

Nevada Child & Family Services Statewide Newsletter

Volume 2 Issue 2 November 2005



Administrator's Corner - Jone M. Bosworth

"If you care for your own children, you must take an interest in all, for your children must go on living in the world made by all children." Eleanor Roosevelt (1933)

In this Issue

This volume of the DCFS newsletter captures an array of activities that are improving the child welfare, state-operated juvenile justice, and children's mental health systems. From an update on policy development and training in "And the PIP Goes On," to increased state funding for county-operated child welfare programming in "VOCA Funding to Washoe and Clark Counties," and two articles on specific county-level child welfare improvement strategies for children in foster care, steady progress is being made toward raising the level of statewide foster care system performance.

Likewise, new initiatives in the state-operated juvenile justice services system described in this issue illustrate the focused efforts to reduce recidivism and better enable youth to successfully transition to adulthood. A gender specific community re-entry program for young women, the "Partnerships for Youth" workforce investment project at Caliente Youth Center, and new technology grants for the

Nevada Youth Training Center are all aimed at expanding Nevada's capacity for preparing youth to live safely and productively. It is also extremely exciting to announce in this issue that a Request for Proposal has been released to bring Multi-Systemic Therapy (MST) to youthful offenders and their families. MST is a nationally recognized, evidence based practice that has proven successful in reducing delinquency – implementing this treatment model in Nevada will have an incredibly positive impact for both youth and communities.

Finally, the watershed changes to children's mental health programming in Nevada are outlined in this newsletter in "Children's Mental Health Treatment Services." The principle upon which these system changes are based is the recognition that treatment services and interventions need to come to children rather than relocating children to access services. The goal is to greatly reduce the traumatic effects on kids and families that occur with repeated moves.

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Articles specific to the Washoe County Children's Mental Health Consortium Strategic Plan and "Family Perspective" round out the picture of the vital activities underway that will significantly improve the children's mental health system in Nevada.

Follow-Up: Recruitment Campaign

The last newsletter asked for your help in selecting a campaign slogan. The slogan/advertisement will be used for all recruiting efforts to fill vacant and new DCFS positions. Ninety-seven votes were counted and the winning slogan/advertisement is: ***Building Lives and Strengthening Families***. Thank you for your input! The "Recruitment Campaign and Slogan" article in this issue provides an overview of next steps. With neighboring states now recruiting for caseworkers in Nevada, these recruiting efforts are critical to ensuring that a workforce of committed and caring professionals can meet Nevada's needs.

Thank you

As you may know, I have accepted a position as the Senior Director of the Casey Youth Opportunities Initiative and begin work in St. Louis on November 7, 2005. This opportunity to work for a private foundation on a national scale draws me from the rewarding progress here in Nevada. Thank you for undertaking the exciting and critical transformation work with me over the past two years – it has truly been an enriching experience and one that I know will be continued.

May you work with urgency, strategy and compassion to improve outcomes for Nevada's children and families! Best wishes to you all!

Recruitment Campaign and Slogan Winner

Thank you for participating in our recent campaign to illicit a recognizable "name brand" slogan for DCFS' recruitment purposes. Ninety-seven of you overwhelmingly voted for the winning slogan, "Building Lives and Strengthening Families," the slogan which has since been selected to lead DCFS' recruitment campaign.

The DCFS System Management Team has developed an initial, short-term plan in an effort to immediately enhance recruitment efforts. A Division recruitment committee has been created with eleven multi-disciplinary team members to spearhead professional recruitment efforts, including facilitation and enhancement of the following plan elements:

- ◆ Training staff on how to interview/sample questions for division staff
- ◆ Establishing and utilizing competency/skill based interviewing techniques
- ◆ Targeting/attracting candidates with values/culture/qualities possessed by successful DCFS staff
- ◆ Creating automated mailings to licensed professionals
- ◆ Local recruitment efforts—work with ESD, job opportunities in Nevada and local websites
- ◆ Make presentation with pictures in division newsletter—let employees vote on best marketing campaign
- ◆ Identify competencies (Survey, Engage State Personnel, Create Recruitment Work Group)

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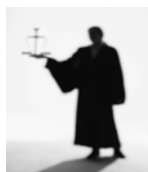
And the PIP Goes On Sharon Gibbons

The second quarterly progress report on Nevada's Child and Family Services Program Improvement Plan (PIP) was submitted to the Administration for Children and Families (ACF), Region IX, on September 30, 2005 and focused on four areas: policy and procedure development and standardization, training, quality assurance / improvement, and collaboration with other state agencies.

During this quarter, policies for responding to reports, reviewing multiple reports of maltreatment, substantiation of reports, assessing risk, assessing safety, closing cases, visitation and using the SAFE (structured family assessment) process were put in place. In addition, specific guideline documents approved this quarter include those for taking and responding to reports, substantiating reports, assessing risk, and facilitating parent-child-sibling visitation. All three service regions (Clark and Washoe Counties and the DCFS Rural Region) completed revisions to their regional recruitment plans for bilingual foster / adoptive parents.

All training scheduled for this quarter in Nevada's training plan has been completed. Thus far 745 individuals have completed training in four key practice areas. Risk assessment and collaborative case-management and ongoing assessment curricula were developed, revised, and implemented. SOAR and the use of web-based reports and visitation to promote placement stability and permanency curricula have been approved and the training is being executed. In addition, efforts begun last quarter to augment the training program by hiring additional staff were finalized with the hiring of the eighth and final authorized new trainer / curriculum developer.

The third component of the Quality Improvement System, a case review instrument adapted from the federal instrument, was developed and piloted in three offices across the state. The instrument rates forty-five performance indicators in seven safety, permanency and well-being outcomes for children. Findings from regional case reviews in combination with data from SOAR, the on-line reporting system and supervisory reviews will be used to measure Nevada's progress on the PIP.



Collaborative activities have taken place between DCFS and the Administrative Office of the Courts/Court Improvement Project (AOC/CIP), Division of Mental Health and Developmental Services (MHDS), Division of Health Care Financing and Policy (DHCFP) – Nevada Medicaid, and the University of Nevada School of Medicine (UNSOM).

In its work toward improving permanency efforts, DCFS has met monthly in collaborative meetings with AOC/CIP. The CIP Strategic Plan was revised to include PIP benchmarks. AOC/CIP has hired the National Council for Juvenile and Family Court Judges as contractor to facilitate workgroups tasked with identifying strategies to improve permanency policy and practice.

