



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



2007-2008
BIENNIAL REPORT

State of Nevada
Department of Health and Human Services
Division of Child and Family Services
Biennial Report

Diane J. Comeaux
Administrator

Additional copies of this report may be obtained by contacting the
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This report is available through the
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<http://www.dcfs.state.nv.us>



Table of Contents

ADMINISTRATOR'S MESSAGE	
DIVISION STRUCTURE, MISSION AND PURPOSE	1
BUDGET	4
SYSTEMS ADVOCATE	5
INFORMATION MANAGEMENT SERVICES	6
CHILD WELFARE SERVICES	7
CHILD PROTECTIVE SERVICES	9
INDIAN CHILD WELFARE ACT	12
INTENSIVE FAMILY SERVICES	13
PLACEMENT RESOURCES	14
FOSTER CARE	15
FOSTER CARE LICENSING	17
DISASTER RESPONSE	18
ADOPTION	20
INDEPENDENT LIVING PROGRAM	22
OUT OF STATE PLACEMENT WORK GROUP	23
INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN	24
NEVADA PARTNERSHIP FOR TRAINING	25
CHILD AND FAMILY SERVICES LOCATIONS	26
BUREAU OF SERVICES FOR CHILD CARE	27
CHILDREN'S MENTAL HEALTH	29
JUVENILE JUSTICE SERVICES	39



Diane J. Comeaux
Administrator



***“I COULD NOT AT
ANY AGE BE
CONTENT TO TAKE
MY PLACE IN A
CORNER BY THE
FIRESIDE AND
SIMPLY LOOK ON”
Eleanor Roosevelt***



Administrator's Message

The mission statement for DCFS states, “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; and
- Receive support to consistently make positive choices for family and common good.”

To that end, my priority as Administrator for DCFS is to ensure we have a strong, healthy organization that supports positive alliances and better outcomes for children. A few of my approaches will include:

- Stabilize the potential for positive outcomes by focusing on improvement which includes strong commitment to collaborating with system partners with whom we share the same goals of working to achieve positive outcomes for the children, youth and families in Nevada. This goal may include:

- Involving external stakeholders such as families, judges, advocates and caregivers to ensure that a broad range of Nevadans’ voices are heard in systemic improvements;
- Creating consistent opportunities for quality improvement by focusing on individual strengths; and,
- As public servants, continue to balance between competing priorities even in difficult economic times.

- Addressing required budget reductions. Our challenges will include, but are not limited to,

- Maintaining service delivery while living within our means;
- Streamlining operations while better serving the public; and,
- Developing reasonable solutions that can be implemented immediately, as well as long-term solutions.

As Administrator for DCFS, I am proud to team with staff, county agencies, families and other stakeholders to increase positive outcomes for children and families. Now and in the future, I look forward to challenging the status quo and working tirelessly to continue to improve services to Nevada’s children.

Best Wishes,

Diane J. Comeaux
Administrator



Patricia J. Hedgecoth
Manager
Rural Region

Patricia Merrifield
Deputy Administrator
Children's Mental Health



Fernando Serrano
Deputy Administrator
Juvenile Justice Services



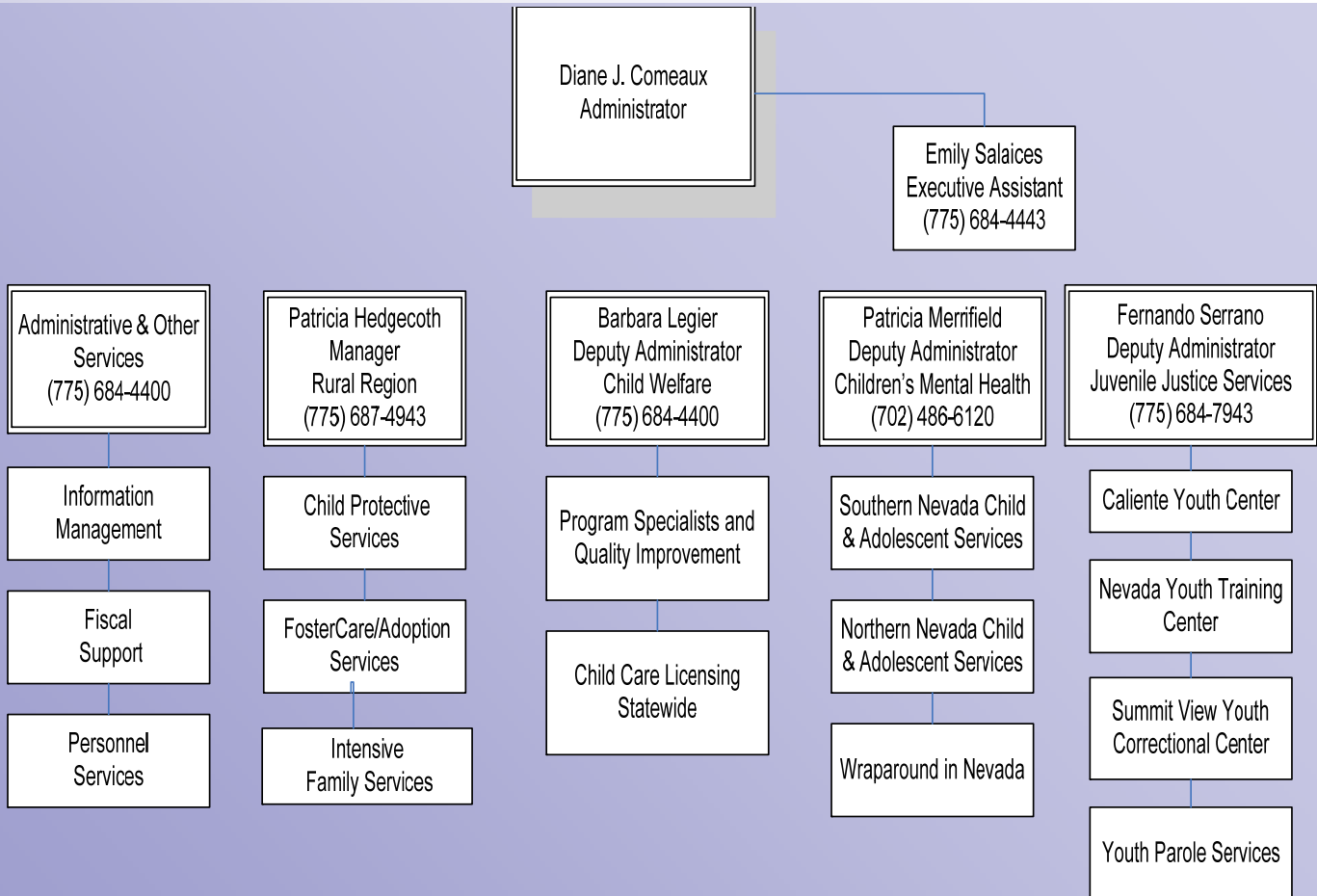
Division Structure, Mission and Purpose

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 oversight for child welfare including the two urban county child welfare agencies; statewide child care licensing; oversight of the Interstate Compact for the Placement of Children and the review of child deaths in Nevada.
- ◆ **Federal IV B** funding for over 120 non profits for provision of services to help prevent or respond to child abuse and neglect in addition to funding domestic violence programs.
- ◆ **Juvenile Justice Services** such as three residential training facilities, statewide supervision of youth paroled from state-operated facilities provide statewide Interstate Compact for the Placement of Juveniles supervision and provide grant funding for local jurisdictions who serve delinquent youth and local coalitions addressing underage drinking issues.
- ◆ Community-based and outpatient **Mental/Behavioral Health Services** to hundreds of families in the state, many of whom would enter the child welfare or juvenile justice systems without appropriate treatment and intervention. DCFS' nationally recognized program Wraparound in Nevada (WIN) provides children with serious emotional disturbances intensive targeted case management services. DCFS' mental health programming also includes early childhood services, residential care such as family learning homes, a residential treatment for adolescents, and an acute residential treatment center.

Organizational Structure

DCFS is a division within the State of Nevada's
Department of Health and Human Services



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; and**
- **Receive support to consistently make positive choices for family and common good.**



**Children
are
one third
of our
population
and
all of
our
future**

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.

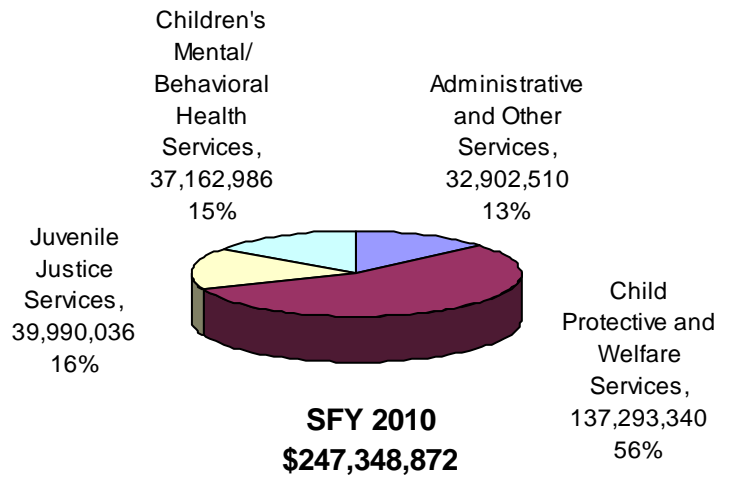
Professional Competence

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.

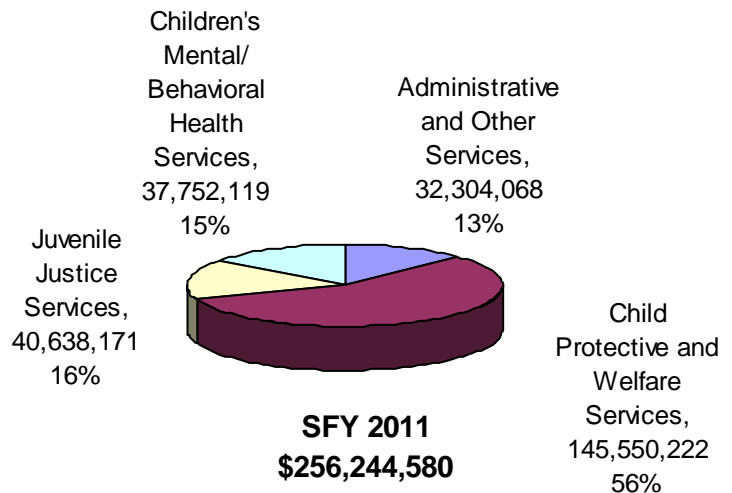
DCFS is dedicated to accomplishing the following purposes:

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

Biennium Budget 2010-2011 Spending by Program



***DCFS
Provides
Support
and
Services to
Assist
Nevada's
Children and Families***

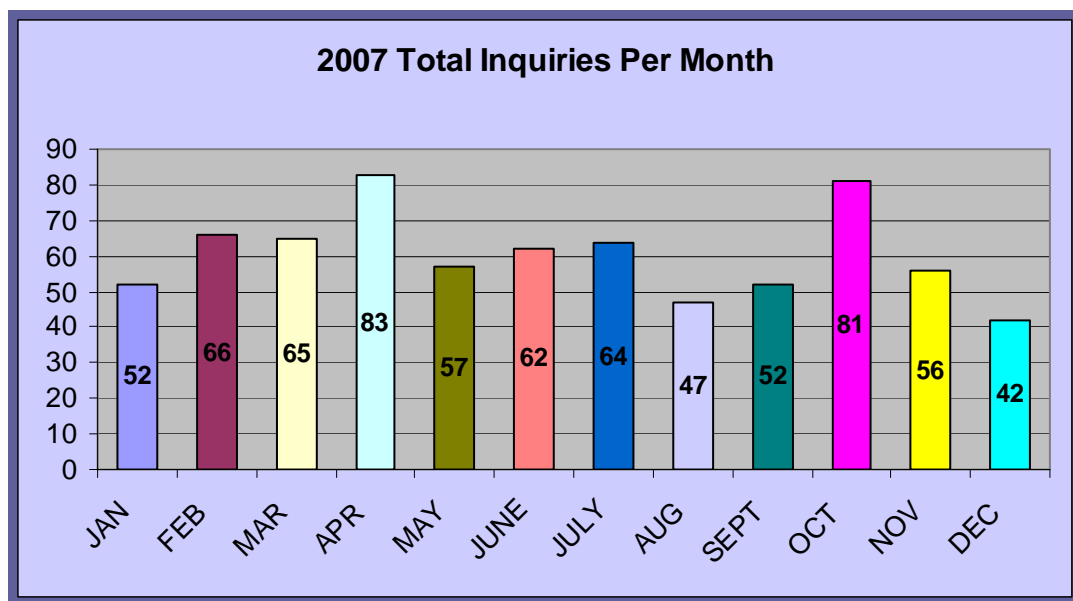




Systems Advocate Unit

The Nevada State Legislature established the Systems Advocate Unit in 2003 to help the Department of Health and Human Services 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 complaints from consumers, service providers, elected officials, stakeholders and interested citizens to ensure that proper services are provided by DCFS.

