



**State of Nevada
Department of Human Resources**

March 2005

Division of Child and Family Services



*Safety,
Permanency
And
Well Being
For
Nevada's
Children
And Families*

**2003 - 2004
BIENNIAL REPORT**

**State of Nevada
Department of Human Resources**

Division of Child and Family Services

2003 - 2004 Biennial Report

**Jone M. Bosworth, J.D.
Administrator**

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

**Division of Child and Family Services
711 East Fifth Street
Carson City Nevada
(775) 684-4453 Chrystal C. Main**

This report is available through the
Division of Child and Family Services website at the following address:

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

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Administrator's Message



**Jone M. Bosworth, J.D.
Administrator**

October 1, 2004 marked my one-year anniversary as Administrator for the State of Nevada's Division of Child and Family Services (DCFS). Over my sixteen months in Nevada, I have been proud to team with DCFS staff, other state and county agencies, families and other stakeholders to increase transparency, accountability and expectations for using nationally recognized practices. In this past biennium, DCFS developed three overarching improvement strategies that serve as the basis for all our work and have already resulted in many system improvements:

Increasing Nevadan's Access to Services

- Expanded the use of the Wraparound intensive case management process to serve over 475 families.
- Reopened Summit View Youth Correctional Facility with the youth successfully approved for release back into their communities.
- Established a public/private partnership with Rite of Passage to provide intensive case management transition and aftercare program for 50 complex-needs youth paroled from our juvenile facilities.
- Created a new Systems' Advocate Unit to assist consumers with concerns about service delivery and access to appropriate services.
- Implemented videoconferencing at our three juvenile facilities and two urban parole offices to support treatment and transition planning for youth as well as direct communication with their families.

Meeting National Standards/Outcomes

- Implemented a Quality Assurance/Improvement Unit that has reviewed case records and juvenile facilities, and is now leading the state's Program Improvement Plan following the federal review of the child welfare system.
- Transitioned child welfare services to Clark County's Department of Family Services and strengthened our partnership with Washoe County's Department of Social Services; ended bifurcation between child protective services and ongoing child welfare services in the two urban counties.
- Involved community stakeholders in child protective/welfare system Program Improvement Planning and giving youth a voice in planning activities related to the federal Child and Family Services Review outcomes.

*Safety,
Permanency
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Enhancing Organizational and Professional Competence

- Garnered praise from the Department of Justice that the Nevada Youth Training Center has made “remarkable” progress in creating a culture of respect and safety for youth.
- Obtained a \$3.7 million dollar federal “infrastructure building” grant to support mental/behavioral health service delivery in Nevada; six new state positions were funded through the grant including a Cultural Liaison, Workforce Development Coordinator and Performance Management Coordinator.
- Increased our technological competency by implementing the AVATAR information/billing system for children’s mental health, making UNITY our sole child welfare system (ending reliance on the separate Legacy payment system) and purchasing the web-based SOAR system to begin measuring our work against national outcome standards related to safety, permanency and well being.
- Reallocated existing resources to establish two key statewide positions: Juvenile Justice Statewide Mental Health Coordinator and a Statewide Children’s Mental Health Coordinator.

These are just a few examples of the impressive DCFS work over the past biennium. At the same time, it has been a challenging time for DCFS. The organization had a new leader and underwent a series of critical assessments: a federal Child and Family Services Review, a Department of Justice Memorandum of Understanding, and a Legislative Counsel Bureau Audit.

The federal Child and Family Services Review of Nevada’s child welfare service delivery system showed that the state was not reaching nationally mandated outcomes for children and families. As a result of these review findings, DCFS led statewide planning with broad groups of stakeholders to establish a “Program Improvement Plan” that was approved by the federal Administration of Children and Families on March 1, 2005. To implement this plan successfully, human and fiscal resources will need to be intensely focused on quality improvements, training of all child welfare system staff statewide must be transformed and strengthened, and all systems intersecting with the child welfare service delivery system must be involved (children’s mental/behavioral health, education, courts, and family advocacy).

I am pleased to introduce this 2003-2004 biennial report that provides details on DCFS programs, data related to programs, Program Improvement Plan overview, and additional success highlights. DCFS is an extremely complex organization in that it provides direct child welfare, juvenile justice and children’s mental health services, while additionally being responsible for county oversight and millions of dollars of grants and contracts to non-profit service providers and local jurisdictions. Despite this complexity, our value is clear: *Children and Families are Nevada’s Future* and we will continue to work toward empowering each life we touch to reach their full human potential.

Best Wishes,



Jone M. Bosworth, JD
Administrator



Theresa Anderson
Administrative
Deputy Administrator



Diane Comeaux
Support Services
Deputy Administrator



Robin Landry
Rural Regional
Manager



Robert McLellan
Juvenile Services
Deputy Administrator

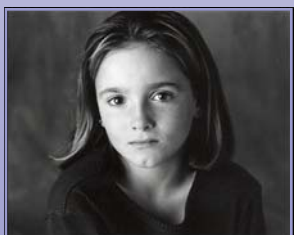


Patricia Merrifield
Southern Region
Deputy Administrator

Division Structure, Mission and 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:

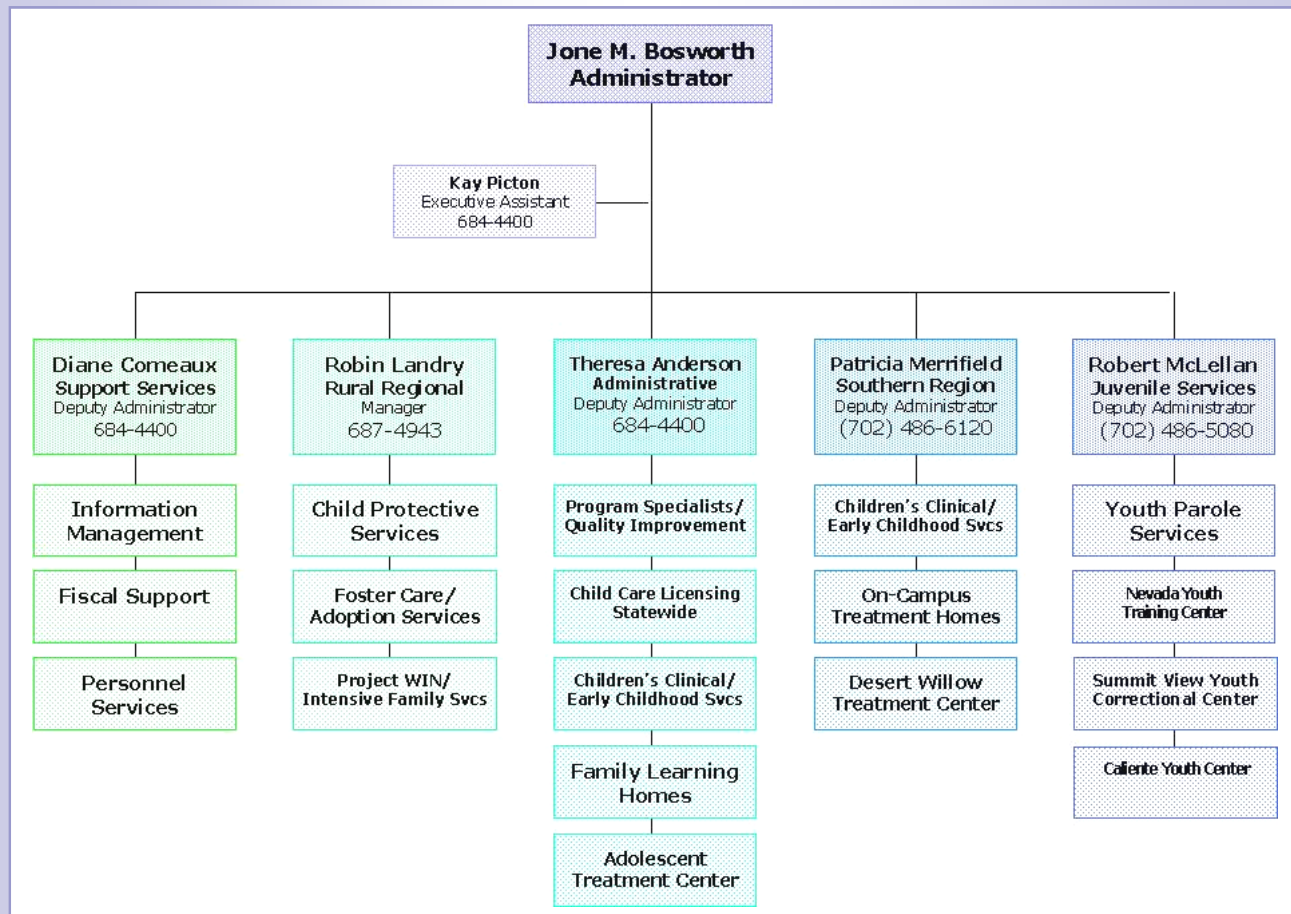
- ◆ **Child Welfare** including direct child protective services, foster care, adoption and independent living services, foster care licensing in fifteen rural Nevada counties and statewide child care licensing; oversight of the interstate compact for the placement of children and two urban county child welfare agencies, and the review of child deaths in Nevada.
- ◆ **Funding Domestic Violence** programs, children's advocacy and legal services for victims, as well as many community-based non-profit programs to serve victims of abuse and neglect.
- ◆ **Juvenile Justice Services** such as three residential training facilities, statewide supervision of youth paroled from state-operated facilities, operate a federally funded reentry program for violent offenders, provide statewide interstate compact for the placement of juveniles supervision, have a specialized transitional aftercare program for delinquents released from state facilities, and pass funds to the county-operated youth camps, as well as providing 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. Our nationally recognized Wraparound in Nevada program serves up to 500 children and families daily, using intensive case management under the wraparound process model. Our mental health programming also includes early childhood services, residential care such as family learning homes, a residential treatment for adolescents, and an acute residential treatment center.



*DCFS
touches the lives
of thousands of
Nevadans
each year.*

Organizational Structure

DCFS is a division within the State of Nevada's Department of Human Resources.



Mission



DCFS, 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.
- Receive support to consistently make positive choices for family and common good.



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 who can provide ethical support, confront difficult issues, and effectively assist them towards positive change that reinforces safety, permanency, well being and community safety.

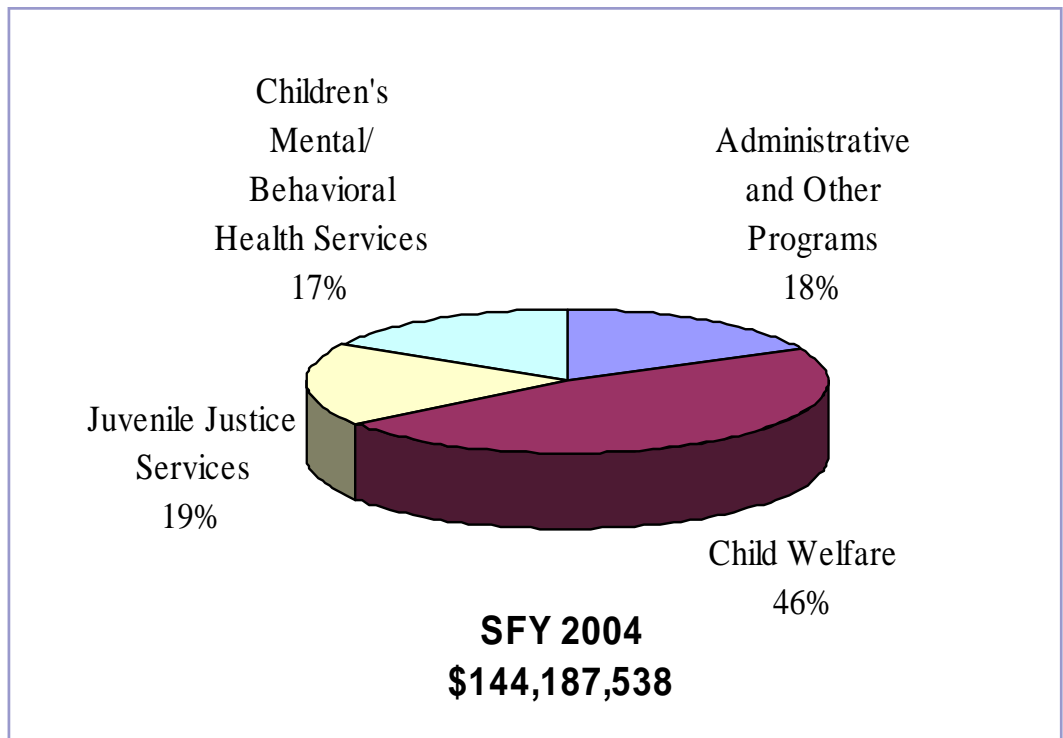
DCFS is dedicated to accomplishing the following purposes:

1. Protecting and promoting the welfare and safety of all children, including individuals with disabilities; homeless, dependent or neglected children;
2. Preventing or remedying, or assisting in the solution of problems that may result in the neglect, abuse, exploitation, or delinquency of children;
3. Preventing the unnecessary separation of children from their families by identifying family problems and assisting families in resolving their problems and preventing the breakup of the family where the prevention of child removal is desirable and possible;
4. 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;
5. 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
6. Placing children in suitable adoptive homes in cases where restoration to the biological or primary family is not possible or appropriate.

Budget

For state fiscal year 2004, DCFS actual revenues collected/earned totaled \$144,187,538.

Of this, DCFS receives approximately 49% of its support from the State General Fund, 37% from various Federal Funding sources, and 14% from other sources, including discretionary grants, miscellaneous income and donations.

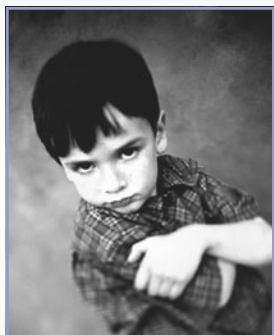


*Nevada's
Families
Are
Our Future*

DCFS TOTAL EXPENDITURES BY PROGRAM AREA

PROGRAM	BUDGET
Administrative and Other Programs	25,527,321
Child Welfare	68,034,753
Juvenile Justice Services	26,746,869
Children's Mental/ Behavioral Health Services	23,878,595
Total	144,187,538

Systems Advocate



The Nevada State Legislature established the Systems Advocate Unit in 2003 to help the Department of Human Resources and DCFS resolve concerns about the protection of children who are receiving services from DCFS and support progress towards better outcomes.

The purpose of the Systems Advocate Unit is to respond to inquiries and complaints from consumers, service providers, elected officials, stakeholders and interested citizens to ensure that proper services are provided by DCFS.

In fiscal year 2004, the Systems Advocate Unit responded to requests for information on issues including, but not limited to, CPS investigations, service array, reunification and permanency, ICPC issues, provider concerns, foster care licensing and adoption. The Systems Advocate Unit at Central Office in Carson City and the DCFS Website received 306 inquiries and complaints ranging from child support, child abuse/neglect, adoption subsidy/foster care payments, child care licensing, foster care licensing, adoption, custody, ICPC, reunification/termination of parental rights, and complaints against CPS workers.

All of the inquiries (100%) were provided with needed information. Forty-three inquiries (14%) were referred to DCFS Rural Region, Clark County or Washoe County for response and/or investigation regarding child abuse and neglect, childcare licensing, foster care, and adoption. Seven complaints (3%) regarding adoption subsidies or foster care payments were investigated directly by the Systems Advocate. Resolution typically occurred within two to three weeks of the complaint. The number of complaints received relative to child abuse/neglect totaled 30. Of these complaints, 62% were submitted anonymously and 38% were from relatives of the child.

