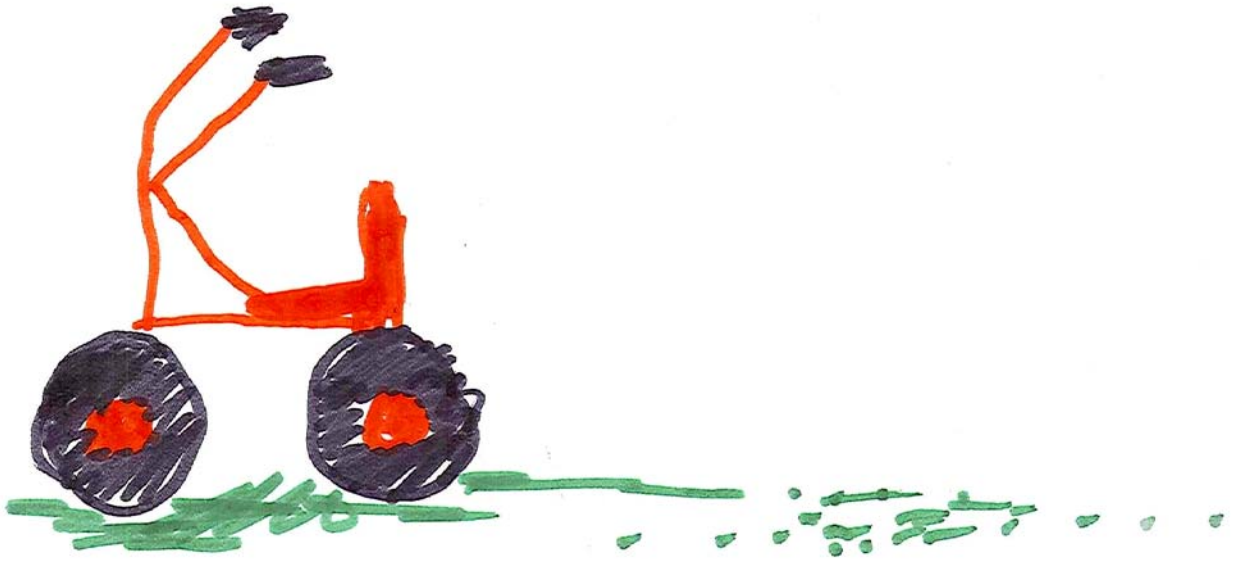




State of Nevada  
Department of Health and Human Services  
**Division of Child and Family Services**

# **BIENNIAL REPORT**

## **2009/2010**



**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  
Division of Child and Family Services at the following address:

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**4126 Technology Way, 3rd Floor**  
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This report is available through the  
Division of Child and Family Services website at the following address:

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



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# ADMINISTRATOR'S MESSAGE



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*

**T**he Division of Child and Family Services (DCFS) faces many challenges in the upcoming biennium. With tax revenue still declining as a result of the recession and budget reserves largely drained, Nevada has made spending cuts that negatively impact families and reduce necessary services. These budget pressures have not been abated and, in fact, may get worse over the course of the next two years. DCFS is taking action; however, to mitigate the effect of budget cuts by teaming with staff, county agencies, families and other stake holders to increase positive outcomes for children and their families even in a time of widespread significant budget shortfalls.

Midway through 2010, DCFS staff commenced assessing the budget in order to create a strategic framework for making decisions that support the mission which 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.” Staff asked themselves several basic questions:

- What are the results citizens expect from DCFS?
- What strategies are most effective in achieving those results?
- How should we prioritize spending to provide the activities that are most critical to implementing these strategies?
- How will we measure progress?

The outcomes of these discussions are a list of strategic priorities which will guide DCFS into the future. Some of these priorities include, but are not limited to:

#### **Child Welfare:**

- Strengthen and reinforce safety practices
- Improve the timeliness and appropriateness of permanency planning
- Expand service options and create flexibility for services to meet the needs of children and families

#### **Juvenile Justice:**

- Provide a comprehensive array of services to delinquent youth and their families which address their identified needs while maintaining community protection by holding youth accountable
- Promote positive value changes for youth committed to the State of Nevada for correctional care
- Provide fair and equitable treatment for all youth involved in the juvenile justice system

#### **Children’s Mental Health**

- Promote children’s mental health by offering individualized assessment, targeted case management, psychiatric and mental health treatment for children and youth who are severely emotionally disturbed
- Improve and restore a child’s functioning at home, in school and in the community
- Promote safety and well being and protection of youth in the child welfare and juvenile justice systems

As Administrator, I strongly believe our priorities will help us escape “silos” and succeed in achieving positive outcomes for the families we serve. The hard work facing DCFS makes us stronger and I, for one, welcome challenges. I am proud to team with my staff through the tough times to identify promising practices and successful outcomes and to work tirelessly to improve services to Nevada’s children.

Best Wishes,

A handwritten signature in blue ink that reads "Diane J. Comeaux". The signature is fluid and cursive, written over a light blue background.

Diane J. Comeaux  
Administrator





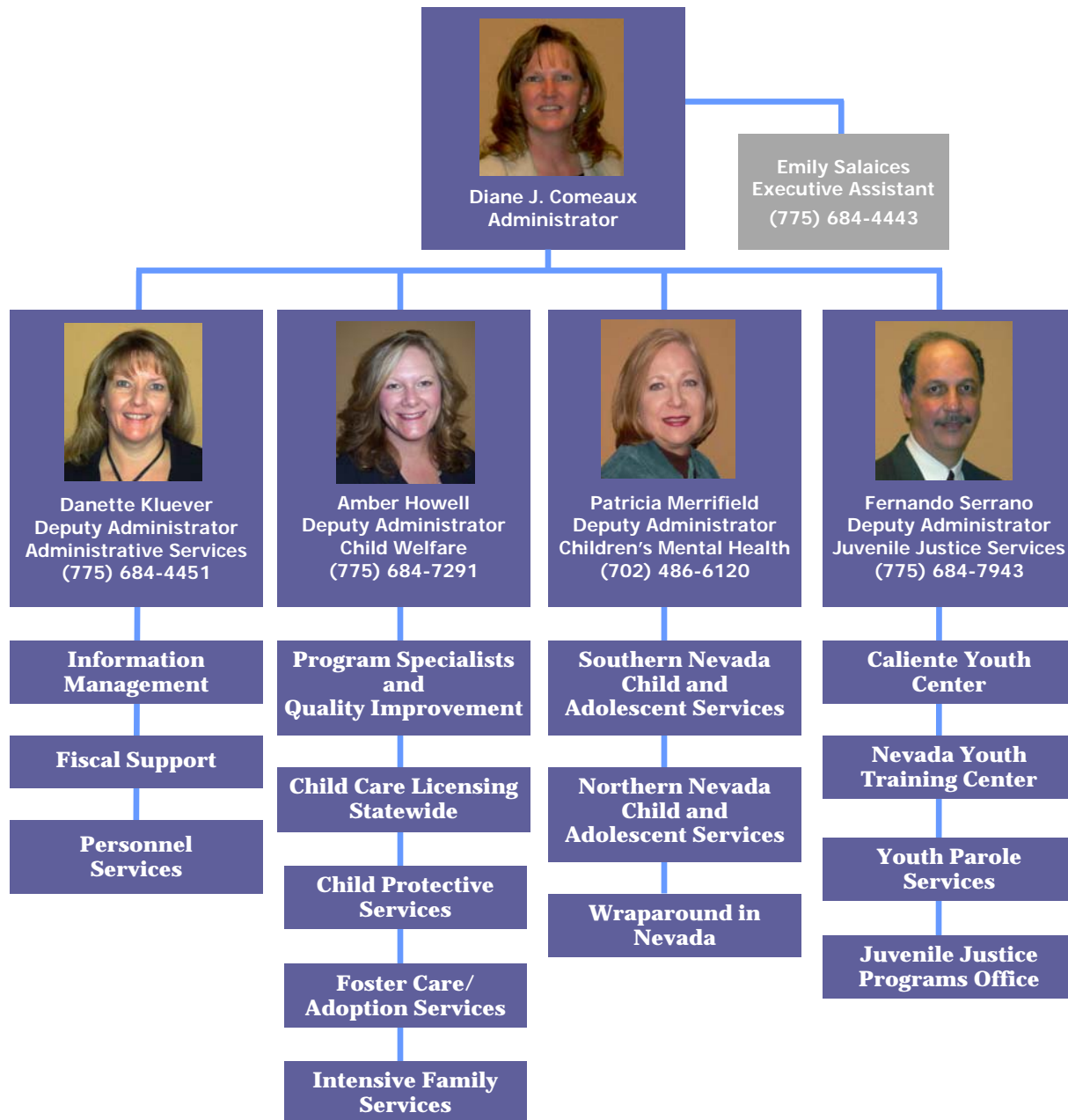
# DIVISION STRUCTURE, MISSION & PURPOSE



**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 two 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 center for adolescents, and an acute residential treatment center.

# ORGANIZATIONAL STRUCTURE & MISSION



**DCFS' mission**, together in genuine partnership with families, communities and county governmental agencies, provides support and services to assist Nevada's children and families in reaching their full human potential.

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

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

# SERVICE PRINCIPLES



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

## **Protection**

Children's safety is paramount.

## **Development**

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

## **Permanency**

All children need and are entitled to enduring relationships

that provide a family stability and belonging, a sense of self that connects children to their past, present and future.

## **Cultural Responsiveness**

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

## **Partnership**

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

## **Organizational Competence**

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

## **Professional Competence**

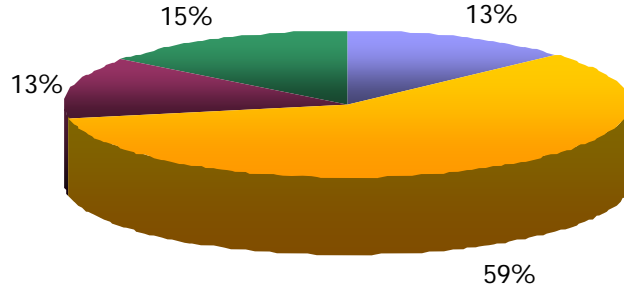
Children and families need a relationship with skilled and empathetic case managers/clinicians who can provide ethical support, confront difficult issues, and effectively assist them towards positive change that reinforces safety, permanency, well being and community safety.

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

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

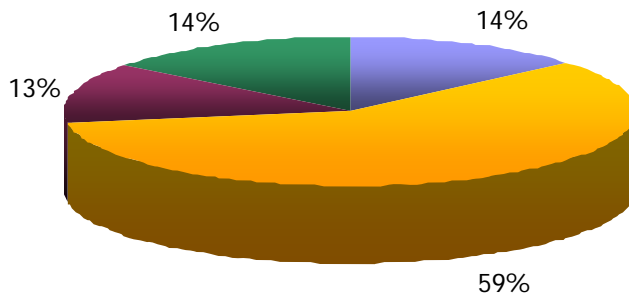
# BIENNIUM BUDGET

**Spending by Program SFY 2012**  
**Total= 213,332,445**



- Administrative and Other Services  
27,588,454
- Child Protective and Welfare Services  
126,122,469
- Juvenile Justice Services  
28,232,063
- Children's Mental/ Behavioral Health Services  
31,389,459

**Spending by Program SFY 2013**  
**Total= 219,855,340**



- Administrative and Other Services  
29,858,555
- Child Protective and Welfare Services  
129,562,276
- Juvenile Justice Services  
28,637,403
- Children's Mental/ Behavioral Health Services  
31,797,106

# SYSTEMS ADVOCATE UNIT



**The Systems Advocate Unit** was established by the Nevada State Legislature 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 State Fiscal Year 2009, 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.