A series of meetings between Medicaid, DCFS, MHDS, Nevada Parents Encouraging Parents (PEP), the urban counties, and stakeholders have been implemented to redesign children's behavioral health services, and workgroups have formed to approach task areas. A nationally recognized consulting firm was hired to propose new rates for Medicaid services, including treatment homes for foster care children with serious emotional disturbances. DCFS applied for and was accepted into the SAMSHA/ Georgetown University policy academy in August 2005 for children's mental health transformation. DCFS holds quarterly meetings with UNSOM to work towards establishing a child psychiatry internship program in Nevada. A sub-grant to help fund the psychiatric fellowship was developed and implemented.

ICPC Assists in Locating Displaced Children and Families Post Katrina

Mary Dunn

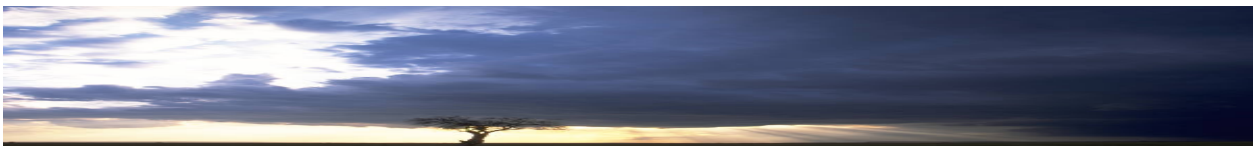
Hurricane Katrina hit with such a destructive and devastating blow, the reverberations will be felt nation-wide for many months to come. In the chaotic first week after the storm, emails, memoranda, congressional bill drafts, bulletins from the U.S. Department of Health and Human Services, and various private organizations came thundering into the DCFS Interstate Compact Placement for Children (ICPC) office. Without delay, the American Public Human Services Association (APHSA) determined that each state's ICPC Deputy Compact Administrator would be the nation-wide point of contact for foster families displaced by Katrina.

Through a series of weekly nation-wide teleconferences, each state was advised to provide data they might have on evacuees to both the Federal government and the states affected by Katrina. In short, the scope of problems the hurricane-ravaged states are contending with are:

- ◆ an estimated 4,700 children in foster care in Louisiana, Alabama and Mississippi. This includes 2,300 in Louisiana, 1,300 in Mississippi and almost 1,000 in Alabama.
- ◆ an unknown number of children in the custody of other states have been placed with families in Louisiana, Mississippi and Alabama and are not included in the original count of 4,700.
- ◆ ICPC is the link towards identifying these children.
- ◆ an unknown number of children are being identified in the areas impacted by the hurricane that do not have readily identifiable family connections.
- ◆ children in the custody of Louisiana, Mississippi and Alabama in placements across the nation are anxious to know how their families survived the storm.

With lightening speed, DCFS' ICPC staff conducted a cursory hand count of 2,200 files, determining that there are approximately ten cases where Nevada children may have been displaced from Louisiana, Mississippi or Alabama. The ICPC staff simultaneously requested a duplicate count from Information Management Systems (IMS). I am pleased to announce that both counts came up with the same number of children. Kudos to IMS! In a state and countywide email to all the case carrying workers, I was relieved to receive notification that all the children DCFS had in custody and placed in the Katrina-ravaged region were safe and sound, and had been evacuated ahead of the storm.

The coordinated efforts of state, county and national agencies have achieved great success in synchronizing location and relief efforts on behalf of the children we have in care. There remains much more to accomplish. For example, how will the states hosting these foster families displaced by Katrina go about expediting a foster license when they may be doubled up with other family members? What if the extended family members have criminal records? What if the guidelines for adequate housing space are temporarily violated? Does this count as another placement in the eyes of the Child and Family Service Reviews (CSFRs)? Systemic issues aside, I am relieved to know the children in our state and counties' custody were spared injury and untold misery by their fast-thinking foster placements. Let's hear it for the foster parents and the continuing efforts of the case managers!



Disaster Response Team Responds to Hurricane Evacuees



The DCFS Disaster Response Team, composed of Ann Polakowski, Christina Mashburn, Mercedes Moss, Katherine Foglebach, Steve Foster, Shawn Hansen, Fay Butler, Earlene Evans, Kevin McGrath and Lyn Woodard, led by Dr. Dianna Weir, was organized and has been assisting and supporting both Katrina and Rita hurricane evacuees since September 7, 2005 in Las Vegas, Nevada. A steady number of evacuees have been arriving in Las Vegas daily. Tia Jenkins, MPH, Southern

Region Mental Health Disaster Response Coordinator for Southern Nevada Adult Mental Health Services, reported that as of October 6, 2005, 3,732 evacuees have been through the center, with 1,564 receiving mental health disaster response services. Ms. Jenkins's assistant, Karen Lund reported a minimum of 363 children have received mental health disaster response services. Ms. Jenkins stated, "We are still getting approximately 200 people a day through the center." She noted, "This has been an experience. I think everyone has learned how important working together is."

Ms. Jenkins said the DCFS Disaster Response Team has done an impeccable job pulled together and worked together meeting the needs of the client above all else. She also thanked DCFS for their continued support of and participation in this response effort. So far over 3,732 people have been served at the center. Many of these people have interacted with and received services from DCFS and MHDS during the past few weeks. There is no better representation of how crucial both organizations are to the health of communities affected by disasters." DCFS continues to partner with MHDS and staff will participate in ongoing training.



Mr. McGrath, a member of the DCFS Disaster Response Team, spoke of a foster mother with three children whom he met in the cafeteria of the center. He said this family's home in New Orleans had been completely flooded. The foster mother shared with him the family's experience in the Superdome, telling him it was one of their biggest nightmares with "people dying right where her children were. Mr. McGrath stated, "She was also afraid her teenage son would be harmed during this harrowing experience, as he felt the need to defend the family and she was afraid he would be harmed defending them." From the Superdome, they were taken to an Army Base and from there transported to Las Vegas where they have family, unlike many others who had no family to go to. Mr. McGrath said what stood out for him was that, "Despite everything she had been through, she was committed to remaining a foster parent and getting through this tragedy as a family."



According to Dr. Weir, DCFS is a part of a larger disaster response team called to respond to evacuees, providing mental health support services. These team members not only responded to this need outside their regular job, but continued to do their regular job as well. It has been a privilege for the Division and its staff to assist the evacuees and the many other supporting agencies and communities in the statewide effort. As Dr. Weir wrote in an email to her team, "...I am proud to be a part of the DCFS team responding to the Katrina and Rita Hurricanes. You have done an excellent job and represented the division with professionalism and dignity. Thank you all for your dedication..."

