

State of Nevada

**Division of Child and Family Services
Youth Correctional Services**

Efforts to Address Mental Health Issues in Juvenile Justice

**Prepared for:
Nevada Mental Health Plan Implementation Commission Hearing
(Senate Bill 301 [Chapter 445, *Statutes of Nevada* 2003])**

***Presented by
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EXHIBIT O MentalHealth

Document consists of 35 pages.

- ☒ Entire document provided.
☐ Due to size limitations, pages _____ provided. A copy of the complete document is available through the Research Library (775/684-6827) or e-mail library@lcb.state.nv.us.

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Table of Contents

	Pages
Intake/Assessment Process.....	1 – 3
The Washoe County Juvenile Justice/Mental Health Multidisciplinary Team.....	4 – 7
The Clark County MDT Screening Committee.....	8 – 18
Participation in Mental Health Consortium Surveys.....	19 – 20
Youth Correctional Services 2003 Mental Health Services Enhancements.....	21 – 23
Juvenile Sex Offender Treatment Funds.....	24 – 31
Mental Health Counseling for Female Offenders.....	32 – 33

Youth Correctional Services

Intake/Assessment Process

- Youth Correctional Services has implemented a comprehensive Intake Assessment Process that includes the use of a Youth Correctional Institution Placement Instrument.
- The instrument is used in the determination of placement for all youth committed to DCFS for correctional care.
- The Youth Corrections Intake/Assessment Team includes the Unit Manager, four Mental Health Counselors (all with Master's Degrees) collaborated with the Superintendents of the State's juvenile institutions to develop the Institutional Placement Instrument.
- Youth Correctional Services currently uses the Assessment Guideline for Custody Classification to assess:
 - Severity of committing offense,
 - Weapons involvement,
 - Prior assaultive behavior,
 - Gang involvement,
 - Prior convictions,
 - Previous commitments,
 - Patterns of behavior,
 - Escapes or runaways,
 - Major misconduct reports while detained,
 - Sophistication, and
 - Age of first adjudication and current age

- The Mental Health Counselors conduct a comprehensive psychosocial assessment interview with the youth and parent/guardian and when possible, extended family members, Probation Officers, Detention Staff and others to help determine the youth's overall need, level of risk, and screen for serious mental health problems requiring diversion.
- Results collected from psychological reports completed by the Probation Department are also included in the final assessment report.
- Mental Health Counselors in addition to assessment and classification responsibilities also provide clinical support to youth in the community referred by the Youth Parole Counselors. These services include:
 - Family counseling,
 - Parenting,
 - Grief counseling,
 - Art therapy,
 - Crisis intervention,
 - Social skill building, and
 - Anger management.
- During fiscal year 07/01/02 to 06/30/03 a total of 395 assessments statewide were done by the four (4) mental health counselors.

The Washoe County Juvenile Justice/Mental Health Multidisciplinary Team

**Prepared by Joe Haas, Ph.D.
Northern Nevada Child and Adolescent Services**

MDT History

- Started as an outgrowth of a meeting on October 12, 2000, between representatives of the Judiciary, Northern Nevada Child and Adolescent Services, Washoe County Juvenile Services, Public Defenders Office, District Attorney's Office, Nevada State Medicaid, DCFS Family Support, Attorney General's Office, and Private Sector Providers.

MDT Goals

- Facilitate a coordinated process to refer juvenile offenders with serious mental health needs to agency and community treatment resources.
- Provide an interagency team to review treatment options for children referred for DCFS placement under NRS 432B and 213 and to explore alternatives to public custody.

What is the MDT

- An interagency team designed to provide and facilitate mental health referrals for juvenile offenders with serious mental health concerns.
- Members have included NNCAS Outpatient Coordinator and Director of Clinical Services, DCFS Youth Parole Unit Manager, Washoe County Juvenile Services Division Director, Program Manager, Supervisor and Probation Officers, Health Insight Reviewer, and Nevada State Welfare Medicaid Eligibility Specialists.

The MDT Process

- Probation Officer presents parents with written informed consent description of the MDT, its goals and possible outcome.
- Parent also signs release of confidential information for NNCAS clinical services.
- Probation Officer presents case details to the MDT for clinical consultation, Medicaid eligibility information, referral recommendations and immediate triage at NNCAS.
- Probation Officer reports team outcome to parents, youth and court.
- Parent is given clear directions on how to initiate the appropriate service.
- Probation staff facilitate non NNCAS services.
- NNCAS staff facilitate agency intake and placement.
- Parent is given access to appropriate team members if they disagree with recommendations.

