

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada
**Department of Health and
Human Services**

DCFS Planning and Evaluation Unit (PEU) –
FY2020-2021 Desert Willow Treatment Center (DWTC)

Division of Child & Family Services

Jackie Wade Ph.D., LCSW, Deputy Administrator, Residential Services



Helping people. It's who we are and what we do.

Who Do We Serve?



- We are part of the Nevada System of Care (SOC) continuum.
- We serve:
 - Youth with Severe Emotional Disturbances (SED).
 - Serve youth that are acute and meet RTC level of care.
 - Youth who cannot effectively respond to services from a less restrictive setting.
 - Youth meeting medical necessity and admission criteria, as defined by Medicaid.



Program Descriptions

- Both DWTC programs are TJC (The Joint Commission) accredited and licensed through HCQC.

AAP	RTC
Secure facility	Secure facility
8 Beds	24 beds
Males & Females	Males & Females
Ages 12-17	Ages 12-17

*DWTC was first accredited by the Joint Commission in June of 1999 and has continued to maintain its accreditation status.



When Acute Care is needed

- Active suicidal ideation or attempt that cannot be safely managed at a lower level of care.
- Recent threats of harm to others, escalating aggressive behaviors which indicates possible imminent risk of harm, or actual violence/aggressive behavior that cannot be managed at a lower level of care.
- Recent life-threatening self-harm, life threatening risk-taking, or loss of impulse control or significantly impaired judgment resulting in danger to others.
- Psychotic features ranging from command hallucinations to disorganized psychotic or bizarre behaviors that results in impaired judgement which puts the patient at risk.
- Severe impairment in interpersonal, social, occupational, and or educational functioning that can **only** be addressed in an acute inpatient setting.