The Systems Advocate also performs the duties of the agency Hearing Officer and has the responsibility to make a fair hearing process available to DCFS service providers and stakeholders. In this role, the Hearing Officer is an impartial fact-finder for DCFS. The hearing officer is an individual who has not been directly involved in the investigation or initial determination of the action in questions. It is the hearing officer's responsibility to notify the parties of the scheduled hearing, receive verbal testimony and documentary evidence from the client and agency representative, make a complete record of the hearing proceedings, a decision on the evidence presented and notify the parties of the decision and the right to seek judicial review.

*To
Respond
And
To Ensure
That
Proper
Services
Are
Provided
by DCFS.*

For more information on the Systems Advocate Unit,
please contact Chrystal C. Main
at (775)684-4453 or cmain@dcfs.state.nv.us.

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 three primary automated systems as well as a number of smaller databases.

IMS responsibilities:

- All system design, development and operational activities
- Network Services
- Help Desk Services for all systems statewide
- Operations and Maintenance
- Reports and Data Training

IMS Systems:

- **UNITY**- (Unified Nevada Information Technology for Youth)- UNITY 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 is used statewide by approximately 1,600 staff and has been fully utilized since 2003. In 2004, UNITY was awarded the Computerworld Honor for Excellence.
- **AVATAR**- (Children's Mental Health Billing and Clinician Workstations)-Used statewide by 130 clinicians and billing staff to record and manage Children's Mental Health information. In the summer of 2005 it is anticipated that an additional 220 users will be added to AVATAR.
- **SOAR**- (Solutions for Online Activity Reporting)-SOAR is a web-based reporting system used statewide to monitor progress in meeting the requirements of the federally mandated Performance Improvement Plan (PIP). Reports are based on UNITY data. Based on security levels, a report viewer is accessible via a web browser. Authorized staff can view selected reports by statewide, county, office, supervisor and worker levels.

Future Activities:

- **Development of new reports and functionality to support the Performance Improvement Plan**
- **IVE eligibility functionality for UNITY which will automate eligibility determinations**
- **Development of meaningful performance measures and benchmarks**

The UNITY System received a Computerworld Honors Award for System Excellence in 2004. The Computerworld award is an initiative between leaders of the information technology industry and the Smithsonian's National Museum.

The UNITY System was found to be in "substantial compliance" during the federal Child and Family Services Review. This is a critical National Standard for Nevada.

Child Welfare Services



Nevada's Child Welfare and Child Protective Services

systems have historically functioned in a nationally unique “bifurcated” manner. Nevada has 17 counties, two of which possess population bases of over 100,000 persons: Washoe (Reno) and Clark County (Las Vegas). Historically, Washoe and Clark Counties supervised and administered child protective services, while the State's DCFS supervised and administered statewide foster care and adoption services, as well as all residential therapeutic care. DCFS also supervised and administered both child protective and child welfare services in the 15 rural counties.

In 2001, the Nevada State Legislature determined that the bifurcated system was not conducive to promoting positive outcomes for children and families. Through passage of the Legislature's Assembly Bill 1, the transfer of state foster/adoption care services from the state to the counties with populations exceeding 100,000 (Clark and Washoe) counties was mandated. The state transferred child welfare foster care/adoption services and staff to Washoe County Department of Social Services (WCDSS) in January 2003. The transfer of staff and services to Clark County Department of Family Services (CCDFS) was completed in October 2004. DCFS remains responsible for supervising and administering child protective/welfare services in the remaining 15 rural counties. Further, DCFS moves into a new oversight role for county-administered child protective and child welfare services delivery providing technical assistance, fiscal oversight for federal monies, and quality improvement activities. Last, Nevada's systemic “bifurcation” remains in that DCFS retains responsibility for administering higher levels of out-of-home care for children in the custody of Washoe and Clark Counties.

Nevada's child protective/welfare system ostensibly functions as three regional services areas: the Rural Region operates as a state supervised and state (DCFS) administered delivery system, and the Northern and Southern Regions operate as state supervised – county administered (WCDSS and CCDFS) child welfare delivery systems.

Child Welfare Agencies provide a continuum of services. The foundation for case planning is the assessment and comprehensive case management services that support the child, the parents, and the caregivers. The continuum includes emergency shelter care, foster family care (including relative placements), group home care, therapeutic foster care, respite care, residential treatment care both in and out-of-state, and independent living services. Additional services to support the child and family include in-home counseling (family preservation/intensive family services), early childhood services, and other outpatient services.

*Three
Regional
Service Areas:
Rural,
Washoe County,
And
Clark County*

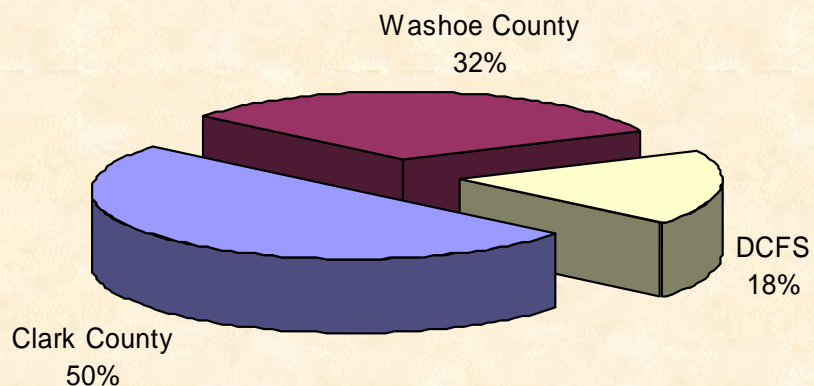
Child Protective Services

Child Protective Services (CPS) is the first step to ensure the safety and permanency of children who are reported as being abused or neglected.

The focus of CPS is on protecting the child from harm or risk of harm and to make it safe for the child to live with the parent or caretaker. The CPS worker assesses family functioning and identifies strengths and risks in the home. As part of the assessment to ensure that the home is safe for the child(ren), the CPS worker and family will develop a plan to address any problems that have been identified.

CPS agencies respond to reports of abuse or neglect of children under the age of eighteen. Abuse or neglect complaints are defined in statute, and include mental injury, physical injury, sexual abuse and exploitation, negligent treatment or maltreatment, and excessive corporal punishment. Referrals are also made to community-based services to assist families to prevent their entry into the child welfare system. Clark County Department of Family Services receives fifty percent of the referrals to CPS agencies, thirty-two percent are received by Washoe County Department of Social Services and the balance are received by DCFS agencies as depicted in the following chart.

Distribution of Referrals Received Calendar Year 2003

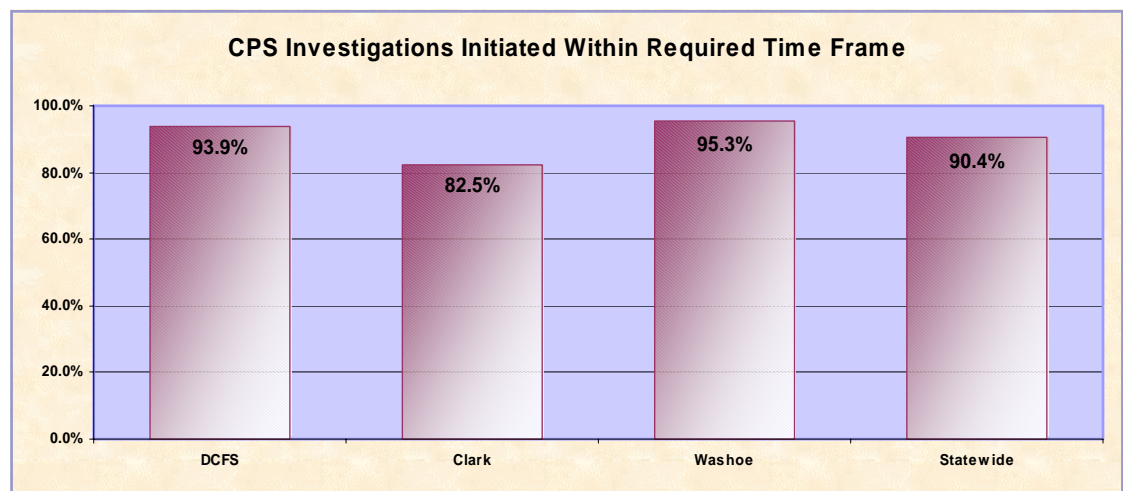


***Statewide
Child Abuse
and Neglect
Hotline
1-800-992-5757***

Nevada child protective service agencies conduct activities in preventing, investigating, and treating child abuse and neglect in accordance with Chapters 432 and 432B of the Nevada Revised Statutes (NRS), and Nevada's Regulations for the Protection of Children From Abuse and Neglect (NAC 432B).

Intake is the first stage of the child protective services (CPS) process and is one of the most important decision-making points in the child protection system. It is the point at which reports of suspected child abuse and neglect are received. Information gathered by caseworkers is used to make decisions regarding safety (e.g., Is the child at risk of imminent harm?), risk (e.g., What is the likelihood that maltreatment will occur sometime in the future?), and the type of CPS response required. At intake, caseworkers also perform a critical public relations function by responding professionally and sensitively to the concerns raised by community professionals and citizens, and by clarifying the role of the agency regarding referrals of suspected abuse or neglect. Referrals are accepted from all sources, and each report is treated as a potential case of child maltreatment.

Upon receiving a referral, the intake worker attempts to gather as much information as possible about each family member, the family as a whole, and the nature, extent, severity, and chronicity of the alleged child maltreatment. Once the initial intake information is collected, the caseworker conducts a check of agency records and the Central Registry to determine any past reports or contact with the family. Then the caseworkers must collect and analyze the information and determine if it meets the criteria outlined in Statute regarding the definition of child abuse and neglect and the requirements for response. CPS prioritizes the investigation response time based on a number of factors including the nature of the allegations and the age of the child. The response times are immediate, within twenty-four hours, forty-eight hours, seventy-two hours, or ten days. The average response time for CPS agencies in Nevada is at the 90th percentile level. The following chart illustrates the percentage of CPS responses initiated in accordance with required timeframes.



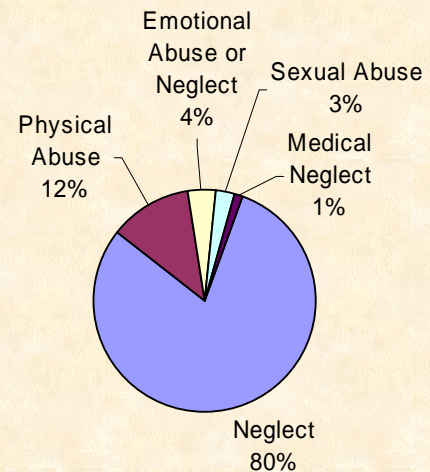
Upon completion of the investigation of a report of abuse or neglect, a determination of the case findings are made based on whether there is reasonable cause to believe that a child is abused or neglected or threatened with abuse or neglect. The findings are classified as “Substantiated,” meaning that a report made pursuant to NRS 432B.220 was investigated and that credible evidence of the abuse or neglect exists. “Unsubstantiated” means that a report made pursuant to NRS 432B.220 was investigated and that no credible evidence of the abuse or neglect exists. The type of abuse categories include: neglect, medical neglect, physical abuse, emotional abuse or neglect, and sexual abuse. The chart on the following page shows the percentage of substantiated reports by category in 2003.

Of the substantiated reports received, re-abuse in the form of another substantiated report will occur in some cases. 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 child abuse and/or neglect during the first six months of the year, that 6.1% or fewer should have another report within six months. Nevada's rate was at 7.6% during calendar year 2003. The second graph extends the time frame to 12 months instead of 6 months.

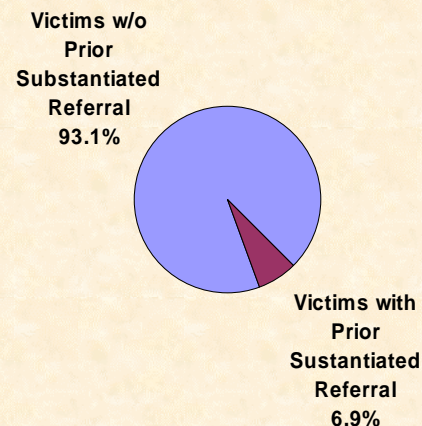
Over the past 10 years, promising, community-based child protection initiatives have been implemented that broadened the base of responsibility for supporting families and protecting children. Initially, model programs evolved from targeting intervention activities in high-risk neighborhoods and rebuilding a sense of community toward empowering individual families by teaching and mentoring, building on strengths, and respecting cultural diversity. More recent child welfare reforms have focused on a more flexible and 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 flexible response to community-based services.

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 and professionals is essential for effective child protection.

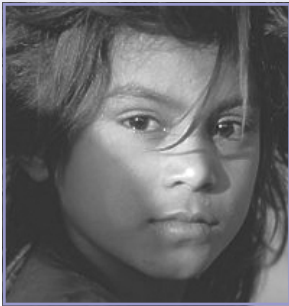
Percentage of Substantiated Reports by Category



Child Victims with a Substantiated Referral in the Last 12 Months



Indian Child Welfare Act



The Indian Child Welfare Act (ICWA) was created in 1978 by the federal government in order to re-establish tribal authority over the adoption of Native American children.

The goal of the act was to strengthen and preserve Native American families and culture. The ICWA requires that placement cases involving Native American children be heard in tribal courts, if possible, and permits a child's tribe to be involved in state court proceedings. The Act requires testimony from expert witnesses who are familiar with Native American culture before a child can be removed from his/her home. If a child is removed, either for foster care or adoption, the law requires that Native American children be placed with extended family members, other tribal members, or other Native American families.



The Nevada Revised Statutes embodies the provisions of the Federal Indian Child Welfare Act in several subsections of the State law and promotes collaboration with tribes on the ICWA. DCFS coordinates and consults with four main tribal entities: Northern Paiute, Southern Paiute, Washoe Tribe of Nevada and California, and Shoshone. There are a total of 26 federally recognized tribal entities in Nevada that include bands, colonies and reservations and two urban Indian organizations, the Las Vegas Indian Center and Nevada Urban Indians, Inc. These tribal entities work together with DCFS and counties through the Indian Child Welfare Steering Committee that was developed to ensure compliance with the Indian Child Welfare Act.



***DCFS
coordinates and
consults with
four main tribal
entities:
Northern Paiute,
Southern Paiute,
Washoe Tribe of
Nevada and
California,
and Shoshone.***

The committee's membership consists of representatives from the Nevada Indian Child Welfare Association, Inter-tribal Council of Nevada, 26 Nevada Tribal Social Service agencies, Bureau of Indian Affairs – Western and Eastern Regional Offices, Nevada Urban Indians, Inc., Las Vegas Indian Center, Nevada Indian Commission, DCFS, University of Nevada Training Partnership, Clark County Department of Family Services, Washoe County Department of Social Services and community-based service agencies, such as Stepping Stones Tribal Emergency Shelter.

The Steering Committee has been collaborating to improve the provision of child welfare services and protections under section 422(b)(10) of the Act to Native American children under both State and Tribal jurisdiction. DCFS developed a "Jurisdictional Table" to assist with determining the application of the Indian Child Welfare Act. In addition, the Nevada Children's Justice Act Task Force has published the "Indian Child Welfare Resource Guide for Nevada" that was jointly developed by the members of the Indian Child Welfare Steering Committee.

