



# 2011/2012 **BIENNIAL REPORT**



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



“I believe the best service to the child is the service closest to the child, and children who are victims of neglect, abuse or abandonment must not also be victims of bureaucracy. They deserve our devoted attention, not our divided attention.”

- Kenny Guinn

Additional copies of this report may be obtained by contacting the  
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This report is available through the  
Division of Child and Family Services website at the following address:

<http://www.dcf.state.nv.us>

# ADMINISTRATOR'S MESSAGE

March 2013 marks my one-year anniversary as Administrator for the State of Nevada's Division of Child and Family Services. Over this past year, I have been proud to team with DCFS staff, other state and county agencies, families and other stakeholders to be part of many milestones at DCFS, none the least of which includes:

Caliente Youth Center's (CYC) 50<sup>th</sup> Anniversary. CYC, a staff-secure facility for youth who have been committed to DCFS because of delinquent behavior, celebrated 50 years of providing thousands of youth with opportunities and tools to change their behavior, gain a viable and meaningful education and become successful and productive citizens. An event of this magnitude requires a lot of hard work and preparation and the staff at CYC rose brilliantly to the challenge; their efforts ensured the safety and enjoyment of the guests and youth during this most historic event.

DCFS in partnership with Clark County Department of Family Services (CCDFS) and Washoe County Department of Social Services (WCDSS) and with the support of the 2011 Nevada Legislature passed Senate Bill 447, an annual capped child welfare block grant. This amendment to statute allows CCDFS and WCDSS to redirect child welfare funding to services not restricted by traditional definitions and funding limitations, but which are driven by the needs of children and families in their community. Additionally, CCDFS and WCDSS now have the ability to retain locally all of the savings generated if the services provided by the county cost less than the amount budgeted.

Desert Willow Treatment Center (DWTC), the 58 bed psychiatric hospital operated by DCFS to provide men-

tal health services in a secure environment to child and adolescents with severe emotional disturbances (SED) is accredited by the Joint Commission. The Joint Commission is a nationally recognized provider of quality standards in the healthcare industry. DWTC's last Joint Commission reaccreditation was in January 2011 at which time the Center's survey resulted in no direct impact deficiencies which emphasizes DWTC's commitment to providing consistent quality care to children and adolescents with SED. Receiving no direct impact deficiencies is a tremendous accomplishment and demonstrates how thoroughly DWTC has incorporated the Joint Commission's standards into their daily practice.

DCFS has also taken action to create a strategic framework for making fiscal decisions to provide and manage a wide range of services for children who have experienced abandonment, abuse, adjudication, mental illness, neglect, or substance abuse. To that end, DCFS staff convened a retreat in Reno in April 2012 to work on priorities and performance based budgeting – a process that advances the ability to interconnect activities performed by state government and increases accountability and transparency. Very simply, long term performance goals for core government functions are identified and budgets created so progress is made towards achieving the goals. However this process can present a challenge because, by the numbers, Nevada is not much better off economically than it was two years ago. We must continue to find the resources to provide the services today because if we don't, Nevada's children and families may come to us later needing even more intensive and costly services.

As Administrator, I embrace the philosophy that every child should be safe, live in a stable home, learn and

grown in self-esteem, and embrace a sense of hope about the future. DCFS is an extremely complex organization with incredibly dedicated and professional staff that are committed to working with disenfranchised populations and dealing with serious social problems as well as promoting advocacy. The jobs we do and the people we serve are important. We are bound by a strong esprit de corps that values collaboration and continuously improving services to Nevada's children and families.

This past year I have personally been involved with youth who required multi-systems collaboration and brain storming and/or assisted staff in getting the resources they needed to successfully intervene with children on their caseloads. Participating in Youth Parole ride a longs, touring the juvenile correctional facilities, meeting with foster children, observing group sessions at Desert Willow Treatment Center and attending holiday parties for children and youth at our Children's Mental Health facilities has given me the opportunity to connect with youth and bring back ideas to leadership for ways in which we can improve, break down barriers faced by staff and provide resources that some did not know existed across the hall.

Children are my inspiration as a leader and I am continually motivated by the fact we can make a difference in their lives. Events over the past year, both nationally and locally, have served to support my philosophy that in order to create change, leaders *must* work together. We must not be afraid to examine our own laws, policies and beliefs and to recognize what isn't working and admit that we can and will achieve more for Nevada's children and families. I am committed to continuing this work and look forward to rolling my sleeves up, tackling some of the challenges we still face in our systems and doing everything I can do to enrich the lives of Nevada's children.



**Amber Howell**  
Administrator





# CONTENTS

|           |                                   |
|-----------|-----------------------------------|
|           | <b>Introduction</b>               |
| <b>1</b>  | Division Purpose                  |
| <b>2</b>  | Mission and Structure             |
| <b>3</b>  | Service Principles                |
| <b>4</b>  | Agency Biennium Budget            |
|           | <b>Programs</b>                   |
| <b>5</b>  | Systems Advocate                  |
| <b>6</b>  | Information Management Services   |
| <b>8</b>  | Child Welfare Services            |
| <b>28</b> | Children's Mental Health Services |
| <b>39</b> | Juvenile Justice Services         |
| <b>51</b> | Index                             |







## DIVISION PURPOSE

The State of Nevada's **Division of Child and Family Services** (DCFS) provides a wide range of services and funding for the children, youth and families in Nevada. These programs include:

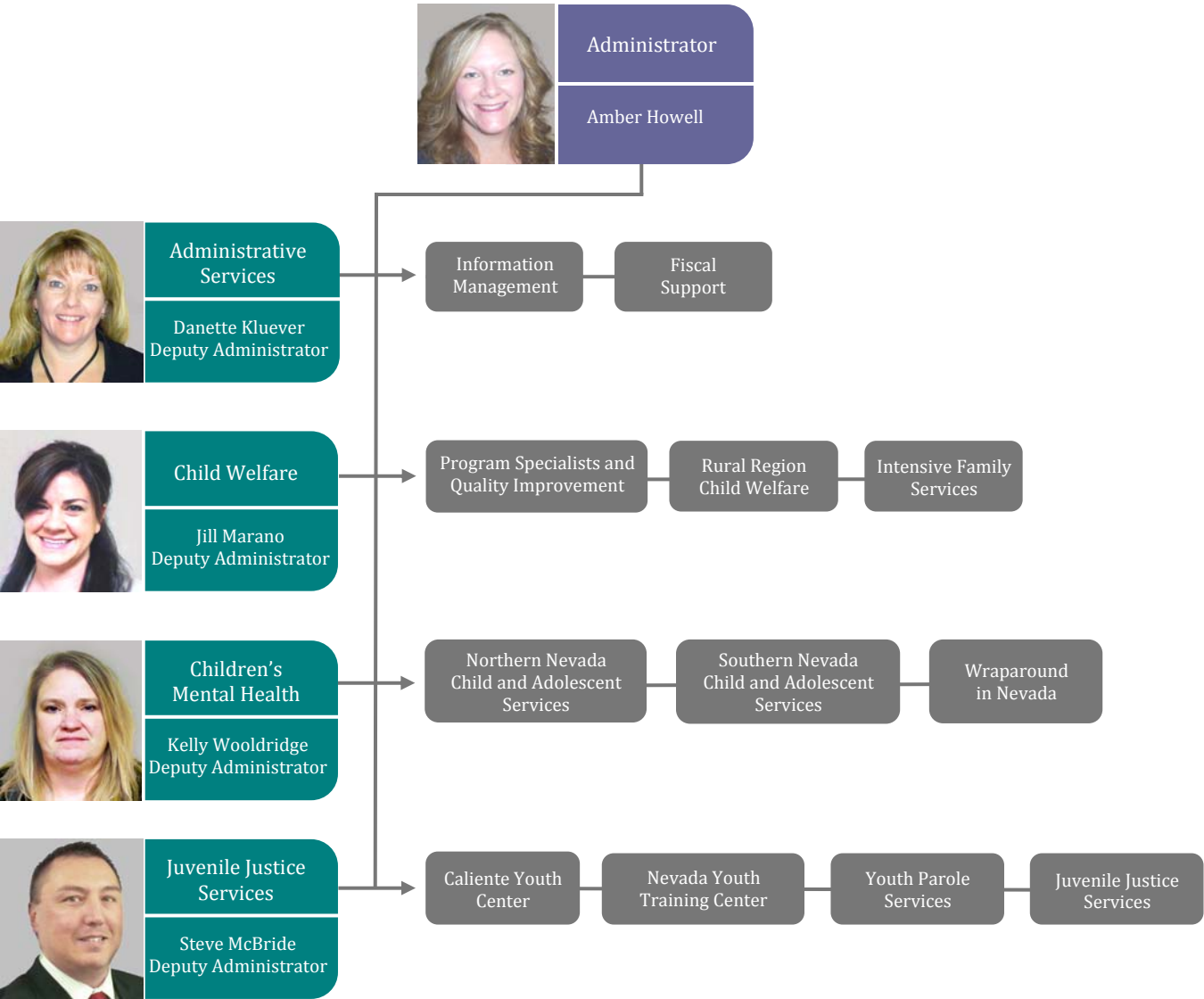
- **Child Welfare** including direct child protective services, foster care, adoption, independent living services, foster care licensing in fifteen rural Nevada counties and statewide oversight for child welfare including the two urban county child welfare agencies; oversight of the Interstate Compact for the Placement of Children and the review of child deaths in Nevada.
- **Federal IV B** funding for over 40 non profits for provision of services to help prevent or respond to child abuse and neglect in addition to funding domestic violence programs.
- **Juvenile Justice Services** such as two residential training facilities, statewide supervision of youth paroled from state-operated facilities, provide statewide Interstate Compact for Juveniles supervision and provide grant funding for local jurisdictions who serve delinquent youth and local coalitions addressing underage drinking issues.
- Community-based and outpatient **Mental/Behavioral Health Services** to hundreds of families in the state, many of whom would enter the child welfare or juvenile justice systems without appropriate treatment and intervention. DCFS' nationally recognized program Wraparound in Nevada (WIN) provides children with serious emotional disturbances intensive targeted case management services. DCFS' mental health programming also includes early childhood mental health services, residential treatment home care, a residential treatment center for adolescents, and an acute residential treatment center.

# MISSION & STRUCTURE

**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.



# SERVICE PRINCIPLES

**Overarching Service Principles guide our work towards achieving this mission:**

## **Protection**

Children's safety is paramount.

## **Development**

Children, youth and families need consistent nurturing in a healthy environment to achieve their full human potential.

## **Permanency**

All children need and are entitled to enduring relationships that provide a family stability and belonging, a sense of self that connects children to their past, present and future.

## **Cultural Responsiveness**

Children and families have the right to be understood within the context of their own family, traditions, history, culture and community.

## **Partnership**

The entire community shares accountability for the creation of an environment that helps families raise children to reach their full potential.

## **Organizational Competence**

Effectively structured and managed organizations with committed, trained, skilled staff are necessary to achieve positive outcomes for children and families. Strategic sequencing of continuous quality improvements must occur to reach Nevada's child and family services vision.

## **Professional Competence**

Children and families need a relationship with skilled and empathetic case managers/clinicians who can provide ethical support, confront difficult issues, and effectively assist them towards positive change that reinforces safety, permanency, well being and community safety.

**DCFS is dedicated to accomplishing the following purposes:**

- Protecting and promoting the welfare and safety of all children, including individuals who may be disabled, homeless, dependent or neglected;
- Preventing or remedying or assisting in the solution of problems that may result in the neglect, abuse, exploitation, or delinquency of children;
- Preventing the unnecessary separation of children from their families by identifying family problems and resources, assisting families in resolving their problems and preventing the breakup of the family where the prevention of child removal is desirable and possible;
- Restoring to their families, children who have been removed and may be safely returned, by the provision of services to the child and the family;
- Assuring adequate care of children away from their homes in cases where the child cannot be returned home or cannot be placed for adoption; and
- Placing children in suitable adoptive homes in cases where restoration to the biological or primary family is not possible or appropriate.

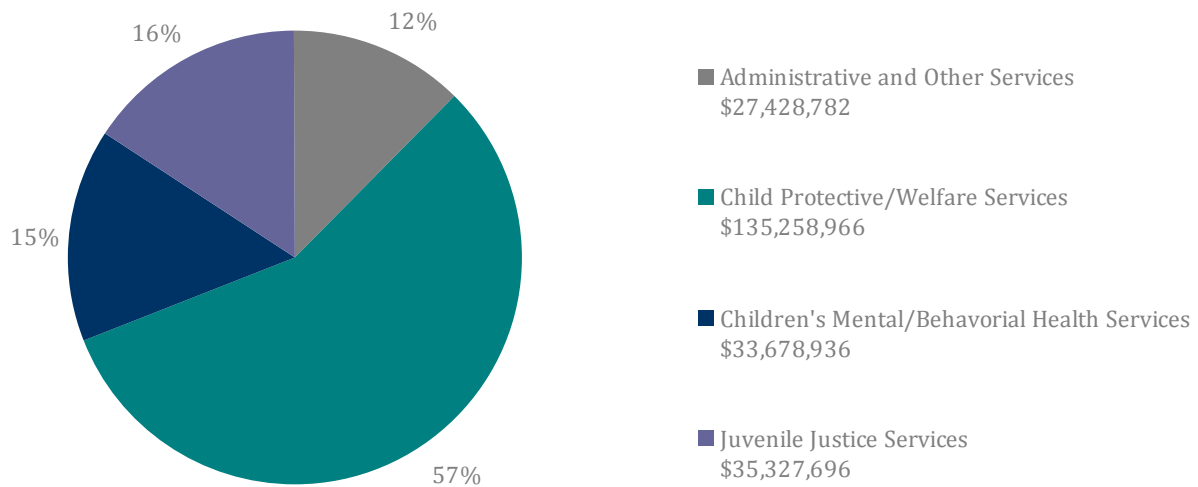


# BIENNIUM BUDGET

## Division of Child and Family Services

### SFY Budget 2014

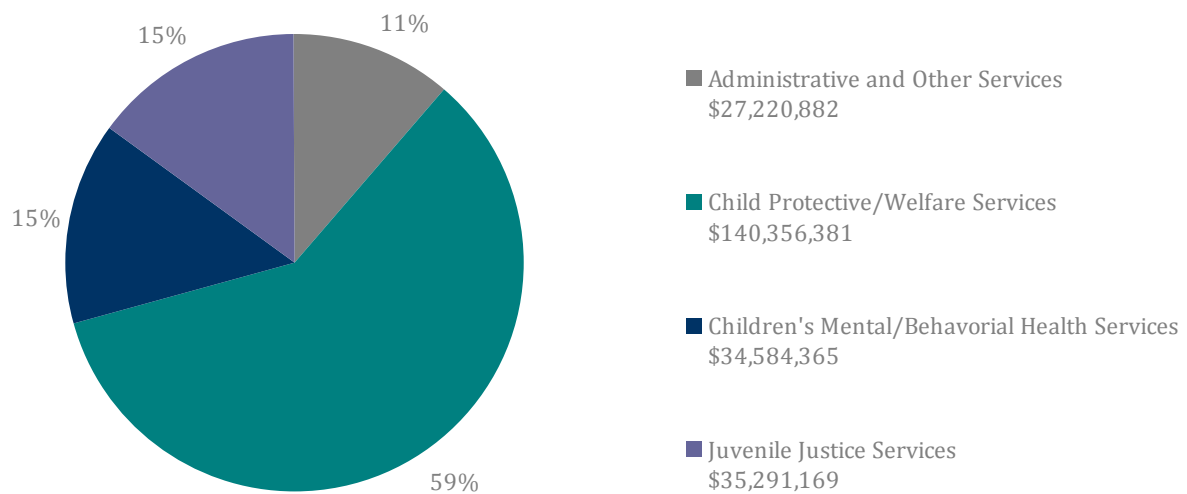
Total \$231,694,380



## Division of Child and Family Services

### SFY Budget 2015

Total \$237,452,797



# SYSTEMS ADVOCATE UNIT

The Division of Child and Family Services' (DCFS) **Systems Advocate Unit** was initiated 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 as illustrated in figure one. The Systems Advocate Unit also informs families of their rights, resolves complaints involving anything that affects 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:

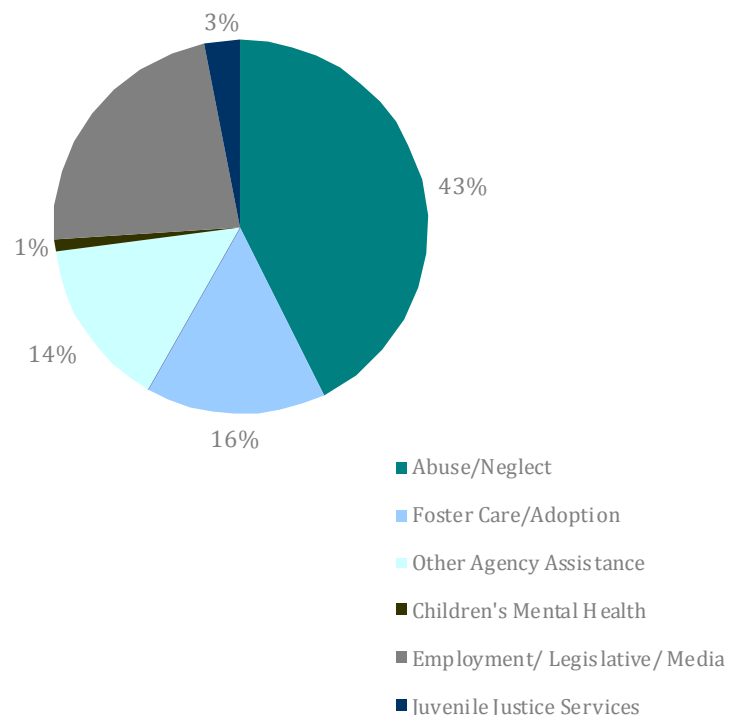
- Social service licensing applicants/recipients/group/family foster homes and child placing agencies who disagree with the agency's decision to not reissue or to revoke a license;

- 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.