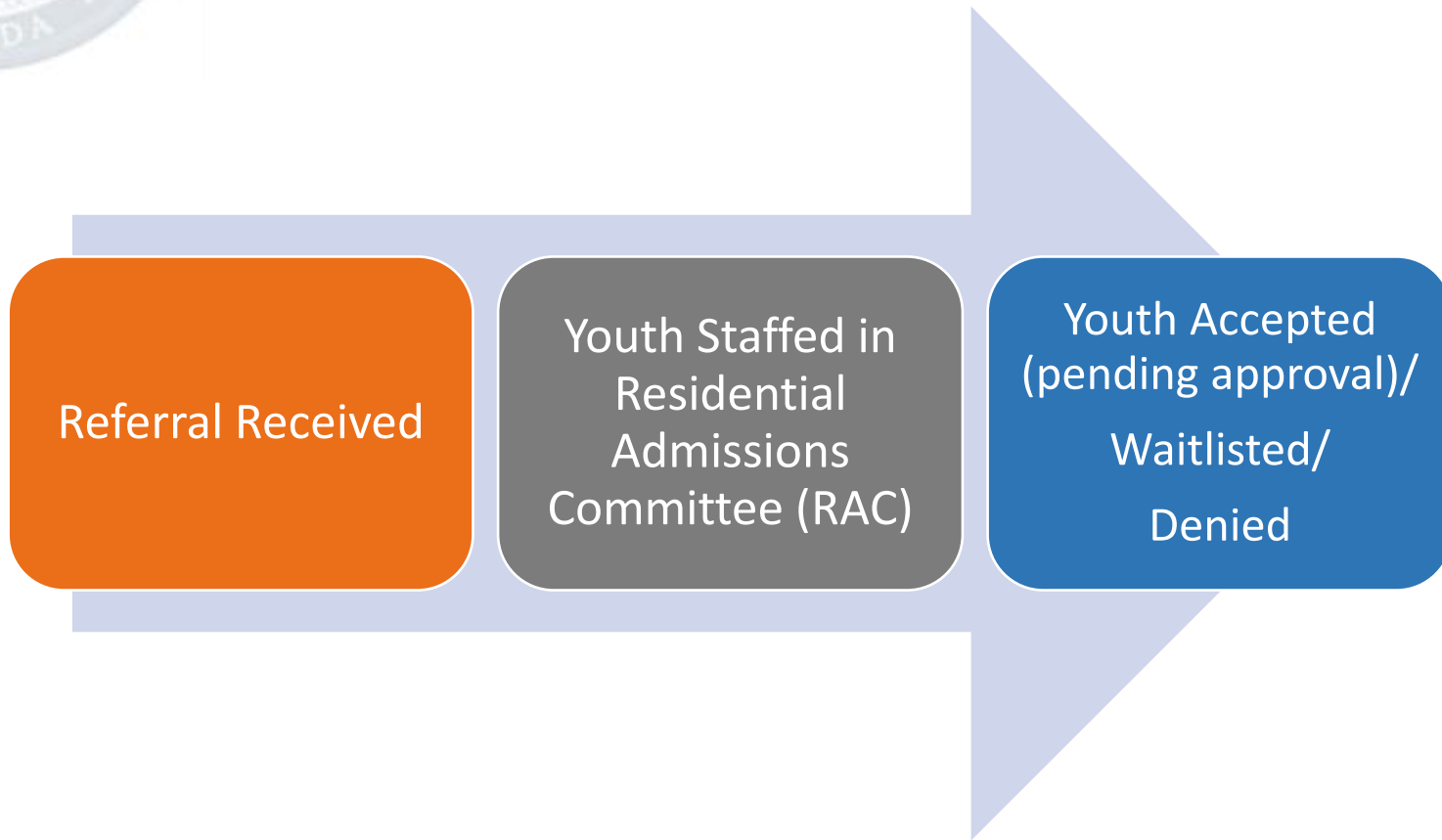
When RTC Level of Care is needed

- Outpatient/community-based treatment has failed to contain the symptoms or ameliorate the youths' impairments.
- Available resources from therapists, psychiatrists, friends and family systems have become depleted or drained.
- Multiple outpatient and acute hospitalizations have not been successful.
- There is considerable diagnostic ambiguity that may be clarified or eliminated by regular or round-the-clock behavioral observations in a controlled environment.





Referral Process



Data Collection and Usage

Purpose

- Ensure youth and families' goals are being met.
- Assist managers, administrators, and stakeholders in determining effectiveness of the DWTC programming.
- Informs ongoing Performance Improvement Outcome Measures.



Data Collection

- Through DWTC's ongoing quality improvement program.
- Through DCFS-Planning and Evaluation Unit (PEU)
- This presentation = data from FY2020-FY2021.



Average Population by Fiscal Year

	DWTC-AAP		DWTC-RTC	
	Capacity	Average	Capacity	Average
FY 2020	8	7	24	13
FY 2021	8	2	24	21

Population Factors:

- Critical nursing shortage
- Staffing shortage
- COVID-19
- High Acuity of youth
- Facility Capacity (Impacted by staffing shortage)

Average Length of Stay

	AAP	RTC
FY 2020	14.53 Days	3.34 Months
FY 2021	17.83 Days	3.36 Months

*These averages include youth whose length of stay ranged from 1 day to 18 months.

Youth Custody Status at Admission



FY2020

	AAP	RTC
CC Custody	7%	3%
WC Custody	0%	3%
State Custody	0%	0%
Parental Custody	89%	95%
Youth Parole	4%	0%