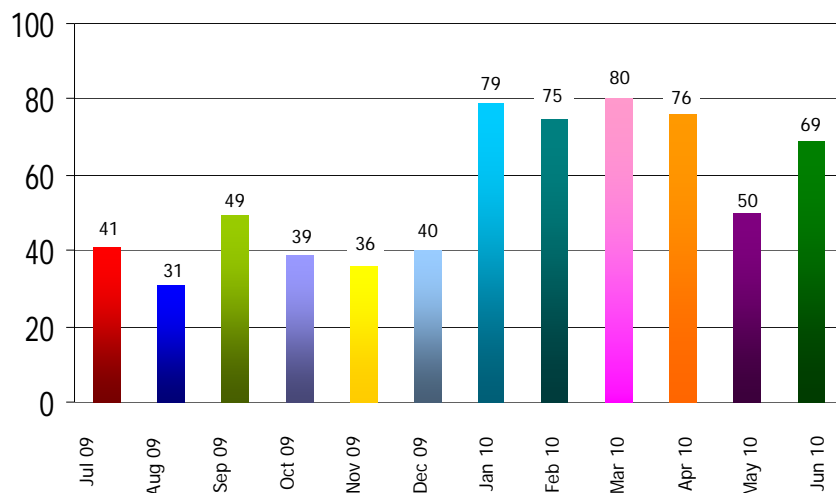
Furthermore, the Systems Advocate performs the duties of the agency Hearing Officer and has the responsibility to make available a fair hearing process to:

- 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**

**State Fiscal Year 2009  
Inquiries Per Month  
Total = 665**



# INFORMATION MANAGEMENT SERVICES



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

## **IMS 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.

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

## **Future Activities**

- Implementation of functionality in UNITY that supports qualitative case reviews.
- Implementation of functionality in UNITY to facilitate communication between the child welfare agencies and the courts.
- Implementation of functionality in UNITY to better support the processes for recruiting foster parents.
- Implementation of functionality in AVATAR to support Electronic Health Record (EHR) in compliance with the Federal requirements for meaningful use of EHR's.

# CHILD WELFARE SERVICES



Nevada uses a state-supervised and county-administered structure for the management of **child welfare services**. DCFS, under the umbrella of the Nevada Department of Health and Human Services (DHHS) provides oversight to child welfare and direct child welfare services. The organizational structure of DCFS and program delivery of child welfare services are influenced by the state size and concentration of county population. NRS 432B.325 states that in counties where population is 100,000 or more, that the county shall provide protective services for children in that county and pay the cost of those services in accordance with standards adopted by the state. In 2001, the state legislature expanded the counties' responsibility to include all child welfare services of child protection, foster care and adoption (NRS 432B.030 and NRS 432B.044).

Clark County Department of Family Services (CCDFS), located in Las Vegas, provides child welfare services to all children and families in Clark County in the Southern most part of the state. Washoe County Department of Social Services (WCDSS) located in Reno provides child welfare services directly to all children and families located in Washoe county in the northwestern part of the state.

DCFS provides child welfare services to the remaining 15 counties in the state through its Rural Region offices. The DCFS Rural Region is separated into four districts, each providing services to multiple counties each. District 1 covers the northern part of the state with its main office based in Elko. This District provides services to Elko, Eureka, Humboldt, Lander, Lincoln and White Pine Counties. District 2 covers the western/central part of the state and is based in Carson City. This District provides services to Carson City, Douglas County, Storey County, and a portion of Lyon County. District 3 covers the eastern/central part of the state and is based out of Fallon. This office provides services to Churchill, Lyon, Pershing and Mineral Counties. District 4 covers the southern rural part of the state and is based out of Pahrump. This office provides services to Esmeralda and Nye Counties.

The 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 ser-

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

*~ John F.  
Kennedy*

vices. 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**

Title IV-B and IV-E of the Social Security Act include requirements for child protective services, foster care, adoption, family preservation and support services. The U.S. Department of Health and Human Services (HHS) is authorized to review state child and family service programs to ensure compliance with these regulations. The Child and Family Services Review (CFSR) evolved to not only to ensure compliance and conformity with federal child welfare requirements but also to determine what is actually happening to children and families in the child welfare system. Additionally, the CFSR assists states to enhance their capacity to help children and families achieve positive outcomes. The reviews cover outcomes for children and families in terms of safety, permanency and child and family well-being; and the administration of state programs that directly affect the capacity to deliver services leading to improved outcomes. At the end of the on-site review, states determined not to have achieved substantial conformity in all the areas assessed are required to develop and implement Program Improvement Plans (PIPs) addressing the areas of nonconformity.

States work jointly with the Children's Bureau Regional Office (Region IX for Nevada) to develop the PIP. The PIP must include measurable goals of improvement, action steps, and a timeframe for addressing each outcome that has been found to be out of substantial conformity. Specifically, the PIP must address the on-site performance indicators (items) and statewide data indicators that contributed to the low achievement level of that outcome. The timeframe for completing the implementation of the PIP may not exceed 2 years from the date the PIP is approved. If a state remains in noncompliance, financial penalties and/or withholding of funds may occur. States use information, plans, outcomes and results identified in the CFSR and PIP to assist in the implementation and ongoing review of the Child and Family Services Plan (CFSP).

In the 2009 review, many individual performance indicator items were found to be strengths in Nevada and include:

- The CFSR noted several areas of strengths related to the safety outcomes, including timely response to reports (often exceeded time frames); timely face-to-face contact with children; good collaboration with law enforcement.
- The CFSR noted several areas of strength related to permanency outcomes, including exemplary family-centered practice; keeping children in proximity to community; placing siblings together; placement with relative; and preserving primary connections for children.
- The CFSR noted several areas of strength related to well being outcomes, including strong efforts to assess educational needs and to advocate for educational services; medical passport being utilized; strong efforts to meet physical health and dental needs.





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.

# CHILD PROTECTIVE SERVICES



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

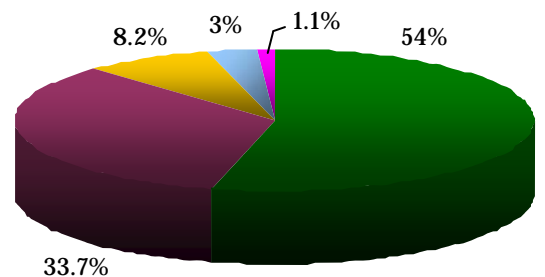
This is accomplished through the use of the Nevada Initial Assessment, Nevada Safety Assessment and Risk Assessment tools. As part of the assessment process to ensure that the home is safe for the children, the CPS worker and family develop a plan to address issues that have been identified. This plan will either help the child stay in the home if the issues are not too serious, or will help the child return to the home if possible.

The first step in the process is the child welfare agency response to referrals of abuse and/or neglect. Referrals of abuse and/or neglect are defined by a statewide allegation system.

**CHILDREN  
ARE FIRST  
AND  
FOREMOST  
PROTECTED  
FROM ABUSE  
AND  
NEGLECT**

**Frequent Types of Child Abuse or Neglect  
Allegations Reported  
SFY09**

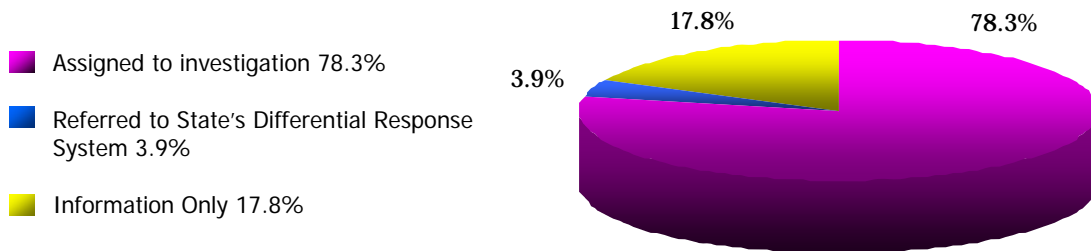
- Negligent Treatment 54%
- Physical Injury Abuse or Neglect 33.7%
- Sexual Abuse and Neglect 8.2 %
- Substance Exposed Infants 3%
- Mental Injury Abuse or Neglect 1.1 %



A referral becomes a report upon child welfare agency determination that information received constitutes an allegation consistent with the statewide intake policy. There are six standard questions that are woven into the intake gathering process that lay the foundation for assessing safety and risk that include circumstances surrounding the maltreatment, child and adult functioning, and parenting practice and discipline. This information generates the type of response required. The Reports are then forwarded to a supervisor or super-

visory-level designee for review and one of three priority response times is assigned. In fiscal year 2009, over 24,000 referrals were made statewide.

**Referrals Made to Child Protective Services  
Statewide SFY09  
Total= 24,000**



Upon receiving a referral, the CPS worker gathers as much information as possible about each family member, the nature, extent, severity, and alleged child maltreatment. 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 the statewide allegation system and the requirements for response to the report. 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. **In 2009, there were 19,511 alleged victims of child abuse and neglect. Of these, 7.6% were found to have substantiated cases of abuse and/or neglect.**

On occasion, some of the substantiated reports received are reports of repeat maltreatment of children who have previously been in the child welfare system. 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 less than 94.6% of the time. Nevada's rate



was slightly below at 93.9% in federal fiscal year 2009.

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.

In recent years, Nevada has engaged in a comprehensive reform of policy and practice related to examining the safety of children. Several policies have been developed which have expanded the focus on assessment of children to ensure that workers are getting an in-depth and accurate picture of family functioning. These have included revisions to the Nevada Initial Assessment, Nevada Safety Assessment and Risk Assessment Policies, as well as revisions to the policies for Substantiation and Intake. After discussions with the child welfare agencies identified that Nevada workers struggled with integrating safety into practice, expanded training for workers and supervisors has increased as well. Two comprehensive trainings were sponsored by Child Abuse Prevention Treatment Act (CAPTA) funds through one of the two grants Nevada receives from the Federal Government. These included CPS Investigations – A Social Child Safety Intervention and Consultative Supervision- Evaluating and Managing Effective Safety Management. CPS Investigations is a specialized social service training on child safety intervention that includes information collection and analysis, protective action, and decision-making related to investigating reports of child maltreatment. A total of 112 individuals participated in this training statewide in state fiscal year 2009. Consultative Supervision covers the following topics: sufficient information collection for effective safety decision-making; judging screening decisions and analyzing response times; evaluating the accuracy of safety assessments; and consultation with the safety intervention analysis. A total of 115 supervisors and managers participated in this training statewide in state fiscal year 2009.

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



# INDIAN CHILD WELFARE ACT



**The Indian Child Welfare Act (ICWA)** is a federal law that seeks to keep **American Indian children with American Indian Families**. Congress passed ICWA in 1978 in response to the alarmingly high number of Indian children being removed from their homes by both public and private agencies. The intent of Congress under ICWA was to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families". ICWA sets federal requirements that apply to state child custody proceedings involving an Indian child who is a member of or eligible for membership in a **federally recognized tribe**. The major ICWA require-

ments include the requirement that State child welfare agencies have a method to identify Indian children which come into their custody; that Indian parents and Tribes have the right to notice of, and to intervene in State proceedings involving Indian children; that special preference is given for placement of Indian children with a member of the child's extended family, other members of the Indian child's Tribe, or other Indian families; that active efforts are made to prevent the breakup of the Indian family including the use of Tribal community services and culturally appropriate programs; and, that Tribal courts are utilized in child welfare matters, ensuring that a Tribe reserves the right to intervene in State proceedings, or transfer the proceedings to the jurisdiction of the Tribe.