In Calendar Year 2007, 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 as illustrated in the table below:



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

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

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

***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.nv.gov**



Information Management Services

Information Management Services (IMS)

supports the safety, permanency and well being of children, families and communities by providing accurate and accessible information. IMS supports two primary automated systems.

IMS responsibilities

- All application system design, development, maintenance and operational activities
- Desktop and Network Support Services
- Help Desk Services for all systems statewide
- Data Reports
- Application Training

IMS Systems

UNITY - (Unified Nevada Information Technology for Youth) is the Statewide Automated Child Welfare Information System (SACWIS) for Nevada. It is used to record foster care, adoption, child protective services, licensing, and other child welfare activities. UNITY is used statewide by approximately 1,700 staff and has been fully utilized since 2003.

AVATAR - (children's mental health billing and clinician workstations) used statewide by 370 clinicians and billing staff to record and manage children's mental health information.

Future Activities

- Implementation of functionality in UNITY that supports qualitative case reviews
- Implementation of automated eligibility functionality in UNITY to assist the State in maximizing funding from Federal programs.
- Implementation of functionality in Avatar to support single treatment plans. Currently, multiple treatment plans may be developed for a child when the child receives services from multiple agency programs. The new functionality will support communication between the programs so that a single comprehensive plan is developed for the child.
- Enhancements that continue to improve the quality of data entered and reported from the UNITY and Avatar applications



**Three
Regional
Service
Areas:
Clark County,
Washoe
County,
and
Rural
Nevada**

Child Welfare Services

Nevada's Child Welfare and Child Protective Service

DCFS is the oversight agency for county-operated child welfare services delivered across the state in addition to directly administering child welfare services to Nevada's fifteen rural counties. Clark County Department of Family Services (CCDFS) provides child welfare services to Southern Nevada's Clark County in which Las Vegas is located. Washoe County Department of Social Services (WCDSS) serves Northern Nevada's Reno-Sparks area and the remainder of Washoe County. DCFS is also responsible for administering higher levels of out-of-home care for children in the custody of the three child welfare agencies.

Child welfare agencies provide emergency response services and a continuum of ongoing services to families through a comprehensive case planning process. The foundation for case planning is the initial 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, residential treatment care for both in and out-of-state and independent living services. Additional services to support the child and family include in-home counseling, intensive family services, early childhood services, and designated outpatient services.

Child and Family Services Review and Program Improvement Plan

The Federal Child and Family Services Reviews (CFSRs) are quality assurance reviews of state child welfare policy and practice and focus on how well states perform in achieving positive outcomes in the following three domains for child and families engaged in child welfare services: safety, permanency and well-being. Through this process, review teams assess child protective services, foster care, adoption, family preservation and family support, and independent living services. 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. The reviews consist of a statewide assessment and a weeklong on-site review of cases from Clark and Washoe counties and DCFS' rural region, along with stakeholder interviews. In the initial 2004 review, 50 cases were examined. The sample size has been increased to 65 for the next review. States found to be out of substantial conformity with the requirements must engage in a program improvement process. Nevada participated in its first review in 2004 and will be reviewed again in August 2009.

The results of the first 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 the child welfare 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 seven of 23 child and family outcomes. A Program Improvement Plan (PIP) was developed and implemented which focused on three distinct strategies to improve overall performance: Safety Management Strategies, Engagement Strategies, and Case-Planning Strategies. DCFS successfully completed over 400 action steps and benchmarks in the PIP in February 2007 and received official notification of the successful close out of the PIP in October 2008.



Service Array

Beginning in 2007, representatives from the National Resource Center for Organizational Improvement (NRCOI) met with the State Service Array Steering Committee, WCDSS, rural representation, IMS and CCDFS to discuss the Service Array Process. The Service Array process is designed to:

- Engage the state's leaders as active stakeholders in the development and provision of outcomes-based services for children and families in the child welfare system (agency leadership, community leadership, funding resources, providers, and multiple stakeholders) and enhance relationships across the various child and family serving systems.
- Clarify for state leadership, community leadership, funding sources, providers, and other supports for families the importance of their participation in improving the child welfare system that will also benefit them and their work.
- Enhance working relationships across the various child and family serving systems.
- Assist internal and external community stakeholders in formulating the core values and principles that need to guide the work of the child welfare system.
- Address practice at both the casework and system levels.
- Provide a mechanism through which child welfare agencies at the local level can continually assess and enhance its capacity to address the individualized needs of children, youth, and families.
- Build the state's/tribe's/stakeholders' capacity at the system level to assess and enhance the service array on an on-going basis.
- Incorporate information from already existing needs assessments previously conducted and build on existing planning processes.

NRCOI currently provides technical assistance to DCFS for the implementation of the Service Array process. In addition, NRCOI has provided teleconference, video conference and on-site technical assistance in the form of training materials and subject matter experts.

In 2008, the NRCOI finalized their new service array assessment process, which is more closely aligned with the Child and Family Services Review (CFSR) process. Currently, WCDSS is the Pilot Program for the revised Service Array process. The new process continues to assess service availability/capacity, gaps and evaluate the needs of children and families within the community and enables child welfare agencies of any size to accomplish a service array assessment and implementation.

Meetings have been held to discuss the technical plans for completion of a Child and Family Data Snapshot using UNITY data. In preparation for the first rollout of the Service Array process, the State Steering Committee reviewed existing needs assessments and other documents pertinent to Service Array. Planning meetings were held and members for the initial Community Service Array Steering Committee were identified. Several meetings with the NRCOI and WCDSS were held, along with community stakeholders to begin the process of identifying the current strengths and areas needing improvement. DCFS' rural region will shadow the process with WCDSS so that they can subsequently begin the process in their geographic area.

A state policy and an action plan was developed which outlines a twelve-month process that will ensure the successful implementation and completion of the Service Array assessment in Nevada.

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.

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).

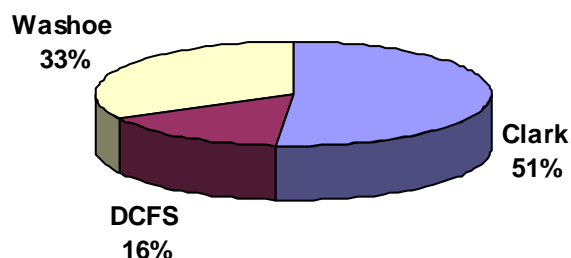
***Statewide
Child
Abuse
and
Neglect
Hotline***

1-800-992-5757

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 children, the CPS worker and family will develop a plan to address issues that have been identified.

CPS agencies respond to reports of abuse and/or neglect of children under the age of eighteen. Abuse and/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. Between 2007-2008 CCDFS received 51% of the referrals to CPS agencies, 33% were received by WCDSS and 16% were received by DCFS as illustrated in the chart below.

Distribution of Referrals Received SFY08





***Children
are
First
and
Foremost
Protected
from
Abuse
and
Neglect***

Intake is the first stage of the 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 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 gathers as much information as possible about each family member, the family as a whole, and the nature, extent, severity, and the chronicle 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 contacts with the family. 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 to the report. 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 required response timeframes are immediate, within twenty-four hours, forty-eight hours, seventy-two hours, or ten days.

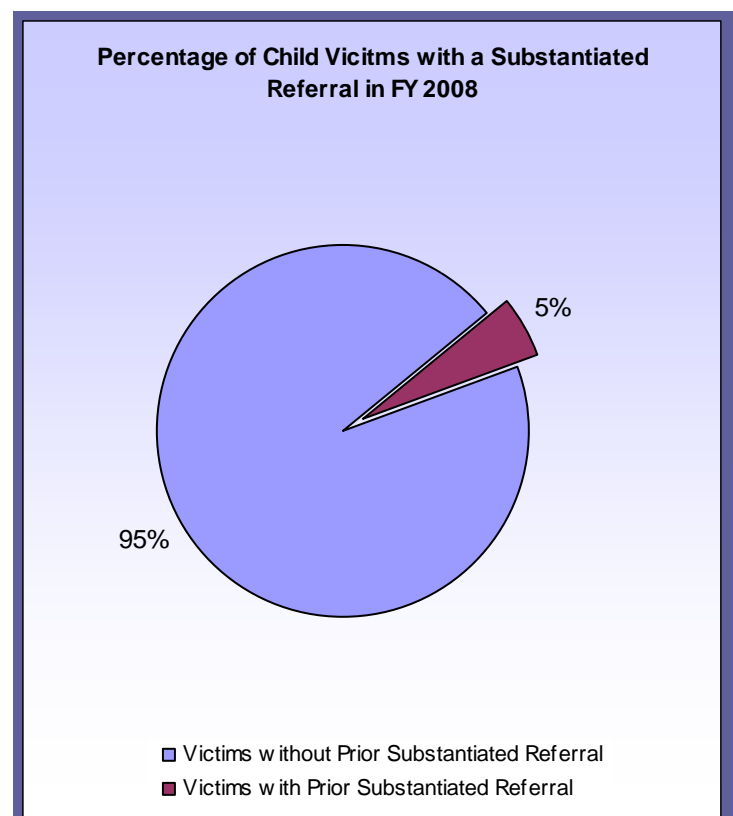
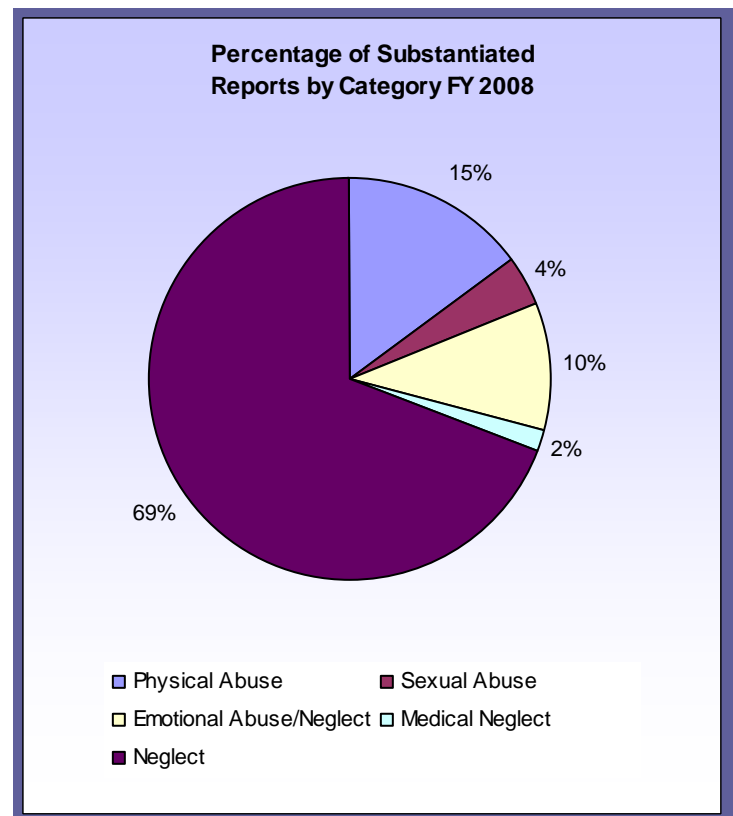
Upon completion of the investigation of a report of abuse and/or neglect, a determination of the case findings are made based on whether there is reasonable cause to believe that a child is abused or neglected or threatened with abuse and/or neglect. The findings are classified as “Substantiated” meaning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

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, another report should not occur within six months for more than 6.1% of children. Nevada's rate was at 5% in calendar year 2008. 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, professionals and the public is essential for effective child protection.





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



Indian Child Welfare Act

The goal of the Indian Child Welfare Act (ICWA) was to strengthen and preserve Native American families and culture. 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 embody the provisions of ICWA in several subsections of the state law and promotes collaboration with tribes. DCFS coordinates and consults with all tribal entities including relevant out of state entities. 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, WCDSS and CCDFS through the Indian Child Welfare Steering Committee that was developed to ensure compliance.

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, CCDFS, WCDSS 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 ICWA. In addition, the Nevada Children's Justice Act Task Force 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 (IFS) 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 empowers 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 City, Silver Springs, Fallon, Winnemucca, Elko, and Pahrump.

Types of Services include:

Assessments

Early assessments are conducted on children and youth who come into DCFS custody to identify the needs of the children and to obtain appropriate services. Specialized assessments are completed for 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 development of the children while in foster care.

Family Preservation

Intensive home-based family preservation services are available 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 child from foster care.