**Figure 1.** Inquiries by Subject Matter SFY 2011



Source: Data Reported by Systems Advocate SFY 2011

# INFORMATION MANAGEMENT SERVICES

**Information Management Services (IMS)** supports the safety, permanency and well being of children, families and communities by providing accurate and accessible information. IMS supports two primary automated systems, UNITY and Avatar.

## **IMS Systems: UNITY and Avatar**

**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.

In 2009, DCFS contracted with Integrating Factors Incorporated (IFI) to conduct an evaluation of UNITY. 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."*

By implementing this recommendation, UNITY will become easier to use and more in line with the day-to-day work of the front-line staff that serve children and families. In turn, front-line staff will be able to enter accurate and meaningful data. Better data will give agency management the tools and business intelligence to make the necessary decisions to move the agency in the direction that it needs to go.

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 began work in April 2012 and is expected to complete the conversion by June 2013. Converting will only be one step in the process. Several functional changes will need to be implemented by IMS staff to fully implement the IFI recommendation. However, there will be immediate benefits to the conversion:

- Most staff are familiar with web technologies from their use of home computers. This should make the transition to the new version of UNITY fairly seamless.
- The old GUI architecture is somewhat outdated and limited in its features. Converting to a web-based application will significantly broaden the technological features available to IMS that IMS can use to simplify the system.
- The web-based architecture will open up the ability for staff to use UNITY in places other than their offices.
- The web-based architecture will open up the ability for non-agency stakeholders to access UNITY in helpful ways:
  - Windows could be developed for judges, district attorneys and other court officials.
  - Family Resource Centers can access UNITY directly through the web, instead of through VPN accounts.





There is much work that needs to be done, but converting to a web-based application is a first major step.

**Avatar** (children's mental health billing and clinician workstations) used statewide by 390 clinicians and billing staff to record and manage children's mental health information.

#### Data Services

IMS provides data to entities external to DCFS, such as the legislature, advocacy groups, and research institutions to further the cause of children and families. Analysts receive requests from these entities and work with them to determine their data requirements. Once the requirements are understood, the analysts either use existing reports or work with IMS IT professionals to develop additional reports to gather the necessary data. The data provided to the entities meets all privacy requirements. During 2012, the data services unit responded to 132 requests for data.

In the coming months the data unit will be working on several projects to enhance the availability, quality, and usefulness of the data provided by IMS. Among these are the following:

- A data book is being developed to ensure that all DCFS management has ready access to key data elements. This will enable staff to quickly recognize and respond to trends pertaining to clients.
- Recently DCFS reevaluated its performance indicators to ensure that it is accountable to the public. The data services unit is now working to make sure that the DCFS' systems can provide the necessary data to track performance based on the new indicators.

#### Help Desk

IMS maintains a help desk available to all users of Avatar

and UNITY. The IT Technicians that staff the help desk are knowledgeable in both UNITY and Avatar and are also proficient in handling basic desktop issues. They provide first level support to approximately 1700 users of Avatar and UNITY (both internal and external to the DCFS). In 2012, the help desk responded to 12,900 tickets received through e-mail, telephone, and fax.

#### Network/Desktop Support

IMS IT technicians provide desktop and network support for DCFS' approximately 1000 employees and contractors. Technicians install and troubleshoot network equipment, desktop computers, printers and other hardware. They also install and troubleshoot software packages such as UNITY, Avatar, Microsoft Office products and various other tools used by the agency. In 2012, the Network/Desktop Support staff responded to 3,098 tickets.

#### Training

IMS provides training for Avatar and UNITY users. Several courses are offered year round geared towards new users, specialists and super users. The courses combine lecture with interactive exercises, allowing the student to get hands on experience. When not training, the training staff is busy keeping up with the modifications made to UNITY and Avatar, modifying curriculum and course materials as these systems evolve.

In the near future, the training unit will be looking at ways to provide alternative types of training to overcome some of the constraints caused by the current economic situation and to take advantage of new technologies and methods. In particular staff will be looking at the feasibility of computer-based training, webinars and other similar approaches.





## CHILD WELFARE SERVICES

Nevada **Child Welfare Services** includes a broad spectrum of programs that serve to protect the children in our community. The philosophy and focus of Child Welfare Services is to provide services to protect children from abuse and neglect. Child Welfare programs include service provision in the areas of family strengthening, support services, child protection, foster care, adoption, independent living and licensing of resource family homes, group homes and child-placing organizations.

Nevada uses a state-supervised county-administered structure for the management of child welfare services. The Division of Child and Family 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. NRS 432B.325 states that in counties where population is 100,000 or more, that the county shall provide protective services for children in that county and pay the cost of those services in accordance with standards adopted by the state. Clark County Department of Family Services (CCDFS) and Washoe County Department of Social Services (WCDSS) provide child welfare services directly to all children and families located in their county. DCFS provides child welfare services to the remaining 15 counties in the state through its Rural Region offices.

### **Child and Family Services Review and Program Improvement Plan**

In August of 2008 the Children's Bureau (CB) conducted the second Child and Family Services Review (CFSR) in Nevada. The Child and Family Services Reviews (CFSRs) are conducted within the United States Department of Health and Human Services (DHHS), to help States improve safety, permanency, and well-being outcomes for



children and families who receive services through the child welfare system. The CFSRs monitor States' conformity with the requirements of Title IV-B of the Social Security Act. Title IV-B provides federal funding for child welfare services. As a result of the CFSR, Nevada and other states are required to complete a Performance Improvement Plan (PIP) over a two year period based on the findings of the Review. Nevada's PIP commenced on December 1, 2010.

Over the last biennium DCFS has been diligently working towards improvement on Nevada's federally required PIP and has received Federal notice that all required action steps and benchmarks have been successfully completed. Nevada's PIP consists of the following Strategies and Goals:

**Primary Strategy: 1**

Strengthen and reinforce safety practices throughout the life of the case.

**Goal: 1**

Continue the development of Nevada's safety assessment model to include assessment of children in out-of-home care and at specific milestones through the life of the case.

**Goal: 2**

Reduce the number of short term emergency removals under circumstances that do not involve a child abuse neglect allegation.

**Primary Strategy: 2**

Preserve connections and strengthen relationships.

**Goal: 1**

Enhance the capacity of child welfare staff to effectively engage children, youth and families in case decision making.

**Goal: 2**

Create a child welfare agency culture that values and supports the development of relationships between caseworkers and

family members, and recognizes the behavioral change process.

**Primary Strategy: 3**

Improve the timeliness and appropriateness of permanency planning across the life of the case.

**Goal: 1**

Reduce the number of children in out of home care for 18 months or longer and reduce barriers to adoption and Termination of Parental Rights (TPR).

**Primary Strategy: 4**

Strengthen Child Welfare Supervision and middle management skills.

**Goal: 1**

Strengthen supervisory consultation practices and skills at key decision points improving permanency.

**Primary Strategy: 5**

Expand service options and create flexibility for services to meet the needs of children and families.

**Goal: 1**

Enhance independent living services for children age 15 and older and strengthen foster parent skills and supports.

Nevada continues to work towards compliance on identified specific performance indicators, and a specific statewide data indicator that is associated with the above outlined strategies and goals. Please see the results and continued efforts of Nevada's PIP at:

**“CHILDREN ARE THE WORLD’S MOST VALUABLE RESOURCE AND ITS BEST HOPE FOR THE FUTURE”**

**- John F. Kennedy**

# CHILD PROTECTIVE SERVICES

**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 impending danger and to make it safe for the child to live with their parent or caretaker. It is the responsibility of the CPS worker to assess family functioning and identify strengths and risks in the home. Historically, this has been accomplished through the use of the Nevada Initial Assessment, Nevada Safety Assessment and Risk Assessment tools.

Recent child welfare reforms have focused on a more flexible differential response for investigating reports of child abuse and neglect, including the diversion of low and moderate-risk families to community-based services. Nevada was one of the first states to support the alternative response to community-based services, and is now in the fifth year of implementation of a differential response program. Since July 2007, Differential Response has served 4,097 families.

The first step in the process of ensuring child safety begins with the child welfare agency response to referrals of abuse and/or neglect. Referrals of abuse and/or neglect are defined by a statewide allegation system. A referral becomes a report upon the child welfare agency determination that information received constitutes an allegation consistent with the statewide intake policy. There are six standard questions that are woven into the intake gathering process that lay the foundation for assessing safety that include circumstances surrounding the maltreatment, child and adult functioning, and parenting practice and discipline. This information generates the type of response required. The Reports are then forwarded to a supervisor or supervisory-level designee for review and one of three priority response times is assigned to ensure that maltreatment reports are investigated timely. DCFS is currently working towards development of a UNITY report that will monitor performance as it relates to child maltreatment reports investigated timely.

## CPS Investigation

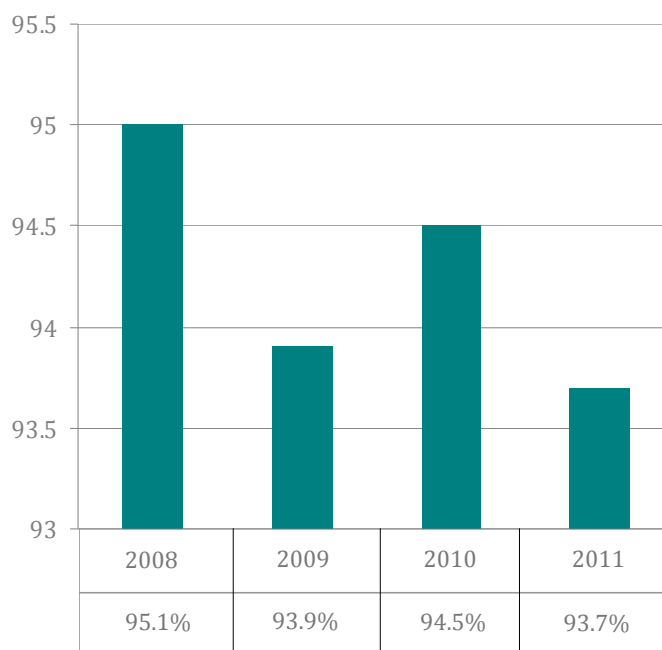
The process of a CPS investigation:

- Begins upon receiving a referral.
- The 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.



On occasion, some of the substantiated reports received are reports of repeat maltreatment of children who have had an additional substantiated report within the previous six-months. Repeat maltreatment occurs when interventions with the family have not been successful in preventing subsequent victimization. The standard for recurrence of maltreatment has been established by the Federal Children's Bureau. The standard states that for all children who were victims of substantiated maltreatment during the first 6 months of the reporting period, what percent were not victims of another substantiated maltreatment within a 6 month period. The standard for this measure is 94.6%. The chart below displays the percentage of children absent of maltreatment recurrence from 2008 to 2011. Nevada will be monitoring this measure for performance improvement.

**Figure 1.** Children Absent of Maltreatment Recurrence



Source: Nevada Child and Family Services Review Data profile 2/23/2012

The state of Nevada has been diligently working towards improving assessment of safety since the first approved Program Improvement Plan (PIP) in 2005. Nevada has historically utilized Action for Child Protection and or the National Resource Center for Child Protection Services (NRCCPS) for technical assistance. The state is currently working towards adopting and implementing the Safety Assessment and Family Evaluation (SAFE) model. There are four primary components of SAFE including Intake Assessment (IA), Nevada Initial Assessment (NIA), Protective Capacity Family Assessment (PCFA): and Protective Capacity Progress Assessment (PCPA), to achieve SAFE intervention outcomes. The implementation of this model will support the transfer of learning and assessment of safety throughout the life of the case.

Because child abuse and neglect are complex and multidimensional, CPS alone cannot effectively intervene in the lives of maltreated children and their families. A coordinated effort that involves a broad range of community agencies, professionals and the public is essential for effective child protection. Nevada has seen increased collaboration among the child welfare agencies and service delivery partners to improve the safety to children over the past biennium.



## INDIAN CHILD WELFARE ACT

The **Indian Child Welfare Act** (ICWA) is a federal law passed in 1978, in response to the alarmingly high number of Indian children being removed from their homes by both public and private agencies. The intent of Congress under ICWA was to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families" (25 U.S.C. § 1902). ICWA 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*.

When ICWA applies to a child's case, the child's tribe and family will have an opportunity to be involved in decisions affecting services for the Indian child. A tribe or a parent can also petition to transfer jurisdiction of the case to their own tribal court. ICWA 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. Indian children involved in state child custody proceedings are covered by ICWA. ICWA defines an "Indian child" as "any unmarried person who is under age eighteen and is either (a) a member of an Indian tribe or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe" (25 U.S.C. § 1903). Under federal law, individual tribes have the right to determine eligibility, membership, or both. However, in order for ICWA to apply, the child must be a member of or eligible for membership in a *federally recognized tribe*.

### Highlights: ICWA in Nevada

- **Collaboration and Consultation**

The State of Nevada has 27 federally recognized tribes, bands and colonies. The Family Programs Office (FPO) in DCFS coordinates ICWA activities for the state. Opportunities for consultation and collaboration have expanded to include bimonthly meetings with the Statewide Children's Justice Act (CJA) Task Force Indian Child Welfare Committee (CJA ICWA Committee); quarterly meetings with the Inter Tribal Counsel of Nevada (ITCN); quarterly meetings with the DHHS Tribal Liaison Committee, provision of a child welfare ICWA specialist, and various training opportunities, conventions, summits and conferences in which these groups sponsor and/or participate.



- **Inter Jurisdictional List Serve**

DCFS, through a partnership with the Nevada Indian Commission continues to provide a list serve. The intent is to facilitate information sharing and collaboration between the State, Tribes and Counties. The email address is: [NVICWA@listserv.state.nv.us](mailto:NVICWA@listserv.state.nv.us). Subscribers to the list serve include administrators, tribal leaders, mental health professionals, Court Appointed Special Advocates (CASA), attorneys, social workers, substance abuse counselors, victim's advocates, juvenile justice, and other interested parties.

- **Active Efforts**

Through the efforts of all of these groups and activities, positive outcomes for Native American children in care are being addressed. Active efforts to prevent the breakup of an Indian family are employed at the onset of an ICWA case or at the point that child is identified as an Indian child. The Indian Child Welfare Specialist for DCFS conducts case reviews for ICWA compliance in all areas of the act and provides technical assistance to meet the threshold of higher standards of active efforts of the ICWA case.

- **Indian Child Welfare Specialist**

DCFS Indian Child Welfare Specialist continues to provide technical assistance to State/Tribal/County Social workers, coordinate and provide training on ICWA; foster State/Tribal relationships; facilitate ICW Committee; and disseminate current information regarding regulations, and federal laws that may impact American Indian 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.

- **Training**

During this past year, collaborative training has been an area of significant focus. Social workers gain competencies to employ the mandates of ICWA during the Nevada CORE Training and ICWA training is offered to further enhance skills. The training is now offered online as well. In addition to these ongoing trainings, three separate and formal trainings and overviews were provided during the year to both State, County and Tribal participants. Those attending included state, tribal, and county social workers, district attorneys, agency and tribal leadership, Deputy Attorney Generals, judges, as well as federal partners. The purpose of these trainings is to develop workforce capacity to accurately apply the Indian Child Welfare Act in Nevada during child custody proceedings that involve American Indian children and their families in compliance with NRS 432B.397.

- **Memoranda of Understanding (MOUs)**

MOUs are being discussed to enable the cross jurisdictional placement of Native American children through state recognition of licensed foster homes on Tribal land. With the assistance of the Attorney Generals Office, Deputy Attorney General, the State has developed a MOU template which is in use with four different tribes. One tribe has signed the MOU and the other three are in varying stages of negotiation.

**“LET US PUT OUR MINDS TOGETHER  
AND SEE WHAT KIND OF LIFE WE CAN  
MAKE FOR OUR CHILDREN”**

**- Sitting Bull**



# INTENSIVE FAMILY SERVICES

**Intensive Family Services**/Family Preservation Services (IFS) in Nevada was established as an in-home, family centered, intensive program that provides therapy/counseling, skill-building, supportive services, advocacy and clinical case management for families whose children are at imminent risk of CPS removal. This approach is supported by national research, which has shown certain factors influenced positive outcomes in intensive programs. High risk families respond best to a combination of in-home services that are individualized, strength-based and solution focused.

IFS is one of many family resources available to child welfare case managers, and when utilized in a timely manner, have been shown to turn challenging families around in a reasonably short time period. Often these are families that have not responded to traditional services.