MDT Dispositions

- Referral to NNCAS Medicaid rehabilitation programs, agency residential facilities or outpatient clinical services.
- Referral for Medicaid Eligibility and placement in fee for service Medicaid residential facilities.
- Referrals to providers in the private sector under clients private insurance.
- Interagency coordination of additional assessments.
- Staffing for transfers to Youth Parole and Child Protective Services only if legally appropriate.

MDT Outcomes

- 62 Youth staffed in 2001.
- 65 Youth staffed in 2002.
- Faster access to State, Medicaid and Private Sector resources.
- Elimination of redundant assessments for children and families.
- Provision of clear service recommendations to families.
- One stop shopping for families.
- Increased staff efficiency for probation and NNCAS staff.
- Increase in triage efficiency for probation and NNCAS staff.
- Provision of mental health treatment without relinquishment of custody.
- Increased interagency coordination.
- Increased Judicial efficiency in terms of decreased hearings, improved follow-up on youth status.
- Decreased time in detention for youth with serious mental health concerns.

Conclusion

The MDT is a cost-effective and integrated approach to a complex process of facilitating placement for juvenile offenders with mental health concerns. It is an example of the role interagency collaboration can play in streamlining access and improving outcomes for families without additional funding.

Clark County

MDT Screening Committee

MDT Screening Committee History

- Started in 1998 by the Honorable Judge Gerald Hardcastle from the Eighth Judicial District as a means to address overcrowding in the detention facilities, to facilitate better coordination of services for youth and to facilitate faster transport of youth to County and State correctional settings. Members of the Committee have been comprised of representatives from DCFS/Youth Correctional Services, DJJS Psychological Services, Spring Mountain Youth Camp, DJJS Probation Services, DJJS Detention, and community providers.

MDT Screening Committee Goals

- To provide a comprehensive interagency review of cases coming before the Court with recommendations ranging from continued Probation, alternate living, referral to Drug Court, intensive Probation supervision, placement at Spring Mountain Youth Camp or commitment to the State for correctional care or referral for commitment under NRS 62.213.

The MDT Screening Committee Process for Delinquent Cases

- Probation Officer submits a week in advance a completed packet of information for the members of the Committee to review. The packet contains: the most current dispositional report, offense history, education records, mental health assessments and evaluations, prior dispositional reports and the cover sheet which summarizes the case and provides the recommendation for services and placement.

- The MDT Screening Committee members meet on a weekly basis and discuss together the cases before them. One member documents the recommendations of the committee whether they are similar or different from the recommendation by the Probation Officer.
- The committee submits their recommendation to the court for the Judge's review at the dispositional hearing.

MDT Screening Committee Process for Youth Committed Pursuant to NRS 62.213

If the court finds that a child who is 8 years of age or older is:

- (a) Delinquent;
- (b) In need of placement in a correctional or institutional facility; and
- (c) In need of residential psychiatric services or other residential services for his mental health, if the child is 12 years of age or older, the court may, in addition to the options set forth in subsection 1 of [NRS 62.211](#), commit the child to the custody of the division of child and family services of the department of human resources for suitable placement by the division pursuant to [NRS 62.215](#).

- A typical youth for 62.213 transfer would be a youth with a serious mental health disorder (e.g., bipolar disorder, sexual offense pattern, Post Traumatic Stress Disorder, Depression) co-occurring with a serious and chronic pattern of delinquent offenses. These youth are in need of mental health treatment concurrently with juvenile justice supervision and planning to insure protection of the community.
- In order to establish uniform procedures for determining the appropriateness of youth who may be in need of psychological / psychiatric treatment services via 62.213, County Probation Officers follow these guidelines:
 - 1) Obtain and review all pertinent reports, etc., that confirm a history of psychological / psychiatric treatment services.
 - 2) Obtain and review all pertinent reports, etc., that indicate or suggest a need for current psychological / psychiatric treatment services.
 - 3) If a Probation Officer believes there is sufficient justification to consider referral for services via 62.213, the officer contacts the DJJS Psychological Services Unit to set up a clinical consultation to review the case.
 - 4) If consultation does not support a 62.213 referral, the case proceeds via the normal process.
 - 5) If consultation supports 62.213 referral, a psychiatric evaluation is completed.