FY2021

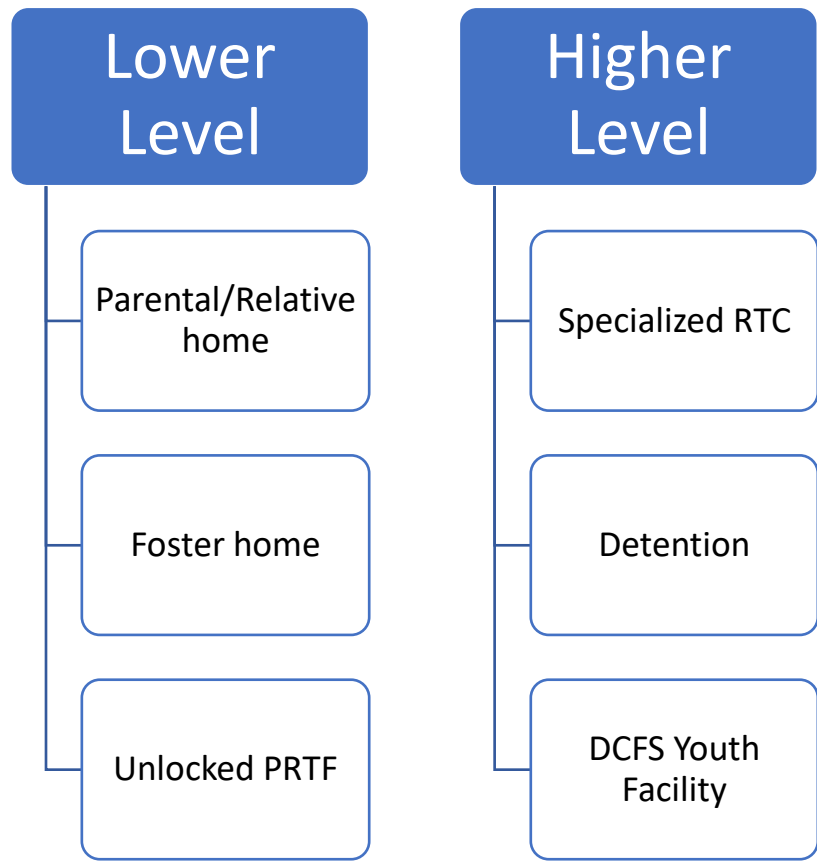
	AAP	RTC
CC Custody	18%	10%
WC Custody	0%	2%
State Custody	0%	0%
Parental Custody	76%	83%
Youth Parole	6%	5%

JJ Involvement at Admission

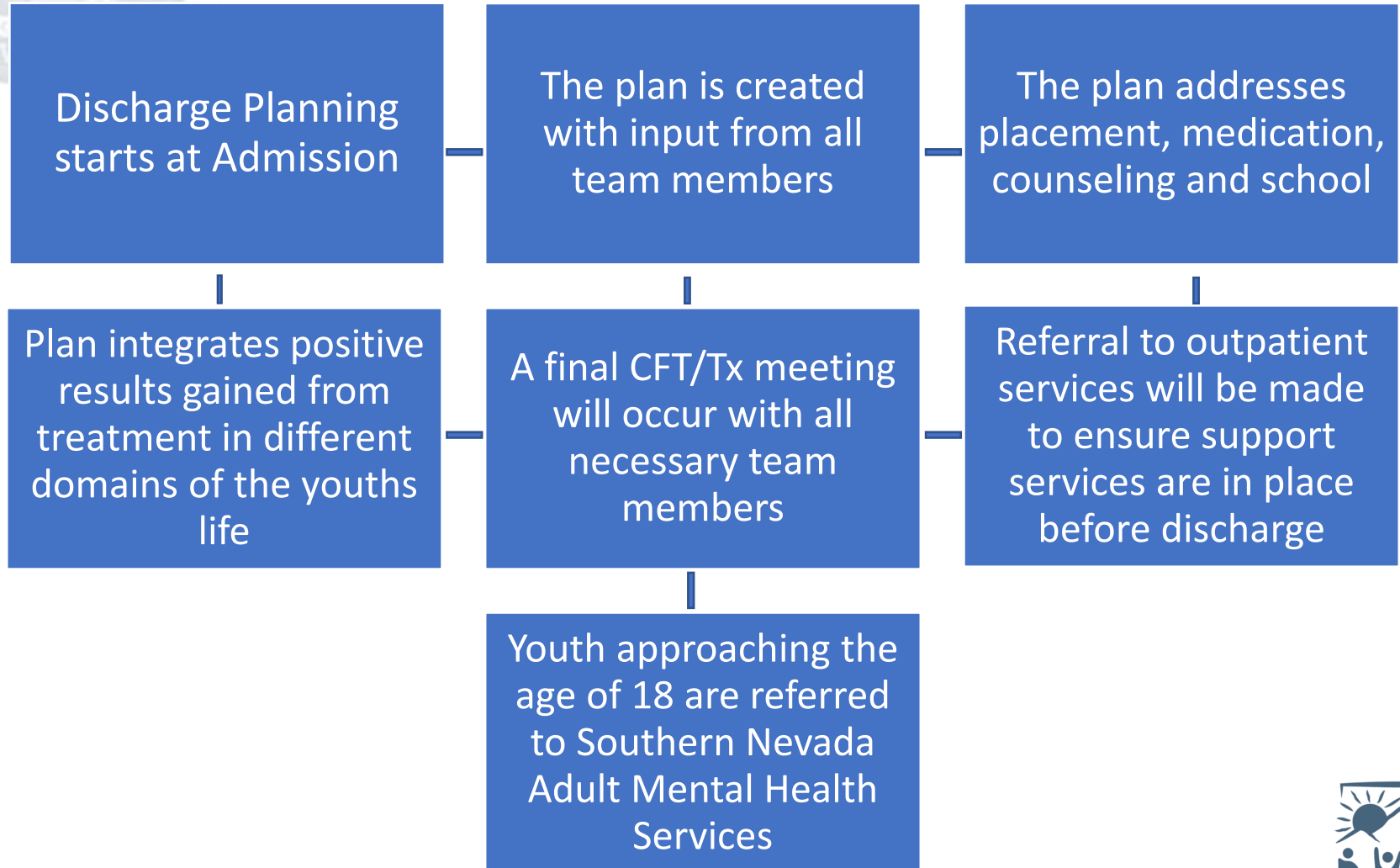
	FY2020	FY2021
Probation	4%	4%
Parole	3%	5%
No JJ Involvement	94%	91%