IFS also provides intensive reunification services and adoption preservation crisis intervention; and some offices provide other components such as clinical assessments. The reunification and adoption preservation services utilize variations of the family preservation interventions and generally require at least 120 days instead of approximately 90 days which is typical for family preservation. Clinical assessments are specialized, targeted assessments for families and children coming into care. These assessments cover: alcohol screenings, parental capacities, developmental levels, general needs assessments diagnostic as-

sessments and assessments for youth who have acted out sexually. Additionally, evaluations on infants and young children include child development and functioning measurements.

IFS does not replicate existing services and is not considered a mental health program, but rather a clinical child welfare program designed to reduce risk and increase family functioning quickly through intensive, flexible need driven services. Due to the intensive nature of IFS, and best practice considerations, with few exceptions families and family members must temporarily discontinue other clinical services when receiving IFS services. At the conclusion of services, IFS provides a written report that illustrates what the family has accomplished and if other non-intensive needs remain. Families are then linked to targeted community or agency services by IFS to address any unmet needs that are required in the case plan or desired by the family.

Courts often order DCFS to provide mental health services and assessments to youth. IFS is one method used to comply with this type of order in the rural region where community services are limited. These services may last from 90 days to up to one year.

Over the past five years 96% of youth served by this program have remained safely returned to or remained with their families. This has resulted in tremendous savings by avoiding out of home placements into the foster care system.



# FOSTER CARE

The goal of the **foster care** system is to ensure the safety, permanency and well-being of children who either temporarily or permanently cannot be safely maintained in their own homes. Foster care services are provided by DCFS in Nevada's 15 rural counties and CCDFS and WCDSS in their respective counties.

When reunification with the birth family is the primary permanency goal, the intent is that children remain in foster care only long enough to resolve the safety concerns that were identified at the time of removal. For calendar year 2011, the median length of time to reunification was 5.9 months, for all children who came into foster care for at least 8 days. This is a slight reduction in average length of stay as compared to calendar year 2010 at 6.4 months.

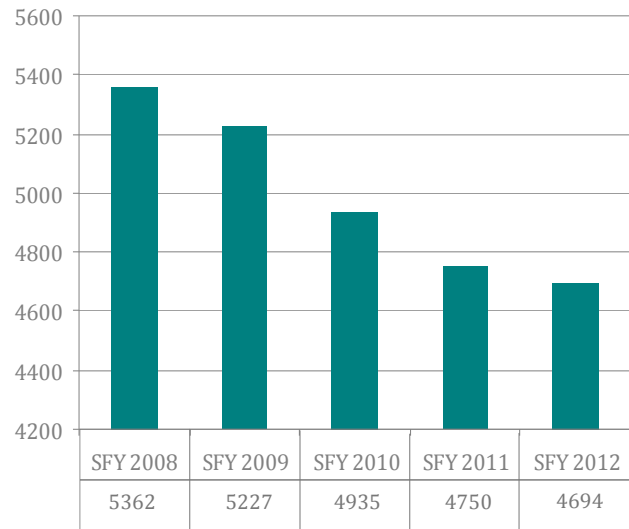
As indicated in figure 1, over the last five fiscal years Nevada has seen a steady reduction in the number of children in out of home placements, decreasing since 2008 by almost 13% over the five years. Greater efforts at safely maintaining children in their homes by improving safety assessment processes, and efforts to help children achieve permanency more quickly by reunifying with family, or finalizing adoptions more quickly are all factors that appear to have a positive impact on this number.

## Highlights: Foster Care Initiatives

Over the past two years, DCFS has undertaken multiple initiatives to support the safety, well-being and permanency of children within Nevada's foster care system. These initiatives include:

- DCFS initiated the formation of a statewide Healthcare Oversight and Care Coordination Committee. This committee was facilitated by DCFS staff and was comprised of many statewide stakeholders to include: representatives from each of Nevada's child welfare agencies, Division of Health Care Financing and Policy (Nevada Medicaid), pediatricians, child and adolescent psychiatrists, nurses, mental health clinicians and specialized foster care agencies. This committee met to develop child welfare policy to ensure that the health care needs of foster children were being met in a timely and ongoing manner.
- The 0207 Early periodic screening, diagnostic and treatment (EPSDT) policy was revised and renamed

**Figure 1.** Number of Children in Out of Home Placement



Source: CLEO Reports

as 0207 Health Services policy. This policy was broadened and enhanced to include various health services beyond EPSDT screenings; it now includes medical (preventative care, illness, injury, disease), dental, developmental, mental/behavioral health areas of care. The policy identifies specific timeframes for EPSDT screenings, referrals and dental care.

- DCFS facilitated a statewide workgroup to develop child welfare policy specific to new Nevada legislation regarding a "person legally responsible for the psychiatric care of a child. This new legislation identified that the court would appoint a specific person to provide **consent** for a child in foster care to be able to receive psychiatric services and also to provide **informed consent** that allowed a child in foster care to be administered a psychotropic medication. This legislation required revision of a 2010 statewide child welfare policy that addressed the use of psychotropic medication use in children in the custody of a child welfare agency. The policy was revised to improve monitoring and safe use of psychotropic medication for children in Nevada's foster care system.
- DCFS facilitated a statewide workgroup to expand current DCFS policy regarding psychotropic medication to include the oversight, monitoring and consent

for administering psychotropic medication and/or psychiatric services to children within the foster care system by the “person legally responsible for the psychiatric care of the child.” The 0209 Psychiatric Care & Treatment policy was approved in early 2012. This policy provides Nevada’s child welfare agencies the necessary guidance to ensure compliance with Senate Bill 371 enacted during the 2011 Nevada Legislative Session.

- The DCFS 0204 Case Planning policy was updated during this time period to ensure compliance with both Federal Title IV-E case plan requirements and recent Nevada law enacted during the 2011 Nevada Legislative Session. Several significant revisions to the Case Planning policy include:
  - Improving educational stability for children in the foster care system by ensuring that children are able to remain in their school of origin unless it is in their best interest to change schools.
  - Placing siblings together whenever possible; when it is not possible, ensuring that siblings have ongoing, frequent contact and visitation unless it is deemed contrary to a child’s best interests.
  - Ensuring that any child that enters the foster care system that requires psychotropic medication or psychiatric services is appointed a “person legally responsible for the psychiatric care of the child.”
  - Providing transition planning for youth that are 90 days prior to exiting the foster care system at the age of 18.
  - Offering youth that attain the age of 18 within the foster care system the opportunity to remain under court jurisdiction up to age 21 and receive monetary and other support to assist them toward achieving independence and adulthood.

The two previously mentioned committees were combined into one overarching “Healthcare Oversight and Psychiatric Services” Committee (HOPS Committee). The current committee is charged with addressing the ongoing health needs of children in the foster care system. This is accomplished through the ongoing development, oversight and monitoring of Nevada’s child welfare [Health Care Services Plan](#) required by the federal Administration for Children and Families (ACF) through the Title IV-B Child and Family Services Five Year Plan (CFSP) and it’s corresponding Annual Progress & Service Report (APSR) submitted by DCFS to the ACF Children’s Bureau. The HOPS Committee meets quarterly.

- DCFS in collaboration with Casey Family Programs initiated the utilization of the Casey Family Programs Permanency Round Tables. The purpose of the Permanency Round Tables was to develop permanent plans for children that had been in foster care for 18 months or longer, who did not have a viable permanency plan. The Permanency Round Tables brought the necessary DCFS personnel and Casey Family Program personnel to the table to identify solutions and address barriers for achieving permanent connections with supportive adults and/or permanency for these identified children. New permanency plans were developed for these children that could be realistically implemented within the next six months to better move these children toward attaining permanency.





# FOSTER CARE LICENSING



The removal of a child from his or her natural environment occurs only as a last resort. When removal must occur, the goal is to ensure that children are placed in safe resource homes that are able to meet their needs. Whenever possible, the first priority is to place children with suitable relatives. However when relative homes are not available to take

placement of a child, the child welfare agency utilizes traditional foster care resources.

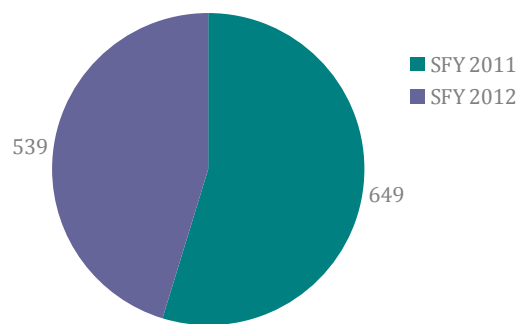
Resource families may be relatives, fictive kin, foster parents, specialized foster care parents or potential adoptive parents. The ideal resource family is a family who is committed to a child regardless of the child's level of need and permanency plan. Child welfare agencies are continuously recruiting for foster families who can meet the needs of children in care. Foster families may be a temporary placement, while the child's biological family works on improving their protective capacities to ensure a safe environment for reunification and/or while a potential adoptive family is identified. Additionally, a significant number of foster families ultimately choose to become the permanent placement for the child through either adoption or guardianship.

## Foster Parent Recruitment

There is an ongoing need to recruit quality foster parents as children continue to enter the foster care system on a daily basis. Also, when children in foster care are adopted by their foster families, it may result in the child welfare agency losing a loving foster home. Therefore, foster parent recruitment efforts must be continuous. The child welfare agency recruits in multiple arenas to include the business community, schools, hospitals, governmental agencies, and faith-based communities. Efforts also focus on child specific recruitment for sibling groups and special needs children and recruitment of both English and Spanish speaking families. While there has been a slight de-

crease in the number of new licenses being issued, there have been fewer home closures, thus there is an upward trend of the total number of family foster care licenses statewide, increasing 12.5% from 1820 homes in September 2010 to 2047 in September 2011.

**Figure 1.** Foster Care Licenses Issued in SFY 2011 and 2012



Source: CLEO Reports

## Foster Parent Training

Per NRS 424, all foster parents are required to complete pre-service training prior to licensure and annual ongoing training after licensure. Various models of foster parent training are used throughout the state, but all training curriculums cover the basic topics of how to interact with foster children, what behaviors to expect, appropriate discipline techniques, grief, loss and attachment issues, and information on the child welfare agency. The Spanish language version of the curriculum is taught (or translation services are provided) in all agencies providing child welfare services.

Advanced trainings are offered to foster parents by the child welfare agencies, local foster parent associations, treatment foster care agencies, and also through available online resources. The hours and types of advanced training vary depending on the type of foster home license issued to the foster parent.

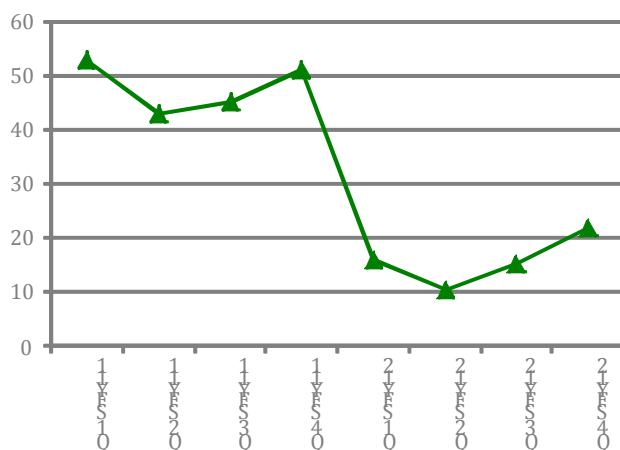
## Foster Care Licensing

The licensing process is required by NRS 424 and assists in determining whether the prospective foster family is able to provide suitable care. At least one on-site visit to the home must be made prior to initial licensing. All applicants and residents 18 years of age or older living in the home must complete and pass a Federal Bureau of Investigation (FBI) background check, as well as state and local back-

ground checks. Additionally, per the Adam Walsh Child Protection and Safety Act, all adult residents must complete in- and out-of-state child abuse and neglect background checks. As of January 2011, child welfare agencies now have the option of issuing a biennial license although an annual on-site inspection of the foster home continues to be required.

Annual license renewals were higher in SFY 2011 than SFY 2012.

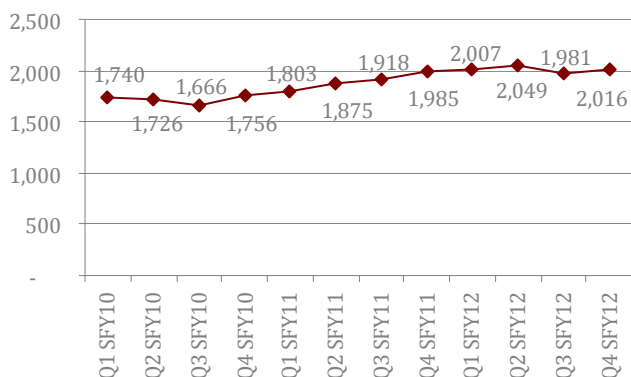
**Figure 2.** Annual License Renewal for Rural Counties by Quarter



Source: CLEO Reports

The current recruitment, licensing and retention efforts are having a positive effect on the number of available placement resources for children in foster care, as demonstrated by the steady increase of foster homes statewide.

**Figure 3.** Foster Care Licensing Statewide by Quarter



Source: CLEO Reports

### Foster Parent Retention

Foster parent retention is an important aspect of the foster care system. Each child welfare agency provides

activities and events that publicly support and honor foster parents. Foster families participated in various events hosted by each child welfare agency ranging from appreciation family picnics, to evening gala events, to support groups and monthly meetings. All events received positive feedback from foster parents.

### Highlights

Over the last biennium, DCFS has worked to improve services to children placed in foster care through multiple foster care initiatives and implementation of key statutory changes.

- DCFS, in collaboration with CCDFS, WCDSS and specialized foster care agencies revised the Nevada Administrative Code (NAC) Chapter 424, Foster Homes for Children. The past few legislative sessions have added new requirements within the Nevada Revised Statutes (NRS) Chapter 424, Foster Homes for Children. New requirements in NRS 424 often necessitate revision to NAC 424 to facilitate better understanding and implementation of the law. The current additions and revisions to NAC 424 better ensure the safety and overall well-being for children within Nevada's foster care system. Completion of this undertaking continues; it is expected that the revisions to NAC 424 will be enacted in early to mid 2013.
- DCFS Rural Region Child Welfare Services enlisted the assistance of the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents (NRCRRFAP) at [AdoptUSKids](http://AdoptUSKids.org). They assisted DCFS in identifying strategies to improve efforts towards recruiting quality foster and adoptive families. Focus groups were held in each of the four rural region districts. The focus group participants included current foster and adoptive parents, community stakeholders such as law enforcement, judicial and legal professionals, child advocates and other persons with an interest in child welfare outcomes. The focus groups identified strengths and challenges related to DCFS current recruitment and retention efforts of foster and adoptive families in each district and region wide. With the assistance of the NRCRRFAP, DCFS developed a Rural Region Strategic Action Plan to improve recruitment and retention efforts with these families; additionally, each DCFS District Office developed their own focused strategic plan based upon the specific needs of their particular district. DCFS personnel continue to meet at regular intervals to ensure that there is ongoing progress toward meeting the goals and objectives within the various DCFS action plans.

# DISASTER RESPONSE

Natural and man-made disasters can affect the routine ways child welfare agencies operate and serve children, youth and families. In the event of a disaster, essential child welfare services to children, youth and families could be disrupted or seriously compromised. Professionals serving children and families are familiar with the perspective of trying to view problems “through the eyes of a child.” This perspective is even more important in times of crisis. The “needs of the children” should be kept foremost in all emergency preparedness planning. It is especially important for agencies caring for vulnerable populations such as abused and neglected children, to do what they can to prepare for these disasters.

In order for a state to receive funding through Title IV-B of the Social Security Act, states must comply with all the provisions of Title IV-B. The Child and Family Services Improvement Act of 2006 amended the requirements of a compliant Title IV-B State Plan by adding section 422(b)(16) to require all states have disaster response plans that address how the child welfare agencies will address the ability to:

- Identify, locate, and continue availability of services for children under State care or supervision who are displaced or adversely affected by a disaster;
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
- Preserve essential program records; and,
- Coordinate services and share information with other states.

## Statewide Planning Activities

In order to meet the federal requirement for Child Welfare disaster planning, DCFS requires each child welfare agency to develop and maintain a written child welfare disaster plan. Additionally, a comprehensive plan for testing the plan and taking corrective action as necessary must be in place to ensure the safety not only of vulnerable populations served by DCFS but for staff and personnel as well. Such plans must focus on jurisdictional planning and procedures for the continued care and supervision of all children served by child welfare agencies in the event of a disaster. All disaster plans must be developed in accordance with the criteria set

forth by the federal government as well as by Nevada Revised Statutes and Nevada Administrative Code. DCFS has met with the Division of Emergency Management to ensure compliance and understanding of State emergency procedures as well.