- 6) The Probation Officer notifies the Division of Child and Family Services, Youth Parole Division *and* schedules the matter before the MDT screening committee. A 213 staffing typically includes the regular standing members of the committee as well as additional community providers and mental health personnel from the state and county. This collaborative approach encourages clinical planning regarding treatment and placement options.
- 7) The Committee will review the materials and make recommendations to the Court.

MDT Screening Committee Outcomes

- Increased interagency collaboration
- Increase in triage efficiency on difficult or challenging cases
- Number of cases reviewed: 673 cases were reviewed by the MDT Screening Committee from 07/01/02 to 06/30/03.

Conclusion

The MDT Screening Committee is a cost-effective and integrated approach to a complex process of facilitating placement for juvenile offenders with mental health concerns as well as for juvenile offenders with delinquent referrals requiring appropriate sanctions and services. It is an example of the role interagency collaboration can play in streamlining access and improving outcomes for families without additional funding.

**Youth Committed Pursuant to NRS 62.213
Statewide**

Fiscal Year	North		South	
FY02 (07/01/01 – 06/30/02)	5	– Males	10	– Males
	2	– Females		
FY03 (07/01/02 – 06/30/03)	3	– Males	3	– Males
FY04 (07/01/03 – 09/30/03)	2	– Males	0	
Currently Supervising	10	– Males	6	– Males
	1	– Female		

- Referrals are made for out-of-state placement only if there are no placements available, the youth has exhausted in-state programs, or the youth requires a unique intervention that is not available in the State of Nevada.

**Youth Correctional Services
Number of Youth on Psychotropic Medication
as of November 20, 2003**

Caliente Youth Center:	10	Males
	13	Females
	23	Total
Nevada Youth Training Center:	9	Males
Nevada Youth Parole Bureau:	39	Males
	14	Girls
	53	Total
Grand Total:	85	

- Youth receiving psychotropic medication equal approximately 9.8 percent of the total population served.
- Various studies seem to indicate an estimate of 20% of the youth detained in correctional facilities have serious emotional disorders. This is at least twice as much as seen in the general population.
- Psychiatric Contract Services: The three juvenile institutions and Youth Parole were awarded funding by the 2003 Legislature for psychiatric support services to provide for consultation and assessments, medication monitoring, and the purchase of required psychotropic medications.

Youth Correctional Services Substance Abuse Data

The link between substance abuse and delinquency is well known. There is a need to improve the availability of substance abuse services at every level – prevention, intervention, and treatment.

Caliente Youth Center, Caliente, Nevada Alcohol and Drug Dependence July 1, 2001, to June 30, 2002 *MAST Scores*

	0-4	5-6	7-19	20-29	30+	Total
Alcohol	30	12	61	23	57	183
%	16.4%	6.6%	33.3%	12.6%	31.1%	
Drugs	24	4	22	42	91	183
%	13.1%	2.2%	12.0%	23.0%	49.7%	

0	-	4	No dependence
5	-	6	Possible dependence
7	-	19	Mild dependence
20	-	29	Moderate dependence
		30+	Severe dependence

**Nevada Youth Training Center
Elko, Nevada
Substance Abuse, October, 2002**

Substance Abuse Data by Self-Admission of 134 Male Youth Surveyed

Drug Usage:	Cannabis plus one or more other drugs	117
	Alcohol only	09
	Meth only	02
	No drugs or alcohol	04
	No drugs reported	02 = 134
Drug Use Combinations:	Alcohol / Cannabis	42
	Cannabis / Meth	09
	Alcohol / Meth	01
Additional Drugs Used:	Sherm	01
	Inhalants	02
	PCP	02
	Cocaine	05
	Ecstasy	02

This data suggests that approximately 80 percent of the male youth at the 160 bed facility have substance abuse issues.

PARTICIPATION IN MENTAL HEALTH CONSORTIUM SURVEYS

Youth Correctional Services participated in the CALOCUS mental health screenings conducted by the Clark County, Washoe County, and Rural Mental Health Consortia in May 2002. One hundred twenty-three (123) youth were screened. The results of the screenings for Level of Mental Health Need Met are summarized in the chart below.

**Survey Results for Level of Mental Health Need Met from CALOCUS Screenings
May 2002**

<u>County</u>	Number of Youth Surveyed	Served at Level	Under Served	Under Served Level 3 and Above
Clark ¹	77	42.6%	57.4%	30.00%
Washoe ²	40	47.5%	52.5%	33.30%
Rural ³	6	42.6%	57.4%	60.00%

¹Supplement to the Clark County Mental Health Consortium Annual Plan, August 2002, page 33.