Once a family has been referred to IFS, 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

RURAL NEVADA CHILDREN AND FAMILIES SERVED IN FY2007

Children	331
Families	199

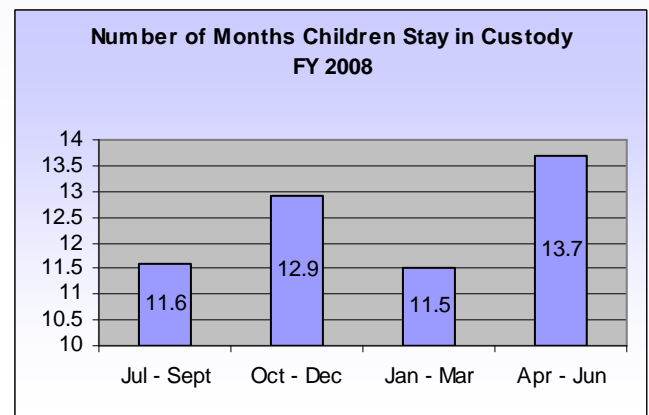
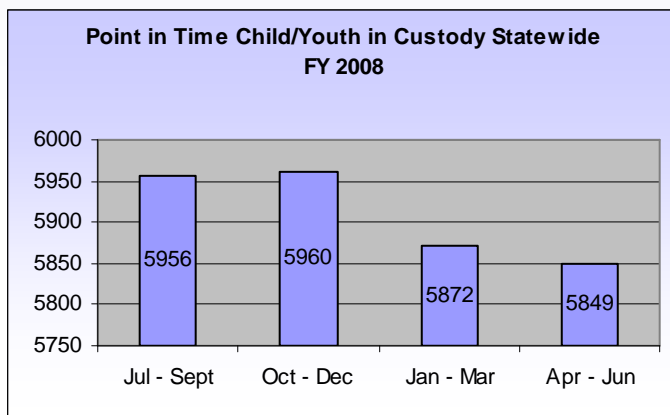


Placement Resources

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 are more likely to 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 relative care. The family is engaged in identifying relatives not living in the home as placement options. This can include a non-custodial parent, aunts and uncles, or grandparents. In some cases, fictive kin are considered as a placement option for a child, but must become a licensed foster home. Fictive kin 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 Indian Child Welfare Act (ICWA) guidelines are followed.

Once a relative care provider has been identified, they must be able to meet all the same health and safety requirements as non-relative 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.



Foster Care

The goal of the state foster care program is to provide safe homes that meet the needs of children in out of home placement. When relatives cannot be located for a child who requires out-of-home placement services, the child welfare agency must utilize traditional foster care. Foster care programs are designed to recruit, train and retain the most appropriate families available who can meet the needs of the child.

Foster Parent Recruitment

Foster Parent Recruitment efforts are ongoing in the areas of business, schools, hospitals, governmental agencies, and faith based communities. Efforts also focus on child specific recruitment, including sibling groups and special needs children and recruitment of both English and Spanish speaking families. Statewide efforts to recruit foster families have resulted in 645 initial foster care licenses being issued in SFY 2008. There has been an upward trend of the total number of foster care licenses statewide, increasing by 12% from April 2007 to April 2008.

Foster Parent Retention

Foster parent retention is an important aspect of DCFS' foster care program. Each child welfare agency provides activities and events that publicly support and honor foster parents. In 2007, over 1000 foster families participated in various events hosted by each agency. All events received positive feedback from foster parents. The agencies also work with the statewide Sierra Association of Foster Families (SAFF) to attend a support group and training, which supports a forum for discussion specific to relative placement issues. The Southern Nevada Association of Foster Families (SNAFF) also hosts monthly meetings to support foster parents in Clark County and facilitates a group of foster parent liaisons to support foster parents. In addition the Rural Region has developed a peer support program called Star Fish, which is an e-mail site, maintained by a foster parent for foster parents to communicate with other foster families.

Foster Parent Training

Statewide pre-service foster parent training is taught using the Parent Resources for Information, Development and Education (PRIDE). The Spanish language version of the curriculum is taught (or translation services are provided) in all agencies providing child welfare services. Nearly 900 families completed the training statewide in 2008. Advanced trainings are offered to foster parents as well through SAFF and SNAFF. SAFF also provided support groups for Rural and Southern Nevada and held their 2008 Regional Child Welfare Conference "Fostering the Future" on June 13th -14th, 2008. This conference included 16 foster parent trainings.

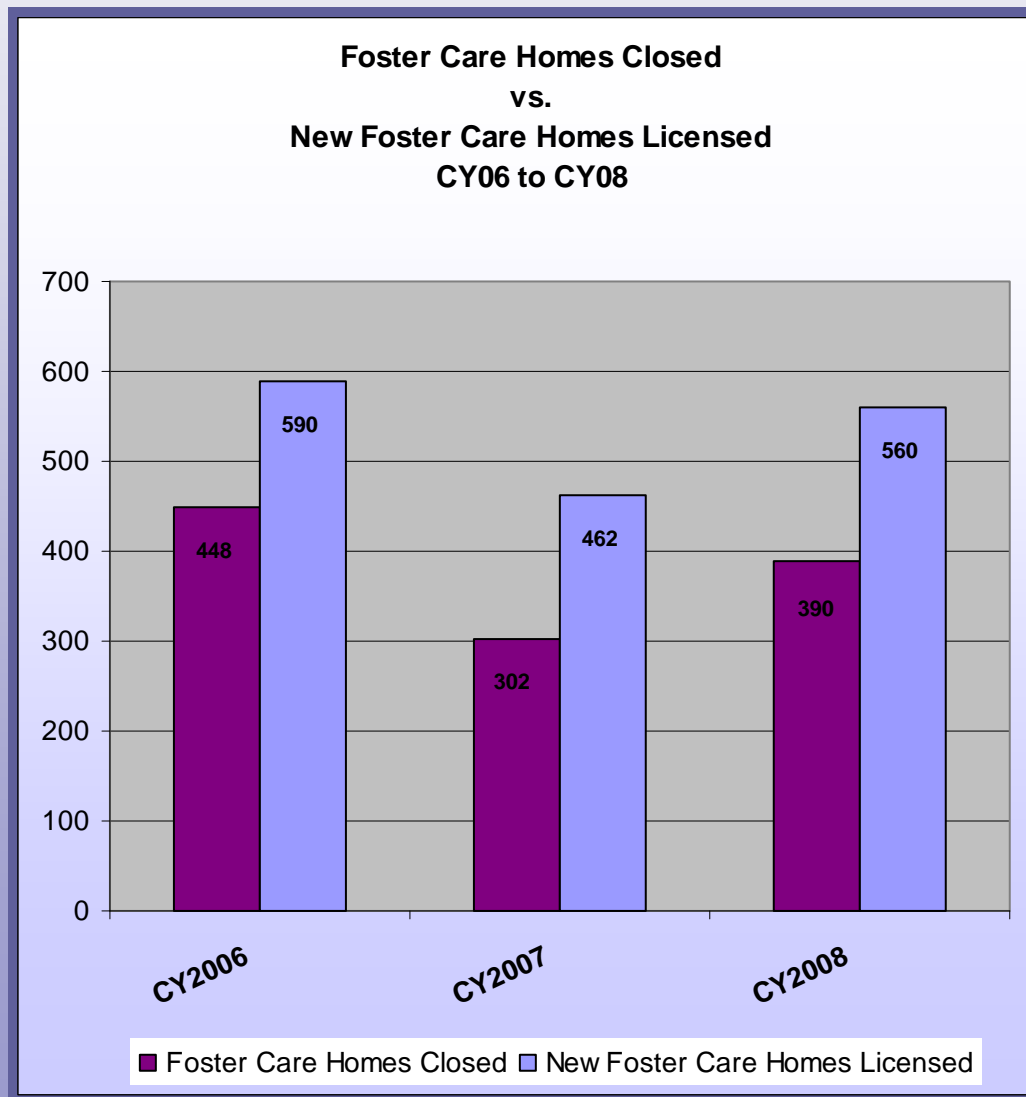
Foster Parent Participation in Regulation Development

In addition to foster parent activities related to recruitment, retention and training, the state contracted with SAFF to conduct focus groups to review NAC 424 foster care regulations. Specifically, they reviewed the regulatory adoption process with 245 foster parents to inform them of the steps involved and to review the proposed regulatory language to assess the impact to the foster care system and or, provide feedback to DCFS on the impact to foster parents and make recommendations for modification. In addition 412 foster families completed surveys to assess any other areas of concern.



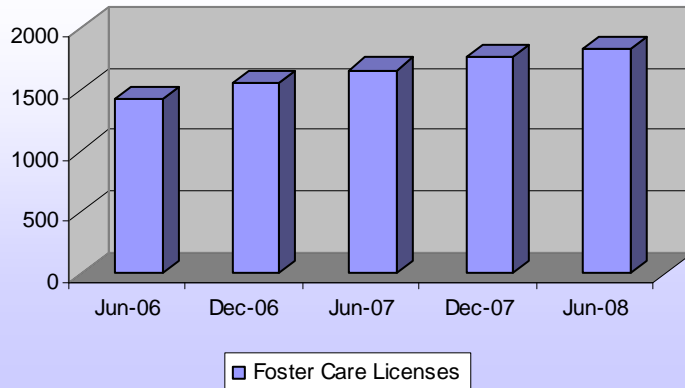
Many foster care children become adopted by the foster families with whom they live. While this is certainly in the best interest of the child, the adoption may effectively close that foster care home. Therefore a constant need for targeted recruitment and retention activities to replace those homes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

The following graph covers a three year period and compares how many homes were licensed to how many licensed homes were closed due to the adoption of the child, license retirement or revocation. The goal of foster care licensing is recruiting and licensing more foster care homes than are closed or retired.



Foster Care Licensing

Point in Time Total Foster Care Licenses



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 determines whether the resource family can provide suitable care. To assure an acceptable level of care is maintained, the licenses are renewed annually. An on-site visit to the home must be made for initial licensing and annual renewal.

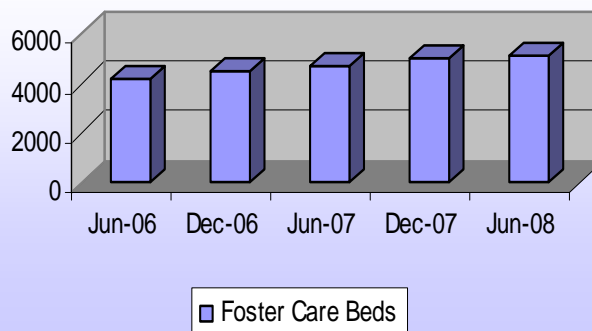
Foster care licenses include resource families who are providing family foster care, emergency shelter care, group care, interstate compact supervised placements, and pre-adoptive placements. Federal Bureau of Investigation (FBI) background checks are conducted on all applicants and residents 18 years of age or older living in the home. Further 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 an orientation and pre-service training prior to obtaining a license. The training curriculum PRIDE is offered in both English and Spanish in all agencies providing child welfare services. Training sessions may be 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 four hours of advanced training per year in order to keep the license current.

***Foster Care
Licensing:
Recruit
and
License
More
Foster Care
Homes
than
are
Closed***

Point in Time Total Foster Care Beds



Disaster Response

Across the country, natural and man-made disasters can affect the routine ways child welfare agencies operate and serve children, youth and families. In the event of a disaster, essential child welfare services to children, youth and families could be disrupted or seriously compromised. It is especially important for agencies caring for vulnerable populations such as abused and neglected children to do what they can to prepare for these disasters. Preparedness, now more than ever, means more than simply developing plans. All over the country, states are exercising their plans to determine areas of strengths and weaknesses and to afford them an opportunity to test the plan before a disaster occurs. The Child and Family Services Improvement Act of 2006 amended the requirements for a state to have a compliant Title IV-B State Plan by adding section 422(b) (16) to require that all states have in place by October 1, 2007, procedures for responding to a disasters. The Administration for Children and Families requires that all child welfare agencies have a disaster response plans which address the following five criteria:



Criteria A: Identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster.

Criteria B: Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases.

Criteria C: Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.

Criteria D: Preserve essential program records.

Criteria E: Coordinate services and share information with other states.

Statewide Policy:

In order to meet the federal requirements for disaster planning DCFS requires each child welfare agency to develop and maintain a written plan. Such plans must focus on local district planning and procedures for the continued care and supervision of all child welfare agencies in the event of a disaster and be developed in accordance with the criteria set forth by the federal government.

Statewide Planning Activities:

Using best practices established by other states, and following guidelines set forth by Federal (National Response Plan) and State (Nevada Comprehensive Emergency Management Plan) agencies, DCFS developed a draft of a comprehensive and detailed disaster response plan. This plan is designed to be implemented when a disaster or emergency interferes with the day-to-day operations of DCFS and/or a child welfare agency. The plan will be activated when ordered by the DCFS Administrator or designee and/or when a child welfare office can no longer follow usual operating procedures.