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 27 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, provide collaboration and joint tribal/state training on matters relating to Indian Child Welfare. The committee includes representatives from each of the federally recognized tribes, bands and colonies, as designated by Tribal Chairmen. Additionally, representatives from the Inter-tribal Council of Nevada, Bureau of Indian Affairs – Western and Eastern Regional Offices, Nevada Urban Indians, Inc., Las Vegas Indian Center, Nevada Indian Commission, and each of the child welfare agencies are included.

The Committee continues to collaborate 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. The work of the committee and partners has included a series of round tables throughout Nevada, to provide training on recent legislation around Title IV-E programs; and, a day long child-welfare track at the Inter-Tribal Council Convention. Plans include another series of round tables, a Summit which brings together tribal and state social workers, and participation in the Inter-Tribal Council Convention. Efforts have expanded to include other divisions within the Department of Health and Human Services, in an effort to ensure a comprehensive collaboration for services to our Native American children and families.

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

*~Sitting Bull*

# INTENSIVE FAMILY SERVICES



**Intensive Family Services (IFS)** provides in home clinical services to high risk families who have lost custody of their children or have a high probability of losing custody. IFS staff provide clinical assessments for youth receiving child welfare services from DCFS in their homes.

## Services

- Clinical assessments provided are specialized, targeted assessments for families and children coming into care. These assessments cover: alcohol screenings, parental capacities, developmental levels, general needs assessments, diagnostic assessments and assessments for youth who have acted out sexually.
- In-home, family centered, intensive services including; therapy/counseling, skill building, supportive services, advocacy, assessments, clinical case management and concrete/hard services to complex, high risk families.
- Courts often order the state to provide mental health services and assessments to youth and their families. IFS is one method used to comply with this type of order in the rural region where community services are limited. These court ordered services may last from 90 days to up to one year.
- Clinical assessments ordered for custody youth and their families include; child development and functioning measurements; Parental Capacity assessments; and screening of children/youth who have acted out sexually. Referrals to this program are children who are high risk for removal or have been removed and these services are part of a reunification plan.

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

## Clinical Services

- The Clinical Resources Unit is to provide behavioral health services to DCFS. Services include crisis intervention; individual, couples and family therapy; clinical case support and consultation; foster home support services; placement stabilization and higher level of care movement facilitation; family group decision making; pre and post adoptions support; special needs adoptions clinical services; information and referral; psychological evaluation and consultation; treatment team consultation; client and staff training support; and juvenile sex offender evaluations. This unit is staffed by 3 full-time staff and 4 part-time staff, which include a unit supervisor, a clinical psychologist and licensed therapists.
- Family Preservation Unit is to provide family therapy and clinical case management to families that are clients of DCFS. The Family Preservation Program provides intensive in-home family therapy to families receiving services from the Children's Services Division. Family therapy services are provided to families for Placement Prevention and for Reunification. Placement Prevention services are provided to families with children who are risk of out-of-home placement due to abuse or neglect. Reunification services are provided to families with children who are returning from foster care or other out-of-home placement. Services typically last for approximately 90 days.



The goal of the **foster care** system is to ensure the safety, permanency and well-being of children who either temporarily or permanently cannot be safely maintained in their own homes. If during a Child Protective Services (CPS) investigation, it is determined that a child is not safe if he or she remains in the home, the CPS worker will remove the child from the home. At this point the child will be placed with a relative if an appropriate one is available, placed in a foster home, or placed in another type of substitute care such as a shelter or treatment facility.

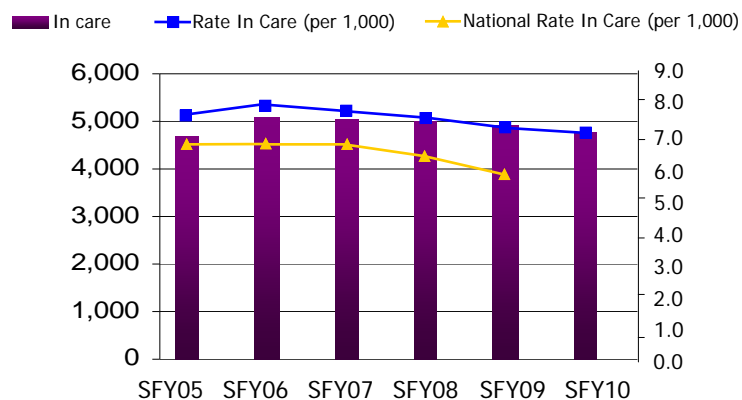
A caseworker is assigned to the family to:

- Assist the family with addressing and resolving the issues that put the child at risk.
- Complete home visits to ensure the child is safe and the family has all of their needs met.
- Attend court hearings and report on the status of the family.
- Ensure the child finds a permanent living situation (through reunification or adoption) within timeframes specified by the federal government.
- Assess and monitor the needs of the child to ensure that any behavioral, medical, or mental health needs are met.

**“EVEN  
SUPERMAN  
HAD FOSTER  
PARENTS”**

*~ Anonymous*

**Number and Rate of Children in Out-of-Home Care**  
(per 1,000 children in population)



The number of children in out-of-home care in Nevada began a steady decline in SFY07. Since that time, there has been a 7.8% overall reduction in the number of children in care. The rate of children in care per 1,000 children in the population has also declined during this time period. It is currently above the national rate. By way of comparison, the total number of children in care nationally has also been declining. The most recently released data indicates a decline of 13.2% between SFY07 and SFY09.

# FOSTER CARE LICENSING



## Placement Resources/Foster Care Licensing

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, CCDFS and WCDSS. The goal is to provide safe homes that meet the needs of children in out of home placement. When relatives cannot be located, the child welfare agency must utilize traditional foster care. Resource home development is designed to recruit, train, license and retain the most appropriate families available who can meet the needs of the child.

Resource families may be relatives, fictive family, foster parents, therapeutic foster care parents or adoptive parents. The ideal resource family is a family who is committed to a child regardless of the child's needs and level of care. Child welfare agencies are continuously recruiting for resource families who can meet the needs of children in care. Resource families may be a temporary placement while the biological family works on their needs in order to create a safe environment that the children can return to or as a permanent resource for the family.

## Foster Parent Recruitment

New children come in to the foster care system daily; therefore, there is an ongoing need to recruit qualified foster parents. Many foster care children are adopted by the foster families with whom they live, thus closing that foster care home to other children. 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 731 initial foster care licenses being issued in SFY10. There has been an upward trend of the total number of family foster care licenses statewide, increasing by 17% from 1507 homes in September 2008 to 1820 homes in September 2010.

## Foster Parent Training

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

Advanced trainings are offered to foster parents by the child welfare agencies, local foster parent associations, treatment foster care agencies, and also available through on-line resources. Depending on the type of licensure a foster parent has, the amount of advanced training varies.

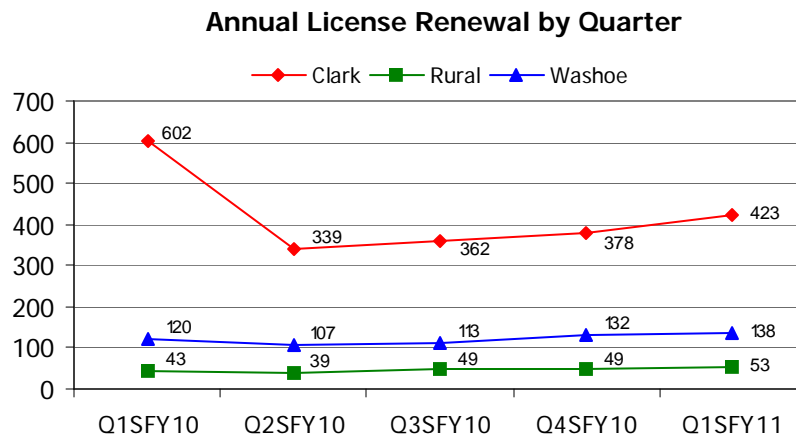
**SAFETY,  
PERMANENCY  
AND  
WELL BEING  
FOR  
NEVADA'S  
CHILDREN  
AND  
FAMILIES**



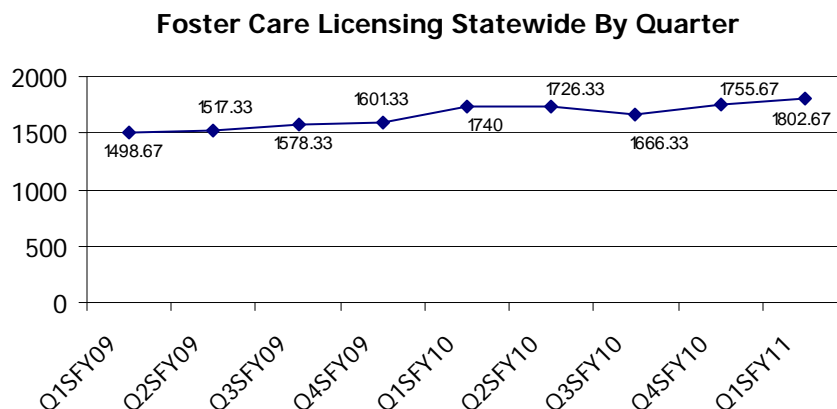
## Licensing

The licensing process is required by NRS 424 and determines whether the prospective foster family can provide suitable care. At least one on-site visit to the home must be made for initial licensing. All applicants and residents 18 years of age or older living in the home must complete and pass a Federal Bureau of Investigation (FBI) background check, and state and local background checks. Additionally, per the Adam Walsh Child Protection and Safety Act, all adult residents must complete in and out of state child abuse and neglect background checks. As of January, 2011 a biennial renewal is required, with an annual visit.

After an initial decline in the first quarter of 2010, all agencies have shown a gradual increase in license renewals.



Recruitment, licensing and retention efforts are having a positive effect on the number of available placement resources for children in foster care.



## Foster Parent Retention

Foster parent retention is an important aspect of the foster care program. Each child welfare agency provides activities and events that publicly support and honor foster parents. Foster families participated in various events hosted by each agency, ranging from appreciation family picnics, and evening gala events to support groups and monthly meetings. All events received positive feedback from foster parents.

# DISASTER RESPONSE



Natural and man-made disasters can affect the routine ways child welfare agencies operate and serve children, youth and families. In the event of a disaster, essential child welfare services to children, youth and families could be disrupted or seriously compromised. 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.

The Administration for Children and Families (ACF) requires that all child welfare agencies have in place a **disaster response** plan which addresses 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 areas.
- 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 CCDFS and WCDSS to develop and maintain a written plan. Such plans must focus on planning and procedures for maintaining care and oversight 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 disaster response plan. This plan is designed to be implemented when a disaster or emergency interferes with the day-to-day operations of DCFS, CCDFS and WCDSS. 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.

In response to the additional requirements set forth by ACF, each child welfare agency developed a disaster response plan which addresses the criteria and also ties in with the agency's local county disaster response process. 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. DCFS, CCDFS and WCDSS designed and implemented their own internal training process, tailored to their agency's infrastructure.



