven improvement model grounded in research that holds juvenile justice agencies, facilities and residential care providers to the highest standards for operations, programs and services.

**Supreme Court Commission on Statewide Juvenile Justice Reform:**
DCFS, as a member of the Commission, continues to participate in a substantive review of the juvenile justice system in Nevada by studying Nevada’s deep-end commitment system of placement. During the 2013/2014 biennium, the Commission contemplated recommendations with greater emphasis on regionalization and programming. Major components of this transition involved state facilities and general funds for deep-end commitments including enhancements to NYTC programming which include, but are not limited to, quality assurance that ensures compliance with policies and procedures, funding to bring back the Nevada Interscholastic Athletic Association (NIAA) sanctioned sports programs at Independence High School, and enhanced visitation for families.
The Nevada Youth Parole Bureau was legislatively established in 1978 under Chapter 63.700 of the Nevada Revised Statute (NRS). The Bureau serves youth committed to DCFS under the provisions contained in Chapter 62 of the NRS. The Chief of the Youth Parole Bureau and the parole counselors of the Bureau have the powers of a peace officer in carrying out the functions of the Bureau.

The Bureau serves youth between the ages of 12 and 21, providing supervision and case management for youth who have been committed by the court for correctional care and are returning to their communities or alternative transitional setting.

Nevada Youth Parole begins with a comprehensive client assessment which identifies appropriate treatment, placement and services needed to promote success and accountability. The Bureau works closely with our state correctional facilities and providers to ensure each youth is receiving services to address their rehabilitative and developmental goals. Reintegration back in to the community is a key time for the youth and their family. During this period of transition, Youth Parole Counselors provide supervision to promote lawful behavior and ensure success at home, in the classroom and within the community. Where appropriate youth are encouraged to seek and maintain employment so that any remaining restitution may be paid to victims and so they can prepare themselves for transition as successful young adults.

The Bureau also strives to provide family driven care. Family-driven means families have a primary decision making role in the care of their own children/youth, as well as the policies and procedures governing care for all children/youth in their community, state, tribe, territory and nation. This includes:

- Choosing supports, services, and providers
- Setting goals
- Designing and implementing programs
- Monitoring outcomes
- Partnering in funding decisions
- Determining the effectiveness of all efforts to promote the mental health and well-being of children and youth.

### NUMBER OF YOUTH COMMITTED TO DCFS

<table>
<thead>
<tr>
<th></th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
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<td>28</td>
<td>20</td>
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</tbody>
</table>

Source: CLEO Report SFY 2013-14
Agency Goals:

Community Protection
The citizens of the State of Nevada have the right to reside in safe and secure communities. The Youth Parole Bureau is a resource for contributing to safe communities through the Bureau’s ability to use various services and levels of supervision.

Accountability
The Bureau’s main focus is to help the youth understand and acknowledge the consequences of their actions, the impact of their crimes on victims and the community, and to accept personal responsibility for their actions.

Competency Development
The Bureau focuses on helping youth acquire stronger pro-social skills, develop increased moral reasoning and develop academic proficiency with an ability to join the workforce, as well as, develop those skills needed to live independently. Those goals are developed while striving to decrease the youth’s chances for future involvement with the criminal justice system. In short, the Bureau is focused on assisting youth in acquiring the knowledge and the skills needed to become productive, connected, and positive members of their communities.

Continuum of Care
DCFS and the Youth Parole Bureau work in genuine partnership with families, communities, and other agencies in order to provide the support and services that are needed to assist Nevada’s youth and their families in reaching their full potential. This continuum of care includes planning that coordinates and links resources to families and their children in a way that avoids duplication of services and facilitates smooth transitions among different care settings. The youth’s aftercare plan involves a breadth of service options and solutions that are able to address the complex problems that have been identified by the families and various other stakeholders. This continuum of care philosophy is continually reevaluated and adjusted to ensure that there is a comprehensive progression of services available to the youth, their families, and the communities where they reside.

