

CITIZENS REVIEW PANEL ANNUAL REPORT

Calendar Year 2023

Submitted by

Child Death Review Executive Committee

Children's Justice Act Task Force

*Clark County Department of Family Services Citizens Advisory
Committee*

To

Nevada Division of Child and Family Services

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Executive Summary

Public Law 104-234, Title I, Section 106, the Child Abuse Prevention and Treatment Act (CAPTA) provides for a state grant program for the support and improvement of state Child Protective Systems (CPS). CAPTA requires that Nevada have at least three (3) Citizen Review Panels (CRP) to receive funding for child protection efforts. Citizen Review Panels are to review various aspects of the child protection system at the state and local levels and make recommendations for improvements (See Appendix A).

Panels include members with expertise in the prevention and treatment of child abuse and neglect and have diverse membership, including but not limited to, representatives from:

- Community Advocacy and Non-Profit Organizations
- Public Child Serving Agencies
- Law Enforcement
- Parent and Youth Leaders
- Court Systems including Attorneys and Judges
- Mental and Physical Health
- Education
- Public Health

A list of each panel's members and their affiliations are provided in [Appendix B](#).

Nevada has designated three (3) standing committees to serve as CRP's. All Nevada CRP's meet at least quarterly, and meetings adhere to Open Meeting Law. Panels may make recommendations for training, policy or system improvements. Nevada CRPs include the:

- Executive Committee to Review the Death of Children (CDR) which provides coordination and oversight of local child death review teams;
- Children's Justice Act Task Force (CJA), which is charged with developing, establishing, and operating programs designed to improve the assessment, investigation and prosecution of suspected child abuse and neglect; and
- Clark County Department of Family Services Citizens Advisory Committee (CAC) which identifies and communicates perspectives on services provided and how to best meet the needs of families that utilize the Clark County Department of Family Services.

Panel Purpose and Activities

Executive Committee to Review the Death of Children

Purpose

Nevada makes every effort to reduce the number of preventable child fatalities and near fatalities through prevention messaging, training, and other initiatives. Nevada's child fatality review process includes local multi-disciplinary teams reviewing most of the child fatalities, between ages 0-17 years of age, within their own communities and making recommendations to the Executive Committee to Review the Death of Children (Executive Committee hereafter). The Executive Committee is established through NRS 432B.403-NRS 432B.4095. It is a multidisciplinary team, which provides coordination and oversight of local child death review teams. The committee meets quarterly, adopts statewide protocols for the review of child deaths and distributes a statewide annual report that includes statistics and recommendations to prevent child deaths as well as regulatory and policy changes. The multidisciplinary team is comprised of representatives from local child death review teams, law enforcement, mental health, child welfare, vital statistics, and the Office of the Attorney General.

In 2023, the Executive Committee continued to collaborate with the Regional Child Death Review Teams, as well as other state agencies such as the Division of Public and Behavioral Health, Department of Health and Human Services, in an effort to prevent further child deaths. The Executive Committee has continued to closely monitor the data related to child deaths by suicide and unsafe sleep environments to make meaningful recommendations for this report.

In 2003, Nevada passed a law placing a \$1 tax on death certificates, which is used to fund prevention campaigns around the top four (4) causes and manner of deaths in Nevada. The Executive Committee awarded \$125,000 for SFY 2024 targeting prevention activities that focused on safe sleep practices and suicide prevention. The following projects were funded:

Activities

- **Babies Bounty:**

This agency is in Clark County. This agency provides a baby bundle program and a diaper bank. The baby bundle program includes necessities for a new infant as well as a crib for new parents as well.

- **Clark County Department of Family Services:**

Clark County Department of Family Services delivered a media campaign regarding unsafe sleep situations. This program provided parents/caregivers the appropriate training and guidance to create a safe sleep area for babies by learning current infant safe sleep recommendations.

- **Community Chest:**

This agency provided an opportunity for children in their community to participate in the Community Chest's Comstock Kids program twice weekly for a year. The goal of the program is to increase parents' protective factors and reduce the probability of participation in risk behaviors while lessening risk factors

such as depression and suicide. The agency also provided the Cribs for Kids program to families in their rural area as well as the home visitors program to aide in injury prevention.