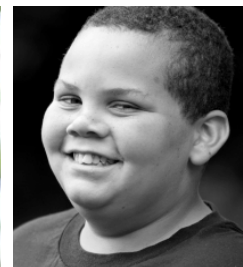
## Training and Exercises

Completing a comprehensive plan for handling emergencies is a major step toward preventing disasters. It is difficult, however, to predict all of the problems that may occur unless the plan is tested. Exercises and drills will be planned and conducted to practice all or critical portions (such as evacuation) of the plan. A thorough and immediate review after each exercise, drill, or after an actual emergency will point out areas that require improvement. Conducting joint exercises between the different child welfare agencies will assist in the evaluation of updates needed due to changes in infrastructure, processes, and personnel.

- As part of the DCFS Disaster Response plan, Interstate Compact on the Placement of Children (ICPC) runs a report to identify children placed in any states affected by a disaster or emergency *through the ICPC process* and their Nevada worker(s). ICPC then contacts each worker and requests they follow up with their counterpart and/or placement resource in the affected state to determine the location/status/safety of Nevada children.
- In August, 2011, Hurricane Isaac threatened several Gulf Coast states, initiating a partial activation of the DCFS disaster plan. In accordance with procedures, a report was run which identified children placed in the affected states. Contact was made with each Nevada worker and corresponding ICPC worker in each state to determine the location and safety of each Nevada child. Contact was made with all workers within 48 hours and each child was determined to be safe. A follow up report was written and sent to agency leadership as well as the Department of Emergency Management.

# ADOPTION

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.



In some situations, birthparents may also choose to place their child for adoption through a private adoption agency. Prospective adoptive parents may opt to adopt from another state, either that state's child welfare system, or through a birthparent relinquishment. Prospective adoptive parents may also select international adoption and adopt a child from another country. Step-parents can decide to adopt their step-child. No matter how a child comes to a family, there are a myriad of state and federal regulations that govern adoptions, which are monitored by DCFS and the child welfare agencies.

Children adopted from the child welfare system, and some children adopted through birth parent relinquishment may qualify for an adoption subsidy, which helps to pay for the cost of providing on-going services for special needs children. Children adopted from the child welfare system may also qualify for Medicaid.

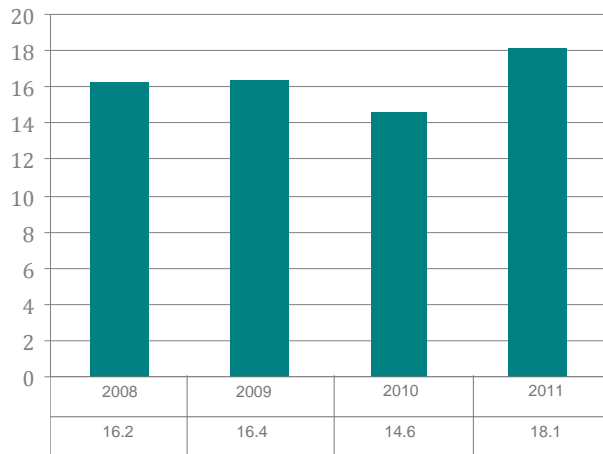
If a child is to be placed in an adoptive home outside of Nevada or if a child from another state is to be placed in an adoptive home within Nevada, the Interstate Compact on the Placement of Children (ICPC) applies. A state/county worker and/or a private agency social worker must be involved to help families with this requirement. When an adoptive family moves out of or into Nevada, and they are receiving Medicaid, DCFS coordinates their receipt of on-going Medicaid eligibility.

**"THERE ARE NO UNWANTED CHILDREN,  
JUST UNFOUND FAMILIES"**

**- The National Adoption Center**

Nevada has identified two performance based measures to monitor regarding Adoptions. The first is the Timeliness of Adoptions. This is a measure of all children who were discharged from foster care to a finalized adoption within 24 months of their removal from the home. The State of Nevada is making a concerted effort to finalize adoptions within twenty-four months of a child's removal from their home. Over the past four years (2008 – 2011), the State's percentage of adoptions completed within

**Figure 1.** Number of Children Adopted within 24 months



Source: Nevada Child and Family Services Review Data Profile

twenty-four months from a child's removal has gone from 16.2 in 2008 to 18.1 in Federal Fiscal year 2011. The national median for this standard is 26.8% and the 75<sup>th</sup> percentile is 36.6%.

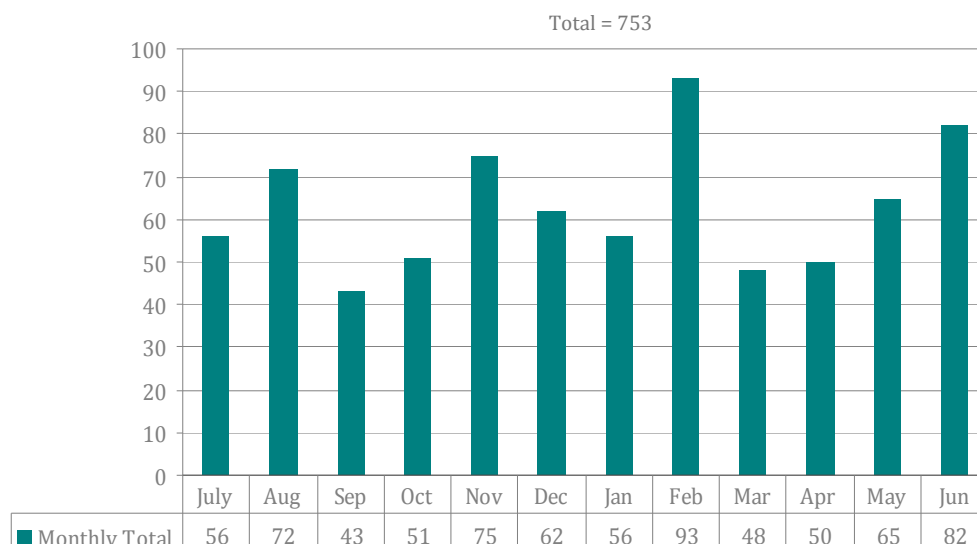
The second measure that Nevada has identified for performance monitoring is the annual on-site review for private adoption agencies. There are nine private adoption agencies in the state of Nevada:

- A Child's Dream of Nevada
- Adoption Choices of Nevada, Las Vegas
- Adoption Choices of Nevada, Reno
- Catholic Charities of Northern Nevada
- Catholic Charities of Southern Nevada
- Jewish Family Service Agency
- LDS Family Service Agency
- Premier Adoption
- West Sands Adoption

Currently, DCFS has completed all on-site reviews timely of all Licensed Child Placing Agencies.

In recognition of the State's efforts to finalize the adoptions of children in foster care, Nevada received a Federal Adoption Incentive Grant award in 2011 in the amount of \$995, 445. The funds are used by the Clark County Department of Child and Family Services, Rural Region DCFS and Washoe County Department of Social Services to support special needs adoptions, recruitment, home study and post placement services, including services required to stabilize and maintain the adoptive placement.

**Figure 2.** Finalized Adoptions for SFY 2011



Source: UNITY Report CFS794 7/1/2010 - 6/30/2011



# INDEPENDENT LIVING

The Nevada **Independent Living (IL)** Program is designed to improve the transition into adulthood for youth ages 15 to 18 in foster care. To be successful upon departure from care, each youth has an opportunity to learn skills based on their individualized needs. The ultimate goal is for all youth to be prepared to live independently.

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** which helps determine the youth's independent living skills. This assessment helps the youth develop a Youth Plan for Independent Living. This plan is a road map for the youth to ensure he/she is receiving services that develop skills and abilities to help them achieve a successful transition from foster care.

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)). Youth have access to the Chafee funds when they are referred to the independent living program. Chafee funds are federal

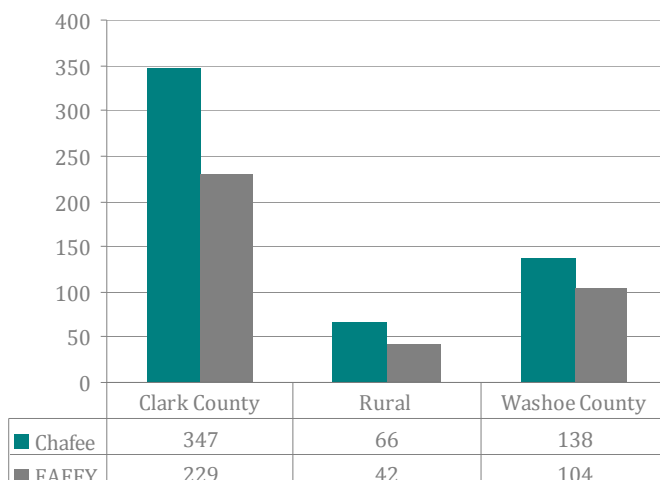
funds that assist all youth nationwide who are age 16-18 in Foster Care or who have transitioned from foster care until age 21. FAFFY funds are only for youth exiting care from Nevada and can be accessed from the age of 18 – 21.

## Highlights

The Nevada IL program has had a busy biennium, due to several state and federal laws and policies that have impacted youth aging out of foster care. As a result, IL program has worked on and accomplished several initiatives:

- The Nevada Independent Living (IL) Policy has been updated, and can be viewed at [http://www.dcfs.state.nv.us/DCFS\\_Policies\\_CW\\_Chapter0800.htm](http://www.dcfs.state.nv.us/DCFS_Policies_CW_Chapter0800.htm)
- Youth from the Statewide Youth Advisory Board “Nevada Life” have participated in developing a Foster Care Bill of Rights which was enacted into law during the 2011 legislative session;
- President Obama signed the Child and Family Services Improvement and Innovation Act (P.L. 112-34) that requires states to run credit reports on all youth in care ages 16 and older. This allows child welfare agencies to identify any credit issues a youth may have and help them to address problems prior to aging out of foster care;
- The National Youth in Transition Database (NYTD) survey is a national longitudinal survey that tracks the outcomes of youth as they exit foster care and enter adulthood. The NYTD baseline surveys began on October 1, 2010. NYTD collects data on every youth who receives IL services paid for or provided by the State and demographic and outcome information on youth that meet certain age criteria while in foster care. Nevada was successful in completing all required surveys and is in compliance with all reporting timeframes. NYTD follows these identified youth starting at age 17 and the youth are then resurveyed at 19 and again at 21. Nevada is currently engaged in having follow-up surveys completed on those who participated in surveys in 2010-2011 and are now 19 years of age.

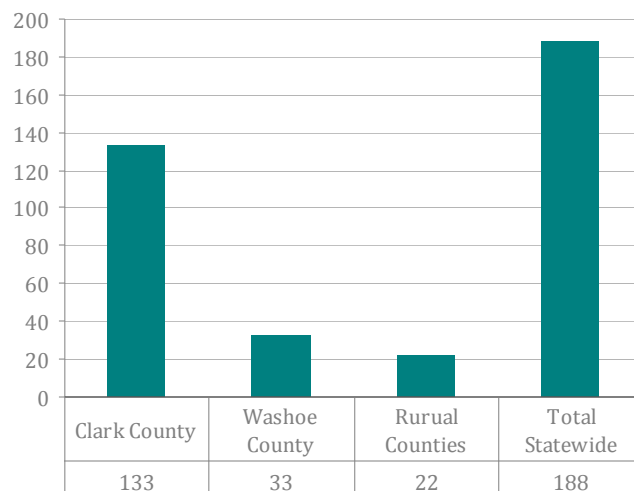
**Figure 1.** Youth Served with Chafee and FAFFY



Source: Division of Child and Family Services Independent Living Data Profile

- As a result of the 2011 legislative session, Assembly Bill 350 was passed (NRS 432B.591 – 595). This new legislation allows youth to remain under the jurisdiction of the court from age 18 until age 21. While under court jurisdiction a youth continues to receive a reimbursement to assist with living expenses and assistance with case planning to ensure successful integration into adulthood. Court jurisdiction is for youth who are not likely to be returned to their parents by the age of 18. They must agree to sign a Post 18 Services Agreement with their child welfare agency case or social worker, develop a Transitional Living Plan outlining goals for themselves for the next 3 years and agree to monthly and quarterly contacts. Youth receive a monthly payment in an amount that does not exceed the current monthly foster care rate. This resource is to assist youth obtain their goals and successfully transition from foster care.

**Figure 2.** Number of Foster Youth opting to remain under Court Jurisdiction after age 18



Source: Oct. 2012 data reported by Child Welfare Agency

Youth in foster care face many obstacles as they move through the foster care system and towards independence. Nevada's Independent Living program is designed to identify needs and services that will assist them in achieving positive outcomes, and help them successfully transition to adulthood and live independently.



**“AMAZING THINGS  
HAPPEN WHEN YOU  
GIVE A KID A  
CHANCE”**

**- Jimmy Wayne,  
Former Foster Youth**

# INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN



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

**“DEVOTED TO EVERY  
CHILD’S JOURNEY HOME”**



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 has been able to offer participation to stakeholders in several trainings, conferences and summits. With changes in Compact regulations and the goal of improving interstate processes, the ICPC unit has emphasized training this year. Seven separate trainings and conferences were provided to stakeholders as well as Nevada ICPC this year to ensure communication, collaboration and education is maintained throughout the ICPC process.

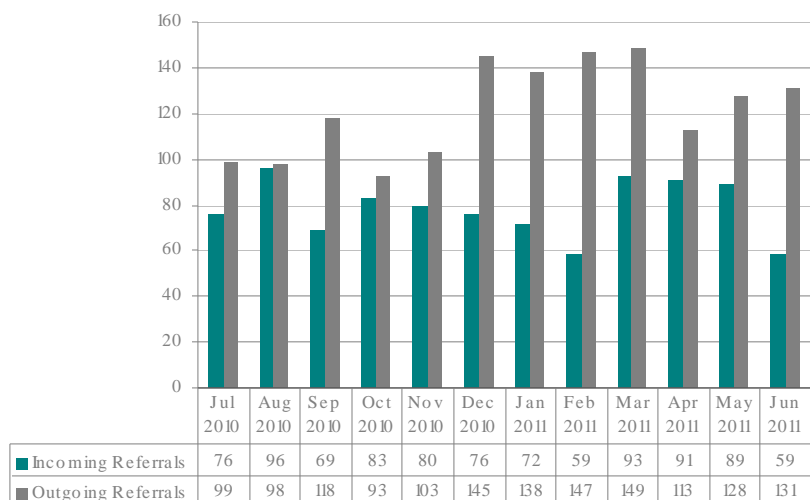
##### ■ Technology and Expedited Time Frames

Nevada continues to make use of their Statewide Automated Child Welfare Information System (SACWIS) system 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

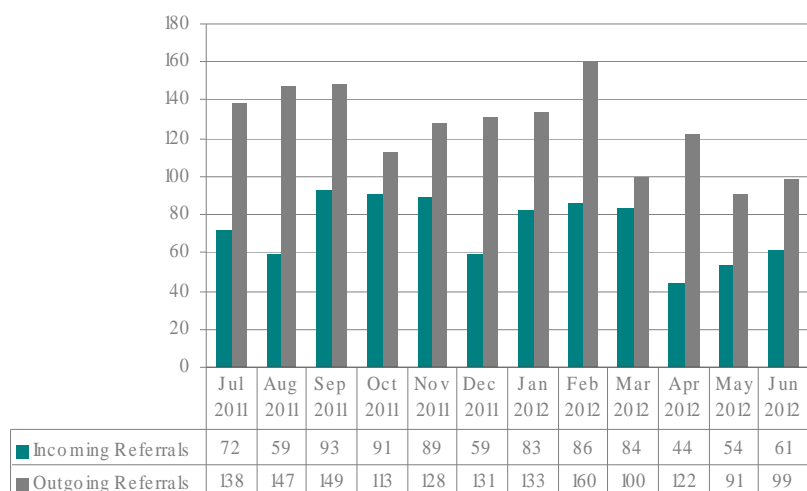
Nevada consistently receives more requests for outgoing referrals (a child being placed into another state from Nevada) than for incoming referrals (a child being placed into Nevada from another state). In 2011, Nevada received a monthly average of 73 incoming referrals which reflects a decrease of nearly 6% from the 2010 monthly incoming referrals. For outgoing referrals, Nevada experienced an increase, going from an average of 109 per month in 2010 to an average of 126 per month in 2011. This difference represents an increase of nearly 16% in outgoing referrals. Nevada sends and receives the most number of referrals from California, followed by Utah, Texas and Florida.

**Figure 1.** Incoming/Outgoing Referral Annual Comparison SFY 2011



Source: ICPC Monthly Statistic Reports

**Figure 2.** Incoming/Outgoing Referral Annual Comparison SFY 2012



Source: ICPC Monthly Statistic Reports

# NEVADA CHILD WELFARE TRAINING

Ensuring that the child welfare workforce is well-trained in understanding issues related to child protection, foster care, adoption and other child welfare matters is critical to ensuring a highly skilled and effective workforce. Through the **Nevada Partnership for Training (NPT)** DCFS, in collaboration with CCDFS, WCDSS and the Schools of Social Work at the University of Nevada, Las Vegas (UNLV) and University of Nevada, Reno (UNR), addresses child welfare training needs in Nevada. The University partners develop curriculum and train caseworkers, supervisors and other child welfare staff and stakeholders on curricula to enhance the safety, permanency and well-being of children in care.