(Recruitment Campaign and Slogan continued from page 2)

Thank you again for your vote! We'll keep you updated on our progress as we move forward with DCFS recruitment efforts. If you are interested in employment opportunities with DCFS, please visit our website at www.dcf.state.nv.us for further information.

Caliente Youth Center—Partnerships for Youth Jamie Killian

The Nevada Business Services, Incorporated (NBS Inc.) is a federally funded program that was originally established with the purpose of assisting adults and dislocated workers and special needs youth. For over 20 years, they have partnered with the Caliente Youth Center (CYC) and the C. O. Bastian High School, the on-site educational entity for CYC, to provide services to qualifying students. CYC is a 140-bed youth training school located in Caliente, Nevada serving male and female youth ages twelve to eighteen. The average length of stay for these students is from six to seven months. In 2004, approximately 51% of the youth placed at CYC were from Clark County, 34% were from Washoe County, and the remaining 15% were from the rural counties.



NBS Inc. provides funding for CYC students to study and test for their General Equivalency Diploma (GED), complete college-level coursework, tutor other students, serve as student library aides, work as student aides at off-campus sites, work on a culinary arts team, and work on an off-campus crew that provides services to local Nevada State Parks. Participation in the program entails twenty hours per week for a six-week period. Educational work credits are received while participating in the program.

At any given time, there are up to thirty-five youth involved in the NBS Inc. program. For the past two years, total student compensation has been as much as \$14,000 per month. Students use these funds to pay back restitution, save for future education, and for personal needs. Selection for the NBS Inc. program is based on eligibility – students must be at least sixteen years of age, be a U.S. citizen, and have a valid birth certificate and social security card. Summer programming may include youth fourteen years of age and up. Selection is also specifically based on individual needs relative to treatment and discharge plan goals. The program provides the students with valuable work skills and training, and exposure to appropriate work ethic and practice. Everyone is held to high standards and some are exposed to real-life corrective measures.

There can be significant rewards besides being paid minimum wage for the hours that are worked. Students that have completed the program at CYC can utilize the NBS Inc. offices in Lincoln, Nye, Esmeralda, and Clark counties for further work-related and educational assistance upon their release from CYC. The JOIN (Job Opportunities in Nevada, Inc.) program in Northern Nevada also offers the same services.

Just over the past eighteen months, NBS Inc. has provided services to 142 students at CYC. Over \$120,000 has been paid to them for working, and \$4,500 has been reimbursed to C.O. Bastian High School for students that have completed their GED and other education program.



John L. Avery, NBS Inc. Case Manager for Lincoln and Southern Rural Counties commented, “It is a real joy to be able to watch these young people grow in their self worth and self esteem as they work and see that they can do something constructive and worthwhile in the community. It is wonderful to watch them take their parents out into the state parks to see what they have been a part of. I really love to see the sparkle in their eyes and see the sense of pride that they have when they have passed the GED or completed the requirements for high school graduation. I am so grateful to be a small part of their lives.”

Currently, the program has been suspended for financial reevaluation. It is anticipated that this will only be for a short period. The NBS Inc. services are invaluable to our youth. It affords them the opportunity to gain the education, skills and experience that will assist them in becoming successful and productive citizens upon reentry into the community. It is hoped that a viable remedy will be determined at the earliest possible time, and that the program will continue to benefit the young adults at the Caliente Youth Center. Please contact your local Work Force Investment Act Board member to voice your support to continue our program.

Lifebook for Every Child Project in Washoe County Marie Burgess

A collaborative project between Washoe County Department of Social Services (WCDSS), the Sierra Association of Foster Families (SAFF), and a local retailer (Treasured Memories) is skyrocketing in popularity and support in Washoe County. The mission of the *Lifebook for Every Child Project* is to ensure that foster children have a lifebook that is their very own. All too often children exiting foster care have little or no pictures of important people and periods of their childhood. Lifebooks provide a chronology of the child's life and help provide the opportunity to create positive self-identity and self-acceptance. Lifebooks also facilitate attachment, increase trust for adults, and increase the comfort level for foster and/or adoptive parents to discuss the child's situation and reasons for being in foster care and/or adoption. WCDSS has utilized the Lifebook in a therapeutic manner during the "OK at KK" (Kids Kottage shelter) weekly group sessions. The therapists who facilitate these groups use the Lifebooks to increase self-esteem and assist the children to work through their removal from parents, placement changes, and their uncertain future. The children in the group want to carry their Lifebooks with them everywhere; however, due to this being a shelter situation, the Lifebooks must be locked up so they will be safe. The children consider their Lifebooks as treasures and watch as they are put in the safe place until the next time they can get them and hold them close to their heart.

Under the leadership, commitment, and passion of social worker and adoption specialist Cile Cogburn, MSW, each child in foster care is provided a personalized lifebook binder. The magic of this project is that social workers are able to give a child a lifebook and then work with the child and adoptive/foster/biological parent and Court Appointed Special Advocates (CASAs) to fill the lifebook pages. Donations secured through SAFF, Treasured Memories, CAN Prevent, and MANY individual donors provide enough stickers, card stock, die cuts, and themed paper to make even the most professional scrapbookers



jealous. Lifebook parties are organized and held quarterly at the County offices and daycare is provided at a local daycare facility by WCDSS so that foster parents can dedicate time to scrapbooking either individually with their foster child or by placing the child in daycare if they are not age appropriate. The attendance at these "parties" has dramatically increased over the past year with the largest attendance being the pre-teens and teens who want to work on their own book.

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Children's Mental Health Treatment Services Susan Mears

Transforming Children's Mental Health Treatment Services in Nevada Steering Committee

The Transforming Children's Mental Health Treatment Services in Nevada Steering Committee is a small, time limited group that was assembled to provide leadership and oversee activities related to improving the children's mental health system to December 31, 2005. The Committee meets monthly to ensure progress by Department of Health and Human Services (DHHS) Divisions and continuing stakeholder input from treatment care providers, child serving professionals, and families. Broadly, four areas have been the focus of the Steering Committee:

- ◆ Expanding Mental Health Services
- ◆ Enhancing Treatment Services Rates
- ◆ Utilization Management
- ◆ Increasing Mental Health Providers' Assessment Skills

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Achieving Timely Permanency for Children in Clark County Susan Klein-Rothschild

Great progress is being made in Clark County with regard to providing timely permanency for children in the child welfare system. Thanks to the great work of many dedicated staff we have realized the results in many areas that promote permanency for children.