Types of Discharges



Elements of Discharge Planning



Most Frequent Primary Diagnoses at Admission: FY20-FY21

- Across both DWTC programs (from highest to lowest):
 - 1) Major Depression/Unspecified Depression-48%
 - 2) Disruptive Mood Dysregulation Disorder-23%
 - 3) Bipolar Disorder-17%
 - 4) Conduct Disorder-4%
 - 5) Unspecified Psychosis-4%
 - 6) Post Traumatic Stress Disorder (PTSD)-1%
 - 7) Adjustment Disorder-1%
 - 8) Attention Deficit Hyperactivity Disorder (ADHD)-1%
 - 9) Dysthymic Disorder-1%
 - 10) Fetal Alcohol Syndrome (FAS)-1%

Family Involvement

- Family therapy
 - Weekly family sessions for youth admitted to Acute unit.
 - Bi-weekly family session for youth admitted to RTC.
 - Parents/Family/Guardians are invited to all weekly treatment team/child and family team meetings.
- Parent/Family Visitations
 - Monday-Friday 6pm-7pm.
 - Weekends & Holidays 12pm-1pm and 6pm-7pm.
 - Special arrangements can be made to accommodate individual needs.
- Family Activities
 - Thanksgiving/Holiday visits but on pause due to COVID-19.
- Day and Overnight Passes
 - Overnight passes home are granted (if appropriate) as youth prepares to discharge from RTC.
- COVID Impact
 - In-person visitation restrictions, utilizing virtual family visits.

DWTC Youth Education

Provided by the Clark County School district on both AAP and RTC units.

School is located on site.

The classroom is staffed by CCSD teachers.

CCSD is responsible to ensure that all youth IEP's are adhered to while in school at DWTC.

The classroom milieu is similar to Miley Achievement Center.

School hours are generally 8am to 2:30pm.

Discharge communication is completed with CCSD Crisis transition team to ensure a smooth transition back to their zoned school.



PBIS-Positive Behavioral Intervention & Supports

“PBIS is a proactive approach used to improve safety and promote positive behavior. The focus of PBIS is prevention, not punishment.”

4 key principles of PBIS

- Data for decision making.
- Measurable outcomes supported and evaluated by data.
- Practices with evidence that these outcomes are achievable.
- Systems that efficiently and effectively support implementation of these practices.