- **NyE Communities Coalition:**

NyE Communities Coalition partnered with Nye County School District, other partners, and local businesses to prevent the death of children in Nye, Esmeralda, and Lincoln counties from unsafe sleep methods and suicide.

- **Suicide Prevention Network:**

This agency aimed to reduce child deaths by suicide by using an upstream prevention approach that focused on reducing risk factors and increasing protective factors through town hall sessions.

- **Washoe County Human Services Agency:**

Washoe County Human Services Agency proposed to launch a multi-faceted Infant Safe Sleep Awareness Community Outreach campaign that was designed to educate the public about best practices when it comes to putting a baby safely to sleep, as well as to aid in connecting community members to resources for additional information and support. The campaign utilized outdoor media, digital media and television to create targeted messaging year-round, with an emphasis on Safe Sleep Awareness Month in October. Efforts focused on the greater Reno/Sparks region; however, through the use of local television and radio, as well as social media, messaging reached throughout Washoe County and beyond.

Executive Committee to Review the Death of Children CRP Recommendation:

This recommendation has been drafted and approved by a subcommittee for the Executive Committee to Review the Death of Children and it is anticipated this recommendation will receive approval by the full committee in June 2024.

- It is recommended that DCFS, via the Executive Committee to Review the Death of Children, partner with community agencies as appropriate, to increase evidence based public awareness around child deaths to include asphyxia, motor vehicle accidents, drowning, poisoning overdoses or acute intoxication, and suicide. The efforts will include education and collaboration to prevent future child fatalities in Nevada.

Children's Justice Act Task Force (CJA)

Purpose

The Nevada Children's Justice Act (CJA) Task Force was established in 1994 per the requirements set forth in the Child Abuse Prevention and Treatment Act (PL 111-320; CAPTA). The mission of the Task Force is to review and assess how Nevada's child protection system handles child maltreatment cases (including abuse, neglect, fatalities, with a special emphasis on sexual abuse and exploitation and children with disabilities and serious health related problems who may have been abused or neglected) and to make recommendations for improving interventions with the goal of limiting additional trauma to children and their families.

The CJA Task Force is a multidisciplinary team with 14 unique disciplines represented and the CJA grant funds multidisciplinary training, policy development, and pilot programs.

Annually the CJA Task Force focuses on five goals:

- **Goal 1:** Deliver advanced training to a multidisciplinary audience of professionals. Target audiences include child protective services workers, law enforcement, and Children's Advocacy Center staff forensic interviewers. Training should be prioritized, but not limited to, training requirements of Comprehensive Addiction and Recover Act (CARA) and Justice for Victims of Trafficking Act (JVTA) Program Improvement Plans, child protection model assessments, Indian Child Welfare Act, sexual abuse, domestic violence, forensic interviewing, trauma-informed practices, substance use, co-occurring mental health disorders and training needs identified in collaboration with Court Improvement Program.
- **Activities:**
 - The CJA provided funding for child welfare staff and stakeholders to attend the following trainings:
 - CCDFS contracted with National Children's Advocacy Center to provide multiple four-day trainings on the forensic interviewing of children to participants who primarily work in the investigation, law enforcement and prosecution of suspected child abuse cases.
 - WCHSA offered Multidisciplinary Team (MDT) members and child welfare staff to attend conferences:
 - Cornerhouse Forensic Interview Training
 - Child Welfare League of America's Annual Conference
 - Commercial Sexual Exploitation of Children (CSEC) Shared Hope Juvenile Sex Trafficking Annual Conference
 - Bridges Out of Poverty Training
 - Nevada Institute of Forensic Nursing sent 3 staff members (1 nurse and 2 advocates) to End Violence Against Women International Conference on sexual assault, domestic violence and cycle of justice.
 - The Division of Child and Family Services had staff attend the annual Handle with Care Conference virtually.
 - No to Abuse had MDT members attend the annual Child and Family Maltreatment Conference.
 - Maintenance of the Nevada Children's Justice Task Force:
 - To support and maintain the full multidisciplinary Task Force through member recruitment, training and provision of technical assistance/consultation and travel

to attend meetings. Task Force members will develop and monitor the implementation of objectives for training and policy through approved activities.

- **Goal 2:** Support the implementation of the CSEC Model Coordinated Response Protocol and provide training and support for the formation of MDT and Task Forces.