This plan outlines roles and responsibilities for the Family Programs Office (FPO) during an emergency, as well as recommended actions by the affected agency (if applicable). Special attention is given to the continued contact between administration and staff of all agencies, ensuring swift and accurate information regarding how the disaster is communicated. This will be accomplished through the use of phone trees and Personnel Identification Systems, which will be continually maintained and updated with contact information. Staff is also encouraged and trained to develop their own personal disaster response plans and supply kits to ensure their safety during an emergency.

DCFS acknowledges that each child welfare agency is faced with their own unique challenges and potential barriers to effective response during a disaster. A response flow chart and plan templates were developed and added as appendices to the plan, to assist the child welfare agencies in the development of their own response procedures. Following the template will ensure statewide consistency in the general response and ensure that federal mandates are met. Additional preparedness guidelines have been provided for dissemination to foster parents, caregivers and sub grantees to which the State grants funds to ensure they have developed and follow their own disaster response procedures. A vital part of these personal plans is the requirement for caregivers to maintain contact with the appropriate child welfare agency. This will ensure the identification, location and continuation of services for children under state care or supervision.

Training and Exercises:

The maximum effectiveness of any disaster response plan is dependent on trained personnel to test the assumptions made and the directions provided. Training was developed in the form of a Power Point that introduces staff to disaster preparedness, disaster response and an overview of testing and exercise processes.

Exercises provide an opportunity for building relationships and testing capabilities. To accomplish this, an exercise and training schedule was developed, which involves individual as well as joint exercises and trainings between all child welfare agencies. This timetable is designed to test individual plans as well as providing for several joint exercises to test communication, coordination and overall efficacy of the State's ability to respond in a disaster, ensuring the safety and well being of children in their custody. The results of these continual exercises will demonstrate the importance of a rapid and coordinated response during a disaster. Exercise of plans is a cyclical process, with the development of outcome reviews, subsequent plan revisions and re-exercising as necessary.

State Oversight and Budget:

DCFS developed an Action Plan that provides a timetable to monitor areas related to disaster response, ensuring required plans, exercises and follow-up reports are completed and submitted in a timely manner.

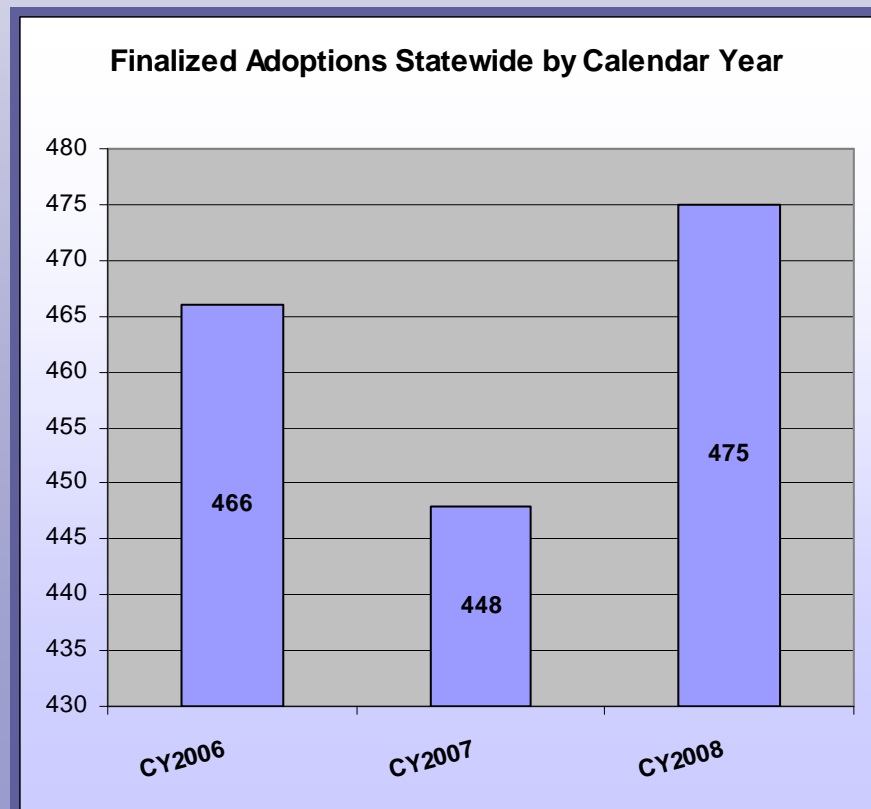
While no dollar amount can be placed upon the safety of children, a budget was developed to ensure all required exercises, trainings and joint meetings are accomplished in a timely and fiscally responsible manner.



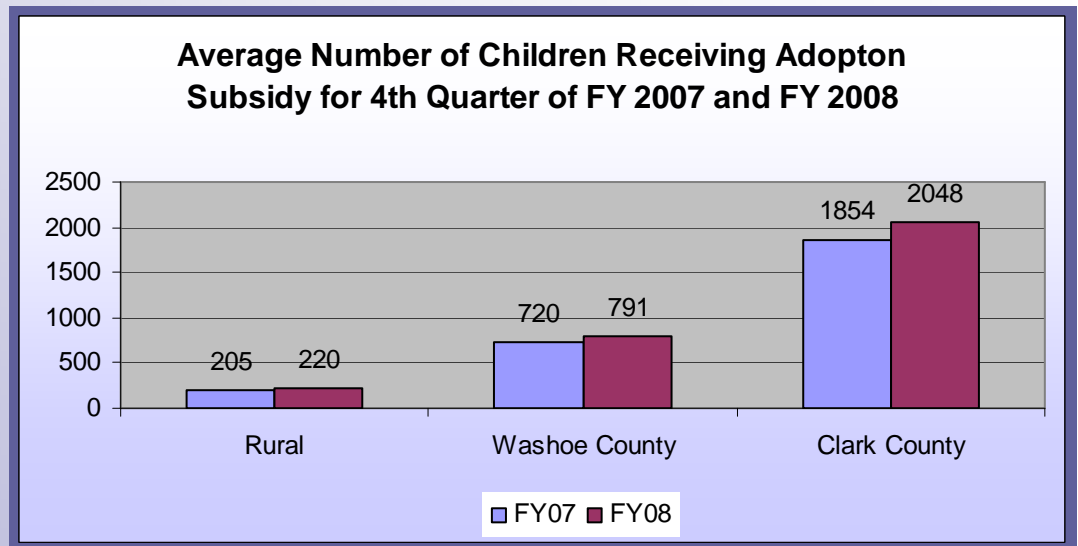
Adoption

Adoption is an important service provided to foster children who cannot return to their birth parents. State and county child welfare agencies responsible for the child's care must ensure that permanent adoptive homes are identified in a timely manner. Most foster children are adopted by relatives and foster parents, while others require additional local and national recruitment efforts to locate appropriate adoptive families.

The chart below reflects the state's ongoing efforts to finalize the adoptions of children in foster care. In recognition of this effort, Nevada received a Federal Adoption Incentive Grant award in the amount of \$126,147 for FFY 2008. The funds are being used by DCFS and county child welfare agencies to support their special-needs adoption programs in multiple areas: recruitment, home study and post placement services, and for post adoption services required to stabilize and maintain the placement.

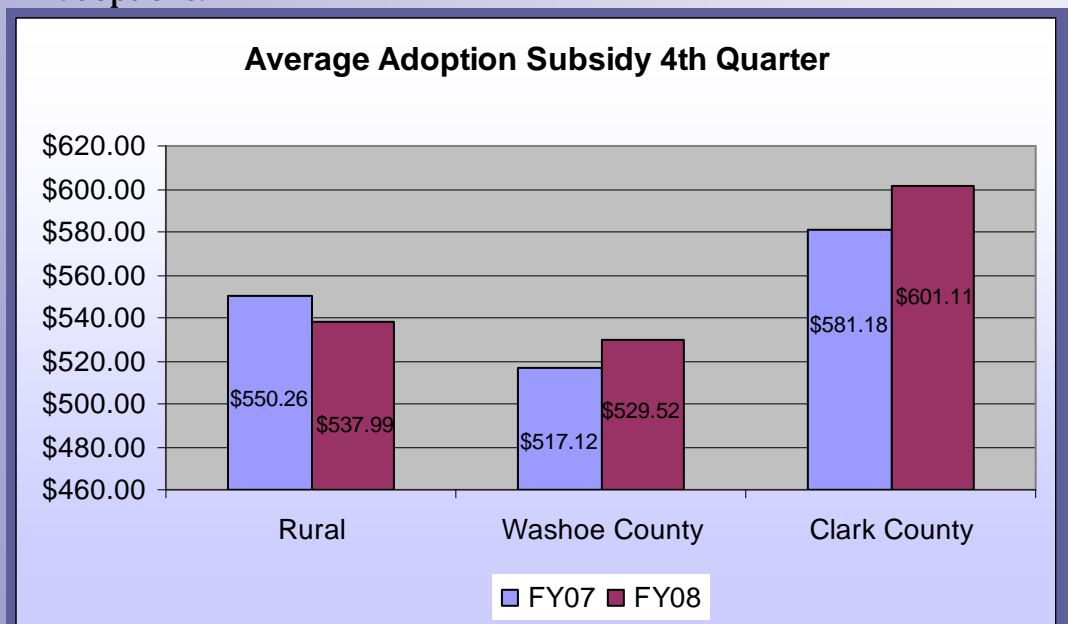


The majority of the children adopted, or those in need of adoption are older, members of sibling groups or have medical, behavioral and/or developmental challenges that require ongoing treatment or support. To encourage and support the adoption of special-needs children, the state's adoption subsidy program provides financial and medical assistance to defray the child's cost of care. The chart below shows the average number of children receiving adoption subsidy by region for the fourth quarter of FY 2007 and FY 2008.



The following chart shows the average adoption subsidy payment by region for the fourth quarter of FY 2007 and FY 2008. Adoptive parents rely heavily on the subsidy program to ensure the child's basic and special-needs are met.

In addition to serving this group of children, DCFS and county child welfare agencies also provide adoption services to children and families involved in private, interstate, relative and international adoptions.





Independent Living

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

***166
Young
Adults
Aged
Out
of
Foster
Care
in
2007***

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.

Eligible foster youth include those youth who are in the care and custody of DCFS, WCDSS, CCDFS 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. Depending on the needs of the child, independent living services may continue with the child after permanency has been achieved. Nevada also extends 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, Educational Training Voucher (ETV) and state funds through the Assistance to Former Foster Youth Program. The Assistance to Former Foster Youth Program funds are dedicated to Nevada foster youth transitioning from care and for Nevada youth who have aged out of the Nevada foster care system. In passing Assembly Bill 94, the 2001 Legislature authorized a county recorder to charge an additional \$1.00 fee for recording a real estate document. These monies are sub granted to non profit community organizations throughout the state for disbursement to eligible youth for expenses such as job training, housing assistance, medical assistance and other related needs.

Out of State Placement Work Group

***Children are
placed in
out of state
placements
when
in state
services are
not
available
to meet their
needs***

Members of the Out of State Placement Workgroup consist of representatives each with a specialization unique to the diagnosis and placement of Nevada youth in out of state facilities. These members include staff from Children's Mental Health, FPO, Rural Region, WCDSS, CCDFS and Juvenile Justice as well as support from management, legal and fiscal representatives as needed.

Children are placed in out of state placements when instate services are not available to meet their needs. Ensuring that these out of state resources are adequate and meet the standards set by the State requires inspection, review and revision of State policy. This workgroup makes itself available to participate in meetings and assignments that meet these objectives and tasks.

Pursuant to Section 2 of Assembly Bill 507 of the 2007 Legislative Session, *"before or at the time DCFS transfers a child who has been committed to the custody of DCFS to a facility located outside this State, the Administrator of DCFS of the Department of Health and Human Services or his designee must physically inspect any out-of-state facility to which a child from this State who is in the custody of DCFS may be transferred before or at the time of the transfer to ensure the appropriateness of the placement"*.

Section 2 further requires the Administrator or her designee to physically inspect the facility and interview the child placed in the out of state facility at least once per year.

In order to meet the new requirements set forth in AB 507, the Out of State Placement Workgroup conducted meetings to discuss the requisite pre and post placement inspections of out of state facilities and how best to accomplish these without duplicity of effort. The committee took advantage of this opportunity to review all out of state assessment and placement tools and provided updates that ensured compliance not only with AB 507 but also to NRS mandates relevant to child welfare. To complete this process, the DCFS State Policy that addresses the placement of Nevada youth in out of state facilities was revised to reflect these changes.

The Out of State Placement Workgroup will continue to meet periodically with the goal of developing a schedule of inspections and an equitable and fiscally responsible way to divide the travel among all participants. The workgroup recognizes that, in most cases, it is preferable to keep children in their home state and to facilitate permanency in a healthy environment. The workgroup remains committed to ensuring that when out of state placement is the only alternative for a Nevada youth that the facility meets all of the requirements set forth by State and Federal requirements.