Assessments/Screenings

	At Intake	Weekly	Every 90 Days	Annually	At Discharge	As Needed
Suicide Screening	✓	✓			✓	✓
Psychiatric Advanced Directive/ Personal Safety Plan	✓					✓
Youth & Family-Centered Strength-based Treatment Plan	✓		✓		✓	✓
CANS-Child and Adolescent Needs and Strengths	✓		✓		✓	
CASII-Child and Adolescent Service Intensity Instrument	✓		✓		✓	
CUMHA-Comprehensive Uniform Mental Health Assessment	✓			✓		
Battery of Psychological Assessments-On site						✓
Individual behavior plan (IBP)						✓
Treatment team Meetings		✓			✓	

Psychological Assessments

Below are examples of Psychological Assessments available at DWTC:

- WISC-V: Wechsler Intelligence Scale for Children
- WAIS-IV: Wechsler Adult Intelligence Scale
- WRAT-3: Wide Range Achievement Test
- WIAT: Wechsler Individual Achievement Test
- TONI: Test of Non-verbal Intelligence
- Vineland-3: Standardized measure of adaptive behavior
- CPT-Conners: Continuous Performance Test
- Conners-3 ADHD Rating Scale: Rating scales used to determine which ADHD symptoms are present and severity
- MMPIA-2F: Minnesota Multiphasic Personality Inventory-Adolescent Restructured Form
- M-FAST: Miller Forensic Assessment of Symptoms Test



Mental Health Services Provided at DWTC

The following services are included in the DWTC service delivery:

Trauma Focused Cognitive Behavioral Therapy

Dialectical Behavioral Therapy

Motivational Interviewing

Psychiatric Evaluation & Treatment

Medication Management

Psychiatric nursing services

Psychological Assessment, testing and treatment planning

Therapeutic and Behavioral Modification Services

Aggression Replacement Training (ART)

Therapeutic Recreation and Milieu Therapies

Care Coordination-Discharge and Aftercare Planning

Social and skills training groups

Psychoeducational Services

Psychiatric Oversight

Multi-disciplinary Team

- Treatment teams include:
 - Youth*
 - Family/ guardians
 - DWTC staff, including Therapist, Youth's staff
 - Other: Parole/Probation Officers, WIN Worker, CASA, CAP, and other formal/informal supports
 - Facility Psychiatrist: sees DWTC youth for medication management, provides information to treatment team.

DWTC Staffing

DWTC Staff include:

- Medical Director
- Clinical Program Manager II
- Clinical Program Manager I
- Quality assurance specialist III
- Clinical Social Workers
- Psychologist
- Pediatricians (Contracted)
- Nurse Practitioners (Contracted)
- Psychiatric nurses
- Therapeutic recreational specialist
- Dietitian
- Psychiatric Case Worker (Intake and discharge)
- Direct Care Staff:
 - Mental Health Technicians



Staff Training

- Outlined by TJC, HCQC, Medicaid, NRS/NAC statutes, and Divisional requirements.

As Required By	Training (at orientation & annually)
<p>NRS 433b.175</p>	<ul style="list-style-type: none"> • CPART: use of seclusion and restraint • Suicide Prevention and Response • Supporting LGBTQ+ Youth • Youth Rights • PBIS, ART, others: controlling youth's behavior • Medication Administration: Med techs-additional training, all staff-basic training • Policies and Procedures for Program Operations • Mandated Reporter - Child Abuse and Neglect (UNR)
<p>NRS 433.279</p>	<ul style="list-style-type: none"> • Mental Health and Developmental Disabilities (MHDD) – <i>for MHTs only</i>. Examples of classes: <ul style="list-style-type: none"> ○ Role of the Technician ○ Introduction to Therapeutic Interventions ○ Advanced Therapeutic Interventions ○ Positive Behavioral Supports ○ Teaching Life Skills ○ Understanding Mental Illness

Staff Training – cont'd

- Outlined by TJC, HCQC, Medicaid, NRS/NAC statutes, and Divisional requirements.

As Required By	Training (at orientation & annually)
HCQC	<ul style="list-style-type: none"> • Cultural Competency: 9 hours (NRS 449)
HCQC	<ul style="list-style-type: none"> • Civil Rights & Wellness and Nutrition: 6 hours • Wellness, Obesity and Physical Activity (UNR) • Health and Safety: <ul style="list-style-type: none"> ○ Signs and Symptoms of Illness & Bloodborne Pathogens(UNR) ○ Emergency Preparedness and Emergency Procedures
DCFS	Other training as needed to comply with mandates or meet program operation needs.