- **Activity:**

- Support CSEC protocol implementation in Nevada through collaboration with Nevada CSEC Coordinator. Efforts include the development of a statewide database that will track CSEC victims across multiple agencies and to establish a baseline dataset of this population and training for stakeholders to identify CSEC victims.

- **Goal 3:** Support the establishment of new Children’s Advocacy Centers (CACs) and/or other multidisciplinary team approaches. Improve the capacity of existing CACs to provide a multidisciplinary response for victims of child sex abuse and exploitation, physical abuse, and child victims with disabilities. Activities may include the development of a strategic action plan for project implementation, identification of rural health care providers, investigation of funding opportunities for infrastructure and operating costs, and the use of telehealth and telemedicine statewide.

- **Activity:**

- Multiple trainings were provided to CAC members and stakeholders that were included in Goal 1.
- Clark County Department of Family Services purchased a high-speed copier to be used by law enforcement.
- Washoe County Human Services Agency provided caseworkers at the Washoe County Child Advocacy Center (CAC) with enhanced technology which includes, two (2) copiers/printers, to improve the investigation and assessment of child abuse and neglect.

- **Goal 4:** Fund technology requests to improve the investigation, assessment and prosecution of child abuse and neglect through use of the latest technology and to support use of new and existing training technologies.

- **Activity:**

- Multiple technologies were purchased for CAC members, staff and stakeholders which were included in goal 3.
- Nevada Institute for Forensic Nursing was able to purchase a VALT Cloud System that has been used in their soft exam room and their mobile unit.

- **Goal 5:** Identify new or needed changes to policy, regulation and/or legislation to meet requirements of federal program improvements plans and other federal and state initiatives. Support training and policy needs related to new or revised policy, regulation, and legislation.

- **Activity:**

- A presentation was made in January 2024 regarding new legislation that was passed during the Nevada 82nd Legislative Session in 2023 that are relevant to the CJA Task Force.

Children’s Justice Act Task Force Recommendations:

- **Recommendation 1:** The Children’s Justice Act Task Force (CJA) recommends the Division of Child and Family Services (DCFS) continues to prioritize training for all child welfare staff and stakeholders in the State of Nevada to improve the investigation and handling of child abuse, neglect, or cases involving both, particularly child sexual abuse and exploitation. This training recommendation includes, but is not limited to, child protection assessment and system of care models, family and interpersonal violence, mandatory reporting, medical forensic interventions, trauma-informed practices, and cultural responsiveness.
- **Recommendation 2:** The Children’s Justice Act Task Force (CJA) recommends the Division of Child and Family Services (DCFS) support efforts to translate best practices and support community-specific needs to coordinate the multidisciplinary response to child abuse, neglect, or cases involving both, particularly child sexual abuse and exploitation. This MDT support recommendation includes introducing, maintaining, and establishing Children’s Advocacy Centers (CACs), in conjunction with the Nevada State (CAC) Chapter as appropriate.

Clark County Department of Family Services Citizens Advisory Committee (CAC)

Purpose

The Citizen's Advisory Committee (CAC) serves as a liaison between the community and Clark County Department of Family Services (DFS). The purpose of the Citizen's Advisory Committee is to identify and communicate to the DFS important social service issues and service requirements regarding client services. This committee offers perspective on services provided and how to best meet the needs of families that utilize the DFS. The Advisory Committee examines areas of focus along the full continuum of child welfare and initiates recommendations forwarded to DFS Administration.

Monthly Priority Areas of Focus and Reporting

Mental Health:

The CAC has identified the Children's Mental Health Crisis in Nevada as a priority that necessitates the active participation of both DFS and the Nevada Division of Child and Family Services Administrator (Monthly) to report out to the CAC on what the state and county are doing to address the lack of an effective trauma informed, evidence-based mental health service array for children across the state, especially our most vulnerable population of abused and neglected children.

Nevada has a large gap for mental health services between Residential Treatment Centers and specialized foster care; there needs to be a step down of services to fill this gap. Clark County needs more mental health care facilities in general and facilities that can treat young children (under the age of 12) specifically.