Recruitment of foster and adoptive families – An increased number of licensed foster and approved adoptive families offers more alternatives for children needing out of home placement. Before the recruitment campaign that began in May 2005, Clark County was averaging 17 – 20 applications per month. Since the campaign began, we have been receiving 30 – 34 applications per month.

Filing of petitions for the terminations of parental rights – Efforts to move towards timely termination of parental rights is a priority for children waiting permanency in foster care. In the first two-thirds of 2005, Clark County has filed as many petitions for termination of parental rights as was filed in all of 2004.

Finalized adoptions – Children in temporary foster care need timely finalization of adoption in safe, permanent homes. For the fiscal year ending in June of 2005, 30% more adoptions were finalized than the previous fiscal year.

Diligent search – When children need out of home placement, identification and placement with relatives is a good option for many children. Thanks to additional resources and focused staff, in August 2005, 22 children were placed with relatives as a result of diligent search. This is in addition to placements with known relatives.

Family preservation efforts – Whenever possible, children are maintained in their family homes with support services. Thanks to a grant to Boys and Girls Town; additional family preservation services are available to support children living safely in family homes.

Timeliness of court cases – The length of the court process reflects the length of time children are often waiting for permanency. The Court records show that the length of time in the Court system has been declining since the beginning of 2005. This reflects timeliness as a top consideration for children.

When we consider the child welfare system “through the eyes of a child”, we recognize that too many children have waited too long for safe, permanent families. The commitment and dedication of staff are key to achieving timely permanency for every child. Kudos for what has been achieved as expectations for future achievements run high. Children depend on us.





(Children’s Mental Health Treatment Services continued from page 7)

Please note that “Children’s Mental Health Transformation Initiative” refers specifically to efforts related only to children and families’ needs. The term “Behavioral Health Redesign” refers to the overarching plan that involves expanding the capacity to serve both seriously mentally ill adults and seriously emotionally disturbed children in Nevada through Medicaid-reimbursable services. These two initiatives often intersect as the goals of expanding quality services are closely aligned.

1. Expanding Mental Health Services

Overview:

The Division of Child and Family Services (DCFS) in partnership with the Division of Health Care Financing and Policy (DHCFP) gathered input through focus groups, stakeholder meetings, consultants, and workgroups to expand and enhance children’s mental health services.

Status:

Focus Groups were held statewide in May to gather input from families, governmental agency stakeholders, and system partners involved with children’s mental and behavioral health. The primary purpose of the focus groups was to learn what children with emotional disturbance and their families really want to help them live safe, healthy lives. Qualitative findings from these focus groups were summarized in broad categories and used in the Children’s Mental Health Transformation Initiative:

- ◆ Expanding Access and Types of Services
- ◆ Schools and Communities
- ◆ Training
- ◆ Funding

The Executive Summary of the Focus Groups may be found at www.dcf.state.nv.us.

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VOCA Funding to Washoe and Clark Counties Dennis Adair

For the past several years, DCFS has received funding from the Victims of Crime Act (VOCA) in order to fund victim services throughout the state. This funding comes from a non-tax base and is raised from fines and restitution at the federal level. VOCA is funded through the Department of Justice, Office of Victims of Crime since implementation in 1993. The funds are designated specifically to serve victims of four major crime categories, Sexual Assault, Child Abuse, Domestic Violence and Underserved Victims of Violent Crimes.

DCFS has recently had the opportunity to improve service delivery to Victims of Crime throughout the state. Specifically, the Clark County Department of Family Services will utilize VOCA funding to create a Victim Resource Service Program, focusing on victims of Child Abuse, Domestic Violence and Previously Underserved victims. These services will include: medical screening and evidence gathering, mental health crisis services, emergency assistance, benefits eligibility determinations, domestic violence advocacy, family advocacy and emergency placement. With the addition of these services to the Clark County area it is anticipated that victims will access services in a more timely manner.

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(Lifebook for Every Child Project in Washoe County continued from page 7)

Our retail partner, Treasured Memories, has set up donations baskets so that customers can individually contribute all types of scrapbooking supplies. Foster parents can pick up these free supplies either at the workshop or by coming to the office.



I guess the best way to judge success is in the actions and words of those affected. Here are some quotes from a foster parent and a child who have both participated in the Lifebooks Project.

“I never dreamed what a successful day this would be. My girls went home and staked out their area of the family room and spent the next 6 hours putting their books together. They each created a page for each of the other girls and spent a lot of time asking them questions about what should go on “their” page. It was the most “unifying experience” we have shared as a family. It did not even occur to me that these girls would be so excited about keeping such a history. They could not believe how “COOL” all the stuff they brought home was. Oh, yes, they want to have one Saturday or Sunday each month designated as a “Lifebook” day to spend hours updating their books”

Carol S. - foster parent

“I think it is very important to keep a scrapbook because it tells your life story without you having to tell everyone. But not only that, every time you look at it, it could bring back some great memories or the things that your parents never told you about. They are in the picture scrapbook you have.”

Carrie – foster child.



(VOCA Funding to Washoe and Clark Counties continued from page 9)

The Washoe County Department of Social Services intends to utilize their VOCA funding to expand and develop victim services to serve victims of Child Abuse, Domestic Violence, Adult Sexual Assault and Previously Underserved Populations. Examples of the types of services to be provided are: individual and group therapy, mental health or hospital based programs, legal advocacy, crisis hotline, crisis intervention, clinical evaluations, short and long term counseling, shelters and safe homes, and services to victims of robbery, gang violence, hate crimes and several other victim categories. The newly funded services in Washoe County will have a significant impact on increased services being available to create and support new victim service initiatives in the local areas.

The programs mentioned above are just two programs that serve victim populations throughout the State. There are approximately 40 programs statewide in both urban and rural settings, providing crime victims with a variety of services.

Funding from the State of Nevada is offered on a three-year basis. Request for Proposals (RFP’s) are released statewide prior to the beginning of the three-year cycle, allowing for plenty of time for interested programs to respond. The next RFP cycle will begin on July 1, 2006 and RFP’s will be released within the next few months.



Multi-Systemic Therapy for Parole Youth and Families Jill Galloway

Juvenile Services is very excited about a new option in treatment services that should soon be available to youth in our care. Juvenile Services has written and issued a Request for Proposal to bring Multi-systemic Therapy (MST) to Nevada. MST is an intensive family and community-based treatment model that addresses the multiple factors that impact antisocial behavior in juvenile offenders. MST focuses on issues that are known to be related to delinquency such as problems in family, social, and educational networks. MST works across all the systems in which youth are involved to help improve the youth’s ability to positively function in those environments.

