



## System of Care Philosophy

We embrace the SOC Philosophy which encompasses Core Values and Guiding Principles.

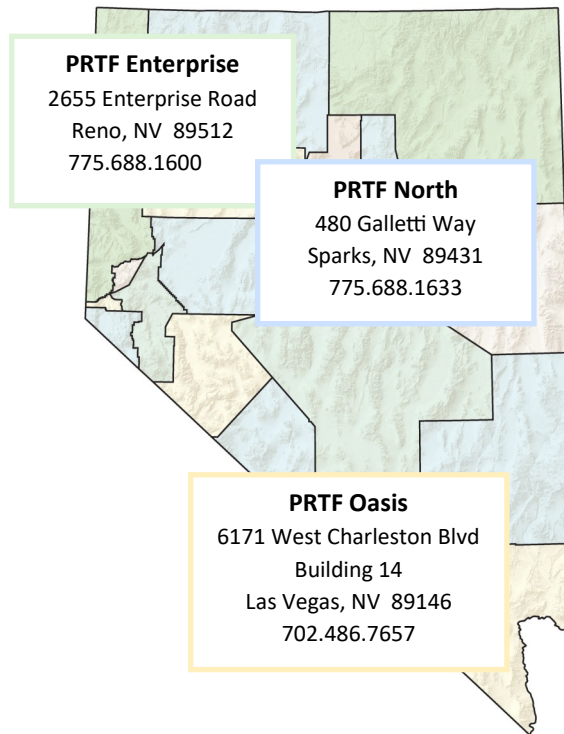
### Core Values

- Community based
- Family-driven, youth-guided
- Culturally and linguistically competent

### Guiding Principles

- Broad Service Array of Effective Services and Supports
- Individualized, Wraparound Practice Approach
- Least Restrictive Setting
- Family and Youth Partnerships
- Service Coordination
- Cross-Agency Collaboration
- Services for Young Children
- Services for Youth and Young Adults in Transition to Adulthood
- Linkage with Promotion, Prevention, and Early Identification
- Accountability

The PRTFs provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socioeconomic status, geography, language, immigration status, or other characteristics.



Nevada Department of Health and Human Services  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH



## DCFS Psychiatric Residential Treatment Facilities

Nevada Dept of Health and Human Services  
Division of Child and Family Services  
Children's Mental Health



*Safe, healthy and thriving kids...*

<http://dcfs.nv.gov/Programs/CMH/Resident-day-treatment-svcs/>



## What we do\*

As an integral component to Nevada's System of Care continuum, Psychiatric Residential Treatment Facilities are committed to delivering evidence-informed services to Nevada youth aged 6-18 who have a severe emotional disturbance (SED).

Under Medicaid guidelines, our objective is to help youth who have behavioral, emotional, psychiatric and/or psychological disorders or conditions, who are no longer appropriate for an acute level of care, or who cannot effectively respond to services from a less restrictive setting. Youth must meet medical necessity and admission criteria.

We know that shorter lengths of stay and increased family involvement are correlated with improved outcomes (Building Bridges, 2019), and we are committed to the well being of our youth. In addition to interactive parent training, PRTF Services include room and board, active treatment, psychiatric services, psychological services, therapeutic and behavioral modification services, individual, group, family, recreation and milieu therapies, nursing services, all medications, guided family visits, case management, psychosocial rehabilitation services, and psychoeducational services under 24/7 psychiatric oversight. Educational needs may be met on or off campus, depending on the program.

Specific interventions include Aggression Replacement Training, the Boys' Town Psychoeducational Model, Cognitive Behavior Therapy, Dialectical Behavior Therapy Skills Training, and Motivational Interviewing.

Each youth is a member of their own Child and Family Team (CFT) that includes a "Primary" Behavioral Health Provider, the youth, the parents or Legally Responsible Person (LRP),

and people important to the youth's well-being. The CFT meets monthly or more and collaborates to develop and implement a treatment plan, identify and overcome obstacles, and monitor progress. With coordination through Warm Handoffs, youth are typically discharged to a lower level of care within 90 days.



## Residential Admissions Committee

A team of qualified mental health professionals carefully considers our residents' well-being, our staff and program capabilities, and insurance participation for each youth during our twice weekly Residential Admissions Committee meetings. We look for a qualifying diagnosis and parental/LRP participation. We may help you by referring you to a more appropriate provider that can meet the needs of the youth affected by certain conditions, including severe psychiatric symptoms, certain sexual behaviors, chronic elopement behaviors, physical disabilities, intellectual and learning disabilities, traumatic brain injuries, pregnancy, chronic unmanageable violent behavior, medical illness, substance misuse, or diagnosis of Oppositional Defiant Disorder (ODD) or Conduct Disorder.

## When you make a referral

We will provide you a Referral Form and ask for psychosocial information regarding the youth's:

1. Behavioral health diagnostic and treatment history
2. School and IEP
3. Family involvement/Legally Responsible Person involvement
4. Medical and immunization history
5. Functional and behavioral history
6. Special needs or consideration

As soon as we have the information that is required, our Residential Admissions Committee will carefully review it. We will let you know if we have any questions, and we will send you a letter right away with our determination and/or recommendation.

We may then set up a "Provisional Intake" to get some more information and signatures, then submit for an insurance authorization.

Once the authorization is issued, we can begin to plan for admission\*.

*\*Availability may be limited depending on current census, staff capacity, and program capabilities.*