²Washoe County Mental Health Consortium Annual Plan, June 2002, Appendix I, page 10.

³Rural Mental Health Consortium Annual Plan, June 28, 2002, page 4.

YOUTH CORRECTIONAL SERVICES

2003 MENTAL HEALTH SERVICES ENHANCEMENTS

The 2003 Legislature approved enhancements for clinical staffing for the juvenile correctional institutions and psychiatric contract services for the institutions and Youth Parole.

Staff Enhancements: Each juvenile institution was awarded funding to hire Mental Health Counselor II's to maintain, or approximate, a counselor to youth ratio of 1:25 which is the national standard recommended by the American Correctional Association for Juvenile Training Centers. The Mental Health Counselors function as case managers for the youth. Each facility also has a Licensed Psychologist I position.

Caliente Youth Center

Facility Design Capacity:	140
New Mental Health Staff:	4
Previous Staffing:	1
Total:	5
Ratio Counselor to Youth:	1:28

Nevada Youth Training Center

Facility Design Capacity:	160
New Mental Health Staff:	3
Previous Staffing:	3
Ratio Counselors to Youth:	1:27
New Substance Abuse Counselor:	1

Summit View Youth Correctional Center (New State Operation)

Facility Design Capacity:	96
Mental Health Staff:	4
Ratio Counselors to Youth:	1:24
Substance Abuse Counselor:	1

JUVENILE SEX OFFENDER TREATMENT FUNDS

The 2003 Legislature allocated \$81,410 for SFY 04 and \$81,410 for SFY 05 to assist the Counties in providing outpatient and day treatment services for sexually offending juveniles and sexually perpetrating youth. These funds are managed by the Division of Child and Family Services, Youth Correctional Services, Juvenile Justice Programs Office. The following protocol has been developed for Counties to access the program:

1. Priority will be given to youth in order of the following criteria:

A. Admitted, charged and adjudicated

- 1) Youth must have plead guilty to a sexual offense.
- 2) Court adjudicates for sexual offense.

B. Charged and adjudicated

- 1) Youth has not admitted to sexual offense.
- 2) Court adjudicates for sexual offense.
- 3) Denier's programming is available.

C. Charged and non-adjudicated

- 1) Youth has been charged with a sexual offense and sentencing is being held in abeyance or prosecution is deferred.
- 2) A sexual act has occurred, however, the child's age prohibits commitment to residential treatment (12 and under).

D. Not charged but identified as a juvenile sex offender

- 1) Youth has admitted to offense, but authorities are not formally charging youth.
- 2) Youth is charged with an offense other than a sexual offense, but a sexual offense has concurrently been committed.

E. Children with Sexual Behavior Problems

- 1) A child, usually twelve years or younger, who displays sexual behavior which has been determined to be harmful, unlawful or problematic. This behavior is often in reaction to his/her own sexual victimization, exposure to explicit sexual stimuli and/or other stressors.
 - 2) Victims of Crime or other treatment monies are not available for this youth.
2. If the youth meets the above criteria and no other known funding source is available to the county, a Division of Child and Family Services, Juvenile Sex Offender, Treatment Request Form is completed and reviewed by the respective Juvenile Sex Offender Treatment Plan Review Committee. In addition to a description of the proposed treatment plan and costs, a copy of a current Psychosexual Evaluation, if available, and any Psychological Assessments, if completed, should accompany the Request for Services.

If a current Psychosexual Evaluation is not available, the following documentation, as available, needs to be included:

- Police investigative reports, petition containing sex offense specific charge, previous referrals and dispositions and date of dispositional hearing on most recent charge, court orders;
- Psychological/psychiatric reports;
- Most recent school evaluations
- Most recent mental health reports from inpatient, outpatient, or family-based services;
- Family assessment/history information;
- Releases (s) of information signed by legal guardian for the above reports; and
- Past Juvenile Probation Department referrals, charges and disposition.

3. All documents are to be sent to the appropriate regional JSO Treatment Plan Review Committee, Chair. The JSO Treatment Request will be reviewed by the JSO Treatment Plan Review Committee within two weeks of receipt. Following review, the request for treatment funds will be:

- A. Approved for services for a maximum of 120 days with a disposition designating a dollar amount;
- B. Deferred (more information or treatment plan reconsideration needed); or
- C. Denied (youth did not meet criteria).