# ADOPTION



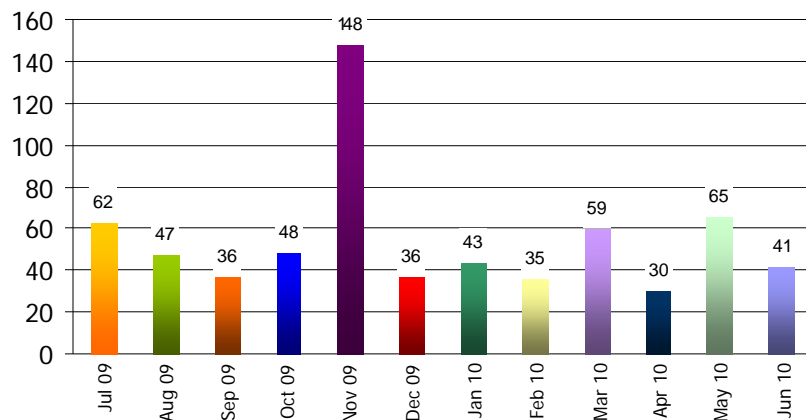
The goal of Nevada's **adoption** program is to provide safe and permanent homes for children whose birth parents cannot care for them. State and county child welfare agencies responsible for the child's care must ensure that permanent adoptive homes are identified in a timely manner and in compliance with the myriad of state and federal requirements pertaining to adoption. Many foster children are adopted by relatives and foster parents, while others require additional local and national recruitment efforts to locate appropriate adoptive families.

The state or county agency which provides child welfare services, or a licensed child-placing agency, can assist birth parents planning to place their child out-of-state, and provide services to Nevada families planning to adopt children from another state. Arrangements to place children across state lines must follow the Interstate Compact on the Placement of Children (ICPC) regulations, and a state/county worker or private agency social worker must be involved to help with this procedure.

**“EVERY CHILD  
DESERVES A  
HOME OF HIS  
OWN”**

*~Harry Holt*

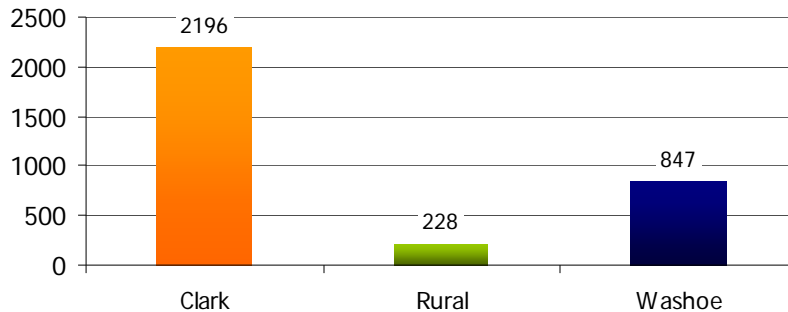
**Statewide Finalized Adoptions SFY09  
Total=650**



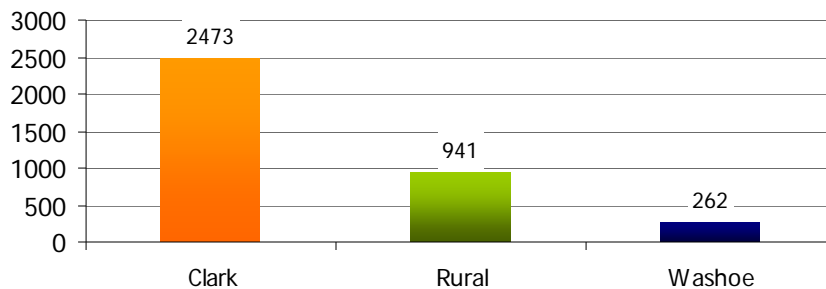
In addition to serving this group of children and families, DCFS and county child welfare agencies also provide adoption services to children and families involved in private, interstate, relative and international adoptions and offer a variety of services to birth parents planning adoption for their child; families interested in adopting special needs children and/or healthy infants; families interested in private/independent, interstate or international adoptions; adult adopted persons; and, relatives related within the third degree of consanguinity of an adult adopted person.

In recognition of the State's efforts to finalize the adoptions of children in Foster Care, Nevada received a Federal Adoption Incentive Grant award in the amount of \$467,665.00 in September 2010 which was an increase from the baseline year. The funds will be used by DCFS, CCDFS and WCDSS to support special-needs adoption, recruitment, home study and post placement services, and for post adoption services required to stabilize and maintain the placement.

**Adoption Subsidies by Region SFY09**



**Adoption Subsidies by Region SFY10**



# INDEPENDENT LIVING



The goal of **Nevada's Independent Living Program (IL)** is to prepare young adults for the transition to adulthood and to provide opportunities to obtain the skills necessary for self-sufficiency. Independent Living, while commonly seen as a placement option, is not only a placement, but also a set of services specifically designed around the needs of each youth in the program.

DCFS is responsible for providing IL services in the 15 rural counties of the State, and CCDFS and WCDSS are responsible for Clark and Washoe Counties, respectively.

Services provided are funded through two federal grants (the Chafee Independent Living (P.L. 106-169) and the Educational and Training Voucher Grants) and revenue generated from fees collected on the recording of documents authorized by Assembly Bill 94 of the 2001 Legislative Session (NRS 423.017, Fund to Assist Former Foster Youth).

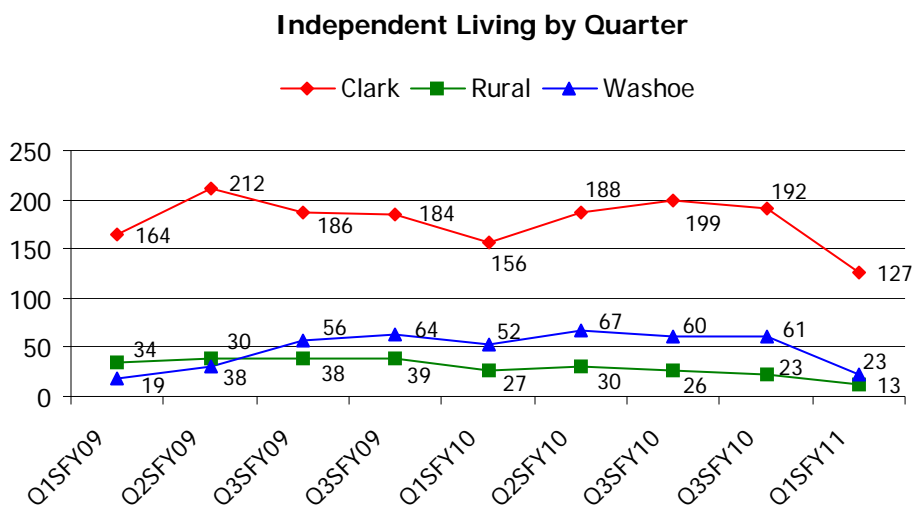
The child welfare agencies sub-grant funds to community or other service providers of IL services. In order to ensure that all youth, regardless of where they live, receive services, multiple providers are awarded grants throughout the state. The providers work closely with the child welfare agencies to ensure that youth and young adults receive appropriate services, necessary funding, and that they are able to work towards self-sufficiency and become independent, productive members of the community.

Foster youth are referred for independent living services at age 15. Approximately 860 youth are eligible based on age for services at any give time. Youth are able to participate in classes that teach daily living and job skills and provide educational assistance. Funding is available to assist the youth with a variety of services that a youth may need while trying to become independent, including housing and education. Each youth may receive more than one service, such as receiving funds to secure housing or taking a series of classes on financial management.

**"AMAZING  
THINGS  
HAPPEN WHEN  
YOU GIVE A KID  
A CHANCE"**

*~Jimmy Wayne,  
Former Foster Youth*

Approximately 190 youth age out of foster care on an annual basis. Some of these youth may be living in foster homes at the time they age out, while others are living independently. The chart below illustrates the changes over the years in youth living in IL placements.



In October 2010, DCFS' IL program began to collect data for the National Youth in Transition Database, which is the first national database that will track outcomes for youth who age out of foster care. Results from the database will allow the child welfare agencies to more effectively develop and design programs.

Recent program initiatives in IL have included the development of a statewide policy which was approved December 2010 to ensure consistency among programs and to ensure that all children in need of services are identified. Significant new activities include a transition plan that is developed within 90 days of the youth leaving foster care, to ensure that all needs have been met and that the youth is prepared to live on his or her own, and statewide utilization of the Ansell Casey Life Skills Assessment, to ensure consistent assessment of youth across the state. The services provided through the IL program have allowed youth, who would not otherwise have had the opportunity, to do things such as attend college or rent apartments. Youth receive the extra assistance they may need to take their first steps towards self-sufficiency, thus decreasing reliance in the future on public assistance, and providing extra help in becoming independent adults.

# INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN



The **Interstate Compact for the Placement of Children (ICPC)** is a contract among member states (currently all 50 states) and U.S. territories authorizing them to work together to ensure that children who are placed across state lines for foster care or adoption receive adequate protection and support services. This helps to support and comply with P.L. 109-239, the Safe and Timely Interstate Placement of Foster Children Act of 2006, which was enacted to improve protections for children and to hold States accountable for the safe and timely placement of children across state lines.

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 a home study, licensing, if requested, and ongoing supervision of the placement. ICPC establishes uniform procedures for placement and establishes responsibility for agencies and individuals involved in placing children depending on their role as either the sending or receiving state.

To participate in ICPC, a state must enact into law the provisions of ICPC. In addition, Compact members work in conjunction with one another when placing children across state lines for the following types of placements:

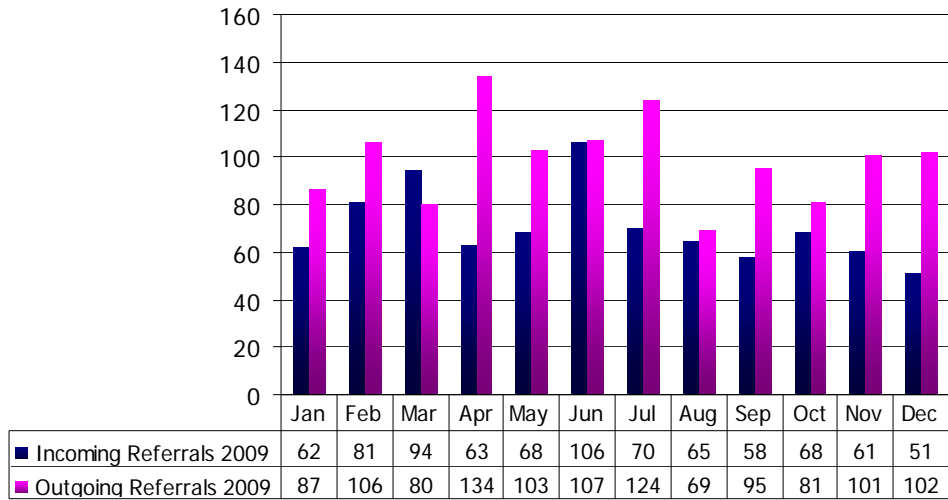
- preliminary to adoption (private and public agency as well as independent adoptions);
- placements into foster care, group homes, residential treatment facilities and certain institutions;
- placements with parents and relatives where a parent or relative does not have legal authority to make the placement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

The structure of child welfare agencies varies across states; therefore, participation in ICPC provides a uniform method for placement and saves time and resources by following consistent placement, assessment and monitoring practices.