A key component to MST is empowering parents with the skills and resources needed to address the difficulties that arise in raising teenagers, while at the same time allowing teenagers to cope with family, peer, school and neighborhood problems. A variety of treatment interventions, such as strategic family therapy, structural family therapy, and cognitive behavioral therapies are all included in this approach. MST strives to promote behavior change in the youth’s natural environment, using the strengths of each system to facilitate change. Barriers to treatment success such as access to services and family retention are minimized because MST is administered in the home.

MST is nationally recognized as a best practice approach to creating positive change in juvenile offending behaviors, and has shown success in other states by significantly reducing the amount of out of home placements and improved family functioning for juvenile offenders. The addition of this treatment model to the existing service array available to juvenile services youth will be a great asset. The deadline for submitting proposals is November 9, 2005, with an anticipated start date of the program in January of 2006.



(Children’s Mental Health Treatment Services continued from page 9)

A DCFS subgrant was completed with consultant Dr. Linda Redman in July to have her review the proposed Mental Health and Alcohol/Substance Abuse Services Medicaid Service Manual (Chapter 400) that expands Medicaid covered services. Dr. Redman’s area of expertise is in Medicaid redesign. In her findings she stated that the proposed chapter provided a comprehensive array of community-based mental health services for children. She also recommended further enhancements to covered services:

1. More clearly defining services being covered to ensure that the providers, recipients, and key stakeholders clearly understand the services covered and to allow for better monitoring of utilization and performance.
2. Further enhance services by adding personal care services for children, allowing for services to be provided through telehealth/telemedicine, and supporting billing for interpreter services.
3. Ensure consistency with other covered Medicaid services.
4. Expand the type of providers that are allowed to bill independently to include all physicians, Pastors, nurse practitioners and licensed master level therapists.
5. Specific recommendations to help maximize potential pool of qualified provider types/practitioners were included in Section II.
6. Specific recommendations to change proposed billing codes to allow better tracking and to allow the establishment of different rates for services were also provided in Section II.

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Rural Region Update Patricia Hedgecoth

DCFS - Rural Region is responsible for the provision of child welfare services for children and families in Nevada's 15 Rural Counties: Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine. Services include Adoption, Child Protective Services (CPS), Foster Care Licensing, Substitute Care, Interstate Compact on Placement of Children (ICPC), Independent Living Services, Clinical Services - Intensive Family Services (IFS), and Wraparound in Nevada (WIN).



In an elevating action, the legislatively approved DCFS budget for fiscal year 2006 and 2007 has provided an increase of 15 positions to support the Rural Nevada Child Welfare Foster Care Caseworker-to-Child Caseloads at a level of 1:22 in FY06 and 1:19 in FY 07 and a level of 1:12 for Child Protective Services. These positions will begin a phase-in process beginning in October 2005. This positive action by the legislature will have a beneficial impact on the families we serve.

As for those individuals who recognize they are capable of making a positive difference in the lives of the children and families and wish to be part of a constructive and supportive team; additional positions are now available in Carson, Fallon, Hawthorne, Lovelock, Pahrump and Tonopah. The Rural Region offers the ability to choose to reside and work in one of Nevada's growing and/or historic communities.

(Children's Mental Health Treatment Services continued from page 11)

Focus group input and Dr. Redman's recommendations were incorporated to the extent possible in policy revisions governing services under Medicaid; these changes will need to go to public hearing and be federally approved as part of the State's Medicaid Plan. The following recommendations were made:

- ◆ Collapse multiple levels of group homes into a single treatment home model with a single core rate
- ◆ Develop regulations that facilitate the transition from residential care to non-residential care to keep the child in one setting where services are brought to the child
- ◆ Expand the definitions of assessment consistent with HIPAA billing requirements
- ◆ Expand services by adding family-to-family support, peer-to-peer support, and case management
- ◆ Expand service delivery through Behavioral Health Community Networks (BHCN) to encourage providers to form groups that can provide a comprehensive service array (BHCN were formerly called "specialty clinics" but a more community-based name was selected)
- ◆ Expand the amount of providers under BHCN by allowing clinical social workers and licensed marriage and family therapists to be reimbursed for services

DHCFP held a public workshop on August 29th and 30th to discuss the proposed changes for Chapter 400, Behavioral Health Services, of the Medicaid Services Manual. The revised Chapter 400 incorporated all mental health chapters into one to promote a system of care approach and better integrate services. The revised Chapter 400 also took into consideration recommendations made by Dr. Redman. The workshop specifically covered the policies around the DHCFP "Behavioral Health Redesign," which includes BHCN, case management for non-SED and non-SMI recipients, peer, and family support services. The second initiative the workshop covered was the reform of the policies and rate methodologies for mental health rehabilitative services both residential and non-residential.

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Background

The Washoe County Children's Mental Health Consortium developed a new Strategic Plan based on input made at the 2005 Planning Retreat in early September. The new plan reviews the Consortium's strengths, weaknesses, barriers and opportunities; presents a series of statements relating to the Consortium's vision, mission, values and objectives; and identifies proposed goals and objectives. The strategic plan is intended to:

- ◆ Serve as a framework for decisions and for securing stakeholder support,
- ◆ Provide a basis for more detailed planning,
- ◆ Explain the Consortium's purpose to others in order to inform, motivate and involve,
- ◆ Assist benchmarking and performance monitoring, and
- ◆ Stimulate change and become the building block for the next plan.

This strategic plan is intentionally designed to be visionary, conceptual and directional, and it is expected that the Consortium's workgroup structure will formulate a cohesive operational plan that is tactical, focused, realistic and measurable.

Vision

A community in which all children with mental health needs and their families will have access to a comprehensive, strengths-based, and seamless package of culturally relevant services designed to meet each child's individual needs.

Mission Statement

Improving the mental health services for children with severe emotional disturbance by continually assessing, evaluating, and monitoring service quality, developing and implementing action steps, and providing community education and advocacy.

Values

The values and standards governing the actions and decisions of Washoe County Children's Mental Health Consortium and its relationships with the local community, families and other stakeholders will include the following:

- ◆ Breaking down "silo mentality" thinking and behavior
- ◆ Collaborative problem-solving based upon a shared vision
- ◆ Joint accountability for shared outcomes
- ◆ Mutual respect
- ◆ Developing systems of care that are community-based, respect each child's individual strengths and needs, and remain responsive to cultural differences

(continued on page 14)

Family Perspective Kathy Hughes

It is an exciting time to be a parent of a child with a Serious Emotional Disturbance (SED) in the State of Nevada. This is probably a contradiction in terms if you are a parent of a child with SED, because our lives are exciting enough on a daily basis. The reason that it is exciting is that Nevada was given a State Infrastructure Grant (SIG) in October 2004. This grant is going to be used to create a seamless system that provides integrated access to science-based early intervention services for families of children with SED.