This comprehensive training system addresses the requirements of the Administration of Children and Families Child and Family Services Review through the provision of:

- Nevada New Worker Core for new workers,
- A Specialty Core Series (Addictions, Child Sexual Abuse, Domestic Violence, Mental Health and Children's Mental Health),
- An Intermediate Core Series for experienced workers,
- Training for Child Welfare Supervisors,
- Training on Family Engagement,
- Web-Based Training for ongoing workers.

During the past biennium, the NPT completed a number of significant activities. In response to DCFS' Performance Improvement Plan (PIP), the Partnership developed and implemented two new trainings: *Supervisory Training for Child Welfare Supervisors* and *Family Engagement: Searching for Heroes*. Both were developed and piloted during the biennium and will be offered on an ongoing basis statewide starting in SFY 2013.

A needs assessment is conducted every two years to identify emerging training needs. University staff then develop curriculum to address the identified needs. The most recent needs assessment, completed in SFY 2012, identified a need for training on Children's Mental Health. The NPT responded to the expressed need and developed a training that focuses on children's mental health with an

emphasis on the effect of trauma on children.

Additionally, Training on Motivational Interviewing was offered in Clark County in SFY 2012 and a total of 316 individuals completed this important training.

DCFS in collaboration with UNR developed and is finalizing an online training for non-mandated reporters which will provide information for the public on how to report child abuse or neglect.

Registration for all NPT sponsored trainings is handled through an online system which during SFY 2012 received significant modifications to update and enhance existing functionality and user ease. The website can be accessed at [nvpartnership4training.com](http://nvpartnership4training.com).

## Nevada New Worker Core (Core)

Core is a ten week comprehensive training program with five weeks of in-class activity and five weeks of on-the-job training with supervisors and training staff and supplemental reading materials. During this biennium, New Worker Core was delivered 9 times (five times by UNR and four times by UNLV) to 130 participants.

## Specialty Core

Specialty Core coursework was developed to address the needs expressed by the child welfare agencies. Specialty Core includes Addiction, Mental Health, Child Sexual Abuse, and Domestic Violence. Each series includes three modules in one introductory level course and two advanced courses. Each series focuses the worker on how to recognize the issues and how to approach casework practice when a family or child in care is affected by one or more of these situations. Children's Mental Health issues was piloted at the end of SFY 2012. During this biennium, a total of 138 days of Specialty Core was delivered to 1668 participants.

## Web-Based Training

Interactive online training modules are available on the Nevada Partnership for Training Website 24 hours per day, 7 days per week. Three courses are currently available online: Mandatory Reporting, Ethics, and Indian Child Welfare (ICWA). During this biennium, 474 individuals completed an online training.

# SERVICE LOCATIONS

## Division of Child and Family Services Administrative Office

4126 Technology Way, 3rd Floor  
Carson City, Nevada 89706  
(775) 684-4400

## Carson City District Office

1677 Old Hot Springs Road, Suite B  
Carson City, Nevada 89706  
(775) 687-4943

## Elko District Office

1010 Ruby Vista Drive, Suite 101  
Elko, Nevada 89801  
(775) 753-1300

## Ely Field Office

740 Park Avenue  
Ely, Nevada 89801  
(775) 289-1640

## Fallon District Office

1735 Kaiser Street  
Fallon, Nevada 89406  
(775) 423-8566

## Fernley Field Office

55 North Center Street, Suite 3  
Fernley, Nevada 89419  
(775) 273-7157

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## Washoe County Department of Social Services

350 South Center Street  
Reno, Nevada 89502  
(775) 785-8600

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## Clark County Department of Family Services

121 South Martin Luther King Boulevard  
Las Vegas, Nevada 89106  
(702) 455-5444

## Hawthorne Field Office

1000 C Street  
PO Box 1508— Mailing  
Hawthorne Nevada, 89415  
(775) 945-3602

## Pahrump District Office

2280 Calvada Boulevard, Suite 302  
Pahrump, Nevada 89408  
(775) 727-8497

## Tonopah Field Office

500 Frankee Street  
PO Box 1491  
Tonopah, Nevada 89049  
(775) 482-6626

## Winnemucca Field Office

475 West Haskell #7  
Winnemucca, Nevada 89445  
(775) 623-6555





## CHILDREN'S MENTAL HEALTH

DCFS provides a comprehensive array of mental health services to children, adolescents and their families in Clark and Washoe Counties as well as wraparound case management to children across the state. In addition, DCFS provides psychiatric services in Clark County and in Washoe County. DCFS' mental health programs include community-based outpatient services, residential and day treatment services and the Planning and Evaluation Unit.

Mental health services in the two major urban areas are provided through the DCFS Northern Nevada Child and Adolescent Services (NNCAS) in Washoe County and the DCFS Southern Nevada Child and Adolescent Services (SNCAS) in Clark County. NNCAS serves children and families throughout Washoe County. SNCAS operates five Neighborhood Family Service Centers throughout the Las Vegas valley. Behavioral health services in the rural region are provided through Rural Mental Health Clinics of the Division of Mental Health and Developmental Services, however DCFS provides targeted case management wraparound services to youth in child welfare custody in rural Nevada.

DCFS provides mental health treatment services for children with significant emotional and/or behavioral problems. Children are referred to mental health services by parents, developmental services, child care and Head Start centers, pediatricians, schools, child welfare, juvenile justice, private mental health providers, adult mental health providers and other concerned community

stakeholders. Services are provided in a strengths-based approach that respects family decision-making about their children and honors the family's cultural values and practices. Individualized services, treatment plans and care coordination plans are 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 agencies.

DCFS Children's Mental Health Services strives to improve the functioning and well-being of the children and families served. In order to measure the outcomes of services DCFS' Children's Mental Health Services (CMHS) uses two important performance indicators. The first is the Child and Adolescent Functioning Assessment Scale and the Preschool and Early Childhood Functioning Assessment Scale (PECFAS).

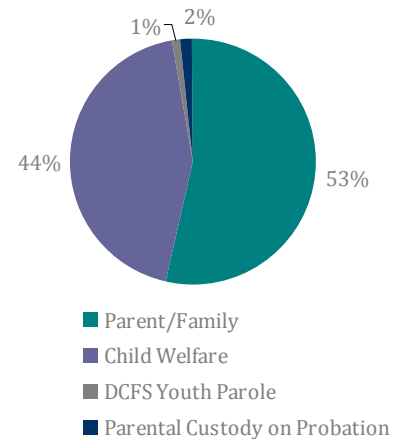
- The CAFAS assesses impairment in day-to-day functioning that is due to emotional, behavioral, psychiatric, psychological, or substance abuse problems.
- The PECFAS is a measure of functional impairment related to behavioral, emotional, psychological, or psychiatric problems.

### Highlights

- DCFS continues to support the activities of the Commission on Mental Health and Developmental Services 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.

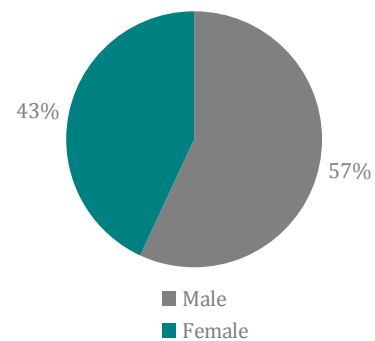
- DCFS continues to support the work of the three regional Children's Mental Health Consortia, along with the Statewide Consortia. DCFS staff serve as members on each consortia, and also provide support and consultation for the development and monitoring of the Consortia's ten year plans.
- DCFS has an ongoing partnership with the University Of Nevada School Of Medicine to provide a fellowship training program in Child and Adolescent Psychiatry. The goal of the Child and Adolescent Fellowship is to improve mental health services to children in Nevada by training a new cohort of child and adolescent psychiatrists. First and second-year Fellows care for their own panel of outpatient clients, receive advanced instruction in the major psychotherapeutic modalities for children and adolescents, and prepare for practice by developing sound ethics and practice management strategies.
- Starting in SFY 2012, DCFS lead the effort statewide to develop and implement a Training of Trainers (TOT) Cohort for Trauma Informed Care. DCFS partnered with the National Child Traumatic Stress Network and the Chadwick Children's Center to develop and train this cohort. The TOT cohort includes mental health professionals from various professions as well as community providers and representatives from Parents Encouraging Parents (PEP). To date, there have been several community trainings statewide on Trauma Informed Care. These trainings have been offered to resource parents, treatment home staff, social workers, mental health professionals, etc. In addition, one training consultation has been provided to the National Judicial College. The trainings will be ongoing throughout the state in SFY 2013 and SFY 2014.
- Early Childhood clinicians were trained by the American Academy of Child and Adolescent Psychiatry on the Early Childhood Services Intensity Instrument and have been approved as trainers for state and community providers.
- Ongoing training for staff and implementation of evidence-based interventions to include Parent Child Interaction Therapy (PCIT) and Aggression Replacement Training.

**Figure 1.** Custody Status of Children at Admission



Source: Avatar RadPlus Electronic Medical Record Youth Served by Custody Status Report

**Figure 2.** Gender of Children Served



Source: Avatar RadPlus Electronic Medical Record Youth Served by Program and by Gender Report

**Figure 3.** Satisfaction Survey Results

| Community Based Services Survey   | Youth % Positive Response | Parent % Positive Response | National Benchmark |
|---|---------------------------|----------------------------|--------------------|
| Services are seen as accessible and convenient regarding location and scheduling                | 82%                       | 90%                        | 83%                |
| Services are seen as satisfactory and helpful   | 83%                       | 93%                        | 83%                |
| Clients get along better with family and friends and are functioning better in their daily life | 70%                       | 81%                        | 62%                |
| Clients feel they have a role in directing the course of their treatment                        | 75%                       | 91%                        | 87%                |
| Staff are respectful of client religion, culture and ethnicity                                  | 89%                       | 98%                        | 93%                |

Source: DCFS Children's Mental Health Satisfaction Survey Result Report

# COMMUNITY-BASED OUTPATIENT SERVICES

Early Childhood Mental Health Services (ECMHS) provide services to children between birth and six years of age with emotional disturbances or those who may have high risk factors for emotional and behavioral disturbances and associated developmental delays. The goal of these services is to strengthen parent-child relationships, support the family's capacity to care for their children and to enhance the child's social and emotional functioning.

ECMHS uses the Diagnostic Classification 0-3R system, a nationally recognized best practice for young children, allowing for developmentally appropriate diagnoses of children birth to 48 months. Staff provides multiple trainings each year on this diagnostic system to increase community provider capacity.

ECMHS is implementing evidence-based practices to include Parent-Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy and Motivational Interviewing. During the last two years, EMHS has worked with the Technical Assistance Center for Social and Emotional Intervention (TACSEI) to implement the Pyramid Model. The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children provides a tiered intervention framework of evidence-based interventions for promoting the social, emotional, and behavioral development of young children (Fox et al., 2003; Hemmeter, Ostrosky, & Fox, 2006). The model describes three tiers of intervention practice: universal promotion for all children, secondary preventions to address the intervention needs for children at risk of social emotional delays, and tertiary interventions needed for children with persistent challenges.

Early Childhood Mental Health Services (ECMHS) are provided by both NNCAS and SNCAS and include:

- Psychological assessment and evaluation
- Family and individual therapies in home, clinical and community settings
- Psychiatric evaluation and medication management
- Day treatment services for severe emotional and behavioral disturbances
- Crisis evaluation, intervention and treatment
- Child care, Head Start, pre-school and kindergarten mental health consultation, outreach, and training
- Clinical case management
- 24 hour on call emergency clinical coverage

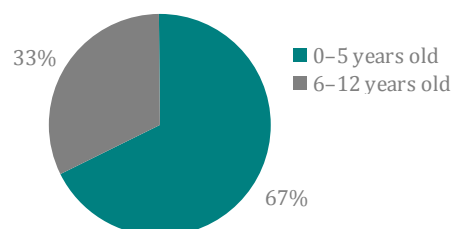
## Highlights

- DCFS ECMHS served 969 children and their families in SFY 2011. In SFY 2012 1041 children were served statewide. 76.8% of the children were served at SNCAS and 23.2% of the children were served at NNCAS.

## Demographic Information

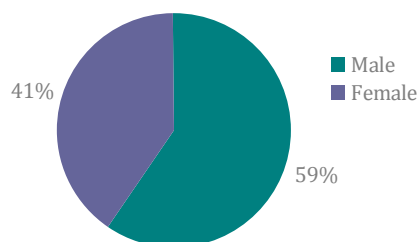
- The average age of children served by ECMHS Statewide was 5.2, NNCAS was 6.2, and SNCAS was 4.9.

**Figure 1.** Early Childhood Mental Health Services by Age SFY 2011



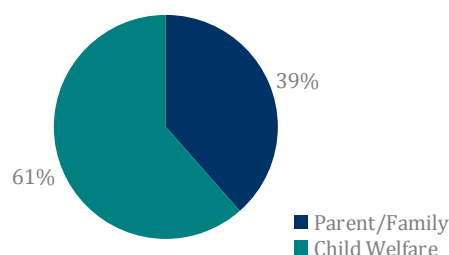
Source: Avatar RadPlus Electronic Medical Record Youth Served by Program and by Age Report

**Figure 2.** Early Childhood Mental Health Services by Gender SFY 2011



Source: Avatar RadPlus Electronic Medical Record Youth Served by Program and by Gender Report

**Figure 3.** Early Childhood Mental Health Services Custody Status SFY 2011



Source: Avatar RadPlus Electronic Medical Record Youth Served by Custody Status Report



**NNCAS— Out Patient Services and SNACS-Children’s Clinical Services** provide community-based outpatient, individual and family oriented mental health services for children from six through eighteen years of age. Psychiatric case-worker positions in SNCAS and NNCAS provide targeted case management services to children in parental custody. Outpatient clinical services has implemented evidence-based practices to include: Trauma-Focused Cognitive Behavior Therapy and Motivational Interviewing.

These services include:

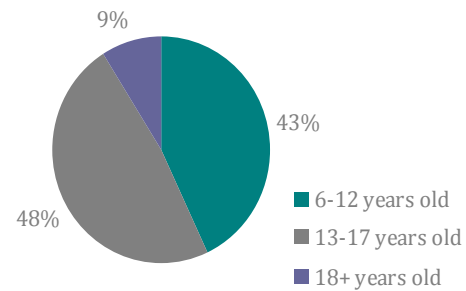
- Individual, family, and group therapies in home, clinic and community settings
- Psychological assessment and evaluation
- Psychiatric evaluation and medication management
- Clinical case management
- Consultation with other stakeholders involved with children in treatment and their families as well as general consultation regarding mental health issues for children and families
- Walk-in crisis assessments
- 24-hour on-call emergency professional coverage
- NNCAS has successfully launched its newest rotation of first and second-year Fellows from the University of Nevada School of Medicine Psychiatric Fellowship Program. The Fellows provide psychiatric assessment, consultation, and medication management to children and families that are uninsured or underinsured.
- SNCAS provides leadership and participation on Neighborhood Resource Teams and the Clark County Resource Team to assist in breaking down barriers to meet service needs of individual children in the community and supporting successful returns from out of state residential placements.

### Highlights

- Served 1,322 children and their families in SFY 2011 and 1,224 children in SFY 2012.

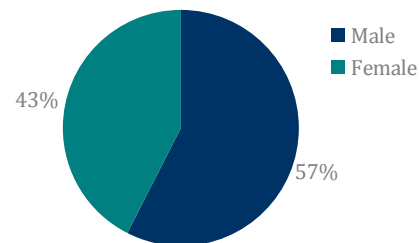
### Demographic Information

**Figure 4.** NNCAS Outpatient Clinical Services



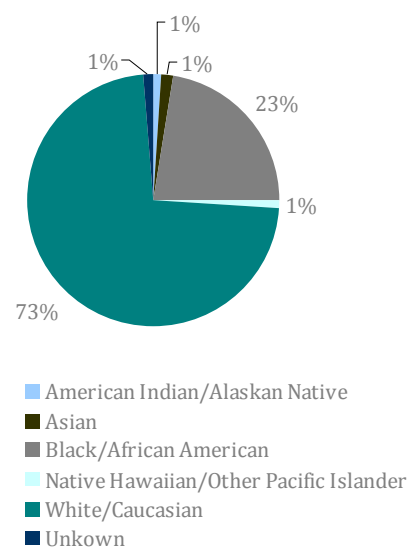
Source: Avatar RadPlus Electronic Medical Record Youth Served by Program Report

**Figure 5.** NNCAS Outpatient Clinical Services by Gender



Source: Avatar RadPlus Electronic Medical Record Youth Served by Program and by Gender Report

**Figure 6.** Percentage of Children Served by Race



Source: Avatar RadPlus Electronic Medical Record Youth Served by Program and by Race Report

# WRAPAROUND IN NEVADA

**Wraparound in Nevada (WIN)** for children and families provides intensive targeted case management services to children and their families. WIN uses a nationally recognized evidence based model for providing wraparound. Wraparound is an intensive, individualized care planning and management process. Wraparound's philosophy of care begins from the principle of "voice and choice," which stipulates that the perspectives of the family—including the child or youth—must be given primary importance during all phases and activities of wraparound. The values associated with wraparound further require that the planning process itself, as well as the services and supports provided, should be individualized, family driven, culturally competent, and community based. Additionally, the wraparound process should increase the "natural support" available to a family by strengthening interpersonal relationships and utilizing other resources that are available in the family's network of social and community relationships. Finally, the wraparound process should be "strengths based," including activities that purposefully help the child and family to recognize, utilize, and build talents, assets, and positive capacities (The National Wraparound Initiative). The WIN program within DCFS recognizes four phases in the wraparound process. They include:

**Phase One: Engagement and Team Preparation.** During this phase, the groundwork for trust and shared vision among the family and wraparound team members is established so people are prepared to come to meetings and collaborate. This phase, particularly through the initial conversations about strengths, needs, culture, and vision, sets the tone for teamwork and team interactions that are consistent with the wraparound principles. The activities of this phase should be completed relatively quickly (within one to two weeks if possible), so that the team can begin meeting and establish ownership of the process as quickly as possible.