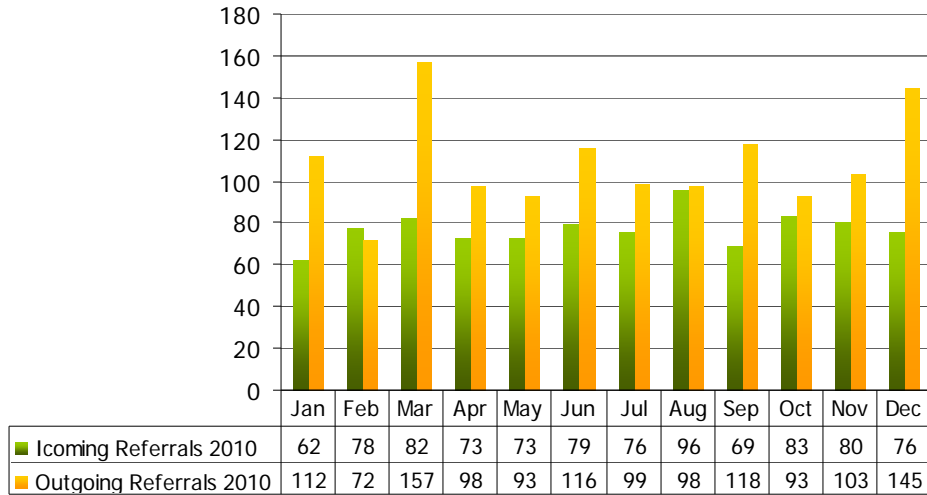
**PROVIDES  
GUIDANCE  
WHEN  
PLACING  
CHILDREN  
ACROSS  
STATE LINES**



### Incoming/Outgoing Referral Annual Comparison 2009



### Incoming/Outgoing Referral Annual Comparison 2010



Nevada consistently receives more requests for outgoing referrals (a child being placed into another state from Nevada) than for incoming referrals (a child being placed into Nevada from another state). In 2010, Nevada received a monthly average of 77 incoming referrals which reflects an increase of 9% from 2009 monthly incoming referral totals. Of greater significance is the difference between outgoing and incoming referrals. In 2009, Nevada received 847 incoming referrals and 1189 outgoing referrals, a difference of 342. In 2010, Nevada received 1304 outgoing referrals as compared to 927 incoming. This reflects a difference of 377. Incoming referrals have increased by 9% over the last year and outgoing referrals have reflected an increase of nearly 10%. October), Nevada received 735 incoming referrals and 986 outgoing referrals, a difference of 34%.

Nevada sends and receives the most number of referrals from California, followed by Oregon and Utah.

# NEVADA PARTNERSHIP FOR TRAINING



The Family Programs Office (FPO) at DCFS 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, and the Schools of Social Work at the University of Nevada, Las Vegas (UNLV) and University of Nevada, Reno (UNR). The University partners provide trainers to the partnership to train case-workers, supervisors and other child welfare staff and stakeholders on curricula to enhance the safety, permanency and well-being of children in care. Additionally, DCFS contracts with outside entities to bring training experts to Nevada for specialized topics.

The intent of NPT contracts is to maximize funding by identifying activities within the universities that meet the Title IV-E training definition. These activities are used to generate additional Title IV-E funds. This comprehensive training system contains the critical performance indicators required by the Administration of Children and Families Child and Family Services Review. To meet these performance indicators NPT provides Nevada New Worker Core for new workers, and a Specialty Core Series and Web-Based Training for ongoing workers.

## **Nevada New Worker Core (Core)**

Core is a ten week comprehensive training program with five weeks of in-class activity and five weeks of on-the-job training with supervisors and training staff and supplemental reading materials. To date, just over 100 individuals have received training in the Nevada New Worker Core Series.

## **Specialty Core**

In the past year, Specialty Core coursework was developed to include four new series of courses based on the needs expressed by the child welfare agencies in the state. Each series includes three modules in one introductory level course and two advanced courses. Currently the in-person Specialty Core Series include coursework on Domestic Violence, Substance Abuse, Mental Health and Sexual Abuse. Each series focuses the worker on how to recognize the issues and how to approach casework practice when a family or child in care is affected by one or more of these situations. To date, two complete sessions of each topic have been delivered state-wide to a total of 131 individuals.

In addition to the Specialty Core coursework, three other courses were offered in the last biennium. These include Child Welfare Ethics and Liability, Quality Improvement Case Review Training and coursework on the North Carolina Family Assessment tool. A total of 252 individuals were trained over the three courses.


## **Web-Based Training**

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. Three independent course modules are currently available online which include Mandatory Reporting, Ethics, and ICWA. In addition, the pre-reading and on-the-job training portions of Core are available online to facilitate greater learning to individuals enrolled in Core.

# SERVICE LOCATIONS


## Northern Region

### Washoe County Department of Social Services

 (775) 785-8600

## Southern Region

### Clark County Department of Family Services


 (702) 455-5444


## Rural Regions

### Administrative and Field Office

*Marla Morris, Manager District 2*

1677 Old Hot Springs Road, Suite B  
Carson City, NV 89706


 (775) 687-4943

 (775) 687-4903

### Battle Mountain Field Office

105 Carson Road #4  
Battle Mountain, NV 89820


 (775) 635-8172 or (775) 635-5237


 (775) 635-9067

### Elko District Office

*Larry Robb, Manger District 1*


1010 Ruby Vista Drive, Suite 101  
Elko, NV 89801


 (775) 753-1300

 (775) 753-1301

### Ely Field Office

740 Park Avenue  
Ely, NV 89801


 (775) 289-1640


 (775) 289-1652

### Fallon District Office

*Vacant, Manager District 3*


1735 Kaiser Street  
Fallon, NV 89406


 (775) 423-8566

 (775) 423-4800

### Fernley Field Office


55 North Center Street Ste 3  
Fernley NV, 89419


 (775) 273-7157

 (775) 273-1726

### Hawthorne Field Office


1000 C Street; Mailing Address- PO Box 1508  
Hawthorne NV, 89415-1508


 (775) 945-3602

 (775) 945-5714

### Lovelock Field Office

535 Western Avenue; Mailing Address- PO Box 776  
Lovelock NV, 89419-0779


 (775) 273-7157


 (775) 273-1726

### Pahrump Field Office

*Alice Magro, Manager District 4*


2280 Calvada Boulevard, Suite 302  
Pahrump NV, 89408-3161


 (775) 727-8497

 (775) 727-7072

### Tonopah Field Office


500 Frankee Street; Mailing Address- PO Box 1491  
Tonopah NV, 89049-1491


 (775) 482-6626

 (775) 482-3429

### Winnemucca Office

475 W. Haskell #7  
Winnemucca, NV 89445-3781

 (775) 623-6555

 (775) 623-6559

# BUREAU OF SERVICES FOR CHILD CARE



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.

The Bureau promotes the healthy growth, development, and protection of children, increases availability of positive and nurturing learning environments and provides support for families by regulating and licensing high quality, developmentally appropriate flexible care through a wide range of care options. This 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.

In 2009 the Bureau staff completed:

- 321 initial/annual licenses
- 60 initial consultations
- 989 monitoring visits
- 44 licensed complaint investigations
- 44 unlicensed complaint investigations

In 2009 the Bureau licensed:

- 423 child care facilities with a licensed capacity of 14,320
  - 158 Family Care facilities
  - 256 Centers
  - 9 Institutions
  - Opened 41 new facilities
- Closed 50 facilities upon the facilities' request

In 2010 the Bureau staff completed:

- 447 initial/annual licenses
- 63 initial consultations
- 1,283 monitoring visits
- 65 licensed complaint investigations
- 34 unlicensed complaint investigations

In 2010 the Bureau licensed:

- 436 child care facilities with a licensed capacity of 25,705
  - 141 Family Care facilities
  - 224 Centers
  - 8 Institutions
  - Opened 51 new facilities
- Closed 44 facilities upon the facilities' request

In this past year the Bureau has taken over the City of Las Vegas and Clark County licensing jurisdiction due to budgetary constraints. Responsibilities for these jurisdictions results in an increase of 350 more facilities under the Bureau's jurisdiction.

# CHILD CARE SERVICE LOCATIONS

## Carson City

**Administrative & Main Office**  
**Bureau of Services for Child Care**  
4150 Technology Way 3rd Floor  
Carson City, NV 89706

☎ (775) 684-4463  
☎ (775) 684-4455  
✉ [CCLicensing-CC@dcfs.nv.gov](mailto:CCLicensing-CC@dcfs.nv.gov)

## Elko

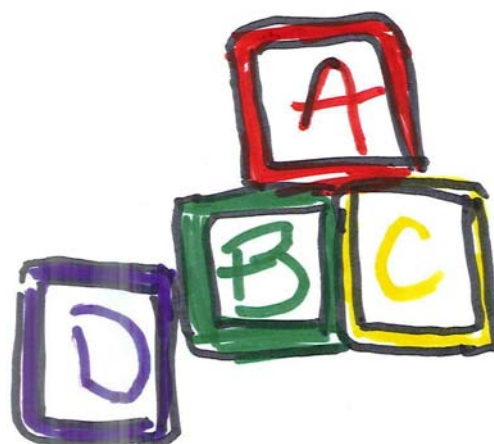
**Bureau of Services for Child Care**  
1010 Ruby Vista, Suite 101  
Elko, NV 89801

☎ (775) 753-1300  
☎ (775) 753-1301  
✉ [NNLicensing-NN@dcfs.nv.gov](mailto:NNLicensing-NN@dcfs.nv.gov)

## Las Vegas

**Main Office**  
**Bureau of Services for Child Care**  
4180 South Pecos Road, Suite 150  
Las Vegas, NV 89121

☎ (702) 486-7918  
☎ (702) 486-6660  
✉ [CCLicensing-SN@dcfs.nv.gov](mailto:CCLicensing-SN@dcfs.nv.gov)



# 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 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, developmental services, child care and Head Start centers, pediatricians, 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 and the Planning and Evaluation Unit.

## Highlights

- Supported and collaborated with the Commission on Mental Health and Developmental Services in the development of the very first State Plan for Children's Mental Health in Nevada. This plan provides the framework for a Bill Draft Request which will be presented to the 2011 Legislature.
- Partnership with the University of Nevada to provide a fellowship training program in Child and Adolescent Psychiatry. The goal of the Child and Adolescent Fellowship is to improve mental health services to children in Nevada by training a new cohort of child and adolescent psychiatrists. Second-year Fellows care for their own panel of outpatient clients, receive advanced instruction in the major psychotherapeutic modalities for children and adolescents, and prepare for practice by developing sound ethics and practice management strategies. NNCAS hired one graduate as agency Senior Psychiatrist.
- Early Childhood clinicians were trained by the American Academy of Child and Adolescent Psychiatry on the Early Childhood Services Intensity Instrument and have been approved as trainers for state and community providers.
- Trained staff and implemented evidence-based interventions to include Parent Child Interaction Therapy (PCIT), Trauma-Focused Cognitive Behavior Therapy (TF-CBT), Motivational Interviewing and Aggression Replacement Training.
- Initiated quality improvement reviews and activities with treatment home agencies contracted to provide Specialized Room and Board services.

**POSITIVE  
MENTAL  
HEALTH IS  
ESSENTIAL TO  
A CHILD'S  
HEALTHY  
DEVELOPMENT  
FROM BIRTH**

# COMMUNITY-BASED OUTPATIENT SERVICES



Early Childhood Mental Health Services (ECMHS) 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 and include:

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

## Highlights

- Served 982 children and their families in SFY09 and 971 children and their families in SFY10. 54.8% of the children served in SNCAS and 6.6% of the children served in NNCAS in SFY09 were in child welfare custody. 63% of the children served statewide in SFY10 were in child welfare custody.
- Diagnose using the Diagnostic Classification 0 – 3 system, a nationally recognized best practice for young children, allowing for developmentally appropriate diagnosis of children birth to 48 months. Staff provide multiple trainings each year on this diagnostic system to increase community capacity.
- Implementing evidence-based practices: Parent-Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy and Motivational Interviewing
- NNCAS ECMHS partnered with the Child Abuse and Neglect Task Force and Washoe County School District to provide a VOCA grant-funded day treatment program for children three to five years of age who are victims of crime in Washoe County.
- SNCAS ECMHS was granted additional Child Care Development Block Grant Funds to expand capacity for Early Childhood Mental Health consultations to day care centers, Head Start, Early Head Start, Pre-Kindergarteners and Kin-

dergarteners in urban Clark County.