There remain disruption concerns with children in care and post-care who are not receiving the treatment they need. Recognizing that these concerns are not limited to Clark County, and that the state of mental health lies in the hands of the Nevada Division of Child and Family Services (DCFS, aka the State), the CAC is requesting a monthly update from DCFS regarding the status of:

- Recommended changes to Medicaid to ease the burden on the few providers we have in the state.
- Reporting on plans to increase the number of Trauma Informed Private Mental Health Care Providers in the state.
- The implementation plan for Trauma Informed step-down/step-up programs for post-residential care and preventative residential care.
- The status of trauma informed community-based mental health services, to include the expansion of Mobile Mental Health Response teams and local, short-term facility beds and out-patient facilities to include therapeutic day-schools.
- The number of residential treatment beds available and filled and the timeline for making more beds available.

Prevention-Keeping Children in Their Homes of Origin

The CAC identified Prevention as one of its initiatives, especially as it relates to the new federal Families First Prevention Services Act. Two of the interventions DFS is evaluating and reporting on monthly are the Thrive By Five and Safe at Home programs.

Policy and Procedure Communications

The CAC identified Policy and Procedure Communications as it relates to transparency within DFS as another initiative. DFS will continue to update their policies and procedures and will continue to update the CAC monthly on any changes or impending changes to policies and the communication plans.

The CAC assesses DFS's internal and external communication strategies to ensure that the DFS is open, inclusive and transparent. DFS Culture Workgroups continue to meet, and the CAC is provided with monthly updates on their progress.

Transitional and Aging Out Youth (TAY) Supports

The CAC identified TAY supports as an initiative especially as it relates to what DFS is doing to support youth transitioning out of care. We are tracking the implementation of Public Law 116, which extends Foster Care to age 26. The CAC is also receiving monthly reports on the status of LifeSet and how many youths have successfully completed the program.

Education

The CAC identified Education as an initiative especially as it relates to children in care. The mental health of students remains a concern and a priority for the CAC. To that end, we have requested monthly reporting of the Education Stakeholder Meeting that DFS convenes with CCSD Administration, System Partners, Care Providers and Child Advocates to address the ongoing educational needs of our children in care.

Ombudsman's Report: The Clark County Ombudsman has presented to the CAC and provides its monthly reports to the CAC for review and discussion. The Ombudsman provides an overview of the types of complaints that are being received to determine if there are systematic and ongoing issues that necessitate management intervention. The reporting also encompasses complaints that are received internally by DFS Supervisors/Managers, as well as complaints that are made directly to the Ombudsman.

Clark County Citizens Advisory Committee

Recommendations:

The Clark County Citizen's Advisory Committee (CAC) serving as a Citizen's Review Panel (CRP) for the State of Nevada respectfully submits this Report and Recommendation for publication in the Statewide CRP with particular emphasis on the Children's Mental Health Crisis as the highest priority item that necessitates official action and response from the DCFS Administrator and/or Designee.

Mental Health

We know the state and county continues to grapple with the lingering effects of the COVID-19 public health emergency. Timely access to needed behavioral health services has never been more critical. Although the number of children and youth experiencing new or exacerbated behavioral health conditions continues to rise, the rate of mental health services utilization for children and youth under age 19 has continued to be lower than prior year's levels. For example, in the CRP report we submitted for 2023, we highlighted the need for more residential treatment and short-term treatment beds in the state. Instead of seeing an increase in those numbers, we saw a decrease in beds. We are not moving in the right direction.

Per the recommendations in the August 18, 2022, Center for Medicaid and Chip Services (CMCS) Information Bulletin written by Daniel Tsai, Deputy Administrator and Director, Center for Medicaid and CHIP Services entitled Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth for our recommendations, this gap in accessing effective behavioral health treatment for children and youth will have costly and lifelong effects. Without treatment, children with behavioral health conditions face a range of problems in adulthood, including increased risk of criminal justice involvement and instability in employment and relationships. Untreated behavioral health conditions in children can also have an adverse effect on health in adulthood. For example, adverse childhood experiences (ACE), which are potentially traumatic events that occur in childhood (which ALL of our children in care have experienced), are linked to several chronic health problems in adulthood, including heart disease, cancer, diabetes, asthma, and kidney disease, as well as mental illness, suicide and substance abuse.