Interstate Compact on the Placement of Children

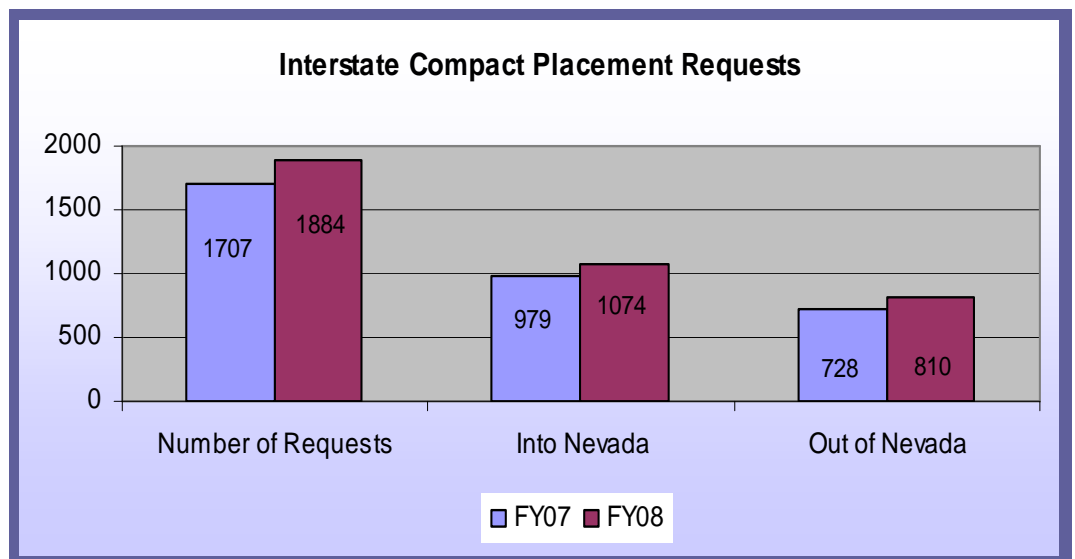
When Children's Placement Resources are located in another State

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

- preliminary to adoption (private and public agency as well as independent adoptions),
- placements into foster care, group homes, residential treatment facilities and institutions,
- placements with parents and relatives where a parent or relative does not have legal authority to make the placement across state lines and,
- 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.

*The
Interstate
Compact
on the
Placement
of
Children
Provides
Guidance
When
Placing
Children
Across State
Lines*



Nevada Partnership for Training

DCFS' FPO is responsible for ensuring that effective child welfare training occurs in Nevada. To accomplish this goal, the Nevada Partnership for Training (NPT) was formed to address the training needs within Nevada. The NPT is a collaborative and comprehensive training effort consisting of the following entities: DCFS, CCDFS, WCDSS, University of Denver (DU), University of Nevada, Las Vegas (UNLV), and University of Nevada, Reno: Nevada Training Partnership (UNR).

Additionally, DCFS contracts with the following entities and others to accomplish their goals: Ridgewood, Inc. – Web Registration System and Online Course Developer, National Council of Juvenile and Family Court Judges (NCJFCJ) and ACTION for Child Protection.

The NPT is designed to support the development of a Nevada child welfare training infrastructure and an intensive, quality training and professional development system. The intent of the NPT contracts is to maximize funding by identifying activities within the universities that meet the IV-E training definition. These activities are used to generate additional IV-E funds.

The scope of work for the NPT is multifaceted and directed at providing a comprehensive professional development and training program. This comprehensive training system contains the critical elements of:

- Nevada New Worker Core
- Nevada Specialty Core
- Nevada Web-Based Training

The Nevada New Worker Core (Core) replaced the New Worker Academy in 2007. Core is a 10-week comprehensive training program with five weeks of in-class activity and five weeks of on-the-job training with supervisors and training staff and supplemental reading materials.

The Core was piloted by five NPT trainers (two from UNR and three from UNLV) in late Spring 2008 in Washoe County to an audience of 13 participants and training supervisors from each of the child welfare jurisdictions and DU contract staff. The NPT trainers then participated in a Trainer's Boot Camp hosted by DU and a week of intensive training on the New York Core Curricula in New York prior to implementing the second pilot in Clark County in September 2008. The second pilot was delivered to an additional 14 participants and supervisors and concluded in November. The roll out of the completed curriculum began in January 2009 in Rural, Clark and Washoe Counties and has the capacity to train more than 200 case workers per year statewide.

The Specialty Core curricula includes several modules and are delivered either by the NPT trainers or by contractors paid for out of the DCFS training budget. From July 2007 through November 2008 several were delivered and several more are under development for piloting in the spring of 2009. These are related to advanced child welfare practice, including: Domestic Violence in Child Welfare, Child Welfare and Disabilities, Forensic Interviewing, Child Fatalities: Death Scene Investigation, Substance Abuse and The Elephant in the Case Plan, CPS Investigation: A Social Child Safety Intervention, Structured Decision Making Risk Assessment, Ethics Training, Indian Child Welfare Act, Multiethnic Placement Act, Quality Improvement Case Review and North Carolina Family Assessment Scale (NCFAS-G)– General Training of Trainers.

The Nevada Web-Based Training is new as of 2008. Interactive online training modules are available for anyone to take on the Nevada Partnership for Training Website 24 hours per day, 7 days per week. One module is currently available online and several modules will begin in early 2009. These include Mandatory Reporting (now available) and Ethics, Multi-Ethnic Placement Act (MEPA), ICWA, and Adoption and Safe Families Act (ASFA) (available in late 2009). To date, 425 individuals have taken the Mandatory Reporting course.

The elements described above provide statewide training for the child welfare workforce in Nevada. Curricula reflect best practice, skill development, and up-to-date Federal Law and Regulation, State Statute and Regulation and Statewide Policy.

Service Locations

DCFS Rural Region Child Welfare	Patricia J. Hedgecoth, Rural Region Manager	
Administrative and Field Office	Novia Anderson, Manager District 2	
1677 Old Hot Springs Road, Suite B Carson City, Nevada 89706	Phone: (775)687-4943 Fax: (775)687-4903	
Battle Mountain Field Office		
142 East Second Street Battle Mountain, Nevada 89820-2031	Phone: (775)635-8172 or 635-5237 Fax: (775)635-9067	
Elko District Office	Larry Robb, Manager District 1	
1010 Ruby Vista Drive, Suite 101 Elko, Nevada 89801	Phone: (775)753-1300 Fax: (775)753-1301	
Ely Field Office		
740 Park Avenue Ely, Nevada 89301	Phone: (775)289-1640 Fax: (775)289-1652	
Fallon District Office	Paula Achurra, Manager District 3	
1735 Kaiser Street Fallon, Nevada 89406	Phone: (775)423-8566 Fax: (775)423-4800	
Hawthorne Field Office		
1000 C Street; Mailing Address-P. O. Box 1508 Hawthorne, Nevada 89415-1508	Phone: (775)945-3602 Fax: (775)945-5714	
Lovelock Field Office		
535 Western Avenue; Mailing Address-P. O. Box 776 Lovelock, Nevada 89419-0779	Phone: (775)273-7157 Fax: (775)273-1726	
Pahrump Field Office	Alice Magro, Manager District 4	
2280 Calvada Boulevard, Suite 302 Pahrump, Nevada 89408-3161	Phone: (775)727-8497 Fax: (775)727-7027	
Silver Springs Field Office		
3959 Highway 50 East Silver Springs, Nevada 89429	Phone: (775)577-1200 Fax: (775)577-1212	
Tonopah Field Office		
500 Frankee Street; Mailing Address P. O. Box 1491 Tonopah, Nevada 89049-1491	Phone: (775)482-6626 Fax: (775)482-3429	
Winnemucca Office		
475 W. Haskell, #7 Winnemucca, Nevada 89445-3781	Phone: (775)623-6555 Fax: (775)623-6559	
Yerington Field Office		
215 Bridge Street, Suite 4 Yerington, Nevada 89447-2626	Phone: (775)463-3151 Fax: (775)463-3568	
Northern Region		
Washoe County Department of Social Services	Phone:	(775)785-8600
Southern Region		
Clark County Department of Family Services	Phone:	(702)455-5483



Bureau of Services for Child Care

Mission Statement

The mission of the Bureau of Services for Child Care (Bureau) is to serve Nevada's communities by ensuring the health, safety, and well-being of children in licensed child care facilities. The Bureau develops appropriate rules, monitors for compliance, offers technical assistance and training to caregivers, and provides consumer education.

Vision Statement

The vision of the Bureau is to promote the healthy growth, development, and protection of children, increase availability of positive and nurturing learning environments and provide support for families by regulating and licensing high quality, developmentally appropriate flexible care through a wide range of care options. This vision involves mentoring and guiding child care providers to become advocates for children and family issues as well as foster the growth and development of the provider community. In support of this vision the Bureau works to expand the awareness of state legislators, local regulatory agencies and consumers to encourage support for improving the quality of child care environments for Nevada's children and families.

*The
Bureau
continues to
see an
increase
with new
centers
and
family
homes
statewide*

From January 1, 2008 through August 31, 2008 the Bureau staff completed:

- 637 Monitoring Visits
- 150 Initial/Annual Licenses
- 55 Licensed Complaint Investigations
- 33 Unlicensed Care Investigations
- 27 Training Sessions for Child Care Provides
- 23 Consultations

From January 1, 2008 through August 31, 2008 the Bureau licensed:

- 246 Child Care facilities
- 124 Centers
- 70 Family Care Homes
- 16 Preschools
- 13 Group Care Homes
- 9 Accommodation facilities
- 7 Institutions
- 6 Nurseries
- 1 On-site facility

Opened 20 new facilities and closed 15 facilities upon the facility's request.

The State of Nevada's policy-making Board for Child Care adopts Regulations and Standards for Child Care. The Board consists of five members appointed by the DCFS' Administrator with the concurrence of the Director of the Department of Health and Human Services. In this past year, the Bureau has been working towards adopting proposed regulations in order to strengthen and clarify health, safety and training related requirements.

CHILD CARE SERVICE LOCATIONS

CARSON CITY

***Administrative Office & Main Office
Bureau of Services for Child Care***

4126 Technology Drive, 3rd Floor

Carson City, Nevada 89706

Telephone: (775) 684-4463

FAX: (775) 684-4455

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

ELKO

Bureau of Services for Child Care

1010 Ruby Vista, Suite 101

Elko, Nevada 89801

Telephone: (775) 753-1237

FAX: (775) 753-1301

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 300

Las Vegas, Nevada 89119

Telephone: (702) 486-7918

FAX: (702) 486-6660

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



Children's Mental Health

DCFS provides a comprehensive array of mental health services to children, adolescents and their families in Clark and Washoe Counties as well as wraparound case management to children in foster care across the state. Behavioral health services in the two major urban areas are provided through Northern Nevada Child and Adolescent Services (NNCAS) and Southern Nevada Child and Adolescent Services (SNCAS). NNCAS has two centers in Reno and serves children and families throughout Washoe County. SNCAS operates five Neighborhood Family Service Centers throughout the Las Vegas valley. Behavioral health services in the rural region are provided through Rural Mental Health Clinics of the Division of Mental Health and Developmental Services.

DCFS provides mental health treatment services for children with significant emotional and/or behavioral problems. Children are referred to mental health services by parents, schools, child welfare, juvenile justice, private mental health providers and adult mental health providers. Services are provided in a strengths-based approach that respects family decision-making about their children and honors the family's cultural values and practices. Individualized services, treatment plans and care coordination plans are developed and monitored by Child and Family Teams composed of the family, support persons the family identifies and service providers across agencies.

DCFS' mental health programs include community-based outpatient services, residential and day treatment services, Wraparound in Nevada (WIN) for Children and Families program, the Program Evaluation Unit and the Children's Mental Health Grants Management Unit.

Accomplishment Highlights:

- Created the Nevada Children's Behavioral Health Consortium. Members include chairs of the three regional consortia, parents, state, county and private agency stakeholders to provide a mechanism by which these partners can act in concert to ensure that children's needs are met.
- Partnership with the University of Washington and University of Nevada Las Vegas in a grant from the National Institute of Mental Health (NIMH) on the very first comparison study of wraparound case management to research the efficacy of this model.
- Partnership with the University of Nevada to provide a residency training program in Child and Adolescent Psychiatry. The goal of the Child and Adolescent Fellowship is to improve mental health services to children in Nevada by training a new cohort of child and adolescent psychiatrists. Second-year Fellows care for their own panel of outpatient clients, receive advanced instruction in the major psychotherapeutic modalities for children and adolescents, and prepare for practice after residency by developing sound ethics and practice management strategies.
- Participated in field testing of the Early Childhood Services Intensity Instrument to assist validation of the tool in development with the American Academy of Child and Adolescent Psychiatry.

Children's Mental Health Grants Management Unit

The Children's Mental Health Grants Management Unit administers and oversees two major federal grants for children's mental health; the Community Mental Health Services Block Grant (CMHS) and the Child and Adolescent Infrastructure Grant (CA-SIG).