Tribal entities participate on the Child Welfare State Plan Steering Committee, statewide planning activities and training with a mutual goal to improve services for all children in Nevada. DCFS continues to collaborate with the Nevada Tribes and tribal entities on improving the child welfare system for Native American children.

Intensive Family Services

Intensive Family Services provides a continuum of home-based clinical services to children and families involved with child welfare services in rural Nevada. While traditional clinical services are offered in a clinic or office setting, IFS clinicians conduct all direct client services in the home. In addition, IFS works collaboratively with the social worker, the family and other significant parties to address the issues which brought the family to the attention of the child welfare agency. IFS utilizes a service delivery philosophy which attempts to empower families by identifying strengths and enlisting the family's assistance in finding solutions that best meet their needs. Services are provided in six rural communities: Carson, Silver Springs, Fallon, Winnemucca, Elko and Pahrump.

Type of Services include:

Assessments

- Early assessments are conducted on every child and youth who come into DCFS custody to identify the needs of the children and to obtain appropriate services.
- Specialized assessments are completed for those children and youth who have complex special needs identified in early assessments. This assessment process helps identify treatments and/or interventions which will enhance the developments of the children while in foster care.

Family Preservation

- Intensive home-based family preservation services are provided to families whose children are at risk of out-of-home placement due to abuse and/or neglect.
- Home-based adoption preservation services are provided to families who are in the process of adopting a special needs child from foster care.

Once a family has been accepted for referral to Intensive Family Services, clinicians provide a variety of services depending on need. Services may include:

- Clinical intervention, in the form of home-based family counseling based on a brief, strength-based model.
- Education and skill building.
- Case management in partnership with the child welfare worker.
- Advocacy within the system and outside the system.
- Concrete services such as arranging for food, housing, transportation and childcare.
- Transportation as needed for the family.



*To
Empower
Families*

CHILDREN AND FAMILIES SERVED IN FY2004

Families Preservation Services	97 Families Served
Early and Specialized Assessments	133 Children Assessed



Placement Resources

Placement Resource Families

When the safety and protection of a child cannot be met in the parent's or caregiver's home, substitute care in the form of relative (kinship) care, foster care, residential therapeutic care, adoption, or other planned permanent living arrangements may become necessary. The removal of a child from his or her natural environment is taken only as a last resort, as part of the overall continuum of services provided by DCFS and the counties providing child welfare services. When it becomes necessary, child welfare agencies place children with available resource families. Resource families are families who exist to meet the needs of Nevada's waiting children. Resource families may be relatives, fictive family, foster parents, therapeutic foster care parents and adoptive parents. With a resource family, a child may begin with an emergency shelter-care placement, emerge into foster care, with a final outcome of an adoption – and never leave the original resource family home. A resource family is a family who is committed to a child regardless of the child's needs and level of care.

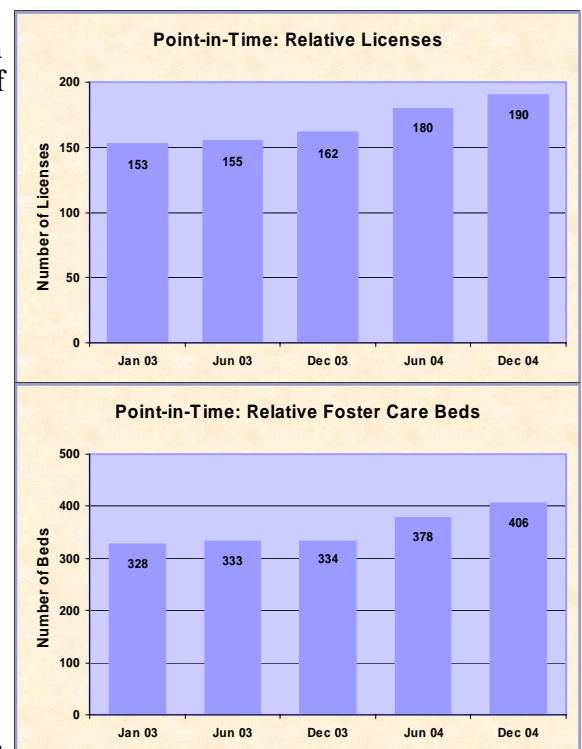
It is recognized that children in out-of-home placements succeed with a minimal number of placement disruptions. History demonstrates that children succeed when they are allowed to stay in the same family, even if the placement type changes.

Kinship Care

When a child must be removed from his/her home, the first placement option considered is kinship (relative) care. The family is engaged in identifying relative placement options currently not living in the home. This can include a non-custodial parent, aunts and uncles, or grandparents. In some cases, fictive family is considered as a placement for a child. Fictive families are those individuals who have played a significant role in the life of the child and are willing to accept placement of the child into their home. This can include a neighbor, a member of the clergy, or a teacher. If it is suspected that the child is Native American, applicable ICWA guidelines are followed.

Once a kinship care provider has been identified, they must be able to demonstrate all the same health and safety requirements as traditional foster parents. They must submit to local and national criminal background checks, as well as a child abuse and neglect check. The kinship care provider must also demonstrate a willingness and capability to provide a safe, stable and nurturing environment.

The two graphs show the number of relative foster care licenses and beds in the last two years. Kinship care providers have continued to increase.





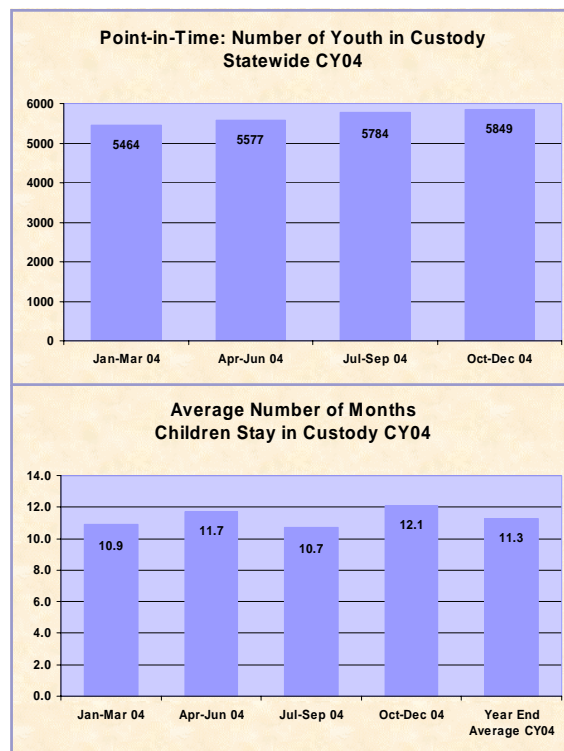
Relative Guardianships

The 2001 Legislature passed Assembly Bill 15, a kinship care bill jointly supported by the Welfare Division and DCFS. The Temporary Assistance to Needy Families (TANF) Subsidized Guardianship program has been operational since October 2002. In an effort to support permanency for children, the legislation allows for any specified relative over the age of 62, who is caring for a relative child and who has legal guardianship, to receive TANF assistance up to the amount of the state foster care payment. They may receive medical assistance through Medicaid, respite care, childcare, and other services. This program does not require that the child is in the custody or care of a child welfare agency, and is open to any qualifying relative guardian. Other requirements are included to assure the safety of the child and to provide support services to the families. Relatives who wish to receive a foster care maintenance payment must meet the same licensing requirements as any family foster care.

Foster Care

When relatives cannot be located for a child who requires out-of-home placement services, the child welfare agency must utilize traditional foster care. As in kinship care, a child welfare caseworker is assigned by the child welfare agency to arrange the necessary care and services for the child. The worker provides direct counseling to the child, biological parents, and the foster/substitute care provider. The worker is the accountability and communication link between district court, the child, the biological parent, and the foster/substitute care provider. In cases where the permanency plan is reunification, caseworkers are responsible for initiating a case plan with the family to ensure reunification occurs in a timely manner. This includes ensuring that a family assessment is conducted that includes an assessment of needs and services. In those cases where it has been determined that it is not in the best interest of the child to return home, the caseworker is responsible for ensuring that other permanency options are explored and pursued. Generally, these options include permanent kinship placement, adoption, or other planned permanent living arrangement.

The first chart shows the number of children in out-of-home placements during any given quarter of calendar year 2004. The second graph shows the average length of time children spent in out-of-home care during calendar year 2004.



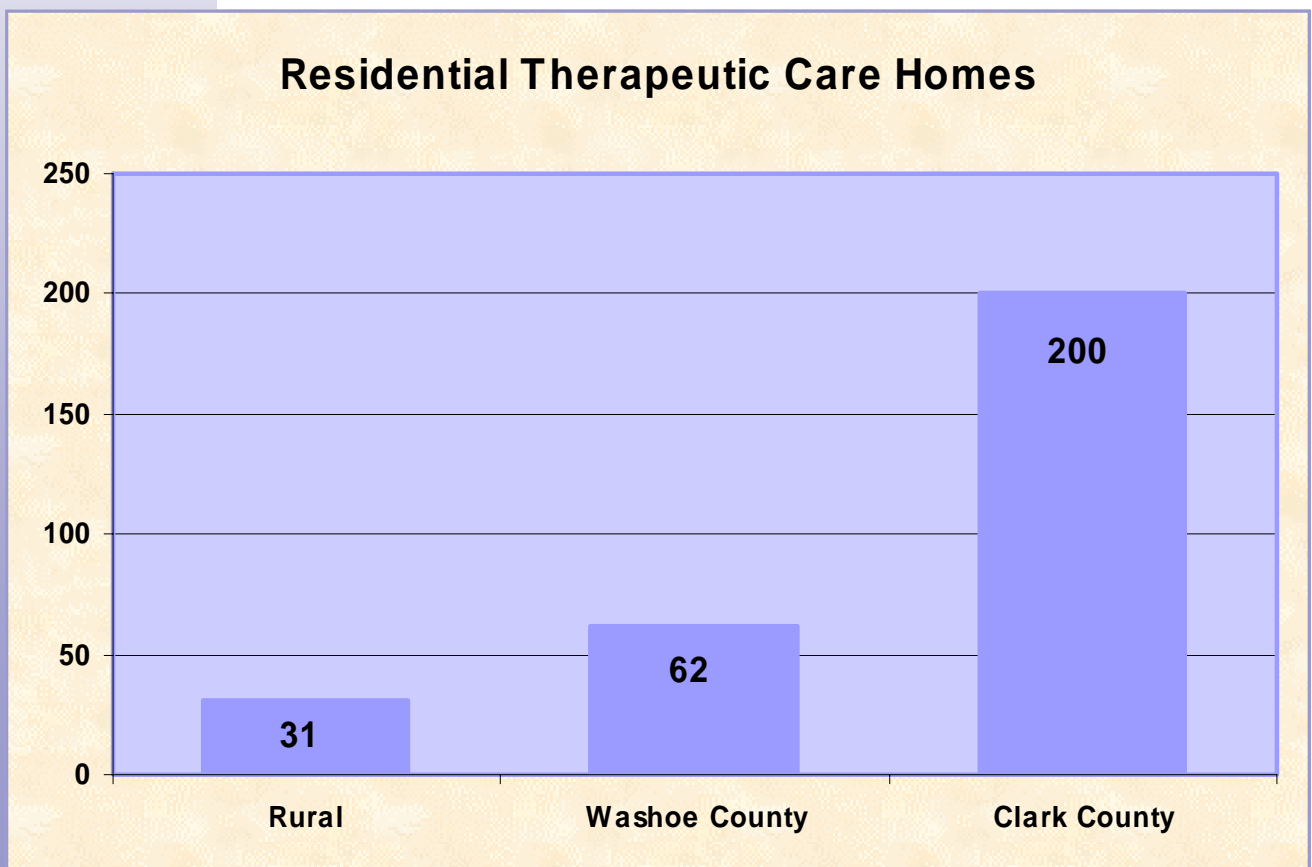


Residential Therapeutic Care

In some cases children have emotional and/or behavioral issues that do not allow placement in a kinship or traditional foster care setting. In these circumstances children are often placed into a residential therapeutic care living situation. DCFS provides a full continuum of residential therapeutic care including residential centers, treatment group homes and therapeutic foster care to meet the needs of children in foster care with emotional/behavioral issues. The difference between each type of residential care is the increased need for supervision, skill building, therapeutic intervention, specialized treatment and number

of foster children in the home. Currently there are 294 licensed group homes statewide. Seventy percent (70%) are in Clark County. All providers must meet NAC 424 group home licensing standards as well as additional requirements for providers of therapeutic care. In addition, therapeutic care providers are required to develop treatment and discharge plans.

The graphs below show the number of residential therapeutic care homes by service region and the number of children in residential care.





Foster Care Licensing

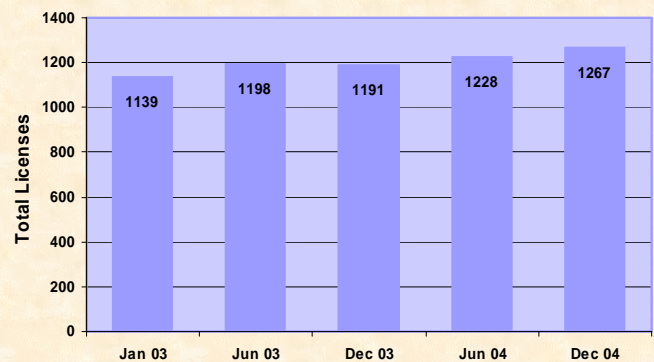
When a child is removed from his/her home, and it becomes necessary to place the child with a resource family, the family must meet all minimum licensing standards as established by NRS 424. The licensing process helps to determine whether the resource family can provide suitable care for the child. To assure an acceptable level of care is maintained, the licenses are renewed annually. An annual on-site visit to the home must be made for each annual and renewal license issued. Foster care licenses include resource families who are providing foster care, emergency shelter care, group (higher level) care, interstate compact, and adoption. Federal

Bureau of Investigation (FBI) background checks are conducted on all applicants and residents 18 years of age or older living in the home. In 2004 a new home study and family assessment, the Structured Analysis Family Evaluation (SAFE), was adopted statewide to help standardize the family assessment process and to provide more accurate and timely matches between children and potential resource families.

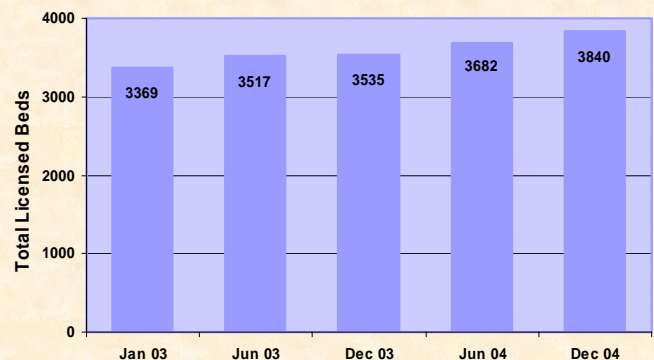
Resource families are required to attend a pre-service training and orientation prior to obtaining a license. The training curriculum is offered in both English and Spanish-language versions in all agencies providing child welfare services. All of the training sessions are co-taught by current and former foster/adoptive parents with state or county professional staff. After the initial license is issued, resource families must complete 4 hours of advanced training per year in order to keep the license current.

The graphs show, point in time, the total number of licenses issued and the total number of licensed beds during the last two years.