There are very few Medicaid providers in Southern Nevada that conduct psychological/neurological testing, causing wait lists for testing to be well over twelve months. The wait is just as long for private insurance providers as well as testing within CCSD. At least one of the current Medicaid providers is now focusing primarily on therapy instead of testing. They have cancelled most of their pending testing appointments because the Medicaid prior authorization process is just too cumbersome. As a result, our wait times are only getting longer and that means that positive outcomes for our children will be more difficult to achieve.

It is with this in mind the DFS CRP recommends:

1. *Improve Prevention, Early Identification and Engagement in Treatment.* Early detection of mental health and substance use issues is crucial to the overall health of children and youth and may reduce or eliminate the effects of a condition if detected and treated early. *This makes routine screenings, early identification, and engagement in treatment as early as possible critical for children and youth.* We encourage DCFS and DFS to work with and lobby Medicaid to implement the following strategies:
 - a. Eliminate or reduce use of prior authorizations for psychological and neurological testing and behavioral health services for children impacted by Child Welfare Services. This includes children currently in care and children who have been in care but have now found permanency. This will enhance access and ensure any medical necessity criteria do not have the effect of unnecessarily

hindering access or creating administrative barriers that discourage providers from serving Medicaid and CHIP enrollees.

- b. Eliminate administrative barriers to providers enrolling in Medicaid and CHIP (e.g., unnecessarily burdensome credentialing criteria for enrolling and duplicative and burdensome credentialing across managed care plans.
 - c. Promote TBRI based therapy for children-specifically by incentivizing care providers to invest in the training.
2. *Continued participation from DCFS in the DFS CAC Monthly Meeting*
 - a. Monthly presentation of a dashboard, including but not limited to: The number of residential treatment beds available and filled in the state, implementation of a step down/step up program to keep children out of residential treatment, and the status of trauma informed community-based mental health services, to include the expansion of Mobile Mental Health Response teams and local, short-term facility beds and outpatient facilities to include therapeutic day-schools.
 3. *Participation from Magellan the DFS CAC Monthly Meeting*
 - a. Monthly presentation of a dashboard showing progress against stated \$22 million contract goals and scope of work. Example of scope of work includes increasing intensive home-based treatment capabilities, respite care and an increase in Medicaid providers to the state.
 4. *Extended Foster Care Policy Completed for the State*
 - a. Implementation of a fully funded extended foster care program, to include all requirements of the Title IV-E programs. Specifically, this includes state funding for adoption and kinship guardianship subsidies up to age 21. Further information is needed to ensure that the state has clear policies and definitions for supervised living settings.
 5. *Prevention-Implementation of a Prevention Services Program*
 - a. Support implementation of prevention programming in compliance with the Family First Prevention and Services Act. Consider ways to amend the state plan to include the Kinship Navigator Program, as it is a program currently allowable under through the clearinghouse.
 6. *Education*
 - a. The CAC identified Education as in initiative, especially as it relates to children in care. Of
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7. *Support for DFS to survey their user community*
 - a. This customer experience survey would target Foster and Adoptive Parents, Kinship and Fictive Kin Caregivers, Aged-out Youth, Biological Families, CAP Attorneys, Educational Surrogates and CASA Volunteers to provide real life feedback and input on the successes and areas of improvement for both DCFS and DFS.

APPENDIX A: OVERVIEW OF NEVADA CITIZEN REVIEW PANELS

Federal Requirements

As outlined in Public Law 104-235, Title I, Section 106, the Child Abuse Prevention and Treatment Act (CAPTA) provides for a state grant program for the support and improvement of state child protective services (CPS) systems. This law sets forth a variety of eligibility requirements, including the establishment of citizen review panels. The purpose of the panels is “to provide new opportunities for citizens to play an integral role in ensuring that states are meeting their goals of protecting children from abuse and neglect.”

The citizen review panel (CRP) system within a given state must meet certain operational requirements and meet a scope of responsibilities within the function of the panel. These are outlined as follows:

- **Scope of Responsibilities**

Each CRP is required to review the compliance of State and local CPS agencies in the fulfillment of their responsibilities with respect to the following:

- Work in accordance with the CAPTA State Plan;
- Examine state and local policies and procedures;
- Review specific cases, when appropriate; and
- Review other criteria the panel determines important to the protection of children, including the extent to which the state CPS system is coordinated with the Title IV-E foster care and adoption assistance programs and the review of child fatalities and near fatalities.