The CMHS Block Grant supports both the services provided by DCFS and services delivered by community agencies.

The Child and Adolescent Infrastructure Grant's goal is to create a seamless system that provides access to integrated services for children and youth with behavioral health challenges, and to support their families through DCFS partnerships with families, Department of Health and Human Services sister agencies, child welfare agencies, juvenile justice agencies, private providers and state universities. The Child and Adolescent Infrastructure Grant's goals are accomplishing this by supporting Leadership Structures to include the Commission on Mental Health and Developmental Services, supporting the child psychiatric fellowship at the University of Nevada Reno Medical School, supporting a statewide initiative to implement a system of care definition for Nevada, developing a standardized behavioral health assessment tool for use by child serving agencies supporting the statewide expansion of family-to-family supports and developing the infrastructure to support continuing development of the public and private behavioral health work force.

Additional grant goals are accomplished by requiring sufficient, consistent data to monitor behavioral health service process, quality and costs. Examples include:

- DCFS piloted a process for monitoring and improving the quality of Wraparound
- Conducted a statewide Workforce Development and Cultural Competency Needs Assessment
- Created a Seclusion and Restraint Quality Improvement Structure to include a database with retrievable data outcome capabilities
- Developed a Comprehensive Financing Assessment to guide Nevada's behavioral health finance planning

Community-Based Outpatient Services

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

Early Childhood Mental Health Services provide 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 these services is to strengthen parent-child relationships, support the family's capacity to care for their children and to enhance the child's social and emotional functioning. These services are provided by both NNCAS and SNCAS.

These services include:

- Psychological assessment and evaluation
- Individual, family, and group therapies and behavioral management
- Psychiatric services
- Day treatment
- In-home crisis intervention and treatment
- Childcare, Headstart and pre-school mental health consultation, outreach, and training
- Clinical case management
- 24 hour on call emergency clinical coverage

Highlights:

- Served 700 children and their families in SNCAS and 311 in NNCAS in FY 2008
- 47.9% of the children served in SNCAS and 9% of the children served in NNCAS were in child welfare custody
- Partnered with Clark County School District in their *Safe Schools Healthy Students* grant which was extended one year as a result of positive outcomes with at risk young children with social and emotional needs; Extension ended in May, 2008
- Implemented the Diagnostic Classification 0 – 3 system which allows for developmentally appropriate diagnosis of children birth – 48 months

The Outpatient Services of NNCAS and Children's Clinical Services of SNCAS

provide 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
- Targeted case management
- Consultation with other stakeholders involved with the child and family
- Walk-in crisis assessments
- 24-hour on-call emergency professional coverage

Highlights:

- Served 901 children in SNCAS and 385 children in NNCAS in FY 2008
- 31.2% of the children served in SNCAS and 7.5% of the children served in NNCAS were in child welfare custody.
- Added Psychiatric Caseworker positions in SNCAS and NNCAS to provide wraparound services to children not in child welfare custody offering the same model that WIN provides to children in child welfare custody



Wraparound in Nevada (WIN)

Wraparound in Nevada (WIN) for Children and Families provides intensive targeted case management services to children with serious emotional disturbances (SED) who are in the custody of public child welfare agencies. WIN provides families the opportunity to become equal participants in their case planning and receive the support necessary to gain familial independence. In addition to addressing mental health needs, WIN supports permanency goals for these youth through reunification with their families, guardianship with relatives, adoption or successful emancipation. WIN services are provided in Washoe County, Clark County and in rural counties. WIN psychiatric case managers are co-located with child welfare staff to support their teaming together.

Highlights:

- Northern Nevada WIN physically re-located to a new space within the Washoe County Social Services building on Center Street in Reno.
- Served 799 children in FY 2008: 519 in Clark County, 165 in Washoe County and 115 in rural counties.
- WIN South is participating in a research study funded by the National Institute on Mental Health. DCFS research partners are UNLV and the University of Washington. This study measures the adherence to the wraparound model (fidelity) and compares the outcomes of wrap-around case management to traditional case management. This is the first and only comparison study of wraparound in the country. WIN north and rural are doing internal studies regarding high fidelity.

The following is a percent and number of youth served by custody status in Clark County:

- Parent/Family: 4.2% (CPS involved)
- Child Welfare: 92.9%
- Youth Parole: 1%
- Missing: 1.9%

The following is a percent and number of youth served by custody status in the Washoe County:

- Parent/Family: 1.2% (CPS involved)
- Child Welfare: 93.3%
- Youth Parole: 1.2%
- Missing: 4.2%

The following is a percent of youth served by custody status in the Rural region:

- Parent/Family: 13.3% (CPS involved)
- Child Welfare: 76.6%
- Youth Parole: .8%
- Missing: 9.4%



Desert Willow Treatment Center (SNCAS)

The mission of Desert Willow Treatment Center (DWTC) is to provide quality, individualized mental health services in a safe and culturally sensitive environment collaborating with caregivers, community, and other providers to ensure that children and families of Nevada may achieve their full human potential.

DWTC is a licensed 58 bed psychiatric inpatient facility accredited by the Joint Commission, providing mental health services in a secure environment to children and adolescents with severe emotional disturbances. DWTC is comprised of two acute units, an eight bed unit for children ages six through 11 years and a twelve bed unit for adolescents ages 12 through 18 years, and three residential treatment units with a total of 38 beds serving youth 12 through 18 years. Two 12 bed units serve youth with severe emotional disturbances, and one 14 bed unit serves males adjudicated on sexual offenses.

The multidisciplinary treatment team approach is individualized for each child and adolescent. The following services are offered for patients and their families:

- Assessment and treatment planning
- Psychiatric evaluation
- Psychological evaluation and testing
- Psychosocial assessment
- Psychiatric nursing services
- Medication management
- Clinical case management
- Individual, group, and family therapy
- Special motivational and skill training groups
- Therapeutic recreation services
- Nutrition services
- Special education through the Clark County School District
- Coordination of services with other local service providers
- Discharge and aftercare planning

Diagnostic profile of the 547 patients discharged in FY 2007 and FY 2008

Top five Primary Axis I Diagnoses:

- Major Depressive Disorder, Depressive Disorder Not Otherwise Specified (NOS)
- Bipolar Disorder, Bipolar I Disorder
- Mood Disorder NOS
- Impulse Control Disorder NOS
- Paraphilia NOS, Sexual Disorder NOS

Treatment Homes

Family Learning Homes

NNCAS treatment homes provide intensive, highly structured treatment for children and adolescents six through seventeen years of age with severe emotional disturbances.

Services include

- Case management
- Psycho-social educational model
- Basic skills training
- Psycho-social rehabilitation services
- Positive Behavior Intervention Supports
- Crisis intervention and stabilization



Highlights

- Family Learning Homes served 60 children in 2007/2008.
- 44% of the youth served were in child welfare custody.
- 76% of the youth served went to a parent home or lower level foster home at the time of discharge.

Oasis On Campus

Oasis On Campus Treatment Homes provide intensive, highly structured mental health treatment for children and adolescents, ages six—seventeen with severe emotional disturbances (SED). There are five treatment homes with a total of 27 beds: teen boys (six beds), teen girls (six beds), and young boys ages six-twelve (five beds), a boys home (five beds) and a girls home (five beds) which treat youth with a dual diagnoses of severe emotional disturbance and a developmental disability.

Services include

- Case management
- Psycho-social educational model
- Basic skills training
- Psycho-social rehabilitation services
- Positive Behavioral Supports Intervention for youth in the Dual Diagnosis (Severe Emotional Disturbance/Developmental Disability) homes
- Crisis intervention and stabilization
- Parent skills training
- Art therapy

Highlights

- Oasis served 73 children in FY2008
- 34.2% (25) of the youth served were in child welfare custody
- 52.1% (38) of the youth served went to a parent or family home at discharge
- 2.7% (2) of the youth served were in the custody of Youth Parole

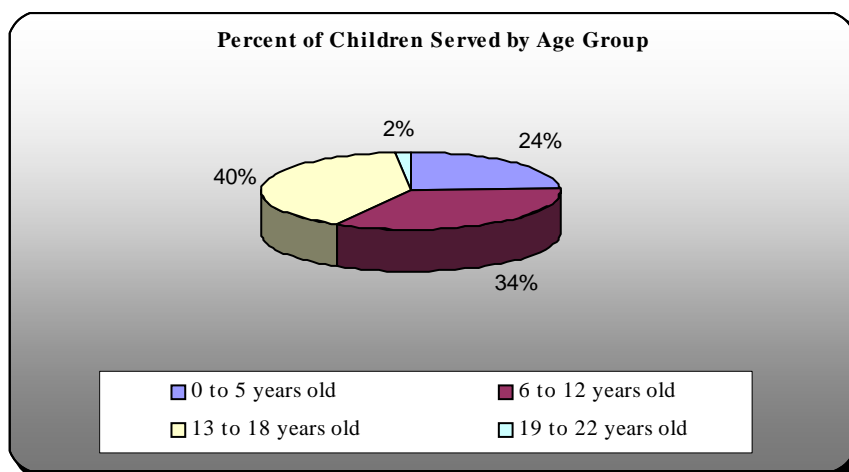
Planning and Evaluation Unit

OVERVIEW

In partnership with the Nevada provider community and other stakeholders, the DCFS Planning and Evaluation Unit (PEU) develops, implements, and monitors ongoing evaluation and quality assurance activities for children's mental health programs as well as the children's mental health service delivery systems in the State of Nevada. During the last biennium, the DCFS PEU and its partners engaged in the following evaluation and quality assurance activities:

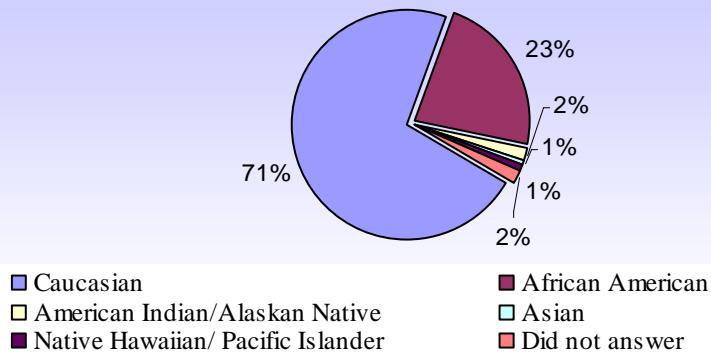
- **Community Mental Health Block Grant Evaluation and Reporting** - The DCFS PEU is responsible for capturing, compiling, analyzing and reporting all DCFS data required for the federal Community Mental Health Services Block Grant application.
- **Youth Mental Health Services Surveys** - It is the policy of DCFS that all children, youth and their families/caregivers receiving mental health services through DCFS have an opportunity to give feedback and information regarding those services. In each year of the biennium, the DCFS PEU conducted a statewide outpatient services survey and a statewide residential services survey.
- **Children's Mental Health Services' Client Descriptive Studies** - Nevada children's mental health services in philosophy and practice are based upon systems of care (SOC) values and principles. Systems of care are responsive to the cultural context and characteristics of the populations they serve. Therefore, it is imperative that DCFS has the capacity to identify the variety of children and families to whom it provides care in order to ensure both practice and service delivery is culturally competent and responsive. DCFS PEU compiled, produced and disseminated comprehensive client descriptive reports which summarize, by state region and program, the demographic and clinical characteristics of those children served by DCFS mental health services programs.

As an example, 3108 children were served in SFY 2008; 40% were in their teen years, 34% were in the six to twelve age group and 24% were age five and younger.



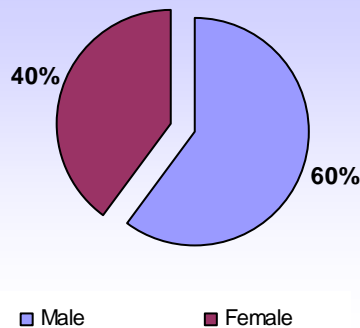
The largest racial group represented in SFY 2008 was Caucasian (72.4%). The next largest group was African American (22.6%).

Percentage of Children Served by Race



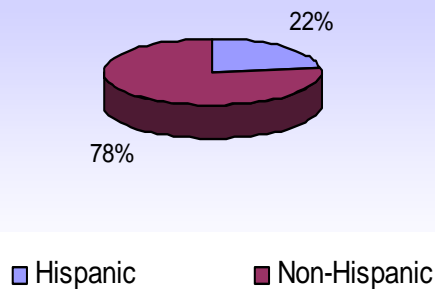
Male children made up 60% of all children served in SFY 2008.