(continued on page 14)

Family Perspective Kathy Hughes

I am a parent of two young adults with a mental illness and substance abuse problems. I know first hand the challenges that a parent faces when trying to get help for a child with SED. There are battles at home, school and in the community to find and access the tools and services that are needed to help your child become a healthy member of society. I have been fortunate to be able to learn to share my story with Emergency Personnel, Legislators, School Personnel as well as other agencies that work with the families of these children.



Nevada Parents Encouraging Parents (PEP) is partnering with DCFS to bring the family perspective to the SIG Grant. At the beginning of the year I accepted the position of Statewide Family Network Coordinator with the SIG Grant. I am the parent that will bring the family perspective to the Statewide Children's Mental Health Team. There are going to be many opportunities for family members to participate in changing the Children's Mental Health System.

One of the ways currently that parents can participate in changing the system is by participating in the three different Children's Mental Health Consortia in Nevada. There is a Clark County Consortium, Washoe County Consortium and the Rural Consortium. The Consortia were established in December 2001, following the passage of Assembly Bill 1 by the Nevada State Legislature and the subsequent adoption of NRS 433B.333. The Consortia bring together families and different agencies to work to create a system that has no wrong door and is family focused and child centered. Family members can help with the Consortia by telling their stories to the professionals in order to help them better understand the challenges families face living with a child with SED as well as accessing services in the community.

As I said it is an exciting time in Nevada to be a family member of a child with SED because people want to hear our voices. For more details on participating in the Consortia please contact me at 775-448-9950.

(Washoe County Children's Mental Health Consortium Strategic Plan continued from page 13)

Major Goals

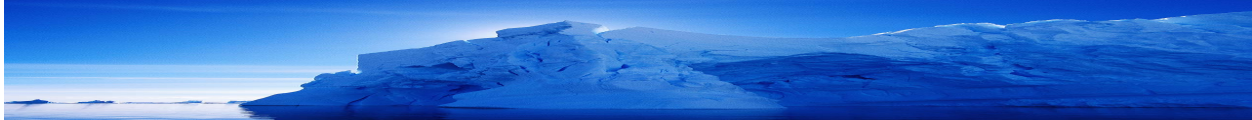
The Washoe County Children's Mental Health Consortium will strive to achieve the following targets over the next four years. The underlying objective for each of these goals is to **improve access** to services for children with mental health needs in Washoe County:

Goal One - Develop a coordinated and integrated behavioral health system for children and families in Washoe County that is seamless and easy to access. Build on the strengths of local communities by implementing locally controlled systems of care.

Goal Two - Implement a system of services and supports that is customized to meet the needs of families and not focused on agencies and providers. The system will provide early access to behavioral health systems for children and families that empower families to raise their own children. Program development will focus on a consistent, collaborative and family-centered approach that provides support and growth for Nevada children and families.

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(Washoe County Children’s Mental Health Consortium Strategic Plan continued from page 14)

Goal Three - Support the development and expansion of human resources so that we can better utilize the resources of our local communities and meet the needs of Washoe County children and families. Families and staff must be empowered in their efforts to succeed by providing them information, education and support.

Goal Four - Expand consumer involvement at all levels of decision making involving behavioral health services and supports for Washoe County children and families.

Key Strategies

At the 2005 Planning Retreat, strategies were developed to pursue the Consortium’s major goals. These strategies are designed to build on the Consortium’s strengths, resolve any weaknesses, leverage and pursue opportunities, and overcome potential barriers to the successful attainment of its mission. The following critical strategies will be pursued by the Washoe County Children’s Mental Health Consortium:

1. Formalization of Consortium workgroup structure
2. Utilize workgroup structure to focus on streamlining access to services
3. Development of provider networks
4. Development of a web-based resource directory for resources related to children’s mental health
5. Identify a system model that will guide the direction of the Consortium’s activities and decisions about how to utilize workgroups and their resulting deliverables.

NYTC Receives Funding for Technology Dale Warmuth

Independence High School/NYTC recently received several funding grants that have expanded the technology in the school building and added much needed equipment in the vocational programs at its facility in Elko Nevada. Among the funding sources are Senate Bill 1 from the 2003 Legislative session and the incoming 2006/07 Technology Grant. Both sources of funding will help the technology goals of the school: Improve staff and faculty technology literacy, trace the progress of students and faculty, help train the trainers, (two day technology training every year) generate data reports and make student tracking more efficient, and help give the students marketable skills.

SENATE BILL 1

Approved in December 2003, SB1 enabled NYTC to purchase computers in addition to network wiring, hardware, software, curriculum, training, technical support, and evaluations. These advances in technology have allowed Independence High School/NYTC to establish a local area network (LAN). Students and faculty use this network for teaching and learning projects, library resources, general communications and record keeping. The LAN is linked to Project Unity, which provides NYTC’s Internet connection.



Technology has been used as an instructional and learning tool to enhance instruction, support learning and help students master the curriculum objectives. The curriculum aspect of the school’s vision for technology includes two components: integration and literacy.

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(Children's Mental Health Treatment Services continued from page 14)

2. Enhancing Treatment Services Rates

Overview:

A workgroup that included DCFS, DHCFP and residential treatment services providers was formed to develop rate methodologies and propose a core rate model for treatment homes as well as rates for other treatment services.

Status:

A DCFS subgrant was executed with E. P. & P. Consultants to research comparative rates and assist in developing a new rate model. Public workshop feedback resulted in three components of rates for the mental health rehabilitative services. The three components are as follows:

- ◆ Room and Board – This rate is a non-Medicaid service. The guardian of the recipient is responsible for this payment to the provider. DCFS custody children are reimbursed under DCFS. It was clarified for the providers that the custody children will continue to receive their clothing cost in addition to the room and board subsidy.
- ◆ Core – The Core Treatment Home rate is the all inclusive rate that is composed of services that are an expectation of treatment home providers. The services include 10 hours a week for basic skills training, case management, medication training and education, crisis triage, transportation (up to 25 miles), and a structured therapeutic environment. The core rate service requirements are closest to a group home level II in the current system.
- ◆ Add on Fee for Service—This is the key difference from the current rate structure. Qualified providers will be able to bill for services that they provide that are outside of the core services. For example, psychosocial rehabilitation may be provided in the treatment home and can be billed separate of the core rate. The providers will be able to bill for Basic Skills training that exceeds the core requirement.