4. Youth may be approved for:

Assessment Services: psychosocial and/or sex offender specific assessments completed by qualified providers. Assessment services are available only when all other funding categories and sources are exhausted.

Outpatient Services: The Probation Officer may schedule the start of services the start of services with a provider whose education, training, experience, and scope of practice are appropriate for the approved treatment.

Day Treatment Services: Facilities appropriate to provide JSO Services.

5. Service approval by the JSO Treatment Plan Review Committee will be submitted to the Juvenile Justice Programs Office (JJPO) representative who will be responsible for processing the county request for reimbursement.
6. The Regional Treatment Plan Review Committee representative will complete a disposition form authorizing specified mental health services for a specific period of time including regional fund balance and distribute to the county juvenile probation office and DCFS JJPO.

7. Counties will submit billings for reimbursement to DCFS JJPO within 30 days of the disposition expiration date. Failure to submit prompt billings will result in county billings for reimbursement being denied. Billing statements from counties shall include provider's billing statement specifying youth's name, service dates and amount due and a cover letter from the county on official letterhead, signed and dated by an official of the probation department or other county designee.
8. Interlocal agreements with the involved counties are maintained to accommodate these procedures.

Juvenile Sex Offender (JSO) Treatment Plan Review Committees

Regional Juvenile Sex Offender Treatment Plan Review Committees have been established statewide to review and approve expenditure of treatment dollars for youth meeting established criteria for service. Committees are composed of, but not limited to, Division of Child and Family Services staff experienced and familiar with JSO treatment issues, JSO providers and community agency professionals such as probation officers.

Regional committees have been created in order to promote the current DCFS regionalization model of service delivery and the formation of community partnerships between DCFS and county probation departments and other related agencies. Effective July 1, 1999, the rural review committee will be consolidated with the northern treatment review committee to form the Northern/Rural Treatment Review Committee.

Rural committee members or persons requesting funds that are unable to drive to Reno may present their request for funding via telephone conference call. Day treatment may be eliminated as an authorized service at the option of the regional Treatment Review Committee, due to current contract costs for the service.

JSO TREATMENT PLAN REVIEW COMMITTEE RESPONSIBILITIES

Regional JSO Treatment Plan Review Committees are responsible for screening county probation requests and documenting that the services requested are appropriate, meet established JSO Treatment Review Committee criteria for service and that other funding source are not available. It is necessary that JSO Treatment Plan Review Committees receive written requests and documentation from referral sources in advance of biweekly meetings or meetings at a frequency required by regional referral volume.

The Approval Action form previously completed by the regional review teams has been eliminated and the authorization function of the form is incorporated in the Disposition Form. The Disposition Form advises county probation departments of a Void Date for billing and payment. Void Date means the disposition will not be paid if received from the county after the Void Date stipulated on the disposition. The Void Date is 30 days from the disposition expiration date.

Dispositions issued by the southern and northern/rural Treatment Review Teams will provide an ongoing balance of the regional treatment fund. (See disposition form for details.)

MENTAL HEALTH COUNSELING FOR FEMALE OFFENDERS

In 2002, the Office of Juvenile Justice Programs (OJP) and the National Institute of Corrections (NIC) developed a solicitation for the Serious and Violent Offender Initiative through collaboration with and support of the U.S. Departments of Labor, Health and Human Services, Education, Housing, and Urban Development. The focus of the Reentry Initiative is to address the crisis associated with the recidivism of offenders released from incarceration every year.

In July 2002, Youth Correctional Services was awarded a Serious and Violent Offender Reentry Initiative Grant in the amount of \$520,977.00; however, approval to implement programs was not received until 2003. An enhancement of \$35,000.00 was added in October 2003 for females 15-17 who had a history of mental health and substance abuse problems. It was believed that this offender population generally had underlying, causative factors such as drug use and mental health issues that were associated with their criminality. Focus on the mental health needs of this population is also consistent with recommendations in the 2001 National Center for Juvenile Justice assessment of the Nevada Juvenile Justice system, and the Juvenile Justice Commission's recommendations to the Governor's Fundamental Review of State Government Study Committee.

The Reentry Program is aimed at serious and violent offenders between the ages of 14-17 both male and female. These are youth who have been adjudicated and committed by the juvenile court to the custody of the Division for Child and Family Services for correctional care. The Reentry Program focuses on preventing re-offending; enhancing public safety; assisting the offender to avoid crime, engage in prosocial community activities and meet familial responsibilities; utilizing and leveraging existing community resources by fostering linkages and accessing currently provided services.