Percentage of Children Served by Gender



Hispanic ethnicity representation in children served was up from 20% in SFY 2007 to 22% in SFY 2008. Nevada's statewide Hispanic ethnicity is reported at 24.4% (U.S. Census 2006, <http://quickfacts.census.gov/qfd/index.html>)

Percentage of Children Served by Ethnicity



Quality Assurance: Treatment Homes

One of the DCFS PEU performance and quality improvement responsibilities is to engage in ongoing quality assurance/quality improvement activities with community and DCFS children's mental health treatment homes.

Early SFY 2008, DCFS PEU conducted a statewide treatment plan goal status review of all community treatment home providers. The review was conducted with a total of 30 community provider treatment home provider agencies. DCFS treatment home programs also participated in the review. The goal of the treatment plan goal status review was to track youths' treatment status toward achieving measurable goals as indicated on the treatment plan and subsequent reviews of the treatment plan.

In 2008 the PEU began to collect risk measure data from treatment homes. The risk measures identified for data collection include suicide attempts, medication errors, number of holds, and number of runaways. In addition, departure conditions data is collected on children when discharged from a treatment home.

Other Quality Assurance Activities

The PEU has ongoing activities that monitor the quality of services. These include:

Performance and Quality Improvement Workgroup

This workgroup meets monthly to plan and develop quality assurance and quality improvement activities for DCFS children's mental health programs and service delivery systems.

Provider Support Team

The PEU coordinates and facilitates this team consisting of community treatment home providers, DCFS children's mental health providers, and child welfare representatives. Goals of the team are to develop performance and quality improvement activities with treatment home providers and to increase provider capacity. The team has been instrumental in developing risk measures and departure conditions tools and processes. The team identified the need for Trauma-Focused Cognitive Behavioral Therapy. The team reviews and provides feedback to the PEU performance and quality improvement activities such as the treatment plan goal status review.

Service Locations

Administrative	
Southern Nevada Child and Adolescent Services (SNCAS)	
6171 West Charleston Blvd., Bldg. 8 Las Vegas, Nevada 89146	Phone: (702) 486-6120 Fax: (702) 486-7742
West Neighborhood Family Service Center	
6171 West Charleston Blvd. 7,8,10 & 15 Las Vegas, Nevada	Phone: (702) 486-0000 Fax: (702) 486-7759
East Neighborhood Family Service Center	
3075 East Flamingo Road, Suite 108 Las Vegas, Nevada 89121	Phone: (702) 486-7500 Fax: (702) 486-7576
North Neighborhood Family Service Center	
4538 West Craig Road, Suite 290 North Las Vegas, Nevada 89032	Phone: (702) 486-5610 Fax: (702) 486-5630
South Neighborhood Family Service Center	
522 East Lake Meade Pkwy, Suite 5 Henderson, Nevada 89015	Phone: (702) 455-7900 Fax: (702) 455-7961
Central Neighborhood Family Service Center	
333 North Rancho Drive Las Vegas, Nevada 89106	Phone: (702) 455-7200 Fax: (702) 486-5029
Desert Willow Treatment Center	
6171 West Charleston Blvd., Bldg. 17 Las Vegas, Nevada 89146	Phone: (702) 486-8900 Fax: (702) 486-6307
Northern Nevada Child and Adolescent Services (NNCAS)	
NNCAS Main Campus	
2655 Enterprise Road Reno, Nevada 89512	Phone: (775) 688-1600 Fax: (775) 688-1616
Mill Street Center	
600 Mill Street Reno, Nevada 89502	Phone: (775) 688-1617 Fax: (775) 688-1641



Juvenile Justice Services

Juvenile Justice Services serves youth ages 12-21 that have been committed to DCFS for either delinquent behavior or to access services for mental health treatment. Juvenile Justice Services consists of five agencies: three youth centers, Summit View Youth Correctional Center (SVYCC), Caliente Youth Center (CYC), and Nevada Youth Training Center (NYTC); 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. Juvenile Justice Services 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 the hiring of 13 additional Direct Care staff at NYTC and ten additional Direct Care staff at CYC has enabled both facilities to maintain staff to youth ratios that meet best practice standards. The enhancements have had significant impact on reducing disruptive behaviors, incidents of use of force and the use of room confinement. The impact of increased staffing was positively noted by the Department of Justice during a recent visit.

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



Ceramic Class



Drum Class

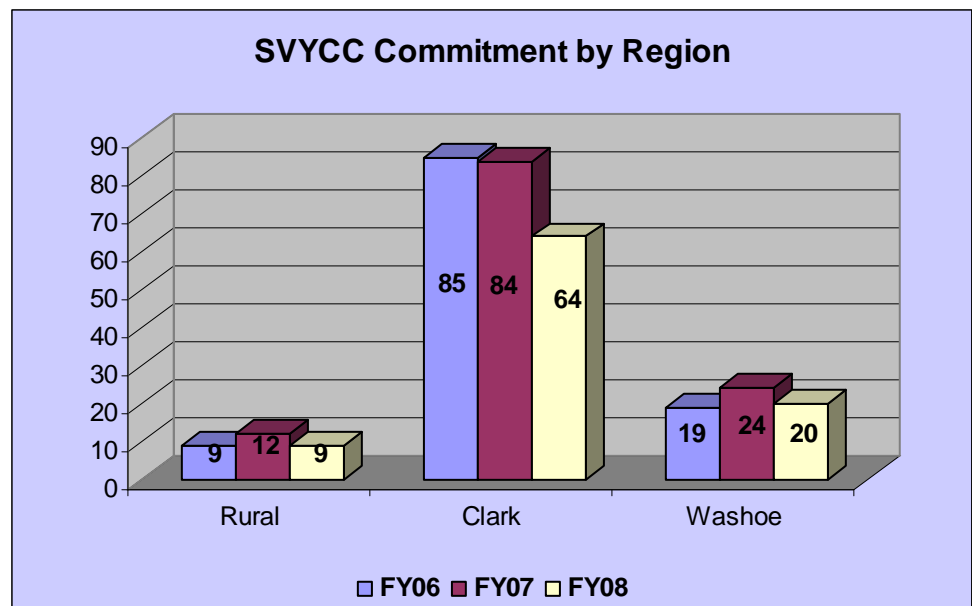


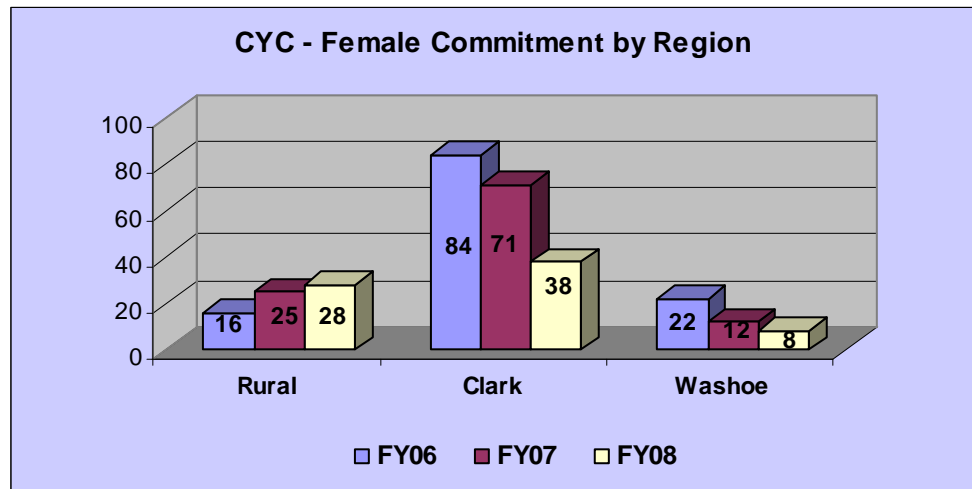
Summit View Youth Correctional Center

SVYCC is a maximum-security youth correctional facility that provides programming and services to male juvenile offenders. SVYCC has a capacity of 96 beds. It is designed to segregate serious and violent juvenile offenders from lower level offenders. 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, SVYCC operates school programs that offer required and elective academic subjects, remedial programs, special education, vocational education and interscholastic activities. SVYCC also works with community organizations to provide religious and recreational services.

The mental health professional team at SVYCC includes a licensed psychologist, a contracted psychiatrist and five mental health counselors. Moreover, one of the counselors is bi-lingual. All of the mental health counselors hold a Masters degree in social work or psychology. The staff provides a full complement of mental health assessment and treatment services for youth utilizing a cognitive restructuring approach. This approach has been found effective in assisting youth to recognize criminal thinking patterns and to identify alternative thought processes to make better choices.

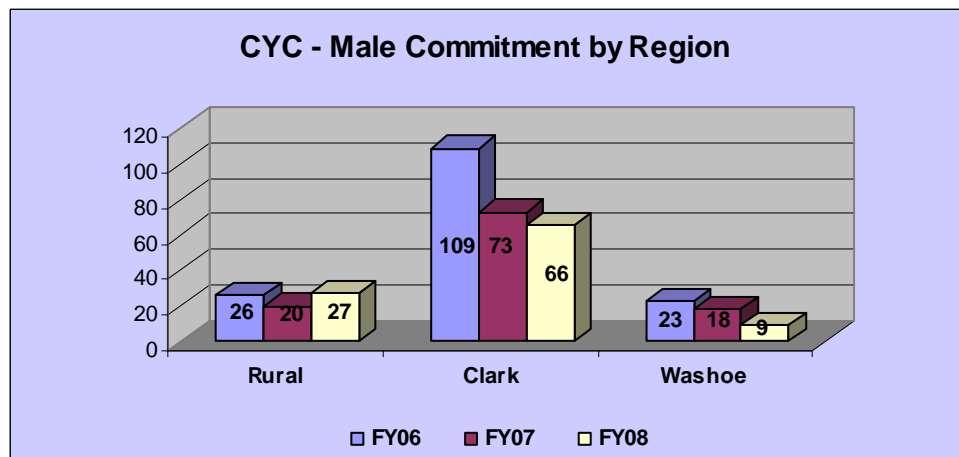
The graph below shows the number of commitments by region at Summit View for FY06-08





Caliente Youth Center

Caliente Youth Center (CYC), a staff-secure facility located in Caliente has seven housing units, four units for males and three for females. CYC has capacity to serve 140 youth ages 12 to 18. CYC has successfully recruited a strong mental health team that provides individual and group counseling including the facilitation of specialized groups in Anger Management, Substance Abuse and Addiction, Victims of Abuse, and Life Skills. During the 2005-2006 biennium, CYC transitioned to the Cognitive Restructuring program model and all current and new staff are now trained in this model. CYC contracts with the Lincoln County School District for the operation of the C.O. Bastian High School. Educational and vocational programs that are offered include required and elective academic subjects, remedial programs, special education, vocational education and interscholastic activities. CYC also receives services from Nevada Partners, Inc. to provide Leadership and Resiliency training and Culinary Arts training. Further, Nevada Partners, Inc. offers paid work experience for qualified and selected CYC students. Youth at CYC are provided medical care by a full team of on-duty nursing staff as well as contracted services from a local physician.

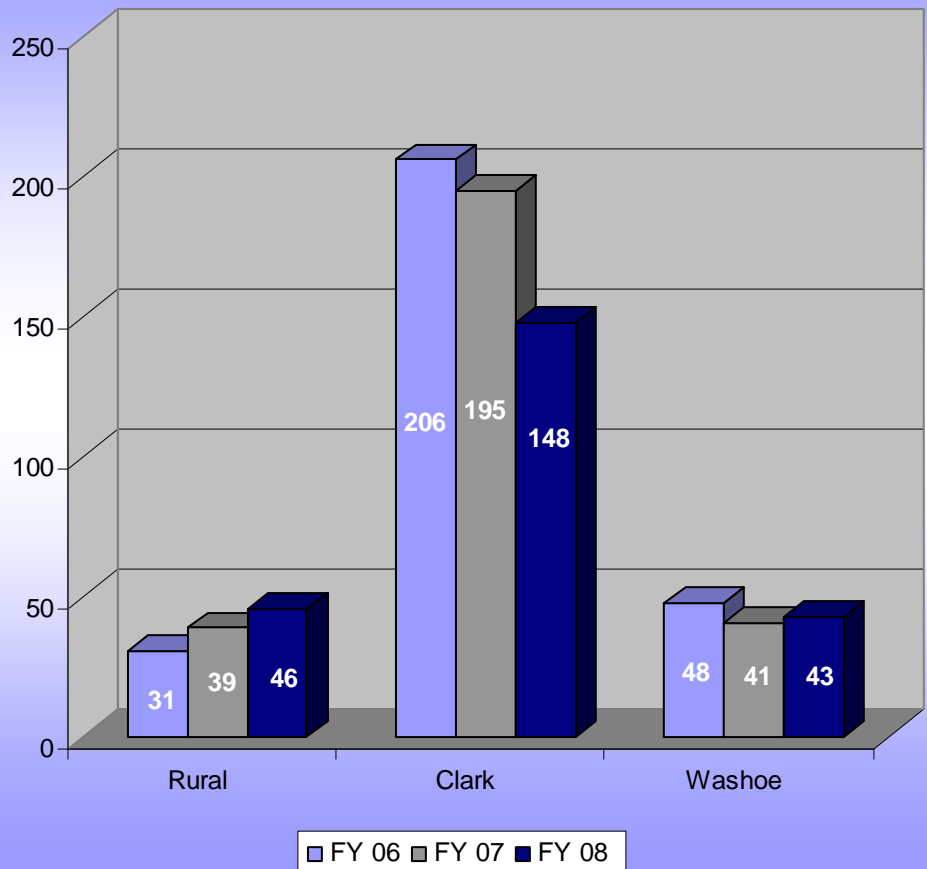


Nevada Youth Training Center

The Nevada Youth Training Center (NYTC) is a 160 bed, staff-secure facility located in Elko serving male youth between the ages of 12 to 18. NYTC has successfully recruited a full complement of professional Mental Health Counselors. In February 2008 NYTC complied with all the requirements contained in the February 2004 Memorandum of Understanding (MOU) with the Department of Justice. Programs provided at this facility include Educational and Vocational Training, Drug and Alcohol Abuse Counseling, Mental Health Group and Individual Counseling and Recreation. The center introduced and is utilizing the cognitive based intervention program "Thinking for a Change" developed by the National Institute of Corrections. 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 NYTC.