**Phase Two: Initial Plan Development.** During this phase, team trust and mutual respect are built while creating an initial plan of care using a high quality planning process that reflects the wraparound principles. In particular, youth and family should feel, during this phase, that they are heard, that the needs chosen are ones they want to work on, and that the options chosen have a reasonable chance of helping them meet these needs. This phase should be completed during one or two meetings that take place within one to two weeks; a rapid time frame

intended to promote team cohesion and shared responsibility toward achieving the team's mission or overarching goal.

**Phase Three: Implementation.** During this phase, the initial wraparound plan is implemented, progress and successes are continually reviewed, and changes are made to the plan and then implemented, all while maintaining or building team cohesiveness and mutual respect. The activities of this phase are repeated until the team's mission is achieved and formal wraparound is no longer needed.

**Phase Four: Transition.** During this phase, plans are made for a purposeful transition out of formal wraparound to a mix of formal and natural supports in the community (and, if appropriate, to services and supports in the adult system). The focus on transition is continual during the wraparound process and the preparation for transition is apparent even during the initial engagement activities.

Another important aspect of the Wraparound process includes the addition of a family support partner or "Family Specialist." DCFS Children's Mental Health Services contracts with Nevada Parents Encouraging Parents (Nevada PEP) for this service. The Family Specialist is a formal member of the wraparound team whose role is to serve the family and help them engage and actively participate on the team and make informed decisions that drive the process. Family Specialists have a strong connection to the community and are very knowledgeable about resources, services, and supports for families. The Family Specialists personal experience is critical to earning the respect of families and establishing a trusting relationship that is valued by the family. The Family Specialist can be a mediator, facilitator, or bridge between families and agencies. Family Specialists ensure each family is heard and their individual needs are being addressed and met. The Family Specialist should communicate and educate agency staff on wraparound principles, the importance of family voice and choice, and other key aspects of ensuring wrap-around fidelity (National Wraparound Initiative).

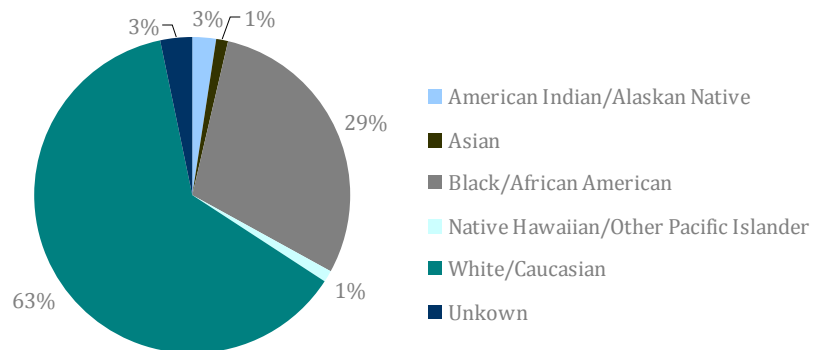


## Highlights

### Demographics

- The average age of children served Statewide was 13.2, North was 14.2, Rural was 11.7, and South was 13.4.
- 54.9% of youth served statewide were male, 45.1% were female.

**Figure 1.** Percentage of Children Served by WIN Statewide by Race



Source: Avatar RadPlus Electronic Medical Record Youth Served by Program and by Race Report

## Wraparound Washoe Expansion Pilot

The Wraparound Washoe Expansion (WWE) is a collaborative effort through a memorandum of understanding to expand wraparound services to children and adolescents with severe emotional and behavioral disturbance who are in parental custody. The following agencies joined together to create this effort:

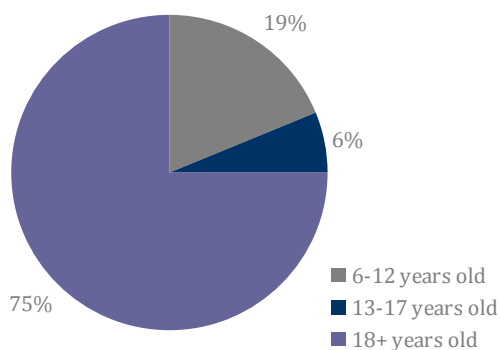
- Division of Child and Family Services
- Washoe County Juvenile Services
- Washoe County School District
- Division of Mental Health and Developmental Services/Sierra Regional Center
- University of Nevada School of Social Work
- Washoe County Children's Mental Health Consortium
- Nevada Parents Encouraging Parents (Nevada PEP)
- The WWE program began serving children and their families in SFY 2011; Data were collected on children and adolescents receiving services starting in October 2010 through June 2012 by WWE. Evaluation selection criteria were clients that received a minimum of 90 days of service and were age 6 or older.

## Highlights

### Demographics

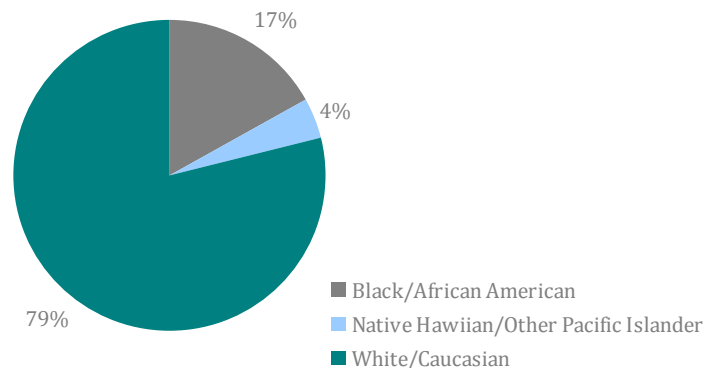
- An unduplicated total of 53 children and their families received WWE services during this timeframe.

**Figure 2.** Age Groups Served by WWE



Source: Avatar RadPlus Electronic Medical Record Youth Served by Program Report

**Figure 3.** Percentage of Children Served by WWE by Race



Source: Avatar RadPlus Electronic Medical Record Youth Served by Program and by Race Report

# DESERT WILLOW TREATMENT CENTER

**Desert Willow Treatment Center (DWTC)** is an acute and residential mental health inpatient facility of the State of Nevada, Division of Child and Family Services. The facility is comprised of a 58 bed psychiatric hospital with two acute care units, as well as three residential treatment center units. It is licensed as a hospital by the State of Nevada, Division of Health, Bureau of Health Care Quality and Compliance, and accredited by the Joint Commission to provide a secure environment to children and adolescents determined to be severely emotionally disturbed (SED).

DWTC's two acute psychiatric hospital units include one acute unit that serves up to eight children ages six to twelve years and another acute unit that serves up to 12 adolescents ages 12 to 18 years, unless the youth is still attending school past his/her 18<sup>th</sup> birthday. DWTC also has three residential treatment center units with the capacity to serve up to 38 children, ages 12 to 18 years, unless the youth is still attending school past his/her 18<sup>th</sup> birthday. Two of the residential units serve up to 12 adolescents each who have been determined to be SED and who require a secure treatment setting. The third residential unit serves up to 14 males who have been adjudicated as sexual offenders.

DWTC is located at Southern Nevada Child and Adolescent Services (SNCAS) in Las Vegas. The inpatient facility contains five patient units, a multi-purpose room, an occupational kitchen, five academic classrooms, a gymnasium, and a patient gardening area. DWTC provides a variety of evidence-based and evidence informed practices including Trauma Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Motivational Interviewing, and Aggression Replacement Training.

Services include:

- Psychiatric evaluation, treatment, and stabilization
- Psychological evaluation and testing
- Psychosocial assessment and treatment planning
- Psychiatric nursing services
- Medication management
- Individual, group, and family therapies
- Psychosocial rehabilitation services
- Therapeutic recreation services
- Special motivational and skill training programs
- Nutrition groups and services
- Coordination of services with other local service providers

- Discharge and aftercare planning
- Structured residential treatment milieu
- Education
- Relapse prevention counseling for youth who have been adjudicated as sexual offenders as they near community re-entry.

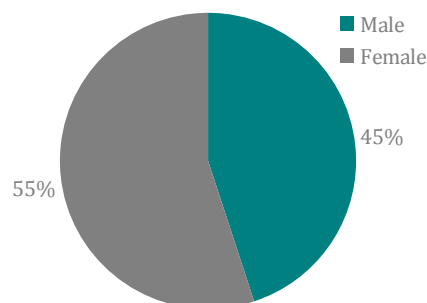
The multidisciplinary treatment team approach is individualized for each child and adolescent.

## Highlights

- DWTC served 224 youth in its acute care hospital in SFY 2011 and 196 youth in SFY 2012.
- DWTC served 121 youth in its residential treatment center in SFY 2011 and 102 youth in SFY 2012.

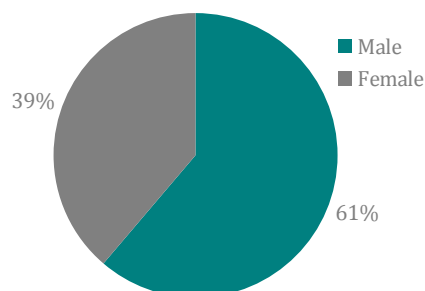
## Demographic Information

**Figure 1.** DWTC Gender Acute Unit



Source: Avatar RadPlus Electronic Medical Record Youth Served by Program and by Gender Report

**Figure 2.** DWTC Gender RTC Units



Source: Avatar RadPlus Electronic Medical Record Youth Served by Program and by Gender Report



## RESIDENTIAL PROGRAMS

The mission of DCFS Residential Treatment Home Services is provide mental health treatment and rehabilitation services based on nationally recognized models built on core values and guiding principles of an individualized, client centered, strength based system of care. DCFS Residential Treatment Home Programs strive to reduce the use of seclusion/restraint, to maintain a positive and safe treatment milieu, and provide children and families with the opportunity to facilitate the process of recovery and skills commensurate with their physical, social, emotional, and behavioral development.

The following nationally recognized models are utilized in DCFS Residential Treatment Home Programs:

- A psychiatric rehabilitation model that incorporates a “*bio-psycho-social*” treatment approach that extends treatment beyond the normal “*therapy hour*” to the client’s entire day. Through the use of supportive and therapeutic interventions, clients will establish normal roles for re-integration into the community. There is a daily focus on assisting clients in developing social competency, problem identification and resolution, effective communication, moral reasoning, self-sufficiency, and behavior management. (Boys Town Press)
- **The Trauma Informed Care Model (TICM)** is defined as care that is grounded in, and directed by a thorough understanding of the neurological, biological, psychological, and social effects of trauma and violence. Experiencing traumatic events has been linked to poor treatment outcomes and personal distress. TICM focuses on the impact of traumatic life events, characterized by subjectively perceived threats of harm.
- **Aggression Replacement Training® (ART®)** is a cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents. The ART® program is a multi-modal intervention consisting of three components: social skills training, anger control training, and training in moral reasoning. Research has shown that students who develop skills in these areas are far less likely to engage in a wide range of aggressive and high-risk behaviors. Lessons in this program are intended to address the behavioral, affective, and cognitive components of aggressive and violent behavior. (Goldstein and Glick, 2011)
- **Positive Behavior Support (PBS)** is a process for understanding and resolving the problem behavior of children that is based on values and empirical research. It offers an approach for developing an understanding of why the child engages in problem behavior and strategies for preventing the occurrence of



problem behavior while teaching the child new skills. Positive behavior support offers a holistic approach that considers all factors that impact on a child and the child's behavior. It can be used to address problem behaviors that range from aggression, tantrums, and property destruction to social withdrawal.

■ **The Recovery Model** is characterized by personal empowerment and a

sense of personal control over one's destiny, acceptance of personal responsibility, asking for and accepting help from others, and inclusion into the treatment process. The ultimate goal of services is the maximum reduction of mental illness and restoration to the best possible functional level. It includes a process in which clients develop coping and wellness strategies to approach daily challenges, overcome disabilities, establish skills to live independently, and contribute to society.

### Adolescent Treatment Center (ATC)

The Adolescent Treatment Center provides the most intensive level of treatment home services provided by DCFS and in the community to youth ages 12 to 18 years. It is located in Sparks and part of Northern Nevada Child and Adolescent Services. ATC has a service capacity of 16 beds for male and female youth.

### Family Learning Homes (FLH)

Family Learning Homes provide intensive, highly structured treatment for children and adolescents six to eighteen years of age with severe emotional disturbances in four individual homes serving five to six

youth each. The majority of youth served have no other resource available to them in the community either due to lack of insurance resources or community providers have not accepted them. It is located on the main campus of Northern Nevada Child and Adolescent Services in Reno. FLH has four individual homes with a capacity of 20 beds.

### Oasis On Campus Treatment Homes (OCTH)

Oasis On Campus Treatment Homes provide intensive, highly structured mental health treatment for children and adolescents, ages six to eighteen years with severe emotional disturbances. There are five treatment homes with a total of 27 beds. Two of the homes provide specialized treatment to youth with dual diagnoses of severe emotional disturbance and developmental disability. The homes are located on the main campus of Southern Nevada Child and Adolescent Services in Las Vegas.

### Services in all three DCFS Treatment Home Programs include:

- As clients are admitted and assessed, specific rehabilitation goals are established and individual recovery skills are identified. Goals specifically address the client's diagnosis and presence of functional impairment in daily living. The assessment is completed and rehabilitation goals are established in partnership with the client, the family, and other formal support services. The recovery skills are designed to focus on those symptoms that interfere most seriously with the client's ability to successfully function in the community. The rehabilitation plan will establish a basis for evaluating the effectiveness of the care offered in meeting the stated goals.
- DCFS residential services incorporate a positive-based motivation system to augment the supportive interventions. The motivation system will also provide the opportunity for immediate consequences that help the client learn to take responsibility for their behaviors and choices.
- DCFS Treatment Home Services recognizes that a biological/medical approach can be a significant component to a successful rehabilitation plan. The program utilizes a Psychiatric Medical Director for clients needing medical supervision.
- Clients receive individual, group, and family counseling. Family counseling incorporates the family's values and strengths in order to provide a smooth transition into the family home.
- Families are invited to attend parent consultation sessions with staff and the client. This is a time the parent can voice concerns about the program, client progress,

and have input into the daily treatment interventions. Family sessions will take place at a time and location most convenient for the family. The objective is to help parents continue the client’s rehabilitative mental health care in home and community based settings. It targets the restoration of the client’s social and behavioral mental health impairment needs.

- Clients will have daily individual “empowerment” conferences with staff in order to review their daily focus areas. The empowerment conference is the time for clients to express any complaints or concerns they have regarding their treatment.
- Clients at NNCAS Residential Services are taught to be a member of the therapeutic community. The therapeutic community or “self government” is a tool used to involve everyone in the planning of the program structure. This is also an opportunity for the client to address an issue and initiate the Client Complaint Procedure. Clients will attend a daily community meeting.
- Clients and families receive case management services to include discharge planning for follow up services.
- Clients, families, and other support services are invited to participate in regularly scheduled Child and Family Team meetings.

### Highlights

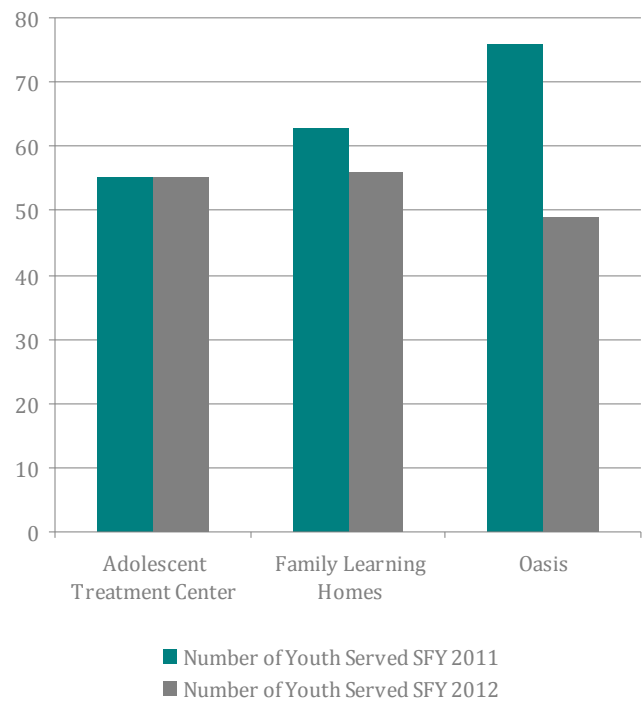
Figure one describes the number of youth served in SFY 2011 and SFY 2012 in each of the three DCFS Residential Treatment Home Programs

The total count statewide is unduplicated but the count by program may include clients also admitted to the other treatment homes.