Next Steps:

1. E. P. & P. Consultants will finalize rates.
2. The new rate structure will go before the public hearing in mid November (DHCFP).
3. DHCFP will assume responsibility for direct payment of treatment providers' billing claims on January 1, 2006.

3. Utilization Management

Overview:

The Steering Committee approved the recommendation to contract with a single utilization management entity to simplify Medicaid service authorization and to avoid any conflict of interest.

Status:

A utilization management workgroup formed to develop a statewide, consistent method of utilization management that would transition children's mental health from a residential treatment "levels of care" system to an individualized system of care approach. This cross agency and stakeholder workgroup focused on establishing criteria for non-residential services and treatment homes, developing a utilization review process, and determining compliance procedures, such as notice of decisions and the hearing process. Criteria and service limit recommendations will be incorporated into the Medicaid Chapter 400.

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(Children's Mental Health Treatment Services continued from page 16)

In August, a delegation from Nevada attended the Policy Academy on Transforming Mental Health Care for Children and Families through Planning, Policy, and Practice. Delegation members were: Assemblywoman Barbara Buckley, Department of Health and Human Services Deputy Director Mary Liveratti, Nevada Parents Encouraging Parents Executive Director, Karen Taycher, Clark County Department of Family Services Director Susan Klein-Rothschild, DHCFP Administrator Chuck Duarte, MHDS Rural Mental Health Clinics' Manager Ray Kendall, DCFS Administrator Jone Bosworth, DCFS Deputies Patty Merrifield and Theresa Anderson, and DCFS Statewide Mental Health Coordinator Susan Mears.

National consultants assisted the Nevada delegation in the development of a strategy and goals to improve the children's mental health system of care. The delegation first considered what the current system looked like. In the current utilization management system there are numerous points of review and authorization of services. Different types of services are accessed through different utilization management sources. The utilization management system is fragmented and confusing. The Policy Academy experts made clear the importance of having a single point of authorization for services. This was discussed at the Steering Committee and the decision was made to use one utilization management entity.

As a provider, DCFS/DMHDS has recommended services and as utilization reviewer has authorized services. After considering the implications of the 42 CFR Chapter IV 431 regarding notice of decisions and fair hearings, a decision was recently made to contract for utilization management of Medicaid services. A previous lawsuit, (*Parry*) found that the State of Nevada violated a client's right to access Medicaid services because the same agency recommended and authorized services. The Nevada Attorney General's office has advised DCFS/DMHDS to not assume the role of both service providers and authorizers of mental health services. It is considered a conflict of interest and places the State of Nevada at risk.

An original action step of the transformation process was to produce an updated Utilization Management Manual. With DHCFP negotiating a contract for a utilization management entity to take on the responsibility, a DCFS policy and procedure manual is no longer necessary.

Next Steps:

1. Transfer of budget items from DCFS to DHCFP to support transition to a single utilization management system. A request will go before the IFC in January, 2006.
2. Transfer of funds to counties' child welfare agencies for positions to assist with caseworker support to ensure access to treatment as appropriate, treatment home placement and technical assistance.
3. DHCFP to negotiate and finalize contract with utilization management entity.

4. Increasing Mental Health Providers' Assessment Skills

Overview:

DCFS provided introductory training on this assessment process through a nationally-recognized consultant, led a statewide workgroup focused on developing Nevada-specific training, presented the curriculum to the Steering Committee, and is devising a training schedule for implementation.

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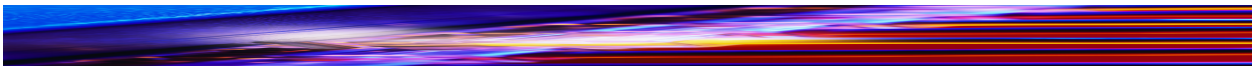
(Children's Mental Health Treatment Services continued from page 17)

Status:

Functional Behavioral Assessment (FBA) is a research-based process to determine what treatment interventions to use with children and families. The FBA process is used with seriously emotionally disturbed (SED) children to support targeted behavioral interventions that will help them remain in their family homes or substitute care givers homes in communities (rather than restrictive, expensive residential treatment settings). Fundamentally, FBA entails interviews with families, the child, care staff, school staff, and others in the child's life as well as direct observations of the child and then matches appropriate treatment interventions, adjusting continuously based on the child's behaviors and responses.

This is an intensive and extensive assessment process that DCFS intends to pilot with a small number of children for whom current treatment interventions have been unsuccessful, causing multiple acute and other restrictive placements. DCFS brought in a nationally-recognized consultant to introduce FBA to 150 multi-disciplinary governmental stakeholders, treatment services providers and family advocacy group members. The FBA process does not replace or supplant mental health screening, assessments or evaluations for children – it is one research-based approach for select use with intensively complex children for whom many treatment services have failed.

An FBA training curriculum has been finalized and will be implemented after January 1, 2006 as part of DCFS overarching training plan. While the Steering Committee has reviewed and approved this training, the Transformation Initiative/Redesign involves considerable time and changes, thus FBA training is postponed temporarily.



(NYTC Receives Funding for Technology continued from page 15)

Integration

- ◆ The goal of the integration component has been to bring the teachers and students to a point where they can use technology in teaching and learning. This involves a paradigm shift in teacher thinking. For the teachers, this has been an eagerly accepted goal. An important component is the intensive in-service training of teachers to integrate technology. Teachers receive sixteen hours of mandatory technology training every year.
- ◆ The school has established the following goals for the area of integrating technology into the curriculum: Improve the willingness and capabilities of teachers to use technology as teaching and learning tools and continue to encourage teachers to explore ways to use the power of technology to enrich all subjects for all students.

Literacy

- ◆ The literacy component focuses on providing students with a repertoire of skills and knowledge crucial to personal and career skills. Computer literacy is at the core of these skills. The school teaches these skills so that students will not fall farther behind their fellow students in the school to which they will return. The school will develop a level of competency to stay abreast of developing technology. The evaluation of the project involves several on-going activities during the course of the year.

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(NYTC Receives Funding for Technology continued from page 18)

A measurable level of achievement has been the upstart of the schools new testing system. The Tests of Adult Basic Education (TABE) are now available on computer. Every student takes the TABE on intake and again before release. The results of these scores will be compared to the results of student scores derived from students attending NYTC before the onset of the integration of technology in the curriculum.

A unique program called United Streaming was purchased for all consortium counties including NYTC in June of 2005. This subscription is good from June 2005 until June 30, 2006. This gives teachers unlimited use of the website. The teachers create their own username and password and can use the website for the downloading of available educational videos. This site has over 40,000 educational videos for teachers to use. The site has broken the video into smaller clips for teachers to use. There are also lesson plans related to the standards, black line masters, tests, writing prompts and much more for the teachers to use.