- **State Requirements**

As Part of the CAPTA requirements, states are required to codify CRPs through state law. In Nevada, this was completed with the passage of Assembly Bill (AB) 158 during the 1999 Legislative Session. During 2001, NRS 432B.396 was amended as a result of AB 248 to establish civil sanctions for violations of confidentiality on the part of the CRP members. This amendment includes additional language highlighted in subsection two as follows:

- Establish a panel comprise of volunteer members to evaluate the extent to which agencies which provide child welfare services are effectively discharging their responsibilities for the protection of children.
- Adopt regulations to carry out the provisions of subsection 1, which must include, without limitation, the imposition of appropriate restrictions on the disclosure of information obtained by the panel and civil sanctions for the violation of those restrictions. The civil sanctions may provide for the imposition in appropriate cases of a civil penalty of not more than \$500. The Division may bring an action to recover any civil penalty imposed and shall deposit any money recovered with the State Treasurer for credit to the State General Fund.

APPENDIX B: PANEL MEMBERS

Child Death Review Executive Committee

MEMBER NAME	AFFILIATION
Melinda Rhoades, Co-Chair	SAFY
Sheri McPartlin	Clark County School District
Christine Eckles	Washoe County Juvenile Justice
Denise Tyre, Co-Chair	Washoe County Human Services Agency
Kathie McKenna	Pioneer Territory CASA
Vacant	Elko County Sheriff's Office
Nikki Mead, Chair	Department of Health and Human Services- Vital Statistics
Sgt. Laura Conklin	Reno Police Dept
Vicki Ives	Department of Public Behavioral Health – Maternal Child Health
Misty Vaughn Allen	Department of Public Behavioral Health - Suicide Prevention
Geordan Goebel	Office of Attorney General
Marla McDade Williams	Division of Child and Family Services
Jill Marano	Clark County Department of Family Services
Ryan Gustafson	Washoe County Human Service Agency
Cody Phinney	Division of Public and Behavioral Health Mental/Behavioral Health
Desiree Mattice	Department of Public Safety
Nancy Saitta	Children's Commission
Vacant	Department of Health and Human Services
Michelle Sandoval	Department Public Behavioral Health -Rural Clinics
Amanda Haboush	Prevent Child Abuse Nevada
Jorge Montano-Figueroa	SAFE KIDS

Children's Justice Act Task Force

MEMBER NAME	MEMBERSHIP DESIGNATION
Desiree Mattice	Law Enforcement
Magistrate Michelle Rodriguez	Criminal Court Judge
Judge Margaret Pickard	Civil Court Judge
Wendy Maddox	Prosecuting Attorney
Izaac Rowe	Prosecuting Attorney
Christine Sullivan	Defense Attorney
Massey Mayo	Attorney for Children
Janice Wolf	Child Advocate/Attorney for Children
Emmy McCormick	Court Appointed Special Advocate (CASA)
Rachell Ekross	Health Professional
Jamie Wong	Mental Health Professional
Fran Maldonado	Individual Experienced in Working with Children with Disabilities
Britt Young	Parent/Representative of Parent Group
Jane Saint, Vie-Chair	Parent/Representative of Parent Group
Angelina Blare	Adult Former Victim of Child Abuse and Neglect

MEMBER NAME	MEMBERSHIP DESIGNATION
Wonswayla Mackey	CPS Agency/Clark County Department of Family Services
Betsey Crumrine	CPS Agency/DCFS-Rural Region
Laurie Jackson	CPS Agency/DCFS-Rural Region
Jessica Goicoechea-Parise	CPS Agency/Washoe County Health and Human Services
Salli Kerr, Chair	Individual Experienced in Working with Homeless Children and Youth

Clark County Citizens Advisory Committee

MEMBER NAME	AFFILIATION
Kim Abbott	CAP- Child Welfare Advocate
Alison Caliendo	Parent Advocate
Judge Stephanie Charter	Local Juvenile Probation Services
Brandon Ford	Child Welfare Advocate
Dashun Jackson (Chair)	Youth with Foster Care Experience
Vacant	General Public
Shelia Parks	Court Appointed Special Advocates
Pamela Roberts	Private Mental Health Care Provider
Donna Smith	Foster/Adoptive Parent
Vacant	CCSD
Vacant	General Public