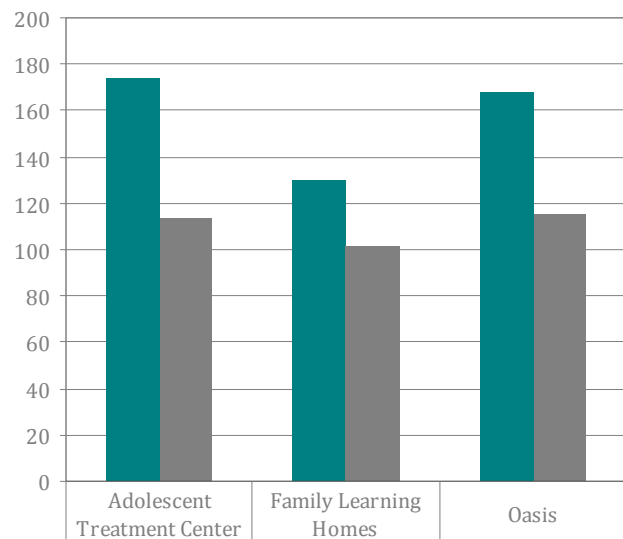
- 63.4% of the youth served statewide by ATC, FLH and OCHT were between the ages of six to twelve years.
- 56.5 % of the youth served by ATC, FLH, and OCHT were males, 43.5% of youth served were females.
- 37.2% of youth served by ATC, FLH and OCHT were in child welfare custody.

Figure two illustrates the average length of stay in each program for SFY 2011 and SFY 2012:

**Figure 1.** Number of Youth Served by SFY 2011-2012



Source: Avatar RadPlus Electronic Medical Record Youth Served by Program Report



|  |       |        |        |
|--|-------|--------|--------|
| ■ Average Length of Stay (days) SFY 2011 | 173.8 | 130.5  | 168.44 |
| ■ Average Length of Stay (days) SFY 2012 | 113.5 | 102.13 | 115.3  |

**Figure 2.** Average Length of Stay

Source: Avatar RadPlus Electronic Medical Record Youth Served by Program Length of Stay Report



# SERVICE LOCATIONS

## Northern Nevada Child and Adolescent Services (NNCAS)

### NNCAS Main Campus

2655 Enterprise Road  
Reno, Nevada 89512  
(775) 688-1600

### Adolescent Treatment Center

480 Galetti way, Building 8N  
Reno, NV 89431  
(775) 688-1633

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## Southern Nevada Child Adolescent Services (SNCAS)

6171 West Charleston Boulevard, Building 8  
Las Vegas, Nevada 89146  
(702) 486-6120

### West Neighborhood Family Service Center

6171 West Charleston Boulevard, Buildings 7,8,9,10 & 15  
Las Vegas, Nevada 89146  
(775) 726-8200

### East Neighborhood Family Service Center

4180 South Pecos Road  
Las Vegas, Nevada 89121  
(702) 486-7500

### North Neighborhood Family Service Center

4538 West Craig Road, Suite 290  
Las Vegas, Nevada 89032  
(702) 486-5160

### South Neighborhood Family Service Center

522 East Lake Mead Parkway, suite 5  
Las Vegas, Nevada 89015  
(702) 455-7900

### Central Neighborhood Family Service Center

121 South Martin Luther King boulevard, suite 172  
Las Vegas, Nevada 89106  
(702) 455-7200

### Desert Willow Treatment Center

6171 West Charleston Boulevard, Building 17  
Las Vegas, Nevada 89146  
(702) 486-8900





## JUVENILE JUSTICE SERVICES

**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 four agencies: two youth centers, Caliente Youth Center (CYC) in Caliente and Nevada Youth Training Center (NYTC) in Elko; the Youth Parole Bureau; 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.

Generally, youth who are committed for correctional care are placed in one of the centers for an average of six to nine months. Upon successful completion of the programming in the facility, the youth are returned to their communities with supervision and case management services provided by Youth Parole. 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 Services have as a primary mission the goal of protecting the community while providing a secure and caring environment for youth which encourages youth to develop competencies, repay their victims and to reduce or eliminate recidivism.*

In 2011, Juvenile Justice Services implemented Training Officer/Quality Assurance Specialist positions at NYTC and CYC facilitate a 160 hour Academy Training for all new direct care staff during their first year of hire. As well as providing required training for all staff, the Training Officer has played a vital role in the quality assurance component at both facilities. In coordination with the assistant superintendents and under the direction of the superintendents, investigations are completed relative to critical incidents and recommendations are made according to specific findings.

Both facilities have implemented the Thinking for a Change (T4C) which is a cognitive behavior change program for offenders that includes cognitive restructuring, social skills development, and development of problem solving skills. This program is also administered in Nevada's county detention centers which provide consistency of programming to youth as well as enhancing county and state communications.

Juvenile Justice Services continues to pursue opportunities to improve services to provide youth with opportunities to learn personal responsibility and equip youth with competencies to live responsibly and productively.

# CALIENTE YOUTH CENTER



**Caliente Youth Center (CYC)**, a staff-secure facility located in Caliente has seven housing units, five units for males and two for females. CYC has capacity to serve 140 youth ages 12 to 18. The average length of stay for students is eight months. Of note, in June 2012, CYC celebrated its 50<sup>th</sup> anniversary of providing services to Nevada's at risk youth.

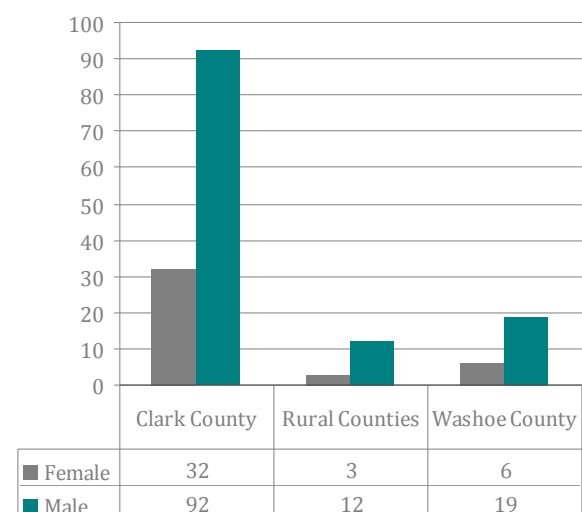
CYC utilizes *Thinking for a Change (T4C)*, a cognitive behavioral program model as the core program for all youth. Gender responsive training is provided using the *Girl's Circle* curriculum. Mental health counselors and staff that supervise the girls' cottages received training in *Girl Matters*, a program sponsored by the National Girl's Institute, the National Council on Crime and Delinquency, and funded by the Office of Juvenile Justice and Delinquency Prevention.

In response to the individual needs of the youth served, CYC has a strong mental health team that provides individual and group counseling including the facilitation of specialized groups in Anger Management, Substance Abuse and Relapse Prevention, Victims of Abuse, Shame, Grief, Coping and Life Skills. CYC also contracts with a team of professionals to provide psychiatric and psychological services that include individual assessments and group and individual counseling. Additionally youth are provided medical care by on-site nursing staff as well as contracted services from a local physician.

CYC contracts with the Lincoln County School District for the operation of the C.O. Bastian High

School. Educational and vocational programs that are offered include required and elective academic subjects, remedial programs, special education, vocational education and interscholastic activities. During Fiscal Years 2011 and 2012, fifty-three CYC students were awarded their High or Adult School Diploma and ninety-four students received their General Equivalency Diploma. Since officially tracked beginning in December 2010, through June 30, 2012, seven hundred fifty-seven Career and Technical Certifications were presented to CYC youth. This included training in Culinary Arts, Textiles, Computer Technology, Laser and Printing Technology, Small Engine Repair, Construction Trades, Horticulture, Welding, Woodshop and Hospitality. Nationally recognized certifications are available in ServSafe Starter and Managerial Programs and Hospitality. CYC also partners with *workforce CONNECTIONS* to provide vocational training, educational assistance, transitional programming and re-entry services for qualified CYC students.

**Figure 2.** Caliente Youth Center Commitments by Region 2012



Source: CYC Commitment Statistics SFY 2012

# NEVADA YOUTH TRAINING CENTER



The **Nevada Youth Training Center** (NYTC) is a 110 bed, staff-secure facility located in Elko, Nevada serving male youth between the ages of 12 to 18.

Programming for youth provided at NYTC includes Educational and Vocational Training, Drug and Alcohol Abuse Counseling, Mental Health Counseling and Recreation. NYTC utilizes *Thinking for a Change (T4C)* an integrated, cognitive behavior program for offenders that includes cognitive restructuring, social skills development, and development of problem solving skills. T4C was developed by the National Institute of Corrections (NIC), an agency within the U.S. Department of Justice, Federal Bureau of Prisons.

Recently NYTC implemented a new program called the Intensive Management Unit (IMU) that provides intensive structure and security for youth who have difficulty working the main program. IMU implements intensive short term goals and provides intensive structure and support for youth in order to reach their goals. This program is a minimum of five weeks where the youth earns a level each week with additional privileges. During this five week program, classes are provided on Attitude and Responsibility, Program Orientation, Substance Abuse education provided by a licensed substance abuse counselor, Fire Safety, Grievance class, Thinking for a Change (T4C), Setting Goals, Construction Trades Information class and Anger Management, which is overseen by Mental Health Counselors. Once youth have completed this program they return to regular programming.

NYTC youth and staff are very involved in the community by performing many different community service projects such as *Take Pride in Elko* clean up, shovel snow for senior citizens, Elko Fair Grounds clean up, unload trucks for Family Resources, Christmas projects, and City Park projects.

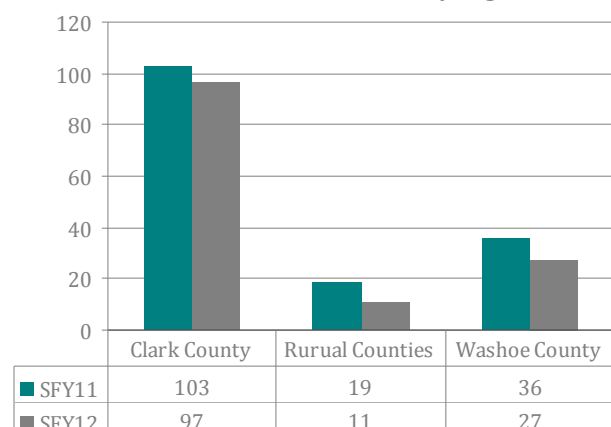
NYTC operates Independence High School (IHS), a fully accredited high school program through Northwest Accreditation Commission. Academic programming includes Special Education services, English as a Second Language, vocational training and certification, Advanced Enrichment classes, Credit Remediation, 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 need youths.

Independence High School issues High School Diplomas and Adult Diplomas for youth graduating during their length of stay at NYTC. IHS also provides General Equivalency Diploma (G.E.D.) preparation and testing as the school was certified as a testing location in April 2010. During Fiscal Years 2011 and 2012, thirty NYTC students were awarded their High School, Adult, or Adjusted Diplomas. Sixteen students received their G.E.D.

Independence High School Vocational Programming offers youth the chance to receive a certificate in Landscaping, Culinary Arts, Building Maintenance, Welding, Construction, Automobile Maintenance and Repair, Computer Literacy, and Visual Art. IHS vocational programming also offers a certification in Tire Repair, Balancing and Changing through Hunter Engineering. During Fiscal Years 2011 and 2012, two hundred twenty-six Career and Technical Certifications (CTEs) 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.

**Figure 1.** Nevada Youth Training Center Commitments by Region and SFY



Source: NYTC Commitment Statistics SFY 2011-2012





## YOUTH PAROLE BUREAU

The **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 Youth Parole Bureau provides supervision and case management services for youth, 12 to 21 years of age, who are committed to DCFS for correctional and/or mental health care. Youth under 12 years of age may be committed to DCFS, but cannot be placed in correctional care. Youth Parole also provides Interstate Compact for Juveniles (ICJ) supervision, under which juvenile offenders are supervised by the Bureau while on parole from a different state. The age of youth under ICJ supervision ranges from 12 to 25 years of age.

State correctional facilities and the Nevada Youth Parole Bureau are considered Nevada's deep end of the Juvenile Justice System continuum of care and supervision. The majority of these youth come to the State with complex social, emotional and delin-

quency histories and were not amenable to previous efforts and interventions of County probation departments to reduce delinquent activity.

All youth committed to DCFS go through an initial risk/needs assessment prior to admission into any correctional or residential facility. All initial risk/needs assessments are completed by a qualified mental health professional in a standardized format. Youth are assigned a Parole Counselor upon commitment to DCFS, so that discharge and aftercare planning occurs on the front end and continues throughout the term of the youth being involved with the Youth Parole Bureau. After a risk/needs assessment is completed, youth are classified for admission to the Caliente Youth Center (CYC), Nevada Youth Training Center (NYTC), or to be diverted to a residential treatment facility. The diverted commitment is a result of the qualified mental health professional completing the initial risk/needs assessment and a multidisciplinary team determining that the youth has a significant mental health impairment that necessitates residential psychiatric services or other residential services for the mental health of the child. The multidisciplinary team will then secure the suitable placement for the child.



Upon discharge from a correctional or residential placement, youth are formally placed on parole under the jurisdiction of the Youth Parole Bureau. Prior to discharge and during a youth's placement, Youth Parole Counselors are in regular contact with the placement facility and the caregiver of the child to develop an aftercare plan that is based on the risk and needs of the youth (to include family risk/needs) and any orders of the Court and statutory requirements. The aftercare case management plan incorporates service delivery and community supervision along a statewide continuum of care. The aftercare plan is dynamic and is modified as short term objectives and longer term goals are achieved.

Services provided by Youth Parole Counselors include but are not limited to Alternative Placement, Specialized Treatment, Intensive Aftercare, Drug Education and Counseling, Transitional Community Integration and Drug Testing.

#### **Bureau Goals**

- **Community Protection**  
Citizens of the State of Nevada have the right to reside in safe and secure communities.
- **Accountability**  
Process of helping youth understand and acknowledge the consequences of their actions, the impact of crime on victims and the community, and to accept personal responsibility.
- **Competency Development**  
Strengthening pro-social skills, moral reasoning, academic proficiency, workforce development, and independent living skills decreases the potential for future involvement with the criminal justice system.
- **Continuum of Care**  
DCFS and the Youth Parole Bureau, together in genuine partnership with families, communities and other agencies, provides support and services to assist Nevada's youth and families in reaching their full potential through a consistent, statewide continuum of care.
- **Academic Tutoring**  
Qualitative research suggests there is strong evidence of a positive correlation between lack of education and commitment to a correctional facility

(juvenile & adult) and a corresponding positive correlation between reduction of commitment to a correctional facility and increased education. The Nevada Youth Parole Bureau in Clark County is fortunate the Clark County School District has placed a bilingual Transition Officer from the Student Support Services Division within the Bureau office. The Transition Officer assists with the youth's transition from correctional facilities and placements back into the appropriate educational setting. The Transition Officer is an additional support for the family in securing and updating individualized educational plans (IEP) and a resource to clarify school district processes. The Transition Officer provides individual tutoring four (4) days per week at the Youth Parole office location and assists with obtaining monthly attendance and academic reports.

Washoe County youth entering parole status in attend a school staffing meeting to determine the best academic placement in order to be successful. The team reviews transcripts and behavior history, adjudications, previous school records, IEP records, current gang issues and trends. The members of this board include the School Behavior Programs Director, School Police, Special Education Services, the youth's zoned school representative, Parole Counselor, as well as the youth and their parent(s).

- **Adoption Foster Care Analysis Reporting System (AFCARS) for Youth Parole**  
The Nevada Youth Parole Bureau continues to apply child welfare practices to the supervision of parole youth who require out-of-home placements. This process requires the implementation of child welfare policies into Youth Parole supervision practices, Information Management Services (IMS) enhancements and the implementation of court reviews consisting of permanency hearings.
- **Caregiver Workgroup**  
Youth delinquency can send a family into crisis. The Youth Parole Bureau designed a caregiver workgroup that meets monthly to assist caregivers in dealing with youth delinquency, ask questions, get answers, take action, and feel supported.

- **Day Treatment**

Day Treatment is designed to meet the needs of youth who are exhibiting or have a history of exhibiting problematic behaviors. Through this structured program, a wide variety of services are offered, including individual and family counseling, group therapy specific to the needs of the child, and academic assistance.

- **Drug Court**

Drug Court is an intensive nine (9) month substance abuse treatment program, which includes weekly group counseling and weekly Court appearances to monitor progress.

- **Employment Development**

Designed for youth between the ages of 18-21, who have limited work history, this program is a collaboration with the Caliente Youth Center and the Youth Advocate Program (YAP) to guide youth through the process of self-examination, confidence-building, job preparation, and job-seeking, interviewing, and retaining a job.

- **Family Counseling**

Mental Health Counselors meet with family members of youth recently sent to correctional placement. The family members will be informed of the goals of correctional programming and the role of Youth Parole Counselors. Mental Health Counselors will address any concerns family members may have regarding their youth in placement. Family members will be asked about any specific problems that may need to be addressed in placement and/or while on Parole.