Point-in-Time: Total Foster Care Licenses



Point-in-Time: Total Foster Care Beds



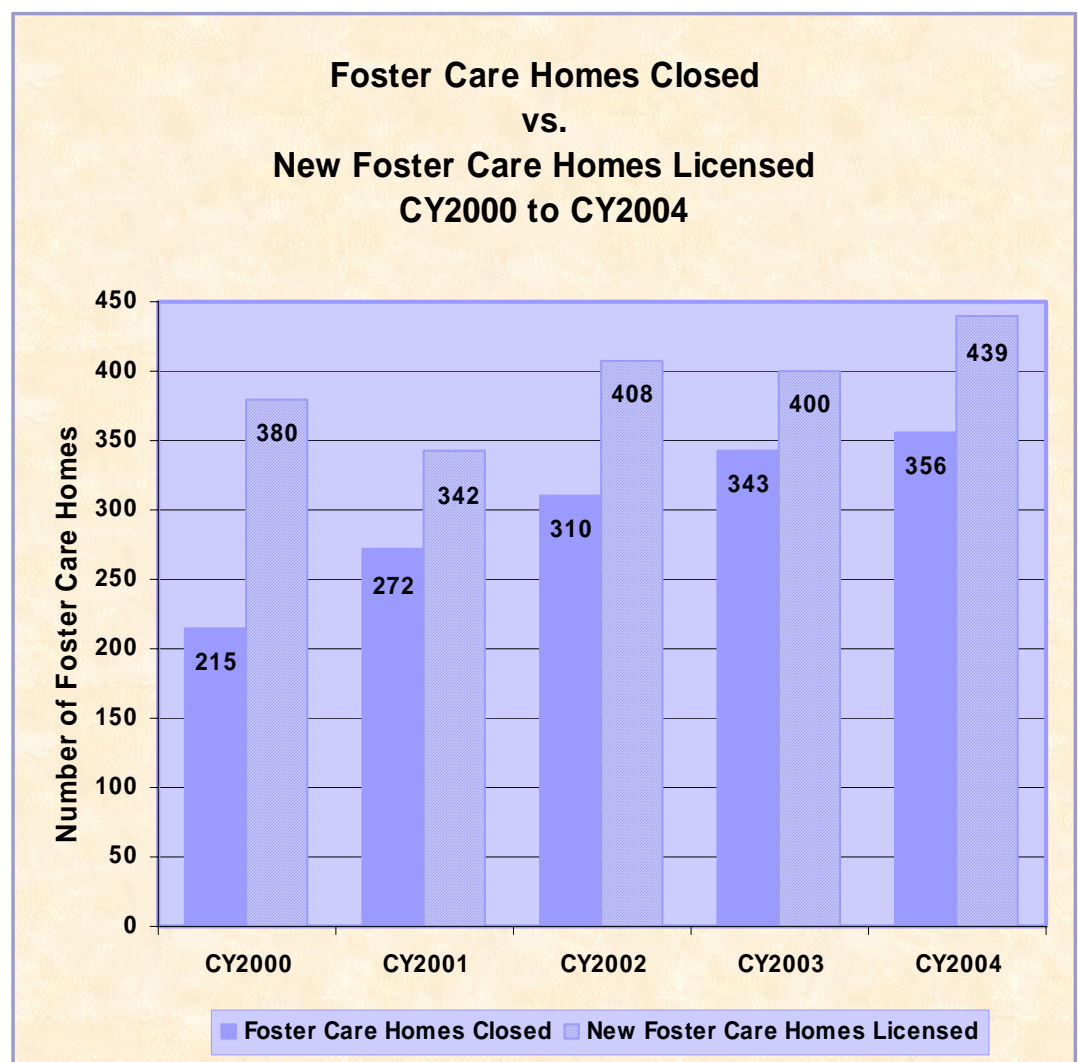


Many foster care children become adopted by the resource families with whom they live. While this is certainly in the best interest of the child, the adoption may effectively close that foster care home. There is a constant need for targeted recruitment and retention activities to replace those homes closed.

The two graphs on the previous page show how, over time, the overall number of homes and beds has increased, reflecting the increasing need for placement resources in Nevada. Over the past eight years, Nevada has been the fastest growing state in the nation. As an example, on average, one school per month is built in the Las Vegas valley. As the population increases, the need for placement resources matches the overall growth pattern.

The following graph compares how many licensed homes were closed during the past five years, due to license revocation, retirement or the adoption of the child, and how many initial licenses were issued during the same five year-year period. Foster Care Licensing is recruiting and licensing more foster care homes than it closes.

***Foster Care
Licensing is
Recruiting
And
Licensing
More
Foster Care
Homes
than are
Closed.***





Adoption

DCFS and county child welfare agencies are responsible for ensuring that permanent homes are identified for children living in foster care. For children who cannot be safely returned to their birth families, long term plans for their care must be made. Permanency for some children may include legal guardianship, however, many find permanent homes through legal adoption by foster families and relatives. The Federal Adoption and Safe Families Act requires

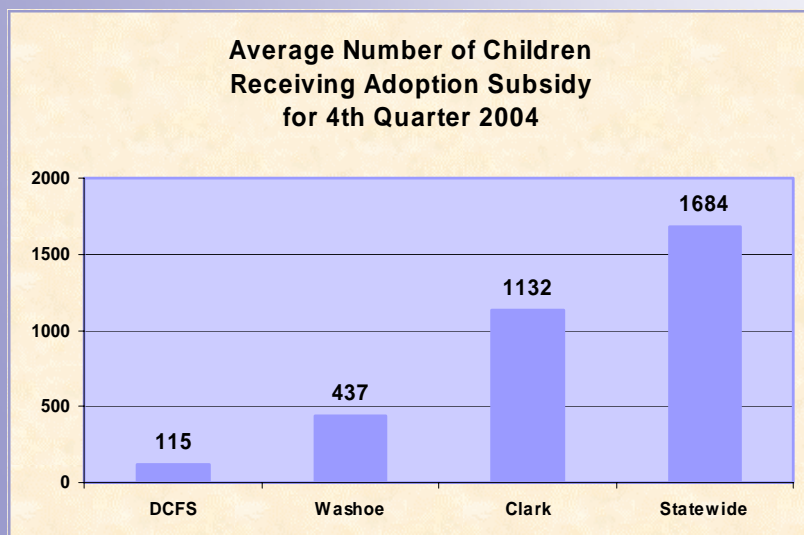
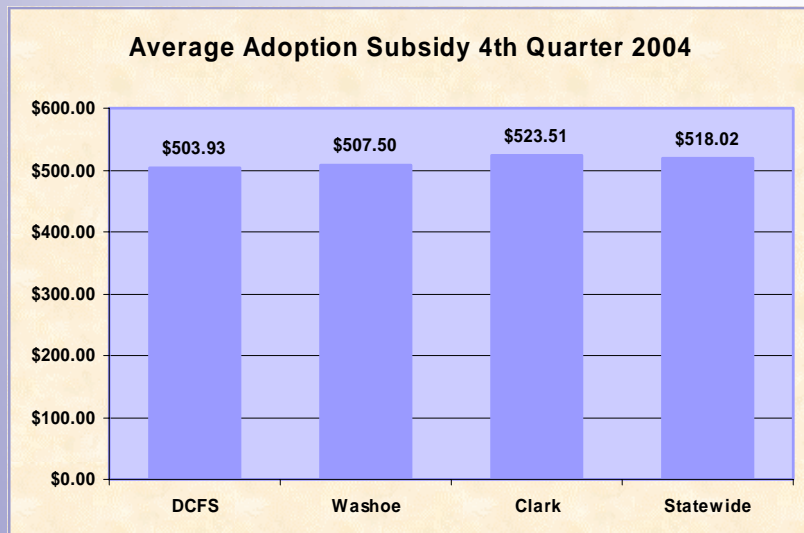
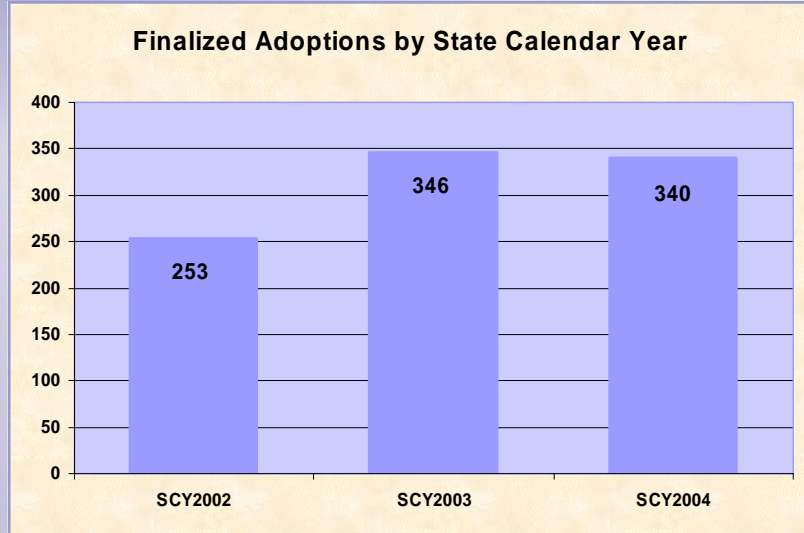
States to act timely in developing and achieving permanent placement plans for foster children. If the child's plan is adoption, the adoption proceedings must be completed within 24 months of the child's entry into foster care.

Efforts to finalize adoptions within prescribed timeframes requires additional staff support and resources to process home studies on adoptive families, complete social histories on foster children, and to develop purchase of service agreements to facilitate out of state placements when local recruitment efforts have been not been successful.

To meet the challenge of locating adoptive families for foster children, DCFS and county agencies have held adoption fairs, media campaigns, Wednesday's Child TV promotions, community events and Adoption Day events to raise awareness about the need for adoptive families. Other recruitment efforts include partnerships with the Adoption Exchange and with the federally sponsored AdoptUSKids Project.

The Adoption Exchange features children on website photo listings, in print media, and in recruitment events held in seven other states served by the Exchange. The Exchange has established an office in the Las Vegas area with the goal of promoting and supporting special-needs children and their adoptive families. Recruitment, training, adoptive parent mentoring and support, and post adoption support services are a few of the services to be provided.

DCFS also participates in the national AdoptUSKids campaign to recruit adoptive families for older children. This campaign is designed to provide national exposure to waiting children through website photo listings. The goal is to connect children with prospective adoptive families in other states and countries. Nevada's progressive effort to recruit prospective families outside of the state was recognized by the US Department of Health and Human Services (HHS) in the Child and Family Services Review Summary of Findings.



The top data chart on the left reflects continued efforts to increase the number of children adopted annually from the foster care system.

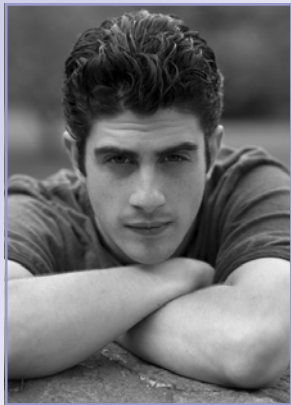
For the past five federal fiscal years, Nevada has received an Adoption Incentive Grant from HHS. The grant was earned because the state continued to show increases in the number of children adopted from the foster care system. For federal fiscal year 2003, there was a 15.8% increase in the number of finalized adoptions. The grant for FY 2005 is \$260,000. The funds will be used by DCFS and the county agencies that provide child welfare services to enhance and provide ongoing support to their special-needs adoption programs.

The majority of the children adopted from the foster care system are older, members of sibling groups or have medical, behavioral and/or developmental challenges. The adoptive parents of these children generally require some level of support to help cover the child's cost of care. The adoption subsidy program provides medical and financial assistance to ensure the child's needs are met. The middle data chart on the left shows the average adoption subsidy payment by region for the fourth quarter of 2004, and the bottom data chart on the left shows the average number of children receiving adoption subsidy by region for fourth quarter 2004.

DCFS and the county child welfare agencies continue to provide a continuum of services to children and families involved in private, interstate, relative and international adoptions.

Independent Living

**Nevada's Independent Living Program
is a set of services available to
all foster youth
from the age of 15.5 until the age of 21.**



The goal of Nevada's Independent Living Program is to prepare young adults for transitioning into adulthood and providing opportunities to obtain the skills necessary for self-sufficiency.

DCFS considers all eligible foster youth to include those youth who are in the care and custody of the DCFS, Washoe County Department of Social Services, Clark County Department of Family Services and tribal foster youth. DCFS considers foster care to be the legal status of the child and the physical placement of the child does not determine the eligibility for independent living services. Independent living services may continue with the child after permanency has been achieved, depending on the needs of the child. Nevada will also extend independent living services to

eligible youth who have relocated to Nevada from another state.

Federal funds are combined with existing state funds to provide independent living services to eligible foster youth and former foster youth transitioning to independence. The three major sources of funding include John H. Chafee Independence Program funds, Education Training Voucher (ETV) and state funds through the Assistance to Former Foster Youth Program which are funds dedicated to Nevada foster youth who are transitioning from care and for Nevada youth who have aged out of the Nevada foster care system. Statewide public and private partnerships are developed to provide independent living services throughout the state.

Program Highlight

Transition From Foster Care, Assembly Bill 94, passed by the 2000 legislature, created an account by taxing the copying of real estate filing transactions throughout the state. This fund was specifically created to assist the former foster youth of Nevada to attain economic self-sufficiency by providing goods and services, job training, housing assistance, case management and medical insurance. Community contract service providers include the Nevada Partnership for Homeless Youth in Clark County, Job Opportunities in Nevada in the Rural Region and the Children's Cabinet in Washoe County. During the Child and Family Services Review, Nevada was commended for the creation of this fund and the fund was noted as a promising practice. During this year a total of 488 youth were assisted.

**110
Young Adults
Aged Out
Of
Foster Care
In
FY2004**

Interstate Compact Placement of Children

When Children's Placement Resources are located in another State

The Interstate Compact on the Placement of Children (ICPC) is administered by DCFS. Nevada adopted ICPC in 1985, and every state in the US, as well as the District of Columbia and the US Virgin Islands, are members of this Compact. They work in concert with one another when placing children across state lines for the following types of placements.

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

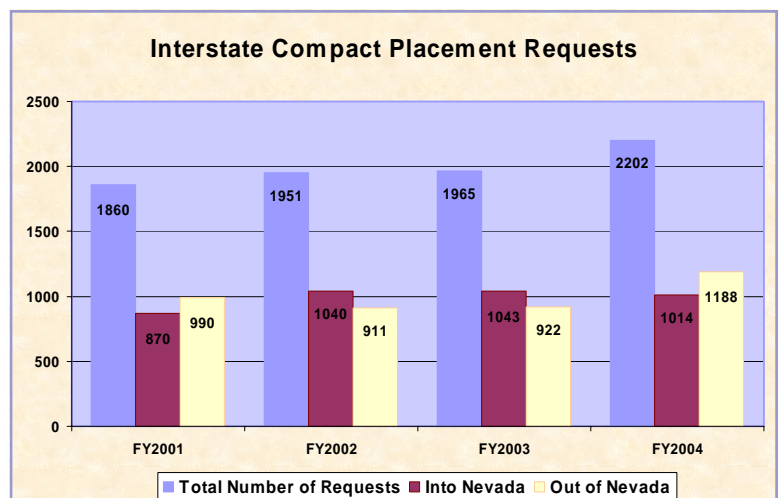
The purpose and policy of ICPC is to ensure that each child requiring placement in another state will be placed in a suitable environment and with persons or institutions having the qualifications and facilities to provide for the care of the child. To this end, a child's safety, permanency and well-being are assured through the process of home study, licensing, if requested, and ongoing supervision of the placement.