NYTC Commitments by Region



Quality Improvement

Staff Training

New staff continues to receive 160 hours of competency-based training within their first year of employment while other staff attends 40 hours of training annually. Additionally, in 2007, a thorough training audit was completed in each of the three facilities. The focus of this audit was broad, evaluating past and current efforts, identifying gaps and areas for improvement and making suggestions for overall system improvement throughout the agency. The comprehensive reports were shared with facility management and positive results included implementation of a unified documentation system, a training committee which meets to review facility-wide training efforts, the expansion of video-based training opportunities for facility staff and the creation of a facility-wide shared drive for all curriculum and training resources. Each of the facilities continues to address areas identified in the audit for improvement. Each of the training audits will be reviewed by the quality assurance team during the first quarter of 2009 to assess the degree of positive outcomes in overall training efforts in each facility.

Labor/Management Meetings

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

Quality Assurance Reviews

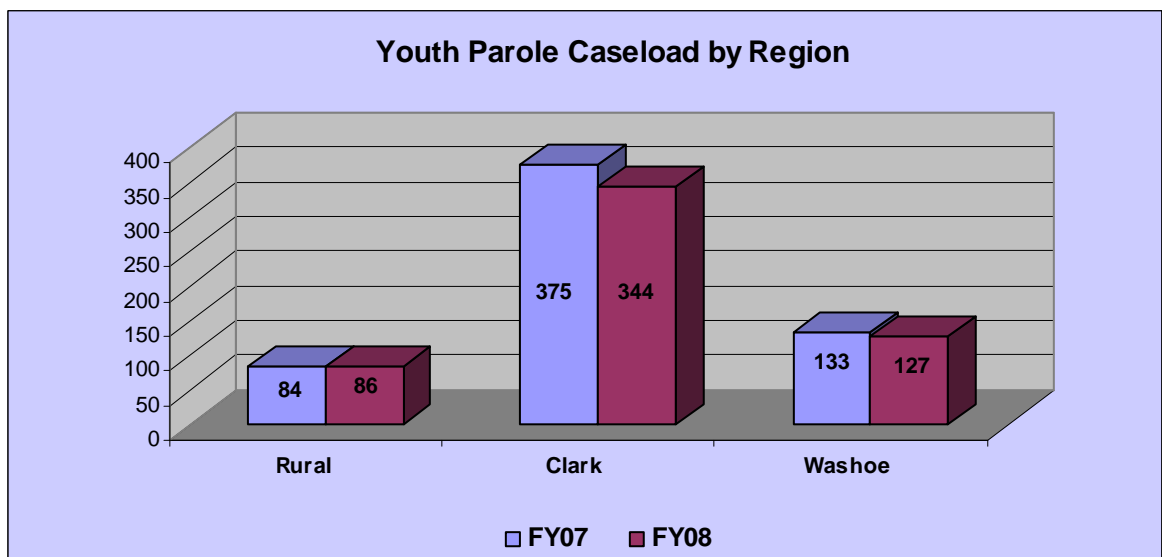
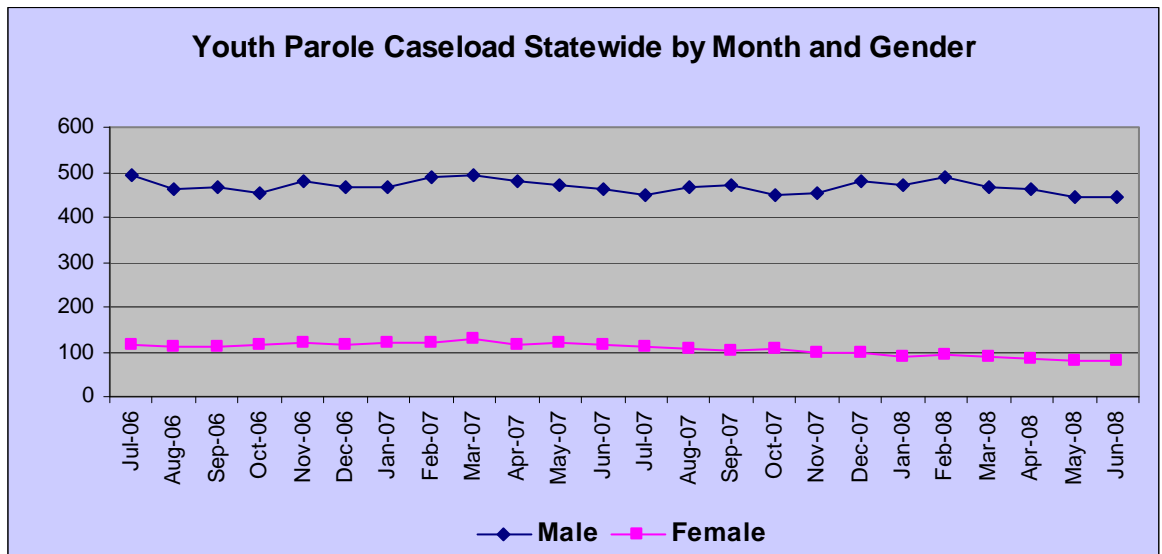
SVYCC, CYC and NYTC have established the groundwork for consistent practice to ensure the safety and well being of youth and staff through a quarterly quality assurance review, based on American Correctional Association (ACA) Standards and agency policies and procedures. The quality assurance team completed twelve reviews during 2007. The quality assurance reporting format was enhanced during 2007 and a new data management project related to incident tracking was also introduced. This quality assurance process utilizing on-site visits promotes implementation of consistent statewide policy and practice.

Youth Parole Bureau

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

- Youth, 12 to 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 FY07-08 by month/gender as well as the caseloads by region of the state



Interstate Compact on Juveniles

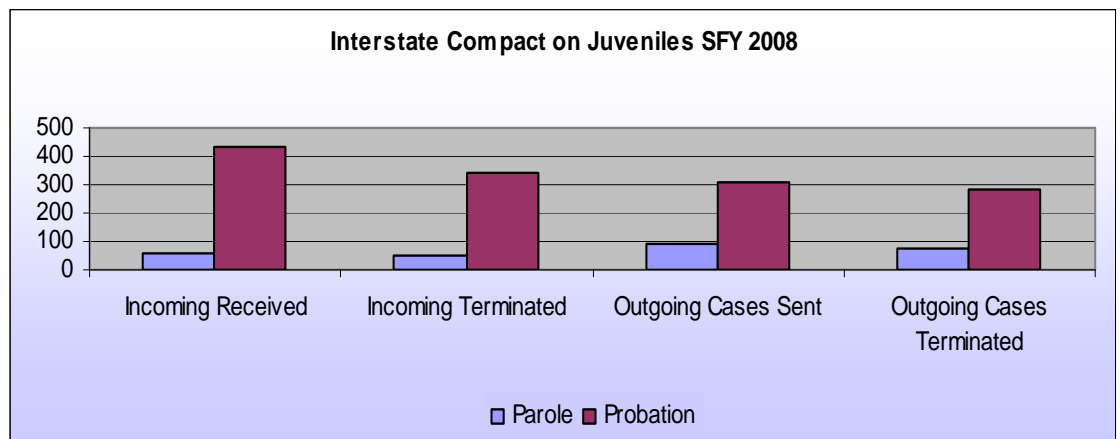
The Interstate Compact on Juveniles (ICJ), originally drafted in 1955, is an agreement among states to track young offenders. The purpose of the ICJ is to enable states to provide for: cooperative supervision of juvenile delinquents on probation or parole; the return of delinquent juveniles who have escaped or absconded; the return, from one state to another, of non-delinquent juveniles who have run away from home; and additional measures for the protection of juveniles and the public. DCFS, through its Youth Parole Bureau, has administered the ICJ for the past 35 years.

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

The new ICJ significantly updates the 50-year-old agreement for tracking and supervising juveniles who move across state borders. The new language passed in 35 states to date, provides enhanced accountability, enforcement, visibility and communication and seeks to update a tool for ensuring public safety as well as preserving child welfare.

An Interstate Commission on the national level will be established and a new State Council in Nevada will be created. The existing rules of the ICJ will be in effect for one year after the first meeting of the Interstate Commission. The Interstate Commission will have powers and responsibility over ICJ including promulgation of rules, fiscal responsibility, compliance and dispute resolution.

The number of youth processed in FY08 through the ICJ is illustrated below. Numbers are increasing each year consistent with population growth in Nevada and across the country. With the adoption of new compact it is hoped a smooth transition will occur allowing for the continued safety of juveniles and the public when youth cross state lines.



Youth Parole After Care Services

Electronic Monitoring

The Nevada Youth Parole Bureau currently has the ability to electronically track high risk or repeat offenders using dual track and Global Positioning System (GPS) units. This service provides Youth Parole Counselors with alternate methods of 24 hour supervision. Electronic Monitoring also assists with providing alternative supervision methods as opposed to detainment for offenders released from juvenile detention. Types of offenders who are placed on Electronic Monitoring are high risk offenders who enter the community yet require additional supervision and tracking due to high risk behaviors such as sex offenders, gang members, substance abusers and violent offenders.

Day Treatment/Residential Services

In January 2007, the Youth Parole Bureau established a partnership with Rite of Passage (ROP), Westcare, and the Center for Independent Living to provide transition and aftercare programming for youth paroled from state run juvenile correctional facilities. ROP provides day treatment services for up to twenty-four parole youth in the Las Vegas community. This strength-based program provides services to male and female parolees between the ages of 13 to 17 years of age requiring supervision in the community. The Center for Independent Living and Westcare have collaborated with ROP providing residential services to parolees who require residential placement upon release from correctional care. This provides the Nevada Youth Parole Bureau the ability to place offenders in treatment based programs that require independent living skills, mentoring, and job development as well as promote positive alternative activities.

Adoption Foster Care Analysis Reporting System (AFCARS) for Youth Parole

The Nevada Youth Parole Bureau recently applied Child Welfare practices to the supervision of parole youth who require out-of-home placements. This process requires the implementation of Child Welfare policies into Youth Parole supervision practices, IMS enhancements and the implementation of court reviews consisting of permanency hearings .

Quality Improvement for Youth Parole

To enhance the quality of services provided to youth and families, the Youth Parole staff have implemented new procedures to address quality improvement as follows:

- Increasing effective communication.
- Standardizing statewide policy and practice.
- Developing policies and procedures to provide more appropriate support to youth transitioning back into the community upon release from one of DCFS' youth centers.
- Scheduling monthly safety meetings to address the safety concerns of staff.

Juvenile Justice Programs Office

The Juvenile Justice Programs Office (JJPO) ensures compliance with the Juvenile Justice Delinquency Prevention Act of 2002 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 (JJDP A) funds
- To provide staff support services to the Department of Health and Human Services 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 an annual report to the Governor identifying priorities within the juvenile justice system as well as recommendations to strengthen services and systems
- To ensure compliance with the four core requirements of the JJDP A 2002, by conducting on-site compliance visits as well as data verification
- To provide technical assistance to the Nevada Juvenile Justice Commission

Among the grants currently administered and monitored by the JJPO are: Formula sub grants through the Juvenile Justice Commission, Title V Grants, Enforcing Underage Drinking Grants, Juvenile Accountability Block Grants, and the Community Corrections Block Grant. In addition, the JJPO oversees Juvenile Sex Offender Outpatient Treatment funding that is available to local jurisdictions statewide.



Juvenile Justice Services Administrative Office

727 Fairview Drive, Suite E
Carson City, Nevada 89701
Telephone: 775- 684-7943

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
702-486-5980

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
727 Fairview Drive, Suite E
Carson City, NV 89706
775-623-6555