- Collaborated with the American Academy of Child and Adolescent Psychiatrists on the testing and norming of the Early Childhood Services Intensity Instrument. Staff were trained as trainers on this instrument and they provide training statewide to DCFS and community partner staff.

### **Outpatient Services of NNCAS and Children's Clinical Services of SNCAS**

Outpatient/Children's Clinical Services provide community-based outpatient, individual and family oriented mental health services for children from six through eighteen years of age.

These services include:

- Individual, family, and group therapies in home, clinic and community settings
- Psychological assessment and evaluation
- Psychiatric evaluation and medication management
- Clinical case management
- Consultation with other stakeholders involved with children in treatment and their families as well as general consultation regarding mental health issues for children and families
- Walk-in crisis assessments
- 24-hour on-call emergency professional coverage

### **Highlights**

- Served and 1,348 children and their families in SFY09 and 1,410 in SFY10.
- 30% of the children served in SNCAS and 9.1% of children served in NNCAS in SFY09 were in child welfare custody. 23% of the children served statewide in SFY10 were in child welfare custody.
- Psychiatric Caseworker positions in SNCAS and NNCAS provide wraparound services to children in parental custody providing the same model that WIN provides to children in child welfare custody.
- Implemented evidence-based practices: Trauma-Focused Cognitive Behavior Therapy and Motivational Interviewing.
- NNCAS successfully launched its second and third rotation of second-year Fellows from the University of Nevada School of Medicine Psychiatric Fellowship Program and hired a Fellow graduate as agency Senior Psychiatrist.
- SNCAS provides leadership and participation on Neighborhood Resource Teams and the Clark County Resource Team to assist in busting barriers to meet service needs of individual children in the community and supporting successful returns from out of state residential placements.



# WRAPAROUND IN NEVADA (WIN)



**Wraparound in Nevada (WIN)** for Children and Families provides intensive targeted case management services to children with serious emotional disturbances 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

- 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 wraparound 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.
- WIN North has partnered with NNCAS, Washoe County Juvenile Services, Washoe County School District and Sierra Regional Services of the Division of Mental Health and Developmental Services in an expansion of wraparound in the county. Each partner agency dedicated one case manager to provide wraparound to children served in their agency and WIN is providing training, coaching and practice supervision. The Washoe County Children's Mental Health Consortium and Nevada Parents Encouraging Parents (PEP) have been active participants. A formal inter-local agreement was signed and implementation began in late August, 2010.
- WIN served 807 children in SFY09: 162 in Washoe County, 496 in Clark County and 149 in rural counties.
- WIN served 758 children in SFY10: 149 in Washoe County, 489 in Clark County and 120 in Rural counties.

**CHILDREN'S  
MENTAL  
HEALTH  
NEEDS CAN  
BEST BE MET  
BY SERVING  
CHILDREN  
WITH  
INTENSIVE  
COMMUNITY-  
BASED  
SERVICES LIKE  
WIN**

# DESERT WILLOW TREATMENT CENTER



**Desert Willow Treatment Center (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 13 years and a twelve bed unit for adolescents ages 12 to 18 years, and three residential treatment units with a total of 38 beds serving youth 12 to 18 years. Two 12 bed residential units serve youth with severe emotional disturbances, and one 14 bed unit serves males adjudicated on sexual offenses. It is located on the main campus of Southern Nevada Child and

Adolescent Services in Las Vegas.

## Services include:

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

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

## Highlights

- Served 157 youth in acute care in SFY09 and 191 youth in SFY10.
- Served 121 youth in residential treatment care in SFY09 and 77 youth in SFY10.
- Diagnostic profile of the 327 youth discharged in SFY09: 38% major/depressive disorder; 20% bipolar disorder; 17% mood disorder; 7% paraphilia NOS, sexual disorder NOS; 6% schizophrenia and psychotic disorder NOS; 12% 13 different diagnoses.
- Diagnostic profile of the 295 youth discharged in SFY10: 39% mood disorder; 33% major/depressive disorder; 10% bipolar disorder; 8% schizophrenia and psychotic disorder NOS; 7% paraphilia NOS, sexual disorder NOS; 3% 7 different diagnoses.
- Provide a variety of evidence-based practices: Trauma Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Motivational Interviewing and Aggression Replacement Training.

# TREATMENT HOMES & FAMILY LEARNING HOMES



## **Adolescent Treatment Center (ATC)**

The Adolescent Treatment Center provides the most intensive level of treatment home services provided by DCFS and in the community to youth ages 12 to 18 years. It is located in Sparks and part of Northern Nevada Child and Adolescent Services.

### **Services include:**

- Case management
- Psycho-social educational model
- Basic skills training
- Psychosocial rehabilitation services
- Aggression Replacement Training, an evidence-based practice
- Psychiatric evaluation and medication management
- Individual, family and therapies
- Schooling provided on site by Washoe County School District

### **Highlights**

- ATC served 44 youth in SFY09 and 59 youth in SFY10.
- In SFY09, 81.8% served were in parental custody and 15.9% were in child welfare custody. In SFY10, 74.6% of the youth served were in parental custody and 23.7% were in child welfare custody.

## **Family Learning Homes**

Family Learning Homes provide intensive, highly structured treatment for children and adolescents six to eighteen years of age with severe emotional disturbances in five individual homes serving five to six youth each. The majority of youth served have no other resource available to them in the community either due to lack of insurance resources or community providers have not accepted them. It is located on the main campus of Northern Nevada Child and Adolescent Services in Reno.

### **Services include:**

- Case management
- Psycho-social educational model

- Basic skills training
- Psycho-social rehabilitation services
- Positive Behavior Intervention Supports
- Parent skills training
- Crisis intervention and stabilization
- Aggression Replacement Training, an evidence-based practice

### **Highlights**

- Family Learning Homes served 51 children in SFY09 and 42 children in SFY10.
- In SFY09, 88.2% were in parental custody, 9.8% were in the child welfare custody and 2.0% were in youth parole custody. In SFY10, 88.1% of the children served were in parental custody, 9.5% were in child welfare custody and 2.4% were in youth parole custody.

### **Oasis On Campus**

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

### **Services include:**

- Case management
- Psycho-social educational model
- Basic skills training
- Psycho-social rehabilitation services
- Positive Behavioral Supports Intervention
- Crisis intervention and stabilization
- Parent skills training
- Art therapy
- Aggression Replacement Training, an evidence-based practice

### **Highlights**

- Oasis served 77 children in SFY09 and 79 children in SFY10.
- In SFY09, 46.8% were in parental custody, 29.9% were in child welfare custody and 2.6% were in DCFS youth parole custody. In SFY10, 43% of the children served were in parental custody, 41.8% were in child welfare custody and 2.5% were in DCFS youth parole custody.

# PLANNING AND EVALUATION UNIT

In partnership with the Nevada provider community and other stakeholders, DCFS' **Planning and Evaluation Unit (PEU)** develops, implements, and monitors ongoing evaluation and quality assurance activities for the children's mental health service array.

## Highlights

### Community Mental Health Block Grant evaluation and reporting

DCFS is a long time participant in funding made available to Nevada through a federal Center for Mental Health Services' (CMHS) Community Mental Health Block Grant. The 2011 block grant application for the State of Nevada was filed with CMHS on September 1, 2010. The State's Implementation Report was submitted December 1, 2010. Both processes involve populating sets of CMHS specified data tables and related narrative/other information. The DCFS PEU is responsible for capturing, compiling, analyzing and reporting all DCFS data required for the Community Mental Health Block Grant.

### Youth Mental Health Services Surveys

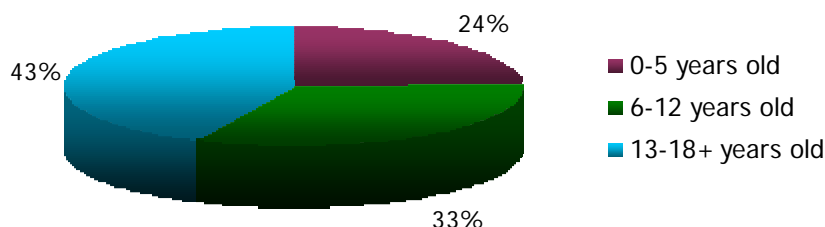
It is the policy of DCFS that all youth and their families/caregivers receiving mental health services through DCFS have an opportunity to give feedback and information regarding those services. In 2009 and 2010, the DCFS PEU conducted statewide community based services surveys. Results from all four survey groups were compiled, tabled and reported to respective program managers for review and to spur possible program improvement initiatives. All parent/caregiver survey instruments are available in Spanish for our non-English speaking clients.

### Children's Mental Health Services Client Descriptive Studies

Nevada children's mental health services in concept and philosophy are based upon System of Care values and principles. Services offered need be responsive to the cultural context and characteristics of the populations they serve. It is imperative that DCFS know the children and families for whom it cares. For each of the past three years, DCFS PEU compiled, produced and disseminated comprehensive client descriptive reports that summarized by state region and program service type the demographic and clinical characteristics of those children served by DCFS mental health services statewide. Child demographic categories included age, gender, race, ethnicity and custody status. Clinical categories included presenting problems, level of function and diagnoses. Separate sections discussed special diagnostic topics.

As an example, 3121 children were served in 2010. 43% of them were in their teen years. 33% were in the 6 to 12 age group.

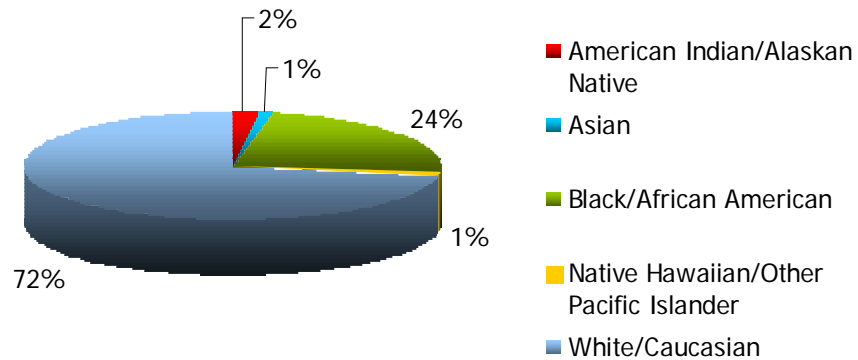
Percent of Children Served by Age Group SFY10



**EVERY  
CHILD'S  
MENTAL  
HEALTH IS  
IMPORTANT**

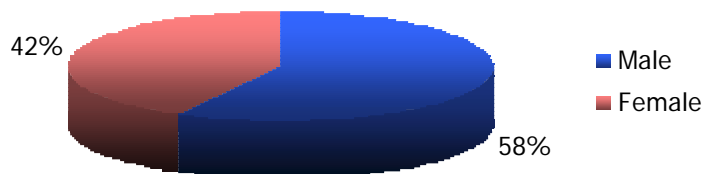
The largest child racial group represented in 2010 was Caucasian (71.8%). The next largest group was African American (23.8%).