After forty years of operation, ICPC is currently being reconstructed. DCFS is participating in this process by providing feedback to the American Public Human Services Association (APHSA), the agency charged with this monumental task. It is anticipated the new Compact will be more "user friendly" and better serve the needs of the children.

With child welfare services now fully integrated in Nevada's two most populated counties, the DCFS ICPC Office continues to provide state and countywide oversight, technical support, quality assurance and administration.

The chart on the right reflects the impact of Nevada's rapid and sustained growth over the last six years. The number of requests processed by ICPC has increased steadily by approximately 10% each calendar year over the last four years.

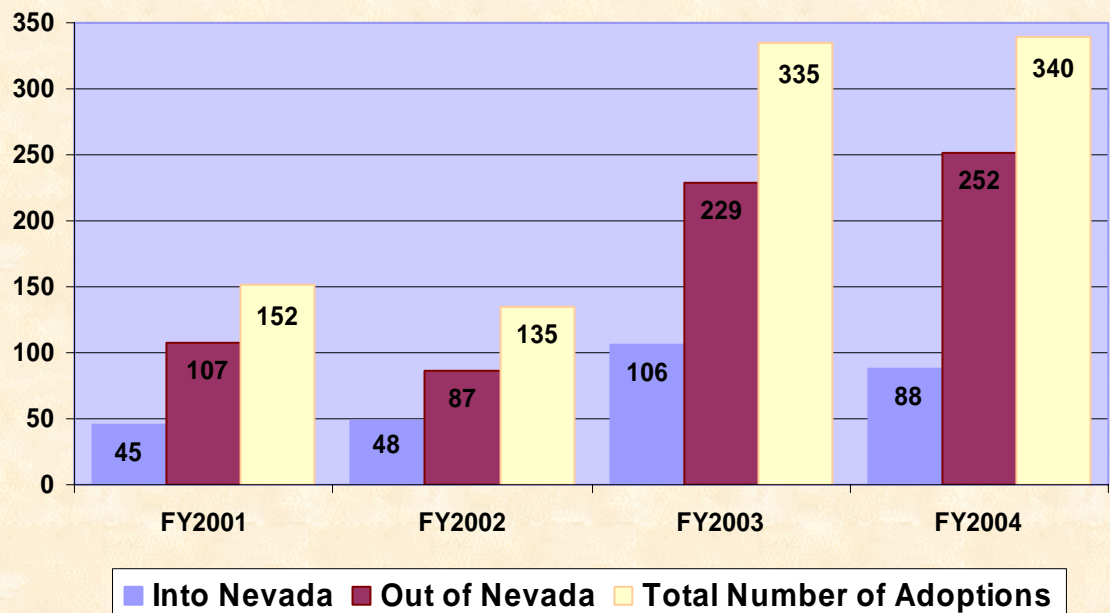
The Interstate Compact on the Placement of Children is a state law in all states.



TOTAL ICPC PLACEMENT REQUESTS PROCESSED BY FISCAL YEAR

FISCAL YEAR	RECEIVED INTO NEVADA	SENT OUT OF NEVADA	TOTAL
2001	870	990	1860
2002	1040	911	1951
2003	1043	922	1965
2004	1014	1188	2202

ICPC Adoptions In and Out of Nevada



Nevada Interstate Compact on the Placement of Children Adoptions by Fiscal Year Includes Specific, Public and Private Agency Adoptions

FY ADOPTIONS	RECEIVED INTO NV	SENT OUT OF NV	TOTAL ICPC
FY01	45	107	152
FY02	48	87	135
FY03	106	229	335
FY04	88	252	340



Nevada Training Academy

The Nevada Training Partnership, through the University of Nevada, Reno, School of Social Work, provides training for the new employees of the three major child welfare agencies in Nevada. The Partnership includes DCFS, the University of Nevada, Reno and the University of Nevada, Las Vegas. This program, known as the Nevada Training Academy (NTA), has the following mission:

The mission of the Nevada Training Academy is to develop every professional's capacity to provide solution-based, relationship-focused services that will facilitate lasting change in families, thereby resulting in safety and permanency for children, stronger families, and improved community well-being.

The goal of the academy program is to ensure a uniform, basic level of competence in the knowledge, values, and skills required of all child welfare professionals, regardless of their experience and job assignment. The academy assumes that new employees possess foundation social work skills and values, and is not intended to replace a social work degree or license. A common knowledge of the overall child welfare principles, laws, policies and practice standards gives workers a consistent philosophical framework with which to practice and also promotes a more comprehensive approach to child welfare services throughout the three Nevada public child welfare agencies. The academy training is committed to train workers in the full range of child welfare skills in order to focus on the needs of clients, regardless of their place in the process.

Overview of the Nevada Training Academy (NTA)

The NTA consists of:

- Seven weeks of training that includes four weeks of classroom training interspersed with three weeks of on-the-job practice application,
- On-the-job training exercises, both before the academy begins and during the academy,
- Structured coaching and
- Intensive Supervision.

Service Locations

DCFS Rural Region Child Welfare Administrative and Field Office 1572 East College Parkway, Suite 161 Carson City, NV 89706		Phone: (775) 687-4943 Robin Landry, Rural Region Manager Alice Pittsley, Program Manager
	Battle Mountain Field Office 142 East Second Street Battle Mountain, NV 89820-2031	Phone: (775) 635-8172/5237 Fax: (775) 635-9067
	Elko District Office 3920 Idaho Street Elko, NV 89801	Phone: (775) 753-1300 Fax: (775) 753-1301
	Ely Field Office 740 Park Avenue Ely, NV 89301	Phone: (775) 289-1640 Fax: (775) 289-1652
	Fallon District Office 1735 Kaiser Street Fallon, NV 89406	Phone: (775) 423-8566 Fax: (775) 423-4800
	Hawthorne Field Office 1000 C Street P.O. Box 1508 Hawthorne, NV 89415-1508	Phone: (775) 945-3602 Fax: (775) 945- 5714
	Lovelock Field Office 535 Western Avenue P.O. Box 776 Lovelock, NV 89419-0776	Phone: (775) 273-7157 Fax: (775) 273-1726
	Pahrump Field Office 2280 Calvada, Suite 302 Pahrump, NV 89408-3161	Phone: (775) 727-8497 Fax: (775) 727-7027
	Silver Springs Field Office 3959 Highway 50 West Silver Springs, NV 89429	Phone: (775) 577-1200 Fax: (775) 577 - 1212
	Tonopah Field Office 500 Frankee Street, Old Court House Building P.O. Box 1491 Tonopah, NV 89049-1491	Phone: (775) 482-6626 Fax: (775) 482-3429
	Yerington Field Office 215 Bridge Street, Suite 4 Yerington, NV 89447-2626	Phone: (775) 463-3151 Fax: (775) 463-3568
Northern Region		Phone: (775) 328-2300
Washoe County Department of Social Services P.O. Box 11130 Reno, NV 89520		Fax: (775) 328-3788 Mike Capello, Director http://www.co.washoe.nv.us/socsrw/
Southern Region		Phone: (702) 455-5483
Clark County Department of Family Services Claude I. Howard Children's Center 701K North Pecos Las Vegas, Nevada 89101		Fax: (702) 385-2999 Susan Klein-Rothschild, M.S.W., Director Joy L. Salmon, Ph.D., Assistant Director http://www.co.clark.nv.us/family_services/home.htm

Child and Family Services Review

Authorized by the 1994 Amendments to the Social Security Act, and finalized in 2000, the Child and Family Service Reviews (CFSR) became a mechanism for monitoring how state child welfare systems measure up to national standards for child protection, family support, foster care, adoption and other services funded by Titles IV-B and IV-E of the Social Security Act. The reviews consist of a statewide assessment and a weeklong on-site review of 50 cases from three counties, along with stakeholder interviews. The reviews evaluate states on six national standards and seven outcomes in Safety, Permanency, and Well-Being. Each state is also assessed on seven systemic factors, including the information system, the range of accessibility of services offered, and training of staff and foster families.

Nevada underwent its CFSR review during the week of February 23, 2004. The final results of the review demonstrated that Nevada had numerous strengths and promising practices. It also highlighted several areas needing improvement. Nevada was found to be in substantial conformity with four of the seven systemic factors, including its information system, training, agency responsiveness to the community, and foster parent licensing, recruitment and retention. Nevada, however, was found not to be in substantial conformity with any of the seven child and family outcomes, as determined by the Federal Children's Bureau.

The table below describes the six national standards that were measured by the Children's Bureau during the CFSR. It also demonstrates how Nevada ranked as compared to the national standards. Results coded in blue indicates Nevada successfully met the standard.

Statewide Data Indicator	National Standard	Nevada's Results	Description
			A State meets the national standard for this indicator if, of all children who:
Recurrence of maltreatment	<6.1%	7.6%	were victims of substantiated or indicated child abuse and/or neglect during the first six months of the period under review, 6.1% or fewer children had another substantiated or indicated report within six months.
Incidence of child abuse and/or neglect in foster care	<0.57%	0.2%	were in foster care in the State during the period under review, the percentage of children who were the subject of substantiated or indicated maltreatment by a foster parent or facility staff is 0.57% or less.
Foster care re-entries	<8.6%	6.9%	entered foster care during the year under review, 8.6% or fewer of those children re-entered foster care within 12 months of a prior foster care episode.
Stability of foster care placements	<86.7%	94.9%	have been in foster care less than twelve months from the time of the latest removal, 86.7% or more children had no more than two placement settings.
Length of time to achieve reunification	>76.2%	90.9%	were reunified with their parents or caretakers at the time of discharge from foster care, 76.2% or more children were reunified in less than twelve months from the time of the latest removal from the home.
Length of time to achieve adoption	>32%	29.2%	exited foster care during the year under review to a finalized adoption, 32% or more children exited care in less than 24 months from the time of the latest removal from home.

The table below describes the seven performance indicators (outcomes) and seven systemic factors that were measured by the Federal Children's Bureau during the CFSR. It also demonstrates Nevada's performance on each of these areas. Results coded in blue indicate Nevada successfully passed the Outcome or Systemic Factor.

Outcome / Systemic Factor	Description	Nevada's Results*
Safety #1	Children are first and foremost, protected from abuse and neglect.	69.60%
Safety #2	Children are safely maintained in their homes when possible and appropriate.	62.50%
Permanency #1	Children have permanency and stability in their living situations.	54.20%
Permanency #2	The continuity of family relationships and connections is preserved.	54.20%
Well-Being #1	Families have enhanced capacity to provide for children's needs.	38.80%
Well-Being #2	Children receive services to meet their educational needs	70.40%
Well-Being #3	Children receive services to meet their physical and mental health needs.	64.40%
Systemic Factor I	Statewide information system	Strength
Systemic Factor II	Case review system	ANI**
Systemic Factor III	Quality assurance system	ANI**
Systemic Factor IV	Training	Strength
Systemic Factor V	Service Array	ANI**
Systemic Factor VI	Agency responsiveness to the community	Strength
Systemic Factor VII	Foster and adoptive parent licensing, recruitment and retention	Strength

* 90 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in conformity with the outcome.

** ANI is Area Needing Improvement



A Program Improvement Plan (PIP) was approved by the Children's Bureau on March 1, 2005. This plan outlined how the State and counties will improve outcomes for children and families within two years from approval of the plan. Nevada's PIP focused on three distinct strategies to improve overall performance: Safety Management Strategies, Engagement Strategies, and Case-Planning Strategies. For each of these strategies, three elements were selected as a mechanism to ensure the success of the practice strategies. These are Policy Development, Training, and Quality Improvement.

Nevada will be developing a quality improvement system as part of its overall PIP requirement. The quality improvement system will be the responsible element that ensures the priority practice strategies discussed above are achieved. The system will encompass both qualitative and quantitative information-gathering tools. Its primary mechanism for measuring progress will come in the form of a supervisory review instrument and a case review process modeled after the CFSR.

BUREAU OF SERVICES FOR CHILD CARE



The mission of the Bureau of Services for Child Care is to reduce the risk of harm to children placed in child care outside of their own home. To ensure the health, safety and proper treatment of children receiving out-of-home care, the Bureau has the responsibility for initial licensing, continued monitoring and providing technical assistance to child care facilities caring for five or more children not licensed by local entities. Facilities include child care centers, on-site centers, care for ill children, special needs centers, pre-schools, nurseries for infants and toddlers, accommodation facilities, family care homes, group care homes, institutions and outdoor youth programs. These functions are statewide and jurisdiction includes all rural counties, the incorporated areas of Clark County and designated federal, state and county operated programs for children. All areas of responsibility are also monitored for illegal, unlicensed child care operations with complaints investigated to bring facilities into compliance with state law by licensing or reducing the number of children in care. Federal Bureau of Investigation (FBI) background checks are required for all child care providers and facility residents 18 years of age and older. Licenses are renewed on an annual basis with a minimum of two unannounced surveys conducted during the annual licensing period.

In 2004 the Bureau staff completed:

- 190 initial/annual surveys,
- 37 initial consultations,
- 993 monitoring visits,
- 115 licensed complaint investigations,
- 39 unlicensed care investigations and
- provided 50 training sessions to child care providers.

In 2004 the Bureau licensed:

- 218 child care facilities with a licensed capacity of 11,344,
 - 81 Family Care Homes
 - 12 Group Care Homes
 - 121 Centers
 - 4 Institutions
- opened 33 new facilities and
- closed 35 facilities upon the facility's request.

Nevada appears to be following the nationwide trend with a decrease in the past year of family home child care facilities statewide. The Bureau continues to see an increase with new centers statewide.

The policy-making Board for Child Care adopts Regulations and Standards for Child Care. The Board consists of five members appointed by the Division Administrator with the concurrence of the Director of the Department of Human Resources. In this past year, the Board adopted new regulations to strengthen and clarify health, safety and training related requirements.

CHILD CARE SERVICE LOCATIONS

CARSON CITY

Bureau of Services for Child Care

400 West King Street, Suite 230

Carson City, Nevada 89703

Telephone: (775) 684-4463

FAX: (775) 684-4464

E-mail: CCLicensing-CC@dcfs.state.nv.us

ELKO

Bureau of Services for Child Care

3920 East Idaho Street

Elko, Nevada 89801

Telephone: (775) 753-1237

FAX: (775) 753-1242

E-mail: CCLicensing-NN@dcfs.state.nv.us

LAS VEGAS

MAIN OFFICE

Bureau of Services for Child Care

4220 South Maryland Parkway, Building B, Suite 302

Las Vegas, Nevada 89119

Telephone: (702) 486-7918

FAX: (702) 486-6660

E-mail: CCLicensing-SN@dcfs.state.nv.us

NEIGHBORHOOD CENTERS

Bureau of Services for Child Care

3075 East Flamingo, Suite 104

Las Vegas, Nevada 89121

Telephone: (702) 486-5680

FAX: (702) 486-7522

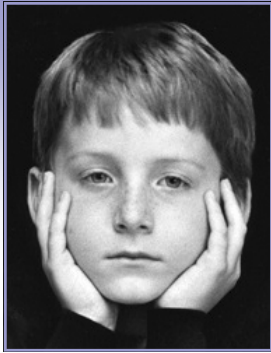
Bureau of Services for Child Care

6171 West Charleston Blvd., Building 10

Las Vegas, Nevada 89146

Telephone: (702) 486-7919

FAX: (702) 486-0431



Children's Mental Health

DCFS provides a wide range of mental health services to children, adolescents and their families in Clark and Washoe Counties. Treatment services in these two major urban areas are provided through Southern Nevada Child and Adolescent Services and Northern Nevada Child and Adolescent Services. Northern Nevada Child and Adolescent Services has one primary location in Reno and serves children and families throughout the greater Reno/Sparks area. Southern Nevada Child and Adolescent Services operates five Neighborhood Family Service Centers throughout the Las Vegas valley. Treatment services in the rural region are provided through Rural Mental Health, Division of Mental Health and Disability Services.