- **Gang Intervention**

Gang intervention programming is provided at the Las Vegas Youth Parole Office. This program is focused on addressing needs and risk factors inherent in seeking gang affiliation, leaving a gang, gang violence, and the gang mindset.

- **Substance Abuse Counseling**

The Youth Parole Bureau provides group substance abuse counseling services at the Las Vegas office location twice weekly. Sessions are separated by gender.

- **Group-Based Outpatient Treatment for Adolescent Substance Abuse**

This program is a 20-week program that consists

of 19 group sessions, a minimum of three individual and four family therapy sessions (there is an optional component for biweekly parent education and support groups). The program is designed for youth ages 14-17 and is classified as a Level I, moderate intensity, group treatment program.

- **Gender-Specific Program**

Gender-Specific programming is provided at the Las Vegas Youth Parole Office. The program is a concentrated effort to provide girls with decision-making and life skills that will assist them in positive female development and successful societal reintegration. The group teaches positive relationship building skills and empowers girls to use their voices, to speak for themselves, and to recognize they have choices. It takes into account the developmental needs of girls at adolescence, which is a critical stage for gender identity formation. The program nurtures and reinforces being a female as a positive identity with inherent strengths.

- **Location Monitoring**

The Bureau utilizes location monitors as a form of “home detention” program or electronic monitoring which provides a community-based alternative to confinement in a secure detention facility or a state correctional facility. The ankle-mounted tracking unit relies on global positioning system (GPS) data and other location monitoring technologies to accurately track movement.

- **Mentoring**

The Youth Parole Bureau is participating in a pilot mentoring program with the Eighth Judicial District Court as part of the Disproportionate Minority Contact/Confinement (DMC) workgroup. The Bureau is an active participant in the high-risk youth workgroup. The Bureau will target high-risk youth and match them with mentors.

- **Parent Orientation Program**

This program is designed to inform parents/guardians about Youth Parole and discuss and identify expectations for all parties. The program is facilitated by a Mental Health Counselor at the Parole Bureau on the day the youth is released from a correctional facility.

- **Psychiatric & Psychological Services**

The Bureau is dedicated to providing the most effective mental health care available and has con-

tracted with psychiatrists and psychologists statewide. An assessment is usually the first stage of a treatment process, but psychiatric/psychological assessments may also be used for various legal purposes. Youth are able to receive confidential, professional counseling, psychotherapy and treatment based on the recommendations contained in the assessment.

- **Sexually Exploited Youth**

Sexual exploitation of youth through prostitution is defined as any child or youth under the age of 18 who is engaged in the sex trade by choice or circumstances, including the provincial, national, and international trafficking of young people for the purposes of prostitution. Supervision of this population seeks to provide services to inform and educate youth of the dangers of engaging in prostitution.

- **Juvenile Sex Offenders**

All Parole Counselors statewide supervise adjudicated sexual offenders. The Bureau employs several mental health counselors certified as juvenile sexual offender counselors. The Bureau provides specialized training on approaches to managing sex offenders in the community where treatment is a key component of a comprehensive approach to juvenile sex offender management. All youth adjudicated for an offense sexual in nature receive treatment services provided through Bureau contracts and/or Medicaid. Each Parole Counselor learns strategies and skills designed to hold sex offenders accountable, reduce sex offender recidivism, prevent future victimization, and ensure the overall safety of communities along with the implementation of services.

- **Skills Development**

The Bureau utilizes Medicaid funding and contracts for the provision of psychosocial rehabilitation skills (PSR) and basic skills training (BST) services. PSR and BST services are individually focused toward assisting youth to function at their highest level of independence in the community.

- **Thinking for a Change**

T4C is an integrated, cognitive behavior program for offenders that include cognitive restructuring, social skills development, and development of problem solving skills. T4C was developed by the

National Institute of Corrections (NIC), an agency within the U.S. Department of Justice, Federal Bureau of Prisons.

- **Transition Specialist Program Pilot**

In conjunction with the Children's Cabinet, youth committed to the Nevada Youth Training Center (NYTC) from the Second Judicial District are eligible for the Transition Specialist Program. The ultimate goal is to reduce recidivism and increased engagement in school, work, and community activities.

- **Victim Impact & Mediation**

The Youth Parole Bureau, in partnership with the Clark County Neighborhood Justice Center (NJC), has developed a mediation program for youth that owe restitution. The program provides the victims of juvenile crime the opportunity to have a structured face-to-face meeting with their juvenile offender in a secure, safe environment, in order to facilitate a process of healing and restitution.



# QUALITY IMPROVEMENT

## Staff Training

New staff continues to receive 160 hours of competency-based training within their first year of employment while other staff attends 40 hours of training annually. This includes the assignment of mandatory training hours for completion prior to allowing sole supervision of youth by new, untrained staff.

New training curriculum was developed on Gang Awareness and Red Flags (Professional Accountability) and has been included in the 160 hour Academy training block. Specialized training in a Sex Offender Counselor Certification Program was completed in November 2010.

## Labor/Management Meetings

The Labor/Management meetings provide staff the opportunity to address and resolve programmatic concerns, allow for quality improvement and enhanced communication between staff members functioning in different capacities within the facility. The meetings provide an opportunity for committee members to develop an understanding of the functions of other departments and their overall impact on productive teamwork and positive outcomes for the facilities. The committees are advisory, focused on labor/management, program improvement solutions and open communication and do not supplant the authority of the Superintendent and the Administrative Officers of DCFS or the Department of Health and Human Services.

## Quality Assurance Reviews

CYC and NYTC have established the groundwork for consistent practice to ensure the safety and well being of youth and staff through periodic quality assurance reviews, based on American Correctional Association (ACA) Standards and agency policies and procedures. The quality assurance process utilizing on-site visits promotes implementation of consistent statewide policy and practice and helps to ensure that best practice standards are maintained. Quality assurance reviews

focus on such areas as: case management, health, mental health, security and control, education, facility and plant operations as well as other areas. Staff and youth surveys are also conducted. Outcomes related to either staff/youth surveys or audit reviews result in facilities submitting program improvement plans, outlining the specific steps that will be initiated to improve performance. Other QI projects during the last biennium include:

- Focused reviews on health care and medication management at both facilities
- Participation in external reviews at NYTC focusing on safety and security measures
- Working on improvement efforts resulting from external review
- Revision of facility policy and procedures along with revised standard operating procedures







## INTERSTATE COMPACT FOR JUVENILES

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 38 years.

Beginning in 2001, the Council of State Governments and the Office of Juvenile Justice and Delinquency Prevention took on the challenge of rewriting the outdated compact and advocating for its passage. Nevada adopted the compact in 2005, and on August 26, 2008, the 35th state signed legislation signifying the official launch of the new compact nationwide.

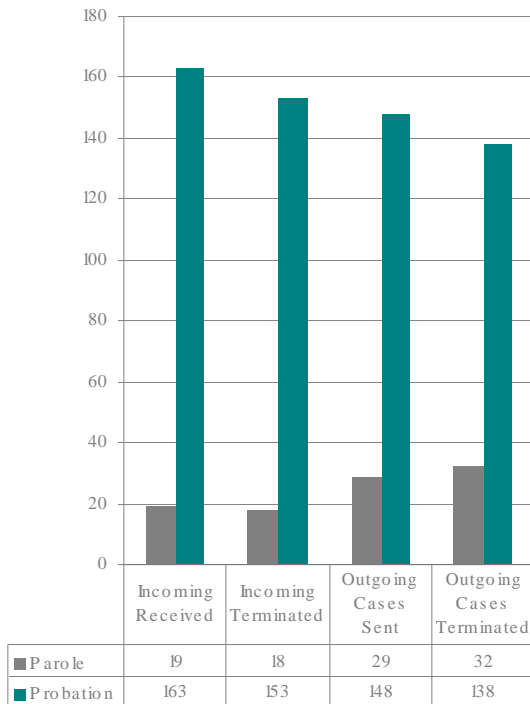
The new ICJ significantly updates the 53-year-old agreement for tracking and supervising juveniles who

move across state borders. The new language passed in 49 states to date, provides enhanced accountability, enforcement, visibility and communication and seeks to update a tool for ensuring public safety as well as preserving child welfare.

An Interstate Commission on the national level has been established and a new State Council in Nevada has been created. The Interstate Commission has powers and responsibility over ICJ including promulgation of rules, fiscal responsibility, compliance and dispute resolution. The National Commission established new rules at their first annual meeting in December 2009, which rules became effective on March 1, 2010.

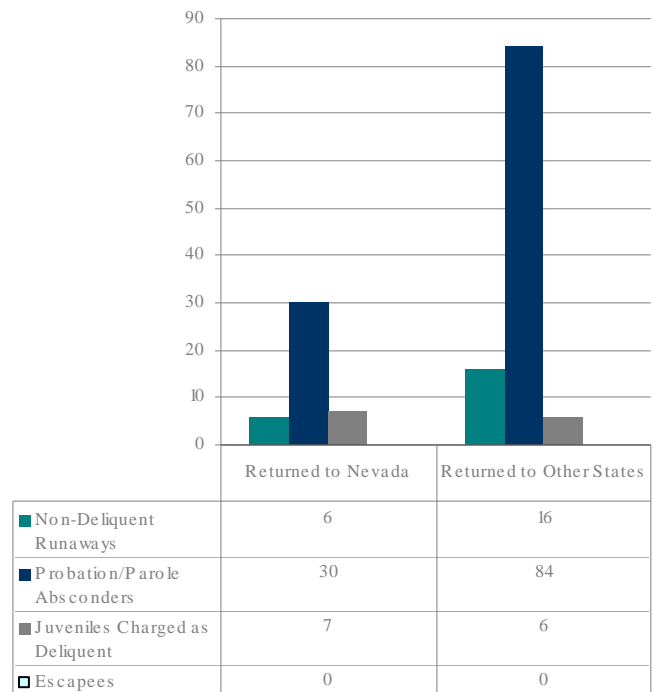
The number of youth processed in FY11 and FY12 through the Nevada ICJ Office is illustrated on page 48. Numbers generally increase each year consistent with population growth in Nevada and across the country.

**Figure 1.** Supervision Cases Fiscal Year 2011



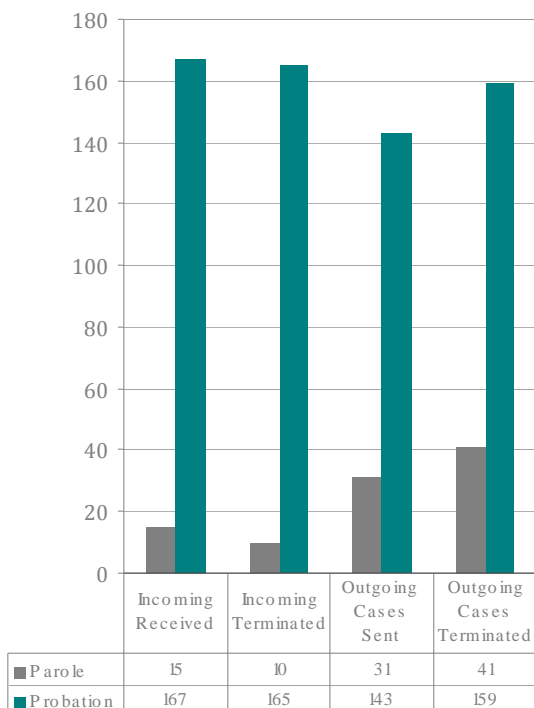
Source: ICJ Annual Data Collection Report SFY 2011

**Figure 2.** Extradition Cases Processed SFY 2011



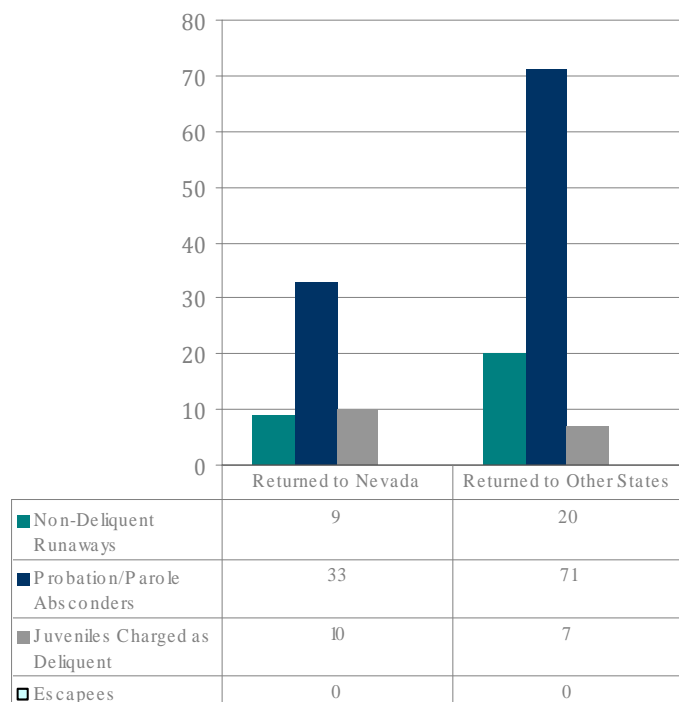
Source: ICJ Annual Data Collection Report SFY 2011

**Figure 3.** Supervision Cases Fiscal Year 2012



Source: ICJ Annual Data Collection Report SFY 2012

**Figure 4.** Extradition Cases Processed SFY 2012



Source: ICJ Annual Data Collection Report SFY2012



# JUVENILE JUSTICE PROGRAMS OFFICE

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. The four core requirements of the JJDP Act (42 U.S.C. 5633 Sec. 223) are:

- **Deinstitutionalization of status offenders (DSO)** whereby non-offending youth, such as dependent and/or neglected youth, and status offenders, such as runaway and/or truant youth, are not placed in secure custody, secure detainment, and/or secure confinement.
- **Jail removal** whereby youth are not securely detained or confined in adult jails or lock-ups for longer than six (6) hours.
- **Sight and sound separation** whereby youth are prohibited from sight and/or sound contact with incarcerated adults in a secure confinement or detainment setting.
- **Disproportionate Minority Contact (DMC)** whereby juvenile delinquency prevention and juvenile justice system improvements are utilized to reduce the disproportionate number of minority youth from coming into contact with the juvenile justice system.

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 2011, 2,331 youth received programming through the Federal Formula Grant and the Juvenile Accountability Block Grant. In SFY 2012, 1,830 youth received programming through the Federal Formula Grant and the Juvenile Accountability Block Grant. Federal funding has been reduced by 33% 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.
- **Drug Court:** Provides youth with alcohol and substance abuse issues the opportunity to receive treatment and services needed to remain clean and sober.
- **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 6 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.

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.

# Service Locations

## Juvenile Justice Services

### Administrative Office

4126 Technology Way, 3rd Floor  
Carson City, Nevada 89706  
(775) 684-4400

## Juvenile Justice Programs Office

475 West Haskell Street, #7  
Winnemucca, NV 89445  
(775) 623-6555

## Caliente Youth Center

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

## Nevada Youth Training Center

100 Youth Center Road  
Elko, Nevada 89801  
(775) 738-7182

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## Elko Youth Parole

1010 Ruby Vista Drive, Suite 101  
Elko, Nevada 89801  
(775) 753-1285

## Reno Youth Parole Bureau

560 Mill Street, Suite 250  
Reno, Nevada 89502  
(775) 688-1421

## Fallon Youth Parole

135 Keddie Street  
Fallon, Nevada 89406  
(775) 423-6624

## Las Vegas Youth Parole Bureau

620 Belrose Street, Suite 107  
Las Vegas, Nevada 89107  
(702) 486-5080



# Index

|           |   |
|-----------|---|
| <b>4</b>  | <b>Agency Biennium Budget</b>                   |
| <b>8</b>  | <b>Child Welfare Services</b>                   |
| 20        | Adoption  |
| 10        | Child Protective Services                       |
| 26        | Child Welfare Training                          |
| 19        | Disaster Response                               |
| 15        | Foster Care                                     |
| 17        | Foster Care Licensing                           |
| 12        | Indian Child and Welfare Act                    |
| 22        | Independent Living                              |
| 14        | Intensive Family Services                       |
| 24        | Interstate Compact on the Placement of Children |
| 27        | Service Locations                               |
| <b>28</b> | <b>Children's Mental Health</b>                 |
| 30        | Community-Based Outpatient Services             |
| 34        | Desert Willow Treatment Center                  |
| 38        | Service Locations                               |
| 35        | Residential Programs                            |
| 32        | Wraparound in Nevada (WIN)                      |
| <b>1</b>  | <b>Division Purpose</b>                         |
| <b>2</b>  | <b>Mission and Structure</b>                    |
| <b>6</b>  | <b>Information Management Services</b>          |
| <b>39</b> | <b>Juvenile Justice Services</b>                |
| 40        | Caliente Youth Center                           |
| 47        | Interstate Compact on Juveniles                 |
| 49        | Juvenile Justice Programs Office                |
| 41        | Nevada Youth Training Center                    |
| 46        | Quality Improvement                             |
| 50        | Service Locations                               |
| 42        | Youth Parole Bureau                             |
| <b>3</b>  | <b>Service Principles</b>                       |
| <b>5</b>  | <b>Systems Advocate</b>                         |