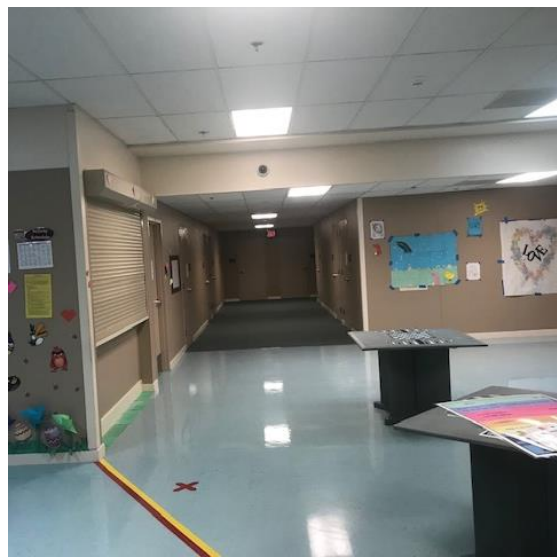
DWTC



DWTC-AAP



DWTC-RTC



Looking Forward

RTC for youth ages 6-11

- Currently in the planning phase.

Strategic ways of increasing family visitations

- Right now, virtual visits are occurring. Looking for ways to increase family visitations safely.

Building enhancements

- Updating the facility to increase safety for youth and staff.

Oasis Realignment to DWTC

- Oasis staff transferring to DWTC to increase capacity to serve more youth in the community.

Increasing staffing

- Partnering with nursing colleges and universities so nurses can complete their clinical rotation at DWTC.





Questions?



Additional Resources

- CANS: <https://praedfoundation.org/tcom/tcom-tools/the-child-and-adolescent-needs-and-strengths-cans/>
- Positive Behavioral Interventions & Supports (PBIS): [Center on PBIS](#)
- The Joint Commission: <https://www.jointcommission.org/>
- For RTC referral please contact: Dr. Gwendolyn Greene at 702-486-8915 or ggreene@dcfs.nv.gov



Contact Information

Dr. Jacqueline
Wade, Ph.D., LCSW

Deputy Administrator

jwade@dcfs.nv.gov

702-486-8911

www.dcfs.nv.gov



Acronyms

•AAP	Adolescent Acute Program		Human Services	•PEU	Planning & Evaluation Unit
ADHD	Attention Deficit Hyperactivity Disorder	• DWTC	Desert Willow Treatment Center	• PRTF	Psychiatric Residential Treatment Facility
• ART	Aggression Replacement Training	• FAS	Fetal Alcohol Spectrum Disorder	• PSR	Psycho-Social Rehabilitation
• CANS	Child and Adolescent Needs and Strengths	• FY	Fiscal Year	• PTSD	Post Traumatic Stress Disorder
•CASA	Court Appointed Special Advocates	• HCQC	Health Care Quality and Compliance	• RAC	Residential Admissions Committee
•CAP	Children’s Attorneys Project	• IBP	Individual Behavior Plan	• RTC	Residential Treatment Center
•CPT	Continuous performance test	• IEP	Individualized Education Program	• SED	Serious Emotional Disturbance
• TJC	The Joint Commission	• JJ	Juvenile Justice	• SOC	System of Care
• CCSD	Clark County School District	• LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer	• TONI	Test of Nonverbal Intelligence
• CASI	Child and Adolescent Service Intensity Instrument	• MHT	Mental Health Technician	• Tx	Treatment
• CC	Clark County	•MMPIA-RF	Minnesota Multiphasic Personality Inventory-Adolescent-Restructured Form	•UNR	University of Nevada, Reno
• CFT	Child & Family Team	•M-FAST	Miller Forensic Assessment of Symptoms Test	•WC	Washoe County
• CPART	Conflict Prevention and Response Training	• MHDD	Mental Health and Developmental Disabilities	•WAIS-IV	Wechsler Adult Intelligence Scale
• CUMHA	Children’s Uniform Mental Health Assessment	• NAC	Nevada Administrative Code	•WIAT	Wechsler Individual Achievement Test
• DCFS	Division of Child and Family Services	• NRS	Nevada Revised Statute	• WIN	Wraparound In Nevada
• DHHS	Nevada Department of Health and	• OCTH	On-Campus Treatment Homes	•WISC-V	Wechsler Intelligence Scale for Children
		• PBIS	Positive Behavioral Interventions & Supports	•WRAT	Wide Range Achievement Test