DCFS provides mental health treatment services for children with significant emotional and/or behavioral problems. Children are referred by parents, schools, child welfare, juvenile justice, private mental health providers, adult mental health providers, etc. to mental health services. 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. Services are individualized for each child and family.

DCFS' mental health services include Community-Based Outpatient Services, Residential and Day Treatment Services and Contracted Services (NNCAS, SNCAS and Rural DCFS), expanded upon in the following sections.

Community-Based Outpatient Services

Early Childhood Mental Health Services – birth to six years of age

Early Childhood Mental Health Services provides services to children between birth and six years of age with emotional disturbance or high risk factors for emotional and behavioral disturbance and associated developmental delays. The goal of 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.

These services include:

- Behavioral and psychological assessments,
- Individual, family, and group therapies and behavioral management,
- Psychiatric services,
- Day treatment,
- In-home crisis intervention,
- Childcare and pre-school consultation, outreach, and training,
- Clinical case management.

Outpatient Services/Children's Clinical Services

The Outpatient Services/Children's Clinical Services provides community-based outpatient, individual and family oriented mental health services for children from 6 through 17 years of age. These services include:

- Individual, family, and group therapies and behavioral management,
- Psychological assessment and evaluation,
- Psychiatric services,
- Clinical case management,
- Consultation with other child serving entities involved with the child and family,
- 24-hour on-call emergency professional coverage.

Program Highlight

Wraparound in Nevada for Children and Families (WIN)

DCFS' nationally recognized "promising practice" program, Wraparound in Nevada (WIN), provides intensive community-based services to Seriously Emotionally Disturbed Children (SED) who are in the custody of the Child Welfare system. These behaviorally challenged youth come from families who struggle with complex personal challenges in addition to difficulties keeping their children safe and free from harm. In addition to addressing mental health needs, services support the achievement of permanency for these youth through reunification with their families, guardianship with relatives, adoption or successful emancipation in all three regions statewide. Mental health care for these youth is essential to the success of achieving permanent placements. The WIN program achieves powerful outcomes in unique ways.

- WIN focuses on the strengths of each family member to move them forward to independence and self-sufficiency without life long dependence on mental health professionals. Families become equal participants in their plan of care as they move towards independence.
- WIN uses common sense interventions to help families overcome barriers to caring for SED children at home. Helping families address basic needs (e.g. housing and transportation) and reestablishing community support from extended families, friends, and the faith community are two primary ways that WIN empowers families to achieve independence and meet the needs of SED children.
- WIN ensures that all community members and professionals work together in a seamless way to streamline services, avoid duplication of services, and communicate clearly with families and children.
- WIN ensures that relative, guardians, and adoptive parents identify needs and find solutions that insure permanency when a child cannot return home.

Untreated Serious Emotional Disturbance in children is a major reason for disrupted permanency. The following outcome data exemplifies the point that addressing mental health needs is essential to achieving these permanent placements for youth in the child welfare system.

Fact: 68.5% of the 216 youth discharged from WIN achieved permanent living environment placements.

Fact: 43.1% of the 216 children discharged from WIN were placed back in their family homes.

Fact: 25.4% of the 216 children discharged from WIN were placed with guardians, relatives, and adoptive homes or were established in independent living.

Residential and Day Treatment Services

Treatment Group Homes (NNCAS & SNCAS)

Treatment homes are a family-style residential home providing intensive highly structured treatment for severely emotionally disturbed children and adolescents 7-17 years of age. Services within this program include:

- Individual, family, and group therapies and behavior management
- Clinical case management
- Psychological, psychiatric assessment and evaluation
- Parent training

Adolescent Treatment Center (NNCAS)

The Adolescent Treatment Center is a 16-bed residential program providing staff secure, 24-hour supervised treatment for the most severely emotionally disturbed and behaviorally disordered adolescents, 13-17 years of age. Service provided within the program include:

- Psychiatric evaluation and medication management
- Individual, family, and group therapies
- Psychological assessment and evaluation
- Special education through Washoe County School District
- Nursing care
- Emergency evaluation and stabilization

Day Treatment (NNCAS)

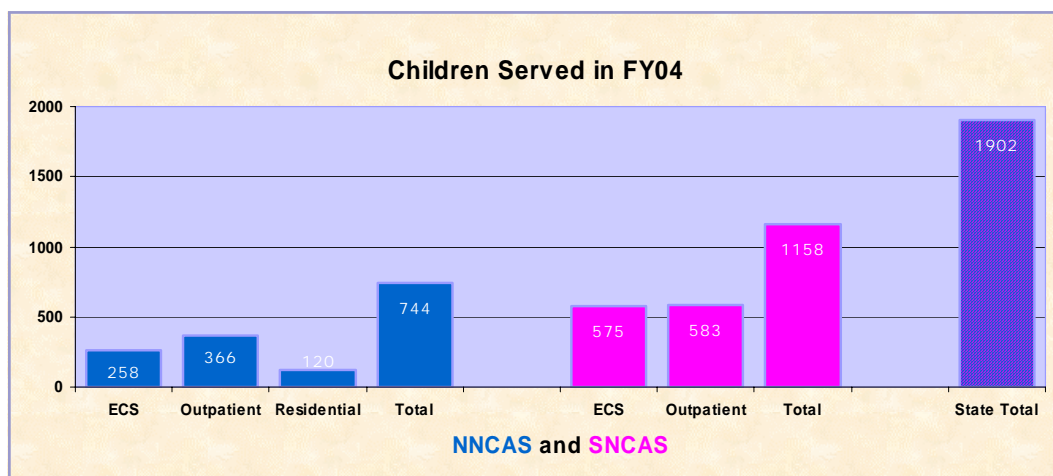
Day Treatment Services are also provided at the Adolescent Treatment Center. Services available include:

- Individual, family and group therapies and behavior management
- Family therapy
- Clinical case management
- School consultation

Desert Willow Treatment Center (SNCAS)

Desert Willow Treatment Center is a licensed 58-bed psychiatric hospital accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) that provides mental health treatment to children from throughout the state. The facility consists of two acute psychiatric units (20 beds) serving children 6-17 years of age, and three residential treatment units (38 beds) serving children 12-17 years of age. These programs provide psychiatric care to the most severely emotionally disturbed youth representing the most restrictive service alternatives in the state. Many of the children served present risks to themselves and/or their community. The services include:

- Crisis intervention and stabilization,
- Individual, family, and group therapies and behavior management,
- Clinical case management,
- Psychological evaluation and consultation,
- Psychiatric evaluation and medication management,
- Nursing care,
- Recreational therapy,
- Special education through the Clark County School District.



Contracted Services (NNCAS, SNCAS and Rural DCFS)

DCFS contracts for a continuum of mental health treatment services with private providers across the state. These services are Rehabilitative Skills Option Services as set forth in the Medicaid State Plan and include both non-residential and residential services to include:

- Individual and group rehabilitative skills training,
- Intensive community-based counseling services,
- Day treatment,
- Partial hospitalization,
- Therapeutic foster care and therapeutic group care.

The majority of youth who access these services are in the custody of child welfare agencies. A daily average of 500 foster children receive these services.

Program Highlight

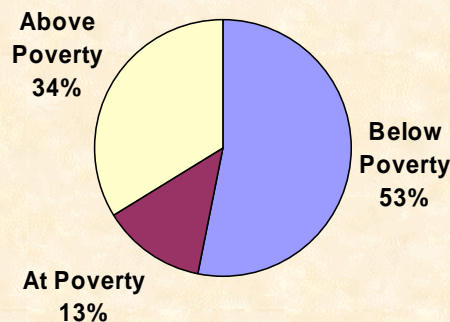
System of Care Grant

In August 2004, DCFS Children's Clinical Services in Southern Nevada successfully completed a six-year federal system of care grant awarded by the Substance Abuse and Mental Health Services Administration Comprehensive Community Mental Health Services for Children and Their Families Program. This grant, the Neighborhood Care Centers Grant, supported the reform of community-based children's mental health services for children and adolescents with severe emotional disturbances and their families emphasizing practices that are family-driven, strengths-based, culturally competent and individualized to each child and family. The wraparound process was adopted as the service delivery model for clinical case management services. With the support of the grant and in collaboration with parents and community partner agencies, DCFS developed five multi-service and multi-agency neighborhood centers across the Las Vegas valley. These have been sustained and grown with the participation of the Clark County Department of Family Services, the Clark County Department of Juvenile Justice Services, the Health Division, Nevada Parents Encouraging Parents and the Clark County School District.

All grantee communities participate in a national evaluation. Parents are asked to consent to participation and the evaluation is longitudinal meaning that children are studied for 18 months from intake, whether they are still in services or have been discharged. The following are findings reported by the national evaluation for southern Nevada Children's Clinical Services (CCS).

- 39.7% of the children were of a minority racial group and 21.7% were of Hispanic origin.
- 61% of the children had more than one diagnosis.
- 66% of the children and families live at an below poverty level.
- 23.8% were in custody of the state and 34.4% lived with their biological mother, only.
- Children entering CCS services had a service history of day treatment and residential treatment at a higher rate than children at other grant sites funded in the same year (total of 14 sites).
- Child risk factors and incidence of mental illness in the children's families were higher than for children at other sites funded in the same year.

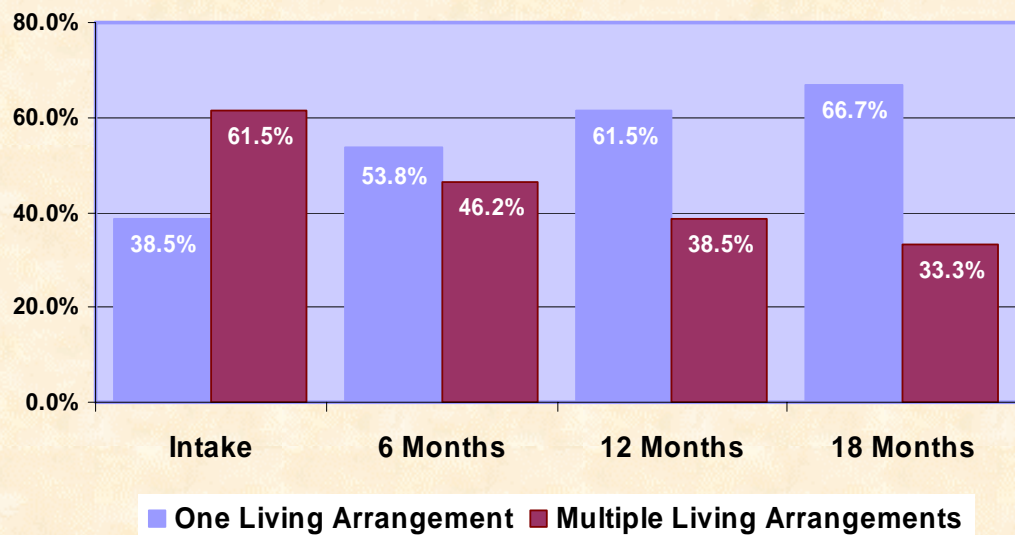
**Poverty Level of Children and Families
Receiving Services at Children's Clinical Services**



The following positive outcomes for children and families served were reported.

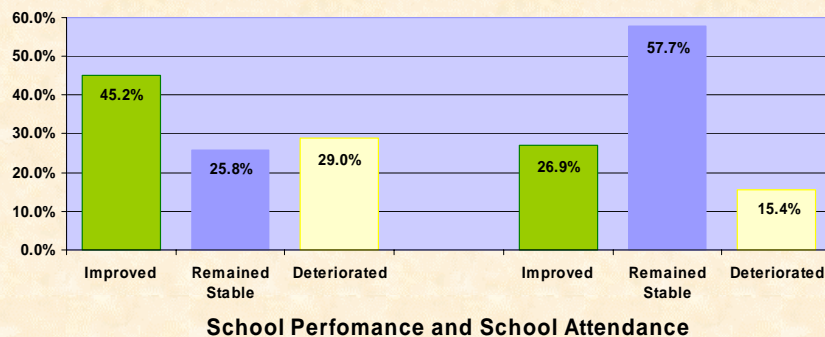
- The children's stability of living arrangements increased. At intake 38.5% of the children had stable placement meaning that they had not changed living arrangements in the previous 6 months. All other children, 61.5%, had multiple living arrangements in the 6 months prior to intake. At six months in services, 53.8% reported stable living arrangement; at 12 mo. in services, 61.5% reported stable living arrangement over the previous 6 months and at 18mo. in services 66.7% reported stable living arrangements over the previous 6 months.

**Stability in Children's Living Arrangements
at Intake, 6 Months, 12 Months and 18 Months**

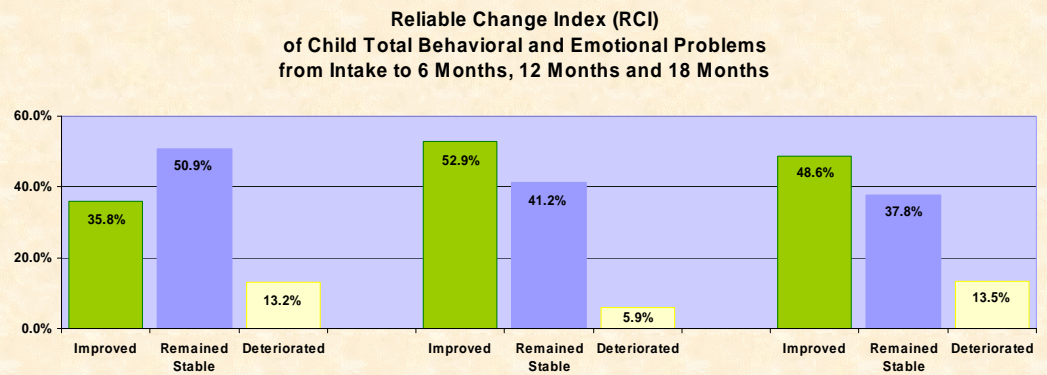


- Decrease in the average number of per child days of inpatient hospitalization by 14 days in FFY 04; an estimated decreased cost of inpatient hospitalization by over \$18,000.00 per child (based on average national costs)
- Increase in school performance and attendance over the 18 months studied. 45.2% of the children improved their school performance and achieved higher grade point averages at 18 months. 26.9% of the children were attending school more frequently at 18 months.