Youth Parole Bureau Programs:
- Academic Tutoring
- Adoption Foster Care Analysis Reporting System (AFCARS) for Youth Parole
- Day Treatment
- Drug Court
- Employment Development
- Gang Intervention
- Gender-Specific Program
- Group-Based Outpatient Treatment for Adolescent Substance Abuse
- Hospitality International Training
- Juvenile Sex Offenders
- Location Monitoring
- Mentoring
- Parent Orientation Program and Family Counseling
- Psychiatric & Psychological Services
- Sexually Exploited Youth
- Skills Development
- Substance Abuse Counseling
- Transition Specialist Program Pilot

Commitments by Offense

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<td>11%</td>
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<td>DRUG OFFENSE (NOT SALES)</td>
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<td>MISDEMEANOR</td>
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<td>14%</td>
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<tr>
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<tr>
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<td>1%</td>
</tr>
<tr>
<td>ROBBERY</td>
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<td>6%</td>
</tr>
<tr>
<td>SEXUAL OFFENSE</td>
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<td>4%</td>
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<tr>
<td>THEFT/LARCENY</td>
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<td>16%</td>
</tr>
<tr>
<td>VEHICLE THEFT</td>
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<td>0%</td>
</tr>
<tr>
<td>WEAPONS</td>
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<td>1%</td>
</tr>
</tbody>
</table>

Source: Youth Parole Bureau Database SFY 2013

2013

2014
The Interstate Compact for Juveniles (ICJ), originally drafted in 1955, is an agreement among states to track young offenders. The purpose of the ICJ is to enable states to provide for: cooperative supervision of juvenile delinquents on probation or parole; the return of delinquent juveniles who have escaped or absconded; the return, from one state to another, of non-delinquent juveniles who have run away from home, and additional measures for the protection of juveniles and the public. DCFS, through its Youth Parole Bureau, has administered the ICJ for the past 45 years.

In contrast with Nevada’s figures which have declined less significantly (14.7%), the number of extraditions across the country have been declining steadily since 2012, with an overall drop of approximately 34% by 2014. The number of supervision cases across the country have been declining as well with a drop of approximately 24.5% in Parole Cases and a drop of approximately 18.5% in Probation Cases from 2012 to 2014 while Nevada’s supervision case numbers took a slight dip in 2013 but rose again in 2014. Nevada has historically extradited far greater number of youth out of our state than those being returned and that is generally true of supervision cases as well with Nevada Juvenile Probation Offices supervising larger numbers of out-of-state youth than the number of cases sent outside of Nevada for supervision.

Source: ICJ Office
Caliente Youth Center (CYC) is a 140 bed, staff-secure facility located in Caliente, Nevada serving both male and female populations of youth between the ages of 12 to 18.

It is the mission of CYC to promote positive value change to the youth served through a balanced, team-centered, and strength-based approach. CYC has been helping Nevada’s youth change their course since 1962.

Programming for youth provided at CYC includes Educational and Vocational Training, Drug and Alcohol Abuse Counseling, Mental Health Counseling and Recreation. In response to the individual needs of the youth served, CYC has formed a strong mental health team that provides individual and group counseling, including the facilitation of specialized groups in Anger Management, Trauma, Substance Abuse, Gambling Awareness, Shame-Resilience, Juvenile Sex Offender programming, Life Skills, Grief, Coping, and others. CYC also contracts with a team of mental health professionals to provide psychiatric and psychological services that include individual assessments, as well as individual and group counseling. Youth are provided medical care by on-site nursing staff as well as contracted services from a local physician.

In 2014, CYC made significant changes in efforts to continually improve the care provided to youths at the facility. In January of 2014, CYC instituted the Shield of Care Suicide Prevention curriculum, developed by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSSAS) and partners. Shield of Care is an 8-hour, evidence-informed curriculum that teaches juvenile justice staff strategies to prevent suicide in their correctional facility environment. Since February 2014, CYC has been participating in Performance-based Standards (PbS), with the goal of improving the facility’s daily practice, improving conditions and treatment services provided to incarcerated youths using national standards and outcome measures. The facility is also implementing the Forward Thinking Interactive Journaling
Series, a cognitive-behavioral series which uses evidence-bases strategies to assist youth involved in the criminal justice system in making positive changes to their thoughts, feelings and behaviors.