**Percent of Children Served by Race SFY10**



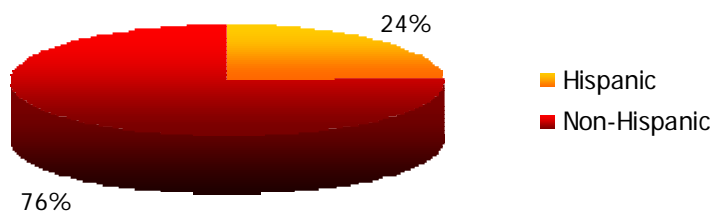
Male children made up 58 % of all children served in SFY10.

**Percent of Children Served by Gender SFY10**



Hispanic ethnicity representation in children served was 24% in 2010. Nevada's statewide Hispanic ethnicity is reported near 24% as well.

**Percent of Children Served by Ethnicity SFY10**



- **Quality Assurance: Clinical Data Integrity**

Client case record documentation begins with timely data entry by appropriate staff. The management information system that houses the data must then be maintained and regu-

larly monitored for client data accuracy and completeness. DCFS employs two primary processes in seeking to maximize the adequacy and integrity of its client data. The Data Cleanup Committee's efforts have resulted in a significant decline in statewide data error rates. The Mutual Advocacy for Data Workgroup addresses issues involving any data needs related to DCFS children's mental health.

- **Quality Assurance: Practice Compliance**

One of the DCFS PEU performance and quality improvement plan objectives is to engage in ongoing quality assurance activities that monitor children's mental health staff in the performance of their mental health service delivery. Tools to support monitoring of compliance with practice standards have been developed and reports are regularly given to the DCFS Children's Mental Health Managers' Team.

- **Performance and Quality Improvement with Specialized Foster Care Contractors/Treatment Homes**

PEU is responsible for performance and quality improvement (PQI) with Specialized Foster Care Providers. Each year the PEU partners with providers to adopt a PQI plan. In this biennium, activities included:

- Collect, analyze and report on risk measures and departure conditions
- Specialized Foster Care policy and training curricula review and approval
- Conduct Quality of Care interviews

- **Grants Management and Oversight**

The Grants Management section of the PEU oversees the State of Nevada Division of Mental Health and Developmental Services grant award for the Community Mental Health Services Block Grant sub-grant to DCFS. PEU is responsible for the following:

**Grant Administration and Management**

- Preparing the children's mental health portion of the CMHS Block Grant.
- Providing oversight of the CMHS Block Grant sub-grant to include timely and reliable information, training, and technical assistance to entities receiving support and services through the CMHS Block Grant.
- Participate in activities related to the development and monitoring of the CMHS Block Grant to include the Uniform Report System.
- Keeping team members, supervisors, and administration informed of developments, plans, and work to achieve team goals identified.

**Track and Monitor Seclusion and Restraint Reports to the Commission on Mental Health and Developmental Services**

- Ensure that all DCFS Seclusion and Restraint Emergency Procedure forms are reviewed, signed by appropriate (mandated) parties, and sent to the Commission for review and signature.
- Ensure that data on Seclusion and Restraints are collected for analysis and reported to the Commission.

**Coordinate workforce development training for the DCFS Children's Mental Health staff**

- Organize professional on-site training in evidence-based practices/science-based practices, online training, and booster training.
- Provide professional development opportunities to develop workers' knowledge, skills, competence and confidence that provide the foundation for effective performance.


# SERVICE LOCATIONS


## Northern Region

### Northern Nevada Child and Adolescent Services (NNCAS)

#### NNCAS Main Campus


2655 Enterprise Road  
Reno, NV 89512


 (775) 688-1600

 (775) 688-1616

#### Adolescent Treatment Center

480 Galletti Way, Building 8N  
Sparks, NV 89431


 (775) 688-1633


 (775) 688-1640

## Southern Region

### Southern Nevada Child and Adolescent Services (SNCAS)


6171 West Charleston Boulevard, Building 8  
Las Vegas, NV 89146


 (702) 486-6120

 (702) 486-7742

#### West Neighborhood Family Service Center


6171 West Charleston Boulevard, Buildings 7,8,9,10 &15  
Las Vegas, NV 89146


 (702) 486-0000

 (702) 486-7759

#### East Neighborhood Family Service Center


4180 South Pecos Road  
Las Vegas, NV 89121


 (702) 486-7500

 (702) 486-7576

#### North Neighborhood Family Service Center


4538 West Craig Road, Suite 290  
North Las Vegas, NV 89032


 (702) 486-5610

 (702) 486-5630

#### South Neighborhood Family Service Center


522 East Lake Mead Parkway, Suite 5  
Henderson, NV 89015


 (702) 455-7900

 (702) 455-7961

#### Central Neighborhood Family Service Center


121 South Martin Luther King Boulevard, Suite 172  
Las Vegas, NV 89106


 (702) 455-7200

 (702) 486-8880

#### Desert Willow Treatment Center

6171 West Charleston Boulevard, Building 17  
Las Vegas, NV 89146

 (702) 486-8900

 (702) 486-6307



# 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 four agencies: two youth centers, Caliente Youth Center (CYC) in Caliente and Nevada Youth Training Center (NYTC) in Elko; the Youth Parole Bureau; and the Juvenile Justice Programs Office. Youth Parole has offices in Las Vegas, Reno, Elko, Fallon and Carson City, and the Juvenile Justice Programs Office is located in Winnemucca.

Generally, youth who are committed for correctional care are placed in one of the centers for an average of six to nine months. Upon successful completion of the programming in the facility, the youth are 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 for youth which encourages youth to develop competencies, repay their victims and to reduce or eliminate recidivism.

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

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

**“TODAY YOU  
ARE YOU,  
THAT IS TRUER  
THAN TRUE.  
THERE IS NO  
ONE ALIVE  
WHO IS YOUER  
THAN YOU”**

*~Dr. Seuss*

# CALIENTE YOUTH CENTER

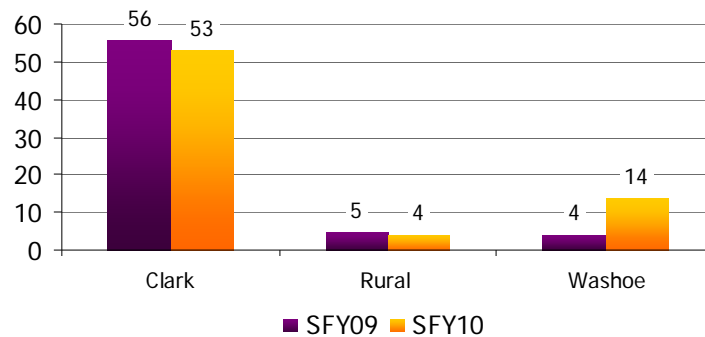


**Caliente Youth Center (CYC)**, a staff-secure facility located in Caliente has seven housing units, four units for males and three for females. CYC has capacity to serve 140 youth ages 12 to 18. The average length of stay for students is seven months.

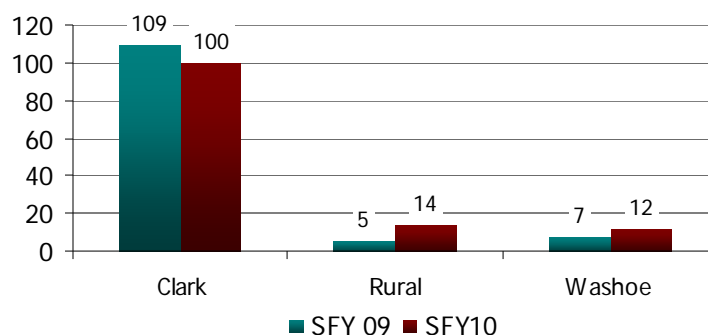
CYC has successfully recruited a strong mental health team that provides individual and group counseling including the facilitation of specialized groups in Anger Management, Substance Abuse and Addiction, Victims of Abuse, and Life Skills. During the 2008-2009 biennium, CYC implemented the Thinking for a Change cognitive behavioral program model. Additionally, youth are provided medical care by a full team of on-duty nursing staff as well as contracted services from a local physician.

CYC contracts with the Lincoln County School District for the operation of the C.O. Bastian High School. Educational and vocational programs that are offered include required and elective academic subjects, remedial programs, special education, vocational education and interscholastic activities. During Fiscal Years 2009 and 2010, twenty-seven CYC students were awarded their High School Diploma and eighty-three students received their General Equivalency Diploma. CYC also partners with *workforce* CONNECTIONS to provide vocational training, paid work experience, and transitional programming for qualified and selected CYC students.

**CYC– Female Commitments by Region and SFY**



**CYC– Male Commitments by Region and SFY**



# 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.

Programs for youth 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 "Thinking for a Change" (T4C) an integrated, cognitive behavior change program for offenders that includes cognitive restructuring, social skills development, and development of problem solving skills.

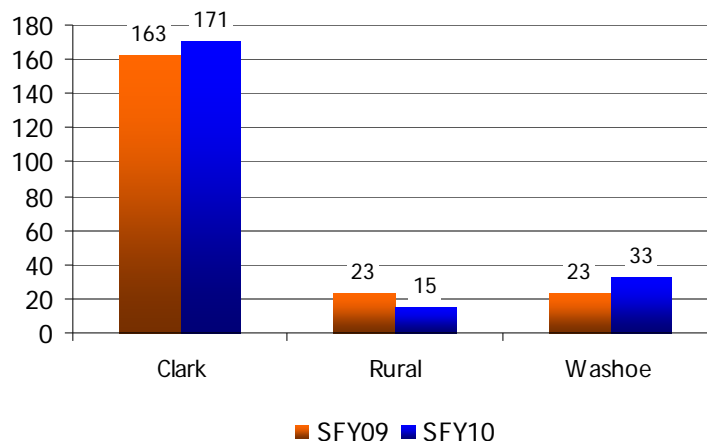
T4C was developed by the National Institute of Corrections (NIC), an agency within the U.S. Department of Justice, Federal Bureau of Prisons.

NYTC operates Independence High School (IHS), a fully accredited high school program. IHS is fully accredited through Northwest Accreditation Commission. Academic programming includes Special Education services, English as a Second Language, vocational training and certification, advanced enrichment classes as well as Adult Living Skills and all core educational subjects. In addition, NYTC/IHS maintains contracted services with a licensed school Psychologist for the provision of assessments and services related to special need youth.

Independence High School issues diplomas for youth graduating during their length of stay at NYTC. The center also provides curriculum for Graduate Equivalency Diploma achievement during length of stay. The school was certified as a testing location in April 2010.

NYTC and IHS support Poetry Out Loud, a national poetry recitation contest created by the National Endowment for the Arts and the Poetry Foundation. In addition, NYTC/IHS is involved in Reading Is Fundamental, a nationwide, non-profit literacy program that provides donated free books, that are both age appropriate, current and community services through vocational programs in the Elko County area.

**NYTC Commitments by Region and SFY**



# QUALITY IMPROVEMENT

## **Staff Training**

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

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

## **Labor/Management Meetings**

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

## **Quality Assurance Reviews**

CYC and NYTC have established the groundwork for consistent practice to ensure the safety and well being of youth and staff through a quarterly quality assurance review, based on American Correctional Association (ACA) Standards and agency policies and procedures. The quality assurance process utilizing on-site visits promotes implementation of consistent statewide policy and practice and helps to ensure that best practice standards are maintained. Quality assurance reviews focus on such areas as: case management, health, mental health, security and control, education, facility and plant operations as well as other areas. Staff and youth surveys are also conducted. Outcomes related to either staff/youth surveys or audit reviews result in facilities submitting program improvement plans, outlining the specific steps that will be initiated to improve performance.