**Change in School Performance and Attendance
from Intake to 18 Months**

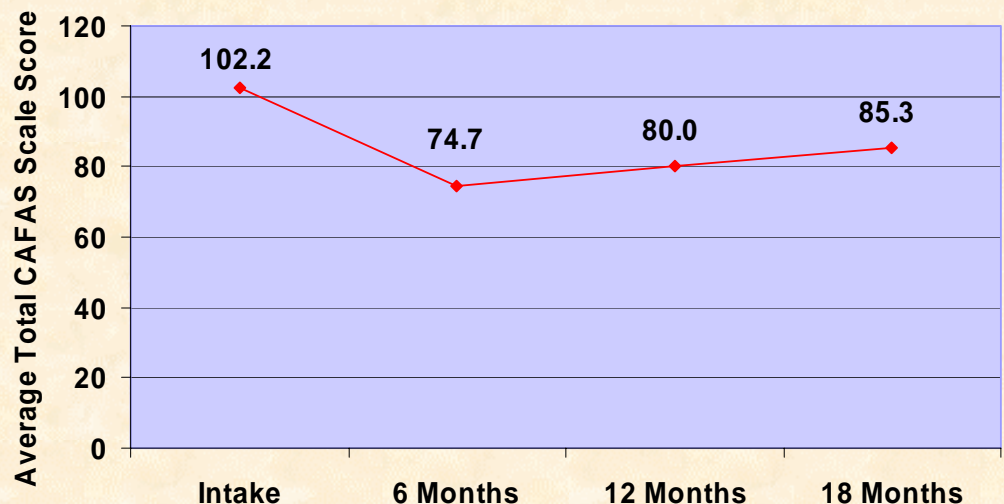


- 52.9% showed significant improvement in their behavioral and emotional functioning from admission to 12 months in the program.



The Child and Behavior Checklist measures clinical symptoms. The total scores of the children served by Children's Clinical Services show a 52.9% improvement from intake to 12 months, and 48.6% improvement from intake to 18 months.

Average Score of Child Functional Impairment at Intake, 6 Months, 12 Months and 18 Months



The Child and Adolescent Functional Assessment Scale (CAFAS) measures the impact of the child's emotional/behavioral condition on the major domains of everyday living (e.g. home, school, community). Children receiving services from Children's Clinical Services showed significant improvement at six months into services in their functional outcomes and the improvement in their functioning was stable over 18 months in services.

Service Locations

<p style="text-align: center;">Northern Nevada Child and Adolescent Services (NNCAS)</p>
<p style="text-align: center;">Northern Nevada Child and Adolescent Services Main Campus 2655 Enterprise Rd. Reno, Nevada Telephone 775-688-1600 Fax 775-688-1616</p>
<p style="text-align: center;">Southern Nevada Child and Adolescent Services (SNCAS)</p>
<p style="text-align: center;">Southern Nevada Child and Adolescent Services Main Campus 6171 W. Charleston Blvd., Bldg. 8 Las Vegas, Nevada 89146 Phone: 702-486-6120 Fax: 702-486-7742</p>
<p style="text-align: center;">West Neighborhood Family Service Center 6171 W. Charleston Blvd, Bldgs 7,8,10& 15 Las Vegas, Nevada Main Phone: 702-486-0000 Intake Coordinator Phone: 702-486-6194 Fax: 702-486-7759</p>
<p style="text-align: center;">South Neighborhood Family Service Center 522 E. Lake Meade Pkwy, Suite 5 Henderson, Nevada 89015 Phone: 702-455-7900</p>
<p style="text-align: center;">East Neighborhood Family Service Center 3075 E. Flamingo Rd., Suite 108 Las Vegas, Nevada 89121 Phone: (702) 486-7500</p>
<p style="text-align: center;">North Neighborhood Family Service Center 4538 W. Craig Rd., Suite 290 North Las Vegas 89032 Phone: 702-486-5610</p>
<p style="text-align: center;">Central Neighborhood Family Service Center 333 N. Rancho Dr. Las Vegas, Nevada 89106 Phone: 702-455-7200 Intake Coordinator Phone: 702)- 486-5025</p>
<p style="text-align: center;">Desert Willow Treatment Center 6171 W. Charleston Blvd. Bldg. 17 Las Vegas, Nevada Phone: 702-486-8900 Fax: 702-486-6307</p>

Juvenile Justice Services

Juvenile Justice Services serves youth ages 12-21 who have been committed to DCFS for either delinquent behavior or to access services for mental health treatment. There are five agencies within Juvenile Services, three youth centers (Summit View Youth Correctional Center, Caliente Youth Center, Nevada Youth Training Center), the Youth Parole Bureau, and the Juvenile Justice Programs' Office. The youth centers are located across the state, Parole has offices in Las Vegas, Reno, Elko, Fallon and Carson City, and the Juvenile Justice Programs Office is located in Carson City. Generally, youth who are committed for 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 released back into the community with supervision and case management services provided by Youth Parole. Youth committed for mental health treatment are placed directly on parole, and receive treatment and case management services based on their identified needs. Each of these agencies have as a primary mission the goal of protecting the community while providing a secure and caring environment that encourages youth to develop competencies, repay their victims, and to reduce or eliminate recidivism.

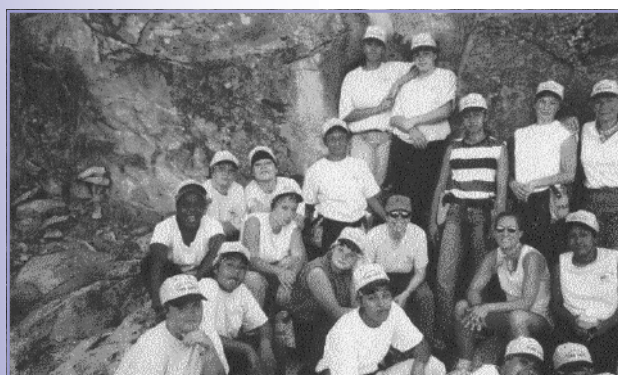
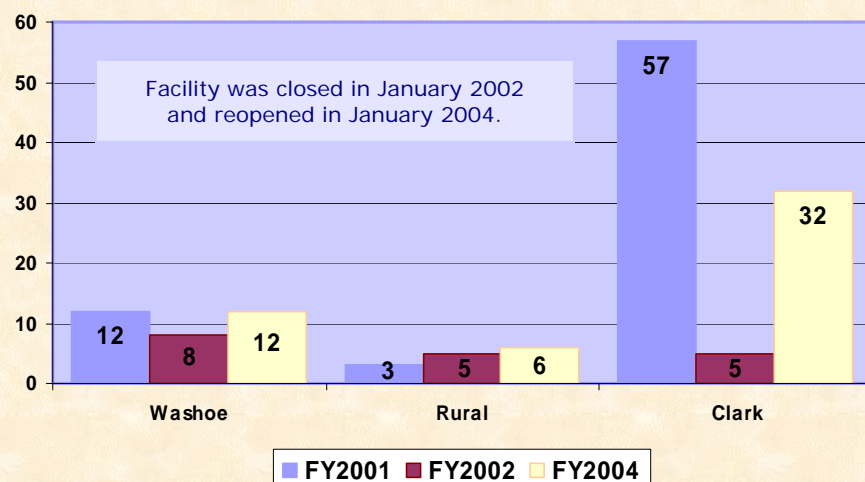
Over the last two years, Juvenile Justice Services has focused on critically assessing systemic challenges, action planning and implementation of strategies to improve the service delivery to children and families. Significant progress was made in increasing collaborative efforts with sister facilities and agencies, enhancing organizational and professional competence and establishing partnerships with public/private organizations.

Summit View Youth Correctional Center

Summit View Youth Correctional Center (SVYCC) reopened to accept youth in January 2004, in North Las Vegas. SVYCC is a 96-bed, structurally secure, maximum-security residential facility designed to segregate serious and violent juvenile offenders from lower level offenders, serving youth between the ages of 12-18. This center provides a full range of services for youth including educational services, mental health treatment services and medical and dental services. Along with the Clark County School District, Summit View operates school programs that offer required and elective academic subjects, remedial programs, special education, vocational education and interscholastic activities. The mental health professional team includes a psychologist, a contracted psychiatrist, a licensed alcohol and drug counselor who is also certified to provide sexual offender treatment, a bi-lingual mental health counselor, a marriage and family therapist, and two mental health counselors. The staff provides a full complement of mental health assessment and treatment services for youth utilizing a cognitive restructuring approach. The chart on the following page shows the number of commitments by region at Summit View for FY01-04. SVYCC was closed between January 2002 and January 2004.



SVYCC Commitment by Region

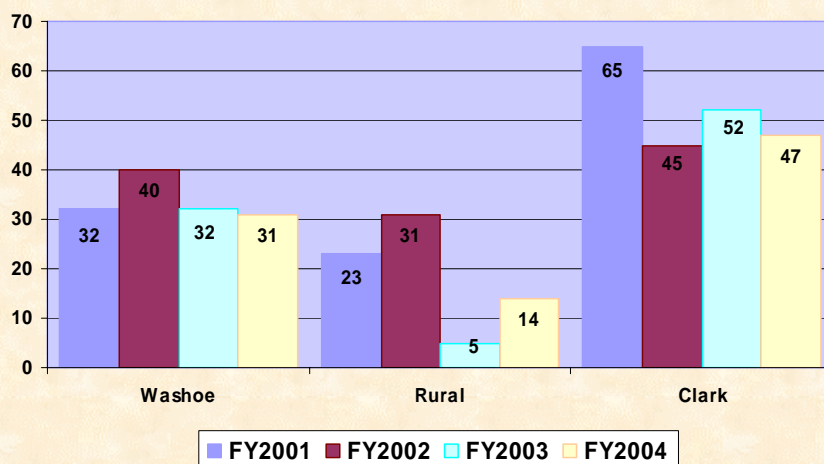


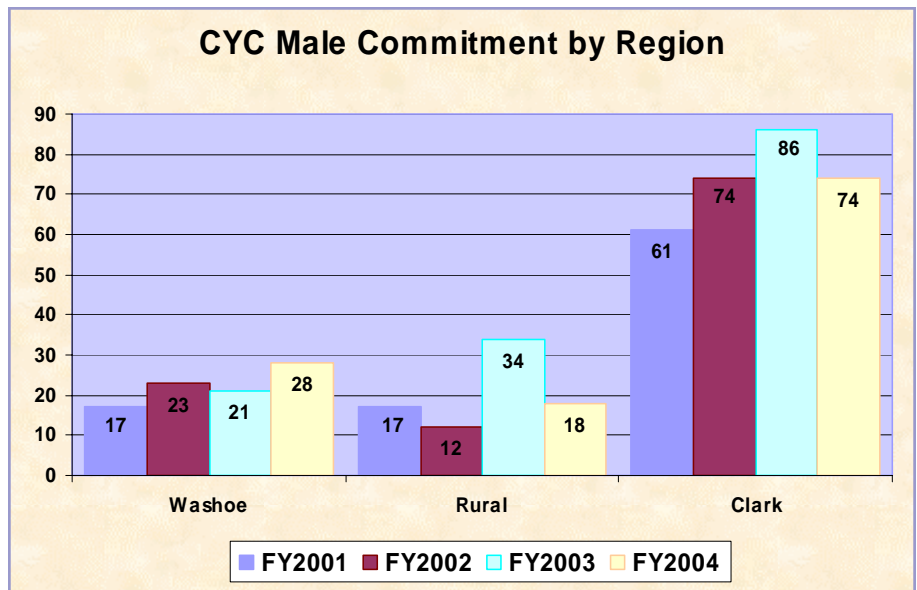
Caliente Youth Center

Caliente Youth Center (CYC), a staff-secure facility located in Caliente has 7-housing units, four units for males and three for females, with a capacity for 140; serving youth ages of 12-18. It has been challenging for CYC to recruit and hire mental health staff, however steps toward achieving full staff have begun with the recent hiring of a psychologist and a mental health counselor.

Recognizing the importance of meeting the mental health needs of the youth, other staff were trained and they are in the process of implementing Cognitive Restructuring Techniques, treatment planning and transitional care follow-up upon release of youth from CYC. This center, along with the Lincoln County School District, operates school programs that offer required and elective academic subjects, remedial programs, special education, vocational education and interscholastic activities. Youth at CYC are provided medical care by on-duty nursing staff and a local Physician. The following graphs show the number of commitments by gender and region for FY 00-04.

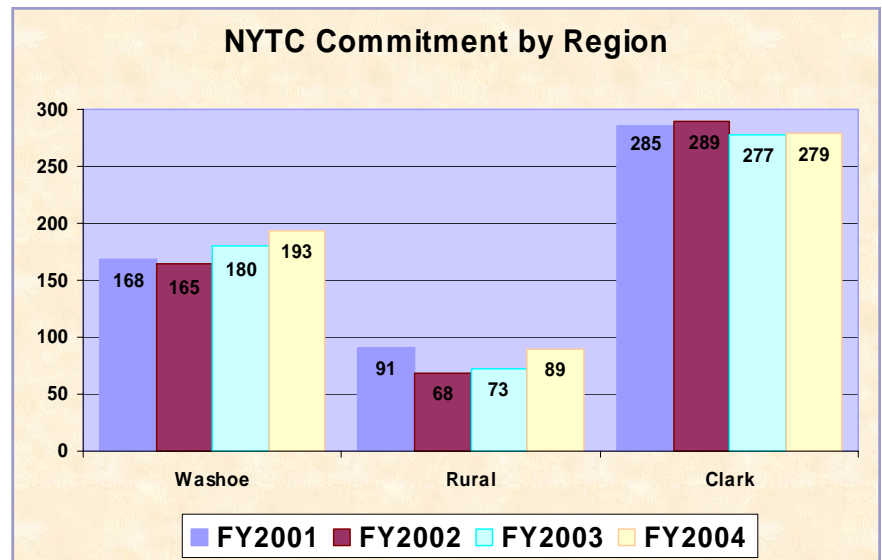
CYC Female Commitment by Region





Nevada Youth Training Center

The Nevada Youth Training Center (NYTC) is a 160-bed, staff-secure facility serving male youth located in Elko; ages of 12-18. NYTC has been successful at recruiting a full complement of professional Mental Health Counselors. Federal Reviewers from the Department of Justice reported significant improvement toward reaching the goals outlined in the February 2004 Memorandum of Understanding with NYTC, with the reviewers noting they have seen many “remarkable” cultural changes and many “amazing” improvements. Programs provided at this facility include Education, Vocational Training, Recreation, Drug and Alcohol Abuse Counseling and Mental Health Group and Individual Counseling. The center operates school programs that offer required and elective academic subjects, remedial programs, special education, vocational education and interscholastic activities with an active and very successful sports program. On-site medical and mental health services are made available to the youth at the NYTC. The following chart reflects the number of youth received at NYTC based upon region of commitment.



QUALITY IMPROVEMENT

Staff Training

To ensure youth are safely supervised and rehabilitated, training staff at each youth center was a high priority. Each youth center scheduled up to 160-hours of competency-based training for all new employees within their first year of employment and for all staff to attend forty hours of training annually. Several of the training components include ethics, documentation, the Handle with Care Program, cognitive restructuring, and child abuse and neglect mandatory reporting.

Labor/Management Meetings

Labor/management meetings were initiated at all three facilities and include staff members from all departments to provide an appropriate venue for increased communication and problem solving. The committees use collaborative decision-making processes to recommend program/policy modifications and resolve problems. Consistent by-laws that govern the operation of the committees have been established and ratified in the three institutions, reflecting a common purpose and principles. The committees are advisory, focused on labor/management solutions and open communication and do not supplant the authority of the Superintendent and the Administrative Officers of DCFS or the Department of Human Resources. Committee members are committed to providing the communication and cooperation necessary to foster the relationships based upon mutual interests, respect and trust; by providing an objective process for dealing with issues and for resolving them.

Quality Assurance Reviews

SVYCC, CYC and NYTC have established the groundwork for consistent practice to ensure the safety and well being of youth and staff through a quarterly quality assurance review, based on American Correctional Association Standards. This quality assurance process utilizing on-site visits promotes implementation of consistent statewide policy and practice.