CYC has a dedicated group of youths, who have been nominated and selected, to participate on the CYC work crew. The work crew collaborates with Nevada State Parks to provide services while learning valuable skills. During the 2013/2014 fiscal year, the CYC work crew completed 12,815 hours of service.

C.O. Bastian High School, part of the Lincoln County School District, is contracted to provide educational and vocational programs. The operation provides required and elective academic subjects, remedial programs, special education, vocational education and interscholastic activities. During fiscal years 2013 and 2014, 49 CYC students were awarded their High or Adult School Diploma and 87 received their General Equivalency Diploma.

C.O. Bastian High School’s vocational programming offers youth the chance to earn certificates in Culinary (ServSafe), Small Engines, Welding, Wood shop, Hospitality Management, Textiles, and Graphic Arts. During fiscal years 2013 and 2014, over 550 Career and Technical Certifications were earned by CYC youth. Nationally recognized certifications are available in ServSafe Starter and Managerial Programs and Hospitality. Workforce Connections also provides vocational training, educational assistance, transitional programming, and re-entry services for qualified CYC students.
The Nevada Youth Training Center (NYTC) is a 60-bed, staff-secure facility located in Elko, Nevada serving male youth between the ages of 12 to 18.

Programs at NYTC promote positive self-growth, create change in behavior, attitudes, values and ways of thinking through education, therapeutic treatment and appropriate medical and mental health services. The facility programming includes protection of the youth’s civil rights through a system of policy and quality assurance oversight provided by DCFS’ Juvenile Services. The services include the right to complain about treatment, conditions or services without fear of retaliation. The facility objective is to return youth to the community with the necessary educational, social and vocational skills that enable them to function as responsible, law-abiding citizens.

Programming for youth provided at NYTC includes Educational and Vocational Training, Drug and Alcohol Abuse Counseling, Mental Health Counseling, Juvenile Sex Offender Programming, and Recreation. NYTC utilized the Forward Thinking Interactive Journaling Series, a cognitive-behavioral series which uses evidence-based strategies to assist youth involved in the criminal justice system in making positive changes to their thoughts, feelings and behaviors. NYTC instituted the Shield of Care Suicide Prevention curriculum, developed by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and partners. Shield of Care is an eight-hour, evidence-informed curriculum that teaches juvenile justice staff strategies to prevent suicide in their correctional facility environment. Since February 2014, NYTC has been participating in Performance-based Standards (PbS), with the goal of improving the facility’s daily practice, improving conditions and treatment services provided to incarcerated youths using national standards and outcome measures.

NYTC youth and staff are very involved in the community by performing many different community service projects which include but are not limited to:

- Take Pride in Elko clean up
- Shovel snow for senior citizens
- Elko Fair Grounds clean up
- Unload trucks for Family Resources
- Christmas projects
- City Park projects
- State and federal park projects
- Set up Trick or Treat Street
NYTC has completed 1,573.35 hours of community services during fiscal years 2013-14.

NYTC operates Independence High School (IHS), a fully accredited high school program through Northwest Accreditation Commission. Academic programming includes Special Education services, English as a Second Language, vocation training and certification, Advanced Enrichment classes, Credit Remediation, Adult Living Skills and all core educational subjects. In addition, NYTC/IHS maintains contracted services with a licensed school Psychologist for the provision of assessments and services related to special needs youth. Independence High School issues Standard High School Diplomas, Adult Diplomas, and Adjusted Diplomas for youth graduating during their length of stay at NYTC. IHS also provides General Equivalency Diploma (G.E.D) preparation testing. The school was certified as an online testing center in February 2014. During Fiscal Years 2013 and 2014, 33 students were awarded Diplomas and 26 students received their G.E.D. This occurred with an average enrollment of 58 students.