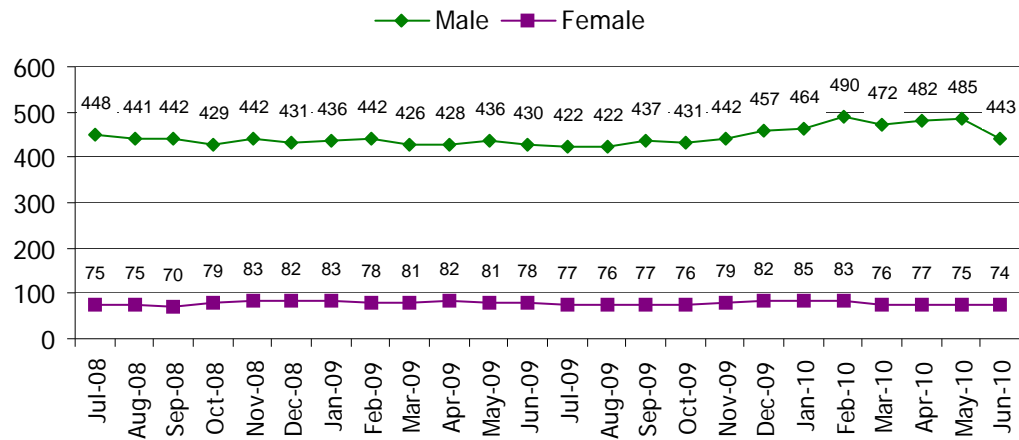
# YOUTH PAROLE BUREAU

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 chart demonstrates the caseloads for SFY09-10 by month/gender.

**Youth Parole Community Caseload  
by Month and Gender  
SFY09-SFY10**



# INTERSTATE COMPACT ON JUVENILES

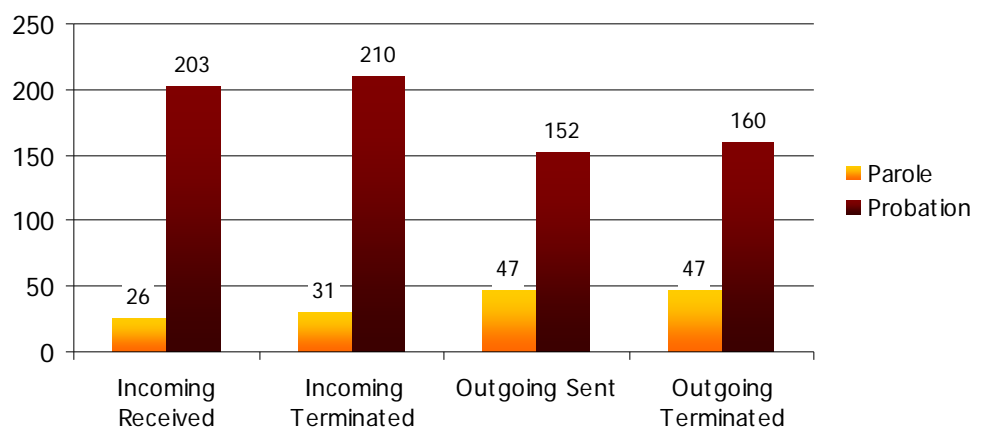
**The Interstate Compact for Juveniles (ICJ)**, originally drafted in 1955, is an agreement among states to track young offenders. The purpose of the ICJ is to enable states to provide for: cooperative supervision of juvenile delinquents on probation or parole; the return of delinquent juveniles who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

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

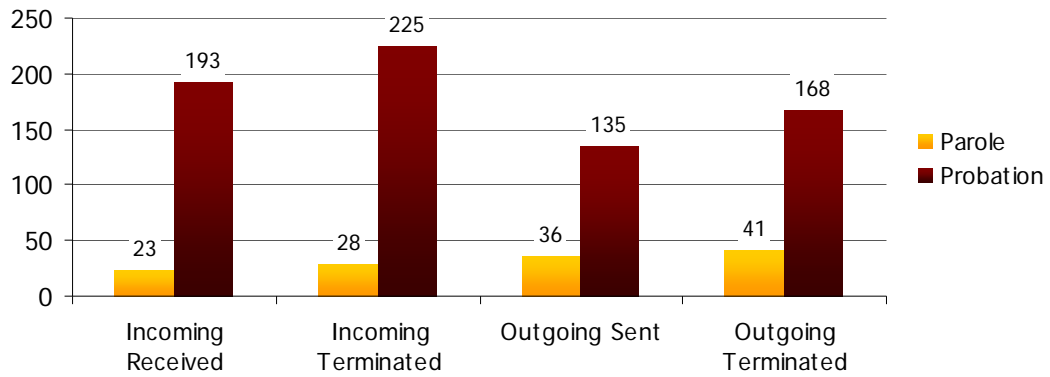
The new ICJ significantly updates the 53-year-old agreement for tracking and supervising juveniles who move across state borders. The new language passed in 45 states to date, provides enhanced accountability, enforcement, visibility and communication and seeks to update a tool for ensuring public safety as well as preserving child welfare.

With the adoption of the 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.

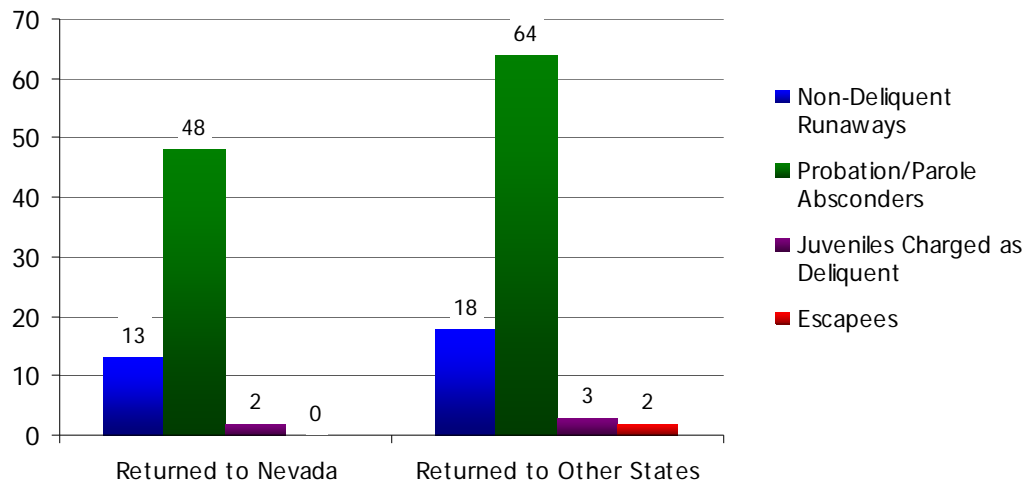
**Supervision Cases SFY09**



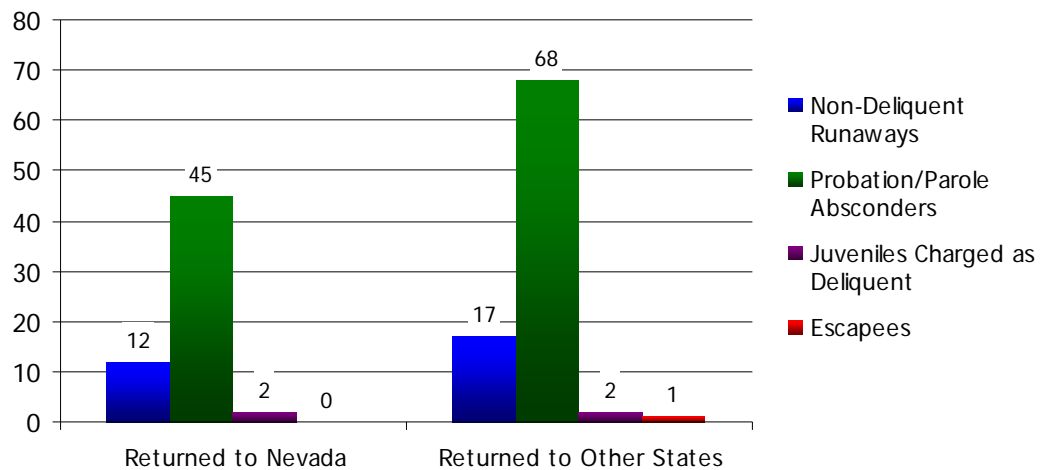
### Supervision Cases SFY10



### Extradition Cases Processed SFY09



### Extradition Cases Processed SFY10



# 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**

In January 2010, the Youth Parole Bureau established a partnership with Bridge Counseling to provide substance abuse assessments, individual counseling, and group therapy for youth experiencing drug and alcohol related problems. All services are provided at the Youth Parole Bureau and are free of charge to youth referred to the program. In addition, the Youth Parole Bureau began gender specific counseling and group therapy for girls by offering Girls Circle programming, also facilitated within the Youth Parole Bureau offices.

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

The Nevada Youth Parole Bureau continues to apply child welfare practices to the supervision of parole youth who require out-of-home placements. This process requires the implementation of child welfare policies into Youth Parole supervision practices, 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.
- Increasing mandatory training requirements to effectively manage the changing juvenile population.
- Partnering with local law enforcement agencies to improve communication between agencies, increase training opportunities for parole staff, and provide staff safety while in the community.
- 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.
- Developing quality assurance protocols to increase team effectiveness and reduction in duplicitous work.
- Improved Data Collection System.
- Regularly Scheduled Internal Audits on all youth case files.
- Improved case note documentation and increased number of face to face youth contacts.
- Court Officer identified in Clark County to increase the availability of community supervision by other Parole Officers.
- Formalized manual for Field Training Officers.



# JUVENILE JUSTICE PROGRAMS OFFICE

The **Juvenile Justice Programs Office (JJPO)** ensures compliance with the Juvenile Justice Delinquency Prevention Act (JJDP A) 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 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 JJDP A by conducting on-site compliance visits as well as data verification to juvenile detention centers, adult jails, adult lock-ups, court holding facilities and adolescent group homes.
- To provide technical assistance to the Nevada Juvenile Justice Commission.
- Completed and Distributed 12,000 Juvenile Miranda Cards in English and Spanish to all Law Enforcement Officers in Nevada.
- Partnering with the Nevada Supreme Court in developing a Resolution to provide youth and communities in the juvenile justice system effective counsel/representation.



Among the grants currently administered and monitored by 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 and Assessment funding that is available to local jurisdictions statewide.

# SERVICE LOCATIONS

## Northern Nevada

### Reno Youth Parole Bureau



560 Mill Street  
Reno, NV 89502

 (775) 688-1421  
 (775) 688-2662

## Southern Nevada

### Youth Parole Bureau



620 Belrose Street, Suite 107  
Las Vegas, NV 89107

 (702) 486-5080  
 (702) 486-5087

## Rural Nevada



### Juvenile Justice Services Administrative Office

4126 Technology Way 3rd Floor  
Carson City, NV 89706

 (775) 684-7943  
 (775) 684-4455



### Juvenile Justice Programs Office

475 West Haskell Street #7  
Winnemucca, NV 89445

 (775) 623-6555  
 (775) 623-6559



### Caliente Youth Center

P.O. Box 788  
Caliente, NV 89008

 (775) 726-8200  
 (775) 726-3299



### Nevada Youth Training Center

100 Youth Center Road  
Elko, NV 89801

 (775) 738-7182  
 (775) 753-7514



### Elko Youth Parole Bureau

1010 Ruby Vista Drive  
Elko, NV 89801

 (775) 753-1285  
 (775) 753-1286

### Fallon Youth Parole Bureau

135 Keddie Street  
Fallon, NV 89406

 (775) 423-6624  
 (775) 423-7922

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