Staff Increases

The 2003 Legislative Session granted the Centers additional staff to reduce staff to client ratios based on national best practices. NYTC and CYC are currently funded at a 1:10 ratio for waking hours, with a current budget request that would decrease this ratio to 1:8. SVYCC is already funded at this level.

Video-Conferencing

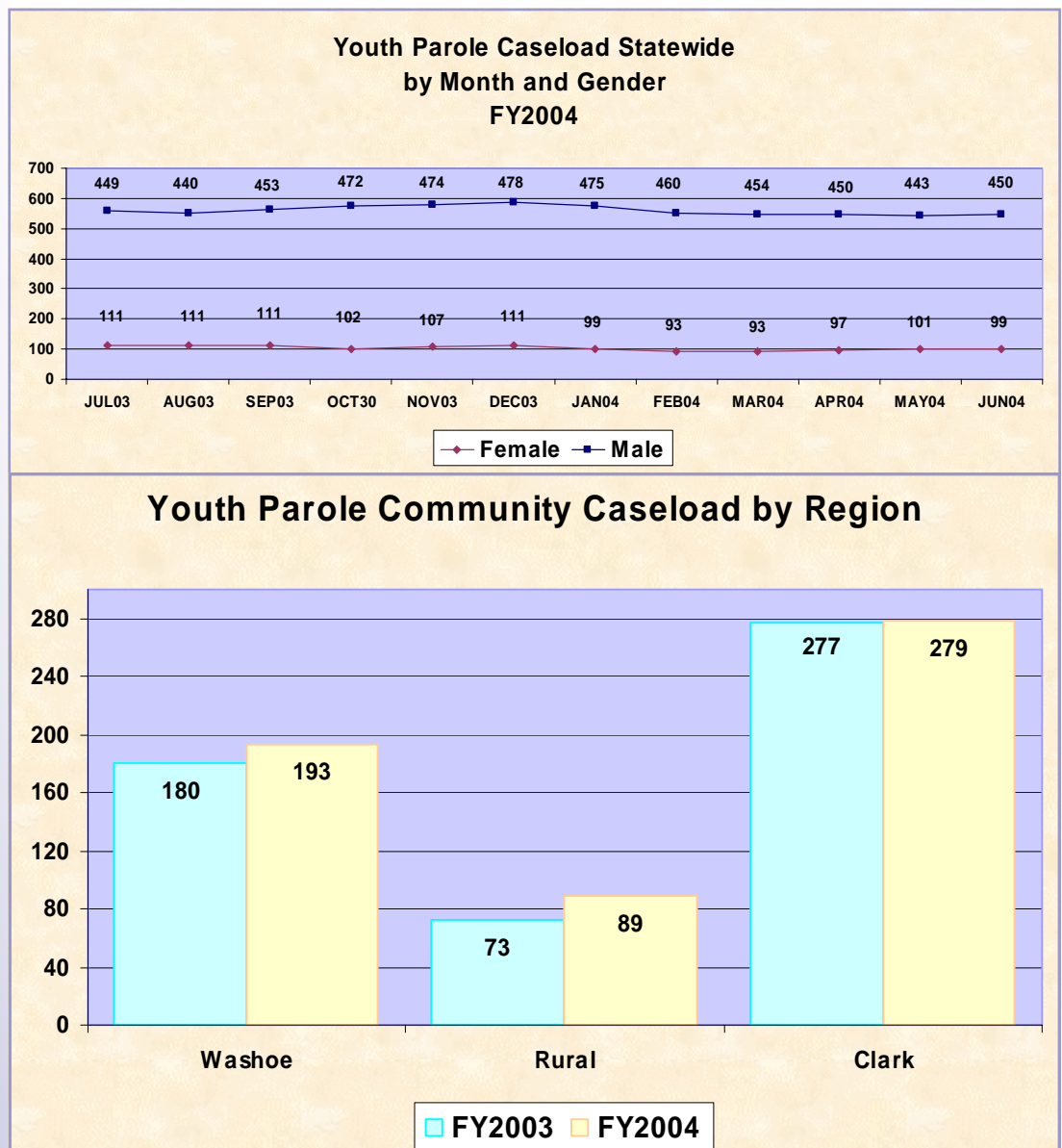
DCFS has been able to implement the use of video-conferencing technology to better facilitate and meet the needs of youth and families. The three youth centers, SVYCC, CYC and NYTC, along with the two largest parole offices located in Las Vegas and Reno, currently have video-conferencing available. Video conferencing facilitates transition counseling between youth and the Parole Counselor, counseling and medication monitoring, treatment team meetings and in-service training.

YOUTH PAROLE BUREAU

The Youth Parole Bureau provides supervision and case management services for:

- Youth, 12-18 years, who are committed to DCFS for correctional and/or mental health care,
- Youth under the age of 12 years who are committed to DCFS for correctional care but cannot by law be placed in a correctional program,
- Youth transferred to Nevada through the Interstate Compact on Juveniles.

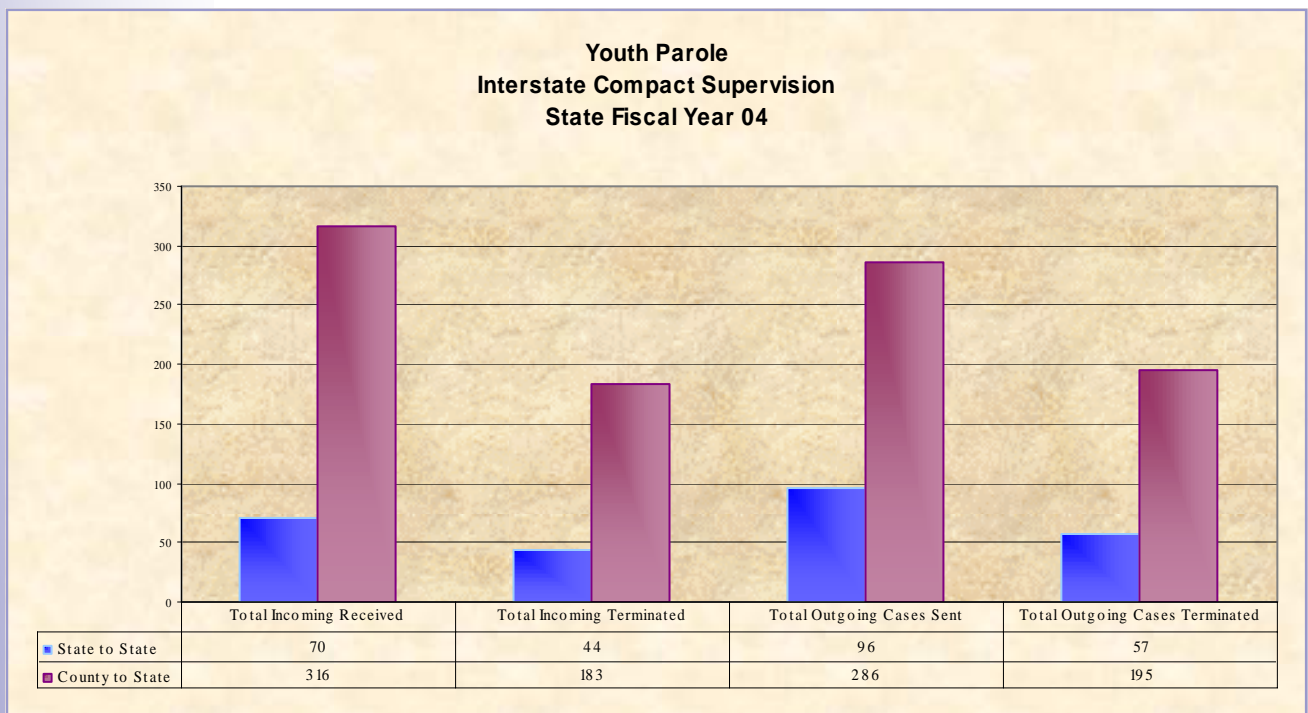
Services provided by Youth Parole Counselors include Alternative Placement, Specialized Treatment, Intensive Aftercare, Drug Education and Counseling, Transitional Community Integration and Drug Testing. The following charts demonstrate the caseloads for FY04 by month/gender as well as the caseloads by region of the state for FY03-04.



Interstate Compact on Juveniles

The Interstate Compact on Juveniles (ICJ) was first drafted in 1955. It is state law in all 50 states as well as the jurisdictions of the Virgin Islands, Guam and the District of Columbia. The purpose of the ICJ is to provide for the welfare and protection of the juveniles and the public. The purpose is accomplished through the cooperative supervision of delinquent juveniles on parole or probation, return of runaways, absconders and escapees, return of juveniles charged as delinquent, and additional measures which any two or more party states may find desirable.

The ICJ provides the procedures in requesting supervision of probationers and parolees in a state other than the state of adjudication. It also provides procedures for the return of youth who have absconded, escaped, or run away. Individual arrangements are made for each youth with public safety and victim rights of primary consideration. The following graph shows the number of youth received into the State of Nevada from other States and their Counties, and the number of those cases terminated in the State of Nevada. The graph also shows the number of outgoing cases as well as the associated number of outgoing cases terminated by the receiving State.



In June 2002 a final review of the recommendations made by the Council of State Governments and Office of Juvenile Justice and Delinquency Prevention advisory group to address a wide variety of issues within the current juvenile compact system was completed to make suggestions on future solutions. It was determined that the current Interstate Compact on Juveniles is not an effective instrument for use by today's juvenile justice system, and that several adjustments are needed in a new instrument. The recommendation is that states adopt a new compact, which addresses many deficiencies within the current juvenile compact system, including enforcement, administration, finances, data sharing, and training.

Re-Entry Program for Serious and Violent Offenders

The Re-Entry Program for Serious and Violent Offenders was implemented in 2003. It is a short-term program intended to provide youth at high risk of recidivism with intensive case management services and daily treatment programming. Treatment programming may address substance abuse, life skills, anger management and vocational skills. Collaboration with Clark County Department of Juvenile Justice Services initiated the Re-Entry Court process. This court process is based on a drug court model with monthly staffing with youth on their treatment plan progress to assist the youth in successful completion of parole. The Judge participates with recommendations and presents an award to youth upon successful completion of requirements. In 2004, the Youth Parole Bureau was awarded supplemental funds to enhance its gender specific programming related to this program. The Re-Entry Program now offers a program for females age 15-17, who have experienced mild substance abuse and mental health issues. Workshops are also available to most female parolees to assist them to make better choices for their lives and to gain greater self-esteem. Curriculum workshop topics address sexual victimization and exploitation, addiction, violence, anger management, alternatives to violence, healthy boundaries, co-dependency, parenting, distorted thinking, relapse prevention, employment, job readiness skills, and preparing for reentry.

Transitional Aftercare Services Pilots

The Youth Parole Bureau launched two Pilot transitional aftercare services programs in 2004. Utilizing grant funds, the first program established in March 2004 in the Reno office piloted the use of an intensive case manager to provide services using a “wraparound” service delivery approach. DCFS has successfully implemented “wraparound” case management with emotionally disturbed, multi- agency involved youth in foster care. To date, 12 youth have been served in this pilot. A second pilot is highlighted below.

Program Highlight

Intensive Case Management Pilot Program

In September 2004, the DCFS Youth Parole Bureau in Las Vegas established a pilot project through a public/private partnership with Rite of Passage to provide intensive case management; transition and aftercare programming for complex needs youth paroled from the state run juvenile facilities. The approach of the Pilot program is family centered, strength based and youth focused. It addresses an unmet need for juvenile offenders with complex needs requiring comprehensive community based services and proactive, responsive, intense case management. Families are involved as full partners with the primary voice in developing the plan and monitoring service delivery. In their case management/service coordinator role, the Rite of Passage staff coordinates services and natural supports for the child and family accessing public and private non-profit resources. They team with the

Youth Parole Officer and expand the services provided to these high need children and their families.

The target population is youth who have multiple needs including mental health conditions, drug and alcohol use and behavioral challenges. The Pilot shifts from a traditional parole/probation law enforcement model toward a more intensive case management team service delivery model. Twelve youth in the pilot program were originally committed under NRS 62E.520. These are youth the court determined to be in need of placement in a correctional facility and in need of residential psychiatric services or other mental health treatment services.

57 youth have been served since the inception of the program.

Service Coordinators are the primary contact person for the youth and family, and act as a support and advocate for the family. The Service Coordinator facilitates Child and Family Team (CFT) meetings that bring the youth, the parents, community partners, natural family and community supports and the Youth Parole Counselor together to make joint decisions that are in the best interests of the youth and community. This service delivery approach is expected to improve outcomes through:

- Increased client contact with two to three contacts per week. Contacts occur at home, school and place of employment
- Increased parental involvement
- Increased monitoring of school attendance
- Increased access to transportation to attend individual and group counseling appointments, job interviews and school conferences
- Assistance with job preparation and placement
- Incentives based on youth progress

Quality Improvement

A comprehensive plan of improvement was developed by Youth Parole staff to address organizational and professional competence as well as improve service delivery. Areas addressed included:

- Increasing effective communication,
- Standardizing statewide policy and practice,
- Outlining steps to an improved service delivery including development of an aftercare pilot,
- Reconciling current and archival data in the Information System,
- Identifying activities to better address the limited English proficiency needs of youth and families,
- Enhancing the assessment and placement process through staff training and eliminating duplicative business processes.

JUVENILE JUSTICE PROGRAMS OFFICE

The Juvenile Justice Programs Office (JJPO) ensures compliance with Juvenile Justice Delinquency Prevention Act mandates and administrative requirements. Program objectives are as follows:

- To provide for a comprehensive system of compliance monitoring and related data collection.
- To maintain a financial mechanism to State agencies and general units of local government and private non-profit organizations using federal Juvenile Justice and Delinquency Prevention Act funds.
- To provide staff support services to the Department of Human Resources and the nine judicial districts to improve the juvenile justice system in Nevada.
- To maintain comprehensive juvenile justice planning, technical assistance, program development, and training capability.
- To provide technical assistance to the Nevada Juvenile Justice Commission.

Among the grants currently administered and monitored by the JJPO are: Gender Specific Grants through the Department of Justice, Formula sub grants through the Juvenile Justice Commission, Title V Grants, Enforcing Underage Drinking Grants, Juvenile Accountability Block Grants, Challenge Grants and the Community Corrections Block Grant. Additionally, in 2004, the Office of Juvenile Justice and Delinquency Prevention awarded the Juvenile Justice Program's Office a grant for a three-year initiative, Nevada: Mining for O.R.E. (Opportunities for Research and Evaluation) to serve communities in Lyon and Nye Counties.





Juvenile Justice Services

Administrative Office
620 Belrose Street, Suite 107
Las Vegas, NV 89107
702-486-5095

Youth Parole Bureau

620 Belrose Street, Suite 107
Las Vegas, NV 89107
702-486-5080

Youth Parole Bureau

560 Mill Street
Reno, NV 89502
775-688-1421

Summit View Youth Correctional Center

5730 Range Road
Las Vegas, NV 89115
702-643-9081

Nevada Youth Training Center

100 Youth Center Road
Elko, NV 89801
775-738-7182

Caliente Youth Center

P.O. Box 788
Caliente NV 89008
775-726-8200

Juvenile Justice Programs Office

711 East Fifth Street
Diamond Springs Station
Carson City, NV 89703
775-684-7290



To Promote Positive Value Changes





This report was prepared with the input and assistance from:

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**The DCFS 2003-2004 Biennial Report is
Dedicated in Loving Memory of
Christopher Ryan Rosky.**