Independence High School vocational programming offers youth the chance to earn a certificate in Landscaping, Culinary Arts, Welding, Automobile Maintenance and Repair, Computer Literacy, and Visual Arts. IHS vocational programming also offers certification in Tire Repair, and Balancing and Changing. Beginning in December 2013, all IHS students completed an Employability Skills course as a capstone class. This culminates with the youth being able to earn a national workplace readiness certificate. To date, 43 national certifications have been earned. During Fiscal Years 2013 and 2014, 220 Career Technical Education Certificates were presented to NYTC youth. NYTC and IHS are involved in Reading is Fundamental, a nationwide, non-profit literacy program that provides donated free books that are both age appropriate and current.
Red Rock Academy– Summit View
Youth Correctional Center (SVYCC) is a maximum-security youth correctional facility with a capacity of 96 beds. It provides programming and services to male juvenile offenders between the ages of 12 and 19 located near the Las Vegas urban center. During the 2010 Special Legislative Session, this facility was closed due to budget reductions. Youth were transferred to the Nevada Youth Training Center in Elko, Paroled to the Youth Parole Bureau, or transferred to local jurisdictions. During the 2013 Legislative Session, this facility was budgeted at 50 beds. Rite of Passage was awarded the contract to operate the Summit View facility which is now known as Red Rock Academy. The facility reopened in December 2013.

Mission:
Red Rock Academy is dedicated to improving the lives of youth.

Vision:
- Red Rock Academy strives to: Constantly develop, modify and evolve the treatment programs to best meet the needs of the youth served.
- Offer career opportunities to individuals in human service industry who are committed to positively changing the lives of youth.
- Ultimately make a difference in society.

Purpose of our Academy Model Programs:
- Delivering a cognitive behavioral program within a normalized milieu
- Improving lives of youth and families and the communities in which they live
- Red Rock Academy provides residential treatment services to at-risk male youth who are given skills and opportunities to turn their lives around. The program utilizes evidence-based practices and cognitive behavioral approach and is guided by the belief that each youth has strengths. Red Rock Academy serves young men between the ages of 12-19 with a history of high-risk delinquent behaviors. Program features include:
  - Strengths-based approach with many educational, vocational, athletic and community services opportunities.
  - Rich student to staff ratio, using highly trained and experienced staff.
  - Cognitive behavioral curricula including Aggression Replacement Training (ART) and Thinking for a Change (T4C). Placing a student into a Rite of Passage program provides him with the opportunity to succeed in a nationally recognized program and within his community after graduation.
Active Treatment Groups:
- Parenting (in conjunction with Parole Mental Health)
- Trauma/Seeking Safety
- Thinking for a Change (T4C)
- Independent Living Skills
- Aggression Replacement Therapy (ART)
- Substance Abuse
- Positive Skill Development (Social Skills)
- Sex Offender (One on One)
- Active Parenting for Teen Fathers

Academic Education: Clark County School District (CCSD)
CCSD provides furniture, equipment, curriculum and credentialed education staff. The three education tracks that are offered include Diploma, High School Equivalency, and Adult Education. Special Education services are offered as needed. Education operates on a year round school schedule. Daily schedule includes six academic class periods and PE class for a total of six and a half hours of credit earning opportunities per day. Diplomas can be earned and credits are transferable.

Vocational Education:
- Hospitality
- International
- Rite of Passage
- Landscaping
- Culinary Arts

All Red Rock Academy treatment services are coordinated by a Director of Student Services. The goal of the student services department is to provide medical and mental health services on site. In addition, nursing staff and mental health services are provided.
The Juvenile Justice Programs Office (JJPO) provides local jurisdictions with the ability to provide community based programming for youth as an alternative to secure detention or state correctional care. Maintaining compliance with the federal Juvenile Justice and Delinquency Prevention (JJDP) Act of 2002, protects juveniles within the juvenile justice system from inappropriate placements and from harm, both physical and psychological, that can result from secure detention in juvenile detention centers and adult facilities.

Federal funding received by the State and distributed to each county allows youth to be treated within their community which has been identified as a “best-practice” approach. Disparate treatment can occur at every point of contact, from arrest to certification to adult status. The JJPO collects, analyzes and implements evidenced based programming in communities where data shows disparate treatment.

Community based programming has long proved more cost effective and healthier for all the youth involved. Families have more opportunities to participate in the youth’s treatment and the youth have more opportunity to reintegrate effectively back into their own community. In SFY 2013, 2,106 youth received programming through the Federal Formula Grant and the Juvenile Accountability Block Grant. In SFY 2014, 1,968 youth received programming through the Federal Formula Grant and the Juvenile Accountability Block Grant. Federal funding has been reduced by 38% in the last two years.