TECHNOLOGY GRANT

The Legislative Appropriations for FY 2006 & 2007 for Technology Infrastructure and Technical Support was presented before the committee October 3-4, 2005 and approved for the amount of \$21,102.00. This money will be available July 1, 2006 and will finish Level One criteria (one computer in every classroom), start the Level Two criteria (5:1), upgrade the infrastructure and the training of teachers.

An additional area of development has been the hiring of two new vocational instructors, which brings a fresh, new outlook and enthusiasm to our vocational shops. Both instructors bring current industrial standards to our shops. We are pursuing a nationally recognized vocational training program that will enable our students, who desire to pursue a vocational endeavor, the opportunity upon completion of our program.

Numerous items have been purchased thus far in the establishment of our new shops. Two above ground car hoists are being installed in both shops. A chop saw, a drill press, a band saw, a band and disc sander, a state of the art electronic tire and wheel balancer. In addition, an older model tire and wheel balancer was donated by Great Basin College as was a milling machine for metal fabrication. The shops are off and running and are in the process of developing new and updated curriculum that will allow for more students to explore vocational interests, not only here, but in future endeavors.

Child Abuse Registry Marjorie Walker

Effective October 1, 2005, Nevada Law authorizes the Division of Child and Family Services (DCFS) to inform eligible employers whether current or prospective employees or volunteers have been the subject of substantiated abuse or neglect. DCFS may disclose information about substantiated reports of abuse or neglect to an employer if it is to be used to determine whether an individual should be hired to provide care, custody, treatment or supervision of children or vulnerable adults. Abuse and neglect, as defined in Nevada statute includes mental injury, physical injury, sexual abuse and exploitation, negligent treatment or maltreatment, and excessive corporal punishment.

A database, called the Central Registry for Abuse and Neglect, is maintained by the central office of DCFS and contains the following information:

- (a) "The information in any report of child abuse or neglect made pursuant to [NRS 432B.220](#), and the results, if any, of the investigation of the report;
- (b) Statistical information on the protective services provided in this state; and
- (c) Any other information, which the division determines to be in furtherance of [NRS 432.100](#) to [432.130](#), inclusive, and [432B.010](#) to [432B.400](#), inclusive."

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(Child Abuse Registry continued from page 19)

Information regarding substantiated reports of abuse may be released by DCFS pursuant to NRS 432.100(3):

- (a) “If the person who is the subject of a background investigation by the employer provides written authorization for the release of the information; and
- (b) Either:
 - (1) The employer is required by law to conduct the background investigation of the person for employment purposes; or
 - (2) The person who is the subject of the background investigation could, in the course of his employment, have regular and substantial contact with children or regular and substantial contact with elderly persons who require assistance or care from other persons, but only to the extent necessary to inform the employer whether the person who is the subject of the background investigation has been found to have abused or neglected a child.”

If you are an employer who serves vulnerable populations and would like to request a registry search, link to www.dcf.state.nv.us/DCFS_ChildProtSer-CentralReg.htm. Complete the form and return with a self-addressed stamped envelope to the address listed on the form. After DCFS determines that you are entitled to the requested information, DCFS will notify you of the findings in writing. Any questions regarding this program should be directed to:

Marjorie Walker, Social Services Program Specialist
Division of Child and Family Services
711 E. Fifth Street
Carson City, NV 89701
(775) 684-4422

Child Care Chat Paula Hawkins

Since 1977, Carson Environmental Health has been licensing child care facilities in the Carson City area. In December 2004, they requested DCFS’s Bureau of Services for Child Care assume those duties since DCFS could provide trained staff with a greater knowledge of childcare and the issues to the Carson City community.



Since that time, DCFS has been working closely with Carson Environmental Health to make this transition as smooth and uncomplicated for the licensed providers as possible. A “town hall” meeting was conducted in June 2005 to introduce the DCFS Bureau of Services for Child Care staff to the Carson City providers. The meeting time was used to discuss both the transitional process and the policies and procedures of state licensing. Mary McAllister, a Child Care Development Surveyor II since 2000, has been working with Carson Environmental Health on Fridays, visiting each of the 27 licensed facilities in the Carson City community to work on the transition as well as streamline facility files to meet DCFS requirements. Her work proved to be of such value that the 2005 Legislature approved the DCFS budget request for a new position to assume this caseload.

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(Child Care Chat continued from page 20)

One of the Bureau's goals is to increase the number of licensed family homes in Carson City in the next year. Of the 27 facilities, only three are family homes and two more are group homes, with the remainder being centers. The Bureau hopes to give parents more choices in selecting a licensed child care environment. DCFS will have full authority to license and monitor child care in the Carson City community as of December 1, 2005. If you have any questions or concerns about this transition, please contact the Bureau of Services for Child care at (775) 684-4439.



Adoption Awareness Month Chrystal Main

Governor Kenny Guinn issued a proclamation in recognition of November as National Adoption Awareness Month in the state of Nevada.

"I am proud of the efforts of our state and local agencies to help find homes for deserving children, and equally proud of the dedicated and loving individuals who bring adopted children into their homes," Governor Guinn said. "The saying 'every child deserves a home' rings true, and these agencies and generous families are a living testament to the power of individual people to change the lives of children in need of a helping hand."



Several events are planned at libraries statewide to coincide with Adoption Awareness Month. The Division of Child and Family Services will have agency representatives available at adoption information booths from 9:00 a.m.—12:00 p.m. at the following county libraries: Lovelock, November 16; Yerington, November 17; Carson City, November 21; and Fallon, November 21. A special thanks to Winnemucca, Elko, Ely, and Minden who have already hosted these events. Additionally, libraries in Austin, Hawthorne, Pahrump, Tonopah, and Virginia City will have adoption information on display throughout November.

The library events are being sponsored by the Division of Child and Family Services thanks to a generous donation from graphic designer Jimmy Hazzard. For more information about adopting a child please contact Don Kamka or Melodie Masterson with the Division of Child and Family Services at (775) 687-4943, or call toll free 1-888-423-2659.

Acknowledgements

Thank you to all who took the time and made the effort to contribute to the sixth edition of the DCFS quarterly newsletter. Suggestions for articles for the next newsletter and/or feedback on the current newsletter would be most appreciated. The next newsletter will be distributed by February 2006.



Please email your comments to Chrystal C. Main at:
cmain@dcfs.state.nv.us