The following is a list of some of the programs funded through the JJPO:

- **Evening Reporting Centers:** Provides high-risk youth extensive programming during the hours that youth generally participate in high risk behaviors. Programming includes anger management, relapse prevention, conflict resolution, identification of thinking errors and replacement skills and job training and mentoring.

- **Supervised Release Program:** Provides youth the opportunity to return home while awaiting a court hearing rather than remain in detention. Youths are provided intensive supervision by electronic monitoring and daily contact with probation as well as wraparound services to address the youth’s needs.

- **Drug Court:** Provides youth with alcohol and substance abuse issues the opportunity to receive treatment and services needed to remain clean and sober. Youth are monitored closely and attend weekly court hearings to provide accountability and support. Drug Court is a year-long program.

- **Gender Specific Programming:** Youth have the opportunity to participate in Boys Council and Girls Circle, both evidenced base programs that address gender specific issues.

- **Vocational Mentoring and Employment Training:** Youth are assigned mentors who spend a minimum of six hours a week with their mentee. Mentors receive 40 hours of training and provide youth with support, job training skills and one-on-one attention anywhere from 6-12 months.

- **Aftercare:** Youth attend aftercare programming after successful completion of an alcohol and drug treatment program. Programming includes family counseling, individual and group counseling, relapse prevention and employment skills. Tutoring is also available for youth increasing their success in their educational setting.

- **Specialized Medicaid Room and Board Funding:** This provides each local jurisdiction funding to pay per diem cost of youth placed in Medicaid approved facilities. Distributed as a block grant, jurisdictions have the flexibility to utilize this money to provide community based programming for youth at risk of commitment to state correctional care. In State Fiscal Year 2014, 611 youth were provided services.

Identifying juvenile crime trends and implementing evidenced based programming to address these specific trends increases public safety for all Nevada citizens. Ensuring compliance for the four core protections of the JJDP Act of 2002 protects the youth of our communities and our state.

Additionally, the Juvenile Justice Programs Office provides technical assistance and support to the Nevada Juvenile Justice Commission. This Commission, appointed by the Governor, represents the entire state in matters relevant to the juvenile justice system. Advisory in nature, the Commission ensures compliance with federal laws, provides oversight to juvenile justice federal funding and provides testimony and support for policy and legislation that is effective and deemed best-practice.

In 2012, the Prison Rape Elimination Act (PREA) Standards for Juvenile Facilities were released and implemented in Nevada’s youth correctional facilities, juvenile detention centers and county based youth camps. PREA, a federal law passed in 2003, protects youth within our facilities from staff sexual misconduct, youth on youth sexual harassment and sexual abuse. PREA standards address prevention, training and education, staff supervision and ratios, victim advocacy services, operational management, policies and procedures, investigations and data collection. Although unfunded mandates are included within the standards for juvenile facilities, PREA is good public policy and enables facilities to protect youth from sexual abuse and harassment.
## SERVICE LOCATIONS

### JUVENILE JUSTICE SERVICES

**Juvenile Justice Programs Office**  
475 West Haskell St., #7  
Winnemucca, NV 89445  
(775) 623-6555

**Administrative Office**  
4126 Technology Way, 3rd Floor  
Carson City, Nevada 89706  
(775) 684-4440

**Caliente Youth Center**  
500 Youth Center Drive  
P. O. Box 788  
Caliente, NV 89008  
(775) 726-8200

**Nevada Youth Training Center (NYTC)**  
100 Youth Center Rd.  
Elko, NV 89801  
(775) 738-7182

### YOUTH PAROLE SERVICES

**Elko Youth Parole Services**  
1010 Ruby Vista Dr., Ste. 101  
Elko, NV 89801  
(775) 753-1285

**Fallon Youth Parole Services**  
135 Keddie St.  
Fallon, NV 89406  
(775) 423-6624

**Las Vegas Youth Parole Bureau**  
620 Belrose St., Ste. 107  
Las Vegas, NV 89107  
(702) 486-5080

**Reno Youth Parole Services**  
560 Mill St., Ste. 250  
Reno, NV 89502  
(775